



Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

AUGUST 2011

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National Drug Code (NDC) Pricing Reminder

Since October 2010, Blue Cross and Blue Shield of Illinois (BCBSIL) has required that all home infusion/specialty pharmacy drugs be billed with the appropriate National Drug Code (NDC) and NDC-related information (qualifier, unit of measure, number of units, price per unit), in addition to the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) on professional claims.

Previously, we announced that NDCs would be required effective July 1, 2011, for drugs administered in physician offices and billed on professional claims. However, while working collaboratively with providers and electronic trading partners (billing services and clearinghouses), we understood that more time was needed to prepare in some situations, prior to transitioning to the use of NDCs. For this reason, we postponed implementation of NDC pricing until Sept. 1, 2011.

The above postponement was announced in the News and Updates section of our Provider website on July 12, 2011, and we are moving forward, as planned, with implementation of NDC pricing. This means that, beginning Sept. 1, 2011, claims must include the NDC and related information (qualifier, unit of measure, number of units, price per unit), along with the appropriate HCPCS or CPT code. Once NDC pricing is implemented on Sept. 1, 2011, claims submitted without NDCs and related information, as required, will no longer be accepted.

To help your office make the transition, we will continue to provide examples of high-volume J codes, and how they “translate” in terms of NDC billing.

THIS MONTH'S NDC BILLING EXAMPLE: J9045

What was administered?

In our example, the patient receives 300 mg of Carboplatin via intravenous infusion. The applicable HCPCS code would be J9045 – Injection, Carboplatin, 50 mg.

What's on the package label?

There are numerous NDCs available for Carboplatin. Each container label displays the appropriate unit of measure for that drug. Some NDCs represent the drug supplied as a powder in single dose vial where the unit of measure is UN. Other NDCs represent the drug supplied as a liquid where the unit of measure is ML.

What to include on the claim:

When entered on your claim, each NDC must follow the 5digit-4digit-2digit format—any leading zeroes must be added to each segment to make 11 digits total. Please remember to also bill the appropriate NDC for the dilutant, as found on the package label, and any applicable chemotherapy codes.

FOR MORE INFORMATION

For more details on what information is required and where it should be included on your electronic (837P) or paper (CMS-1500) claims, refer to the **NDC Billing Guidelines for Professional Claims**, located in the Claims and Eligibility/Claim Submission/Related Resources section of our website at bcbsil.com/provider.



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Provider Learning Opportunities

See below for a partial listing of upcoming training opportunities. For additional listings and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.

WEBINARS

Electronic Refund Management (eRM) Webinar

(All sessions: 2 to 3 p.m.)

Aug. 17, 2011

Aug. 24, 2011

Aug. 31, 2011

Springfield 'PNC' Contact Information Changes

Two of our Senior Provider Network Consultants (PNCs) – **Amanda Williams and Terry Swan** – have moved to a new office location. Their new address is: **3405 Liberty Drive Springfield, IL 62704**. New telephone numbers, along with fax numbers and email addresses are listed below.

Amanda provides service to *physicians, medical groups and hospital providers* in central Illinois. She can be reached at her new telephone number, **(217) 698-5179**, or via email at williamsa4@bcbsil.com. Amanda's fax number is (312) 228-7999.

Terry provides service to *hospitals, their hospital-owned professional groups, and other freestanding facilities* in western Illinois. His territory includes the St. Louis Metro East, Decatur, Jacksonville, Quincy, and Springfield regions. Terry can be reached at his new telephone number, **(217) 698-5180**, or via email at swant@bcbsil.com. Terry's fax number is (312) 228-7998.

Rendering Provider NPIs Required on Professional Claims as of Oct. 1, 2011

Effective Oct. 1, 2011, inclusion of the rendering provider's National Provider Identifier (NPI) will be required for each service line on all professional claims submitted to BCBSIL. Processing claims with rendering provider NPIs will help reduce the number of duplicate denials when multiple services are performed on the same day, but rendered by different providers within the same group.

The rendering provider's taxonomy code should also be entered on the service line to help us recognize the provider's primary servicing role. This will enhance BCBSIL's ability to correctly apply the member's benefits, including tiered copays.

TEST NOW!

Prior to Oct. 1, 2011, submission of claims with rendering NPI information may result in a warning message notifying you of those providers who are not on file with BCBSIL. If you get a warning message, it's important to take action. You need to have all NPIs on file with BCBSIL for all physicians that render services on behalf of your practice.

Don't wait until Oct. 1, 2011! Share your rendering NPI information with BCBSIL **now** to allow us sufficient time to enter this data. If there is a new physician that needs to be added to your group, or if a physician has changed their NPI, please visit the Network Participation/Update Your Information section of our website at bcbsil.com/provider to complete the appropriate online submission form.

Effective Oct. 1, 2011, all professional claims received without the rendering provider's NPI will be rejected, with an error message stating, "Rendering provider NPI not on file." You will not be able to resubmit your claims until we complete the update of our provider file.

Note: *If you are a single/solo practitioner, your NPI should be entered in the billing provider field only.*

Claim filing guidelines are stated below to help assist you with proper submission of the rendering NPI on electronic and paper claims. If you utilize a billing service or clearinghouse, please verify that they are aware of and are following these guidelines.

ELECTRONIC CLAIMS (ANSI 837P)

2310B Loop – If the performing provider rendered services for the claim, enter the NPI of the performing provider at the claim level using the "XX" qualifier and NPI.

2420A Loop – If multiple performing providers rendered services for the same claim, then the NPI of each performing provider must be present on each service line for which they rendered the service, along with the Primary Performing Provider's NPI at the claim level (2310B Loop).

Please note that the NPI on the 2310B Loop (claim level) in all likelihood will be different from the NPI in the 2420A Loop (service line) for claims submitted on behalf of a group practice.

PAPER CLAIMS (CMS-1500)

On the CMS-1500, enter the rendering provider's NPI in field 24j. (The billing NPI is required in field 33a.) The taxonomy code qualifier ("ZZ") should be entered in the shaded portion of field 24i. The taxonomy code should be entered in the shaded area just above the NPI in field 24j.

BCBSIL always recommends submitting your claims electronically for faster, more efficient processing. Visit the Claims and Eligibility/Claim Submission section of our website at bcbsil.com/provider.

'RQI' Program Adds Choices for Ordering Physicians

Our Radiology Quality Initiative (RQI) program helps promote the appropriate, safe ordering of diagnostic imaging studies for a given diagnosis, performed in the proper sequence with minimized exposure of the patient to radiation. As part of this important initiative, obtaining an RQI number through American Imaging Management[®] (AIM[®]) is required prior to ordering high-tech, outpatient, non-emergency imaging studies (MRI/MRA, CT/CTA, Nuclear Cardiology and PET scans) for most BCBSIL members with PPO or BlueChoice Select coverage.*

Recent program enhancements have included implementation of *OptiNet*[®]—an online tool developed by AIM to collect and assess modality-specific data self-reported by imaging providers for the purpose of determining conformance with industry-recognized standards. Collection of data from high-tech imaging providers was completed in June 2011. Areas of assessment included staff qualifications and equipment accreditation. Scores were generated for each modality registered.

Results of the *OptiNet* assessment will help establish accurate and current information about the capabilities of participating imaging facilities and providers. **Beginning Aug. 29, 2011**, ordering physicians will be able to view certain quality, cost and accessibility measures for high-tech imaging providers during the "Provider Selection" component of the RQI process through AIM. Ordering physicians will be able to choose a servicing provider based on the modality score, average allowed payment amount for the procedure, and distance from a particular member's home.

For RQI requests that are submitted online, modality scores and cost information for local providers will be provided in a table format. Cost values are based on the allowed amount of paid claims from the previous year for both professional and technical component claims. In some instances, cost information may not be available. When this occurs, a dash will be displayed in the "PPO\$" column.

This enhancement supports quality and transparency initiatives at BCBSIL, in our continued effort to implement solutions that help support better informed decisions about care and services for BCBSIL members.

For more information about the BCBSIL RQI program, administered by AIM, refer to the Claims and Eligibility/Prior Authorization/High-tech Imaging Services section of our Provider website at bcbsil.com/provider. Your assigned BCBSIL Provider Network Consultant is also available to provide assistance, as needed.

*Certain employer groups may require pre-certification for imaging services from other vendors. If you have any questions, please call the number on the back of the member's ID card.

OptiNet is a registered trademark of AIM, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services they offer, you should contact the vendor directly.



IN THE KNOW ✓

Enhancements to Availity[®] CareProfile[®]

BCBSIL is pleased to announce that gaining access to a patient's **payer based** electronic health record has become even easier due to the new, "standalone" CareProfile transaction through Availity. This new standalone transaction eliminates the need for your office to submit an Eligibility and Benefits transaction prior to accessing the CareProfile for a patient. Both professional and institutional providers can now access CareProfile records directly from the Availity menu for BCBSIL members.

CareProfile is Availity's payer based electronic health record that includes patient information collected by health plans from physicians, pharmacies, labs, and other health care providers. To access the CareProfile tool from the Availity menu, click **CareProfile**, then select **CareProfile Inquiry**. All other features of CareProfile remain the same.

Users who have access to CareProfile via Eligibility and Benefits Inquiry today will automatically be able to access the CareProfile standalone functionality.

In accordance with HIPAA laws, only a physician or the physician's designee treating a patient may access that patient's CareProfile. If you believe you should have access to CareProfile, but do not, contact your office's Availity Primary Access Administrator (PAA), who is aware of the strict requirements for assigning access to CareProfile.

For additional details, refer to the CareProfile Tip Sheet, located in the Education and Reference Center/ Provider Tools/CareProfile section of our provider website at bcbsil.com/provider.

Availity is a registered trademark of Availity, L.L.C., an independent third party vendor. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Availity, including CareProfile. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective Nov. 1, 2011, reimbursement for several National Drug Codes (NDCs) that are part of the Triessent Specialty Pharmacy Program will be changing. Allowances will continue to be based on a percentage of Average Wholesale Price (AWP). To view the list of office based specialty medications available through Triessent, visit the Pharmacy Program/ Specialty Pharmacy Program section of our website at bcbsil.com/provider.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form, available in the Education and Reference Center/Forms section of our website at bcbsil.com/provider.

Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*.

New Account Groups

Group Name: **Ironworkers Local 498 Health and Welfare Fund**
 Group Numbers: **P45549**
 Alpha Prefix: **KVJ**
 Product Type: **PPO (Portable)**
 Effective Date: **Sept. 1, 2011**

NOTE: The account listed above may be a new addition to BCBSIL; or may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

Medical Policy Updates

Approved new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical Policies, both new and revised, are used as guidelines for coverage determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

You may view active new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

While some information on new or revised Medical Policies may occasionally be published in this newsletter for your convenience, please rely on our website for access to the most complete and up-to-date Medical Policy information. HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.



Effective Date	Policy Number	Policy Name	Rationale/Comments
Aug. 1, 2011	SUR712.035	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	
Sept. 1, 2011	MED202.063	Computerized 2-Lead Resting Electrocardiogram Analysis for the Diagnosis of Coronary Artery Disease	
Sept. 1, 2011	MED207.151	Laboratory Testing to Determine 5-fluorouracil (5-FU) Area Under the Curve (AUC) for Targeted 5-FU Dosing for Cancer Patients	
Sept. 1, 2011	SUR706.014	Bronchial Thermoplasty	New medical document. Bronchial thermoplasty is considered experimental, investigational and unproven for all conditions including but not limited to the treatment of asthma.

'Billing Provider Address' MUST be a Complete Street Address

Attention electronic claim submitters! Beginning Jan. 1, 2012, all HIPAA-standard electronic transactions submitted by covered entities must be exchanged using the new ANSI Version 5010 standard. Please note the following **major change** regarding the requirement for how the billing provider address must be submitted under ANSI v5010.

With the conversion to ANSI v5010, the billing provider address must be a **complete street address** and can no longer be a P.O. Box or lock box.

- **Complete** is defined as providing a physical street number address **including the full 9-digit, or ZIP+4, ZIP code**—this is the traditional 5-digit code plus the extra four digits for localized mail delivery.
- This change is specified in the new implementation guides for ANSI v5010, now known as Technical Reports Type 3 (TR3s).*
- All claim formats, i.e., Dental, Institutional and Professional (ANSI 837D, 837I and 837P) are affected.

If you submit ANSI v4010A1 claims to BCBSIL with a P.O. Box or lock box in the Billing Provider Address, Loop 2010AA, Segment N3, you will soon begin to receive the following Warning (W) message(s):

- Message ID QCA – (Addr 1 – P.O. Box Not Allowed in ANSI v5010)
- Message ID QCB – (Addr 2 – P.O. Box Not Allowed in ANSI v5010)

Please contact your IT staff, software vendor, billing service and/or clearinghouse to make sure they are aware and are making the necessary programming updates to your practice management system for compliance with the new ANSI v5010 standard.

If you have any questions regarding this notification, contact our Electronic Commerce Center at (800) 746-4614.

For more information about the ANSI v5010/ICD-10 conversion, visit the ANSI v5010/ICD-10 page in the Standards and Requirements section of our Provider website at bcbsil.com/provider.

*TR3s and TR3 Errata may be obtained through the Washington Publishing Company (WPC) at www.wpc-edi.com. The WPC is an independent third party vendor that is solely responsible for its products and services.

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding any of the products or services offered by a vendor, you should contact the vendor directly.



New Addition to BCBSIL PPO Provider Manual

Effective Sept. 1, 2011, new language will be added to our BCBSIL PPO Provider Manual, emphasizing the importance of maintaining an office location and telephone number where members can reach their provider. If we ask you to verify your office address or telephone number, and we do not receive this information from your office, we will have to suppress your information from our provider directory. This action may also result in your termination from our network.

Specifically, the following statement will be inserted in the Billing and Reimbursement section, under General Regulations:

Directory Suppression

In accordance with the terms of the Participating Provider Agreement, Contracting Provider must maintain an office and phone number where members can reach the provider and such information can be placed in BCBSIL's provider directory. The Contracting Provider agrees to notify BCBSIL within thirty (30) days of any change to the address or phone number of the office location. Additionally, BCBSIL reserves the right to audit such information to verify its accuracy and the provider shall be required to provide and/or confirm such information as requested by BCBSIL. BCBSIL reserves the right to delete any Contracting Provider from its directory for failure to provide and/or confirm the office address and phone number of the provider. Further, per the terms of the Participating Provider Agreement, BCBSIL reserves the right to terminate a Contracting Provider if the Contracting Provider fails to provide and/or confirm such information.

Pharmacy Program Update

Authorized Generics of Concerta® Excluded from Coverage Effective June 17, 2011

Concerta is a stimulant, indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). In April 2011, an authorized generic of the non-formulary/non-preferred brand drug Concerta was launched. Authorized generics are versions of a prescription drug that are produced or licensed by the original brand drug's developer under that product's New Drug Application (NDA).

Unlike true generics, authorized generics are not approved for marketing under an Abbreviated New Drug Application (ANDA), which is an application that must be submitted to the U.S. Food and Drug Administration (FDA) for a generic drug approval.

Therefore, due to the nature of the FDA filing, authorized generics are equivalent drugs of the brand product (that might be marketed under a different brand name or the chemical name) but are considered to be brand products rather than generics. Authorized generics and brand medications are comparably priced.

Effective June 17, 2011, authorized generic products of Concerta, methylphenidate extended release tablets, were **excluded** from coverage under the pharmacy benefit. Concerta will remain covered as a non-formulary/non-preferred brand product. This should help prevent any misunderstanding for members who believe the authorized generic should be adjudicating at the generic payment level. At the point of sale, methylphenidate extended release tablets will reject and the pharmacist will be alerted with the message "NDC not covered, use Concerta." Communication has also been provided to pharmacies notifying them of this change.

Trademarks mentioned above are the property of their respective owners.

Reminder to Facility Providers: Watch for Online 'UPP' Statements

BCBSIL has made the monthly Uniform Payment Plan (UPP) statements available electronically through NDAS Online/eCare®.

If you are not a registered NDAS Online/eCare user, you can enroll online today by visiting the Claims and Eligibility section of our website at bcbsil.com/provider. Under Electronic Commerce, select *E-Commerce Connections/NDAS Online (eCare)* to access and complete the online provider agreement.

Obtaining your monthly UPP statement online will be similar to the way in which you access the monthly experience reports and cover letters online. This process will also allow faster access and the ability to retrieve prior month's statements, beginning with April 2011.

DO YOU HAVE QUESTIONS ABOUT YOUR UPP STATEMENT?

Here are answers to some of the most commonly asked questions:

1. I visited eCare to access my experience reports and cover letters, but my UPP statement was not there. Why?

UPP statements are generated from a different system and are not available until the statements have been reconciled within BCBSIL. Once those statements have been approved, Provider Contracting will move the file so that eCare can load the statements.

2. When can I expect the UPP statements to be available?

Although this is a new process, we expect that UPP statements should be available anywhere between two to six **business days** after the close of the month.

3. How do I access statements older than April 2011?

Please send an email to one of the Provider Contracting staff and they will provide the requested statements:

Andrea Turay: turaya@bcbsil.com

Tara Gifford: tara_gifford@bcbsil.com

4. I am reconciling my UPP statement but did not receive one of the vouchers listed. How do I get the missing voucher?

Complete the Check and Voucher Request Form located in the Education and Reference Center/Forms/Post-Claim Processing Requests section of our website at bcbsil.com/provider.

If you have any questions regarding your UPP statement, or about signing up for NDAS Online, please contact your assigned Provider Network Consultant.

eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers). Passport/Nebo Systems is an independent third party vendor and is solely responsible for its products and services.

Records requested? We need your help.

There are times when we need additional information to process your claims. We will then send you a request for information such as medical records, lab reports, NDC numbers, or a description of services. You have the option to fax or mail the requested information; however, faxing may accelerate the process. Help us help our member and your patient by responding promptly to our requests for additional information. *Your claim may be denied in total if we do not receive the information in a timely manner.*



We're Introducing New Member ID Cards with Bar Code Technology

In the *May Blue Review*, we informed you of the launch of our Blue Access MobileSM website that offers our members “on the go” options for obtaining secure access to some of our most popular online information and tools. Members can log in to their secure Blue Access for MembersSM site using their smartphone or other mobile device to view their member ID card details and coverage information, check claim status, and more.

As we continue to seek ways to expand and upgrade the mobile options we offer our customers, we are pleased to announce that we are beginning the transition to bar code technology. A bar code will soon replace the magnetic stripe on the back of our member ID cards. This enhancement will allow members to “check in” for an office visit in person, or by using our new mobile options to display the bar code on their smartphone.

BCBSIL has adopted a phased-in approach for a smooth conversion process. Members who enroll on or after Aug. 1, 2011, will receive ID cards with the bar code. The cards will also be issued to new members requesting or needing new cards and to existing members whose benefits are changing. Members who currently have the magnetic stripe on their card will receive bar-coded cards upon their group's annual renewal.

ADVANTAGES OF BAR CODE TECHNOLOGY

The bar code will carry the same information as the magnetic stripe, including the subscriber's name and ID number, benefit plan and date of birth. Unlike the magnetic stripe, which requires the member to have the card in hand, the bar code technology allows the member the option of presenting an image of the bar code (e.g., as an image on a smartphone or as a photocopy) to your office. With the proper optical scanning technology, your office will be able to transmit the member's data to BCBSIL via your preferred vendor portal.

In addition to providing an additional convenience to members, bar code technology, which is becoming the new standard, will make the ID cards more eco-friendly. The card will be thinner yet durable, and, by removing the petroleum-based magnetic stripe, it will be easier on the environment.

We want to hear from you: Watch for these surveys!

HMO Primary Care Physicians (PCPs), randomly selected PPO physicians and non-physician clinicians will soon be receiving our Annual Physician/Practitioner surveys for 2011. The surveys are performed annually to analyze physician experience with BCBSIL and with the practitioner's primary hospital.

HMO Survey

The HMO survey includes questions about operational, service and reporting activities that HMO Medical Group/IPAs (MG/IPAs) and BCBSIL conduct. PCPs that contract with more than one HMO MG/IPA will receive a separate survey for each entity for which they are contracted.

PPO Surveys

The PPO surveys for physicians and non-physician clinicians include questions about operational, service and reporting activities that BCBSIL conducts.

BCBSIL has consistently maintained the confidentiality of all respondents to the surveys. A number on the survey identifies the respondent to assure that we do not record more than one set of answers per respondent. Aggregate results are reported to BCBSIL operating areas and the HMO MG/IPAs without identification of individual physicians.

The survey questions are addressed directly to the practitioners. However, office staff may be more familiar with some activities, and they may provide assistance in completing the survey. Some questions may not apply to the experience of the practitioner or their office staff. “No experience” is always an acceptable response when it applies.

If you receive one of these surveys, please complete and return it in the postage-paid envelope within 10 business days of receipt.



Watch Our Website for Updated Forms

We periodically update the forms on our provider website, so it's important to check often to help ensure that your office is using the most current version. Forms are organized by category in our online Education and Reference Center.

The 'Provider Review Form' is now the 'Claim Review Form'

Here is an example of a recent form change. Renamed to make it easier to identify its purpose, the Claim Review Form should be used to submit requests to review a previously submitted claim. All required information has been condensed to fit on one page, with instructions at the bottom. Also, the form is now "fillable," which allows you to easily enter information into the document and then print, prior to faxing or mailing to us.

Other fillable forms on our website (and their category) include:

- Provider Information Change Request Form (Change of Information Requests)
- Electronic Funds Transfer Agreement (Electronic Transaction Requests)
- Electronic Remittance Advice Enrollment Form (Electronic Transaction Requests)
- Fee Schedule Request – BlueChoice (Fee Schedule Request)
- Fee Schedule Request – PPO (Fee Schedule Request)
- Hyperbaric Oxygen (HBO) Pressurization Form (Medical Policy Related)
- Dependent Student Medical Leave Form (Member Information/Release Forms)
- Claim Review Form (Post-Claim Processing Requests)

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The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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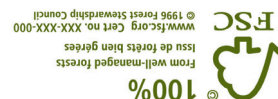
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