



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MAY 2012

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## ICD-10: It's not a question of 'if'; it's only a matter of 'when...'

The implementation of ICD-10 will have a considerable impact on all segments of the health care industry. ICD-9 codes will be replaced with ICD-10-CM diagnosis codes (used on all claims), as well as ICD-10-PCS procedure codes (used for inpatient facility claims only). The original effective date for this change was Oct. 1, 2013; however, the U.S. Department of Health and Human Services (HHS) has announced a proposed revision, to change the ICD-10 implementation date to Oct. 1, 2014.\*

### WILL YOU BE READY?

The number of codes will increase from approximately 11,000 ICD-9 procedure codes to 72,000 ICD-10 procedure codes and from 13,000 ICD-9 diagnosis codes to 69,000 ICD-10 diagnosis codes. This is not a code update; rather, it's a conversion to a completely new code set with a new structure and different terminology.

It's not too early to evaluate the potential ICD-10 transition costs your practice may incur in terms of dollars, training and time. You will need to work closely with your Electronic Medical Record (EMR), Electronic Health Record (EHR) or billing software vendors to accomplish the necessary changes. If you do not utilize electronic systems and still plan to use paper claims, you still need to plan how to prepare for the impact and enable your practice to accommodate the new code set.

### WE'RE HERE TO HELP!

The journey to ICD-10 may seem challenging, but it doesn't need to be overwhelming. Blue Cross and Blue Shield of Illinois (BCBSIL) is developing materials to help you increase your awareness of this important initiative. We encourage you to take action now to prepare your practice for changes to come.

### ATTEND A WEBINAR THIS MONTH

BCBSIL is hosting a series of informational webinars to review essential activities your practice may need to complete. We invite you to join us this month for an overview of some of the latest updates from key industry publications, with an emphasis on ICD-10 preparedness.

- Two sessions will be offered on each of the following dates: May 22 and May 24, 2012
- See the *Provider Learning Opportunities* on p. 7 for session times for each date
- Register online now! Visit the Workshops/Webinars page in the Education and Reference Center of our website at [bcbsil.com/provider](http://bcbsil.com/provider)

### FOR MORE INFORMATION

Watch the Standards and Requirements/ICD-10 page on our website for updates, including instructions on how to sign up to receive ICD-10 and other BCBSIL news via email. If you have questions or need assistance, contact our ICD-10 Support Team at [icd@bcbsil.com](mailto:icd@bcbsil.com).

\*To view the official news release, visit the HHS website at <http://www.hhs.gov/news/press/2012pres/02/20120216a.html>.



## From the Medical Director's Library

David W. Stein, M.D., offers the following message and reading selection for May:

*The recommended article this month is 'Addressing Requests By Patients For Nonbeneficial Interventions,' by Allan S. Brett, M.D. and Laurence B. McCullough, M.D. JAMA 2012:Vol 307 (2) 149-150.*

*This brief paper in Viewpoint explores a topic that is always difficult: How to deal with patient requests that the physician feels are not beneficial and which may be detrimental. It deals with the issue of patient autonomy and how this is not an unqualified right to choose. It also addresses how the physician and patient can maintain an atmosphere of trust and goodwill and avoid confrontation. Practicing evidence-based medicine and taking enough time to discuss diagnostic and therapeutic interventions are both very helpful in this situation.*

—David W. Stein, M.D.

The above article is for informational purposes only. The views and opinions expressed in this article are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.



## BlueExtras<sup>SM</sup> Offers Program Enhancements for BCBSIL Members



Our BlueExtras program offers BCBSIL members savings on health care products and services that support healthy lifestyles. To take advantage of this program, members may simply present their BCBSIL ID card to a participating vendor. There are no referrals required to receive services and no claim forms to submit. BlueExtras offerings include reductions for hearing aids, eye exams, weight management and alternative medicine programs, among others.

### **Procter & Gamble (P&G) Dental\* Products**

To reinforce our commitment to oral health, reduced prices are now available on Crest<sup>®</sup> products and Oral B<sup>®</sup> power toothbrushes. Members can view and order products by logging in to Blue Access for Members<sup>SM</sup>, our secure member website.

### **Life Time<sup>®</sup> Fitness Lowers Fees**

Life Time Fitness\* offers a complete health and fitness experience for every fitness level, interest, schedule and budget. New members who enroll online will be able to waive the enrollment fee, and the administrative fee will be reduced to \$35 (administrative fee is applicable to individual, couple and family memberships).\*\* It is important to note that members must enroll online through Blue Access for Members to take advantage of the \$0 enrollment fee and reduced administrative fee.

Life Time Fitness members can take advantage of indoor and outdoor water parks, sports courts and rock climbing caverns, personal training and group fitness programming, child care centers, cafes and spas. Please note that there may be an additional cost for these activities.

Please encourage your BCBSIL patients to make the most of this opportunity, which may help serve to complement their current health care benefits.

The products and services offered under this program are not eligible for benefits. Members will be financially responsible for the services or products.

\*The relationship between BCBSIL and these vendors is that of independent contractors. BCBSIL makes no representations or warranties regarding any of the products or services offered by the independent third party vendors. The independent third party vendors are solely responsible for their products and services. The program and vendors available under the program are subject to change without notice.

\*\*\$0 enrollment fee and \$35 administrative fee offers are available online only to BCBSIL members through Blue Access for Members. Offer applies only to new individual, couple and family membership contracts beginning on or after Jan. 10, 2012, and cannot be applied to existing memberships. Monthly dues and state taxes may also apply and will vary by location. Membership prices, dues and fees are subject to change at any time. Offer expires Sept. 1, 2013. Other restrictions may apply. Offer not available in Minnesota.

# SNAPforSeniors® Database Earns High Marks

In our June 2011 *Blue Review*, we announced our partnership with SNAPforSeniors, Inc. “SNAP,” which stands for *Search Nearby Available Places & Professionals*, is an information and technology company that gathers, standardizes and circulates data about independent ancillary providers who serve seniors and other special-needs populations throughout the United States.

The BCBSIL clinical staff has been using the SNAPforSeniors database, ProviderData.com, as a search interface to help streamline the referral process when services such as hospice, home health care, outpatient treatment or long-term care are needed.

To help us evaluate the success of ProviderData.com, SNAPforSeniors conducted a user survey to obtain feedback from 150 nurses in our Utilization Management, Case Management and Condition Management departments. Here are some examples of how our nurses rated the SNAPforSeniors database:

Category	Satisfaction Rating
Referrals are of a higher quality than those obtained via traditional search engines	96%
Tool is easy to navigate	89%
Saves time over using traditional search engines	82%
A valuable resource when used as part of the daily workflow	88%
Tool is more suitable to the specific needs of the member than what BCBSIL would be able to locate using traditional search engines	89%

BCBSIL is pleased to share these results with you as an example of our ongoing efforts to improve the quality of the customer service we provide. Use of the SNAPforSeniors database makes it easier for our Case Management staff to find information quickly and easily to assist professional providers who may contact us on behalf of their patients.

## HAVE YOU ADDED YOUR PROFILE?

If you are an ancillary provider, we invite you to add your information to the SNAPforSeniors database. Just go to [snapforseniors.com](http://snapforseniors.com), select the Providers tab and click on “Complete a SNAP-Profile” to set up your free online account. You may return to [snapforseniors.com](http://snapforseniors.com) at any time to update your SNAP profile. For assistance with the registration process, or if you have any questions or comments, contact SNAPforSeniors via email at [feedback@snapforseniors.com](mailto:feedback@snapforseniors.com).

### Note to Professional Providers:

The BCBSIL Medical Management staff has access to ProviderData.com and other SNAPforSeniors resources. If you have patients\* who may be in need of any of these services, please contact our Case Management Department at 877-637-6893 for assistance.

\*For members belonging to HMO Illinois or BlueAdvantage<sup>SM</sup> HMO, please contact the Medical Group/Independent Practice Association (MG/IPA).

SNAPforSeniors is a registered trademark of SNAPforSeniors, Inc., an independent third party vendor that is solely responsible for its products and services, including ProviderData.com. BCBSIL makes no representations or warranties regarding independent third party vendors. If you have any questions about SNAPforSeniors, you should contact the vendor directly.

BCBSIL's use of this database is for informational purposes to help our members maximize their benefits. The final decision about the use of any particular provider is between the member and their provider.

## Legislative Updates

### Illinois Mental Health Parity Law – Coverage for Substance Abuse in a Residential Treatment Center

Governor Pat Quinn signed PA-097-0437 into law on Aug. 18, 2011. This law requires insurers to cover substance abuse/chemical dependency (SA/CD) inpatient treatment in a residential treatment center (RTC). These RTCs must be licensed by the Department of Public Health or the Department of Human Services' Division of Alcoholism and Substance Abuse. This mandate is only applicable to new and renewing fully insured plans with plan years that begin on or after Aug. 18, 2011.

BCBSIL has initiated procedures for accurate benefit quoting and authorization in accordance with the law. To check eligibility, benefits and to obtain authorization prior to service, BCBSIL members or behavioral health professionals and physicians may call the Behavioral Health number that is listed on the back of the member's ID card.

The information provided above is only intended to be a brief summary of legislation that has been proposed or laws that have been enacted and is not an exhaustive description of the law or a legal opinion of such law. This material is for informational purposes only and is not legal advice. If you have any questions regarding this legislation, you should consult with your legal advisor.



## American Imaging Management® is now AIM Specialty Health<sup>SM</sup>

In March 2012, American Imaging Management changed its name to AIM Specialty Health to reflect an expanded platform of solutions. The company will continue to use the AIM® abbreviation for its brand.

The new website address for AIM is [aimspecialtyhealth.com](http://aimspecialtyhealth.com). The previous website address—[americanimaging.net](http://americanimaging.net)—will remain available for a short time.

BCBSIL utilizes AIM for management of our RQI program. Here are a few details to assist you in accessing AIM's systems:

- If you currently access AIM's online services through [americanimaging.net/goweb](http://americanimaging.net/goweb), this Web address has changed to [aimspecialtyhealth.com/goweb](http://aimspecialtyhealth.com/goweb).
- If you currently access AIM's online services through [providerportal.com](http://providerportal.com), this Web address will remain the same.
- AIM's toll-free call center phone number has not been changed. If you have any questions, please contact AIM Customer Service at 800-252-2021.

AIM Specialty Health 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 about the products or services they offer, you should contact the vendor directly.



## Pre-certification and Predetermination Guidelines

In addition to checking eligibility and benefits and consulting approved BCBSIL Medical Policies, there may be other steps you need to take in order to help members maximize their benefits before treatment begins. A summary of additional procedures that are required or recommended by BCBSIL is listed below. For more information, refer to the Claims and Eligibility/Prior Authorization section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### PRE-CERTIFICATION

Also known as pre-notification or preauthorization, this is confirmation that a physician's plan of treatment—or other service or treatment—meets the criteria of medical necessity under the applicable health benefit plan.

#### When is pre-certification required?

Most PPO contracts require the member or provider to contact BCBSIL to receive prior benefit approval for inpatient hospital admissions, including acute, inpatient rehab, skilled nursing, long-term acute care, inpatient hospice (some groups) and coordinated health care (most groups) such as skilled nursing visits, IV medication, etc. Pre-certification also may be required for outpatient services for some employer groups.

#### How do I complete the pre-certification process?

We encourage you to use electronic pre-certification for inpatient services using our iEXCHANGE® tool. For details and to sign up for iEXCHANGE, visit the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). If you do not have access to the member's ID card, you may call our Provider Telecommunications Center (PTC) at 800-972-8088 to be transferred to the appropriate area. **Note:** Pre-certification for outpatient services is not available through iEXCHANGE. For outpatient pre-certification, refer to the number on the back of the member's ID card.

#### Behavioral Health Services

For PPO members, benefit preauthorization is required for all inpatient hospital admissions, inpatient residential treatment center (RTC) admissions and partial hospital program (PHP) admissions for behavioral health and chemical dependency services. The following outpatient behavioral health services also require benefit preauthorization: electroconvulsive therapy (ECT), psychological testing, neuropsychological testing, partial hospitalization and intensive outpatient programs. Members are advised to contact the appropriate number on the back of their ID card for assistance. Providers and/or authorized caregivers may also seek to have benefits preauthorized for behavioral health services on the member's behalf. For additional information, please visit the Clinical Resources/Behavioral Health Care Management Program section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

#### Newborn Pre-certification Reminder

Please remember to notify BCBSIL when a newborn remains hospitalized after the mother is discharged. You are required to call the number located on the back of the member's ID card to obtain benefit pre-certification for any services rendered to the newborn.

#### Federal Employee Program (FEP) Members

For FEP members, you must call the local Blue Cross and Blue Shield (BCBS) Plan where services are being rendered for pre-certification, regardless of the state in which the member is insured.

**Example:** If a New York FEP member is hospitalized in Illinois, you are required to call BCBSIL.

(continued next page)

## PREDETERMINATION

Also known as Predetermination of Benefits, this is a voluntary, written request for review of treatment or services, including those that may be considered experimental, investigational or cosmetic.\* Predetermination of Benefits approvals and denials are usually based on provisions in our medical policies. *A Predetermination of Benefits is not a substitute for the pre-certification process.*

### How do I submit a Predetermination of Benefits request?

Requests for review of services must be made using the Predetermination Request Form, available on our website at [bcbsil.com/provider](http://bcbsil.com/provider). This form also may be used to appeal a previously denied Predetermination of Benefits. The completed form must be faxed to BCBSIL, as indicated on the form. BCBSIL will notify the provider when the final outcome has been reached.

\*For FEP Members, a Predetermination of Benefits review is **required** for the following services: Outpatient/Inpatient surgery for Morbid Obesity; Outpatient/Inpatient surgical correction of Congenital Anomalies; and Outpatient/Inpatient Oral/Maxillofacial surgical procedures needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth.

### BlueCard® Reminders for Out-of-area Members

BlueCard is our out-of-area program that allows members from other BCBS Plans to receive health care benefits when travelling or residing in another Blue Plan's service area. An online "router" tool is available to help you locate Plan-specific pre-certification/preauthorization and medical policy information for out-of-area BCBS members. Look for the Medical Policy/Pre-cert (Out-of-area members) link under the Claims and Eligibility tab on our website at [bcbsil.com/provider](http://bcbsil.com/provider). When you enter the Alpha Prefix from the member's ID card, you will be redirected to the appropriate BCBS Plan's website for more information.

**Remember:** *Predetermination requests for members with BCBS benefits in another state should be sent to the Plan indicated on the member's ID card.*

## RADIOLOGY QUALITY INITIATIVE (RQI) PROGRAM

An RQI number is required by BCBSIL prior to performing any of the high-tech, elective, non-emergency diagnostic imaging services listed below for BCBSIL PPO and BlueChoice Select members:

- CT and CTA scans
- Nuclear Cardiology studies
- MRI and MRA scans
- PET scans

The RQI program applies to all of the above imaging services when performed in a physician's office, the outpatient department of a hospital or a freestanding imaging center. Ordering physicians can obtain, and imaging service providers can confirm, a patient's RQI number via AIM's website at [aimspecialtyhealth.com](http://aimspecialtyhealth.com). Additional information about AIM and the RQI process is available in the Claims and Eligibility/Prior Authorization/High-tech Imaging Services section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

**Note:** If an RQI number cannot be issued, you will be directed back to BCBSIL to complete the predetermination process. The RQI program is not a substitute for the pre-certification process.

Please note that the fact that a guideline is available for any given treatment, or that a service or treatment has been pre-certified or predetermined for benefits, or that an RQI number has been issued is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

## Specialty-focused Tip Sheets for Eligibility and Benefits

BCBSIL offers electronic options to assist you with obtaining member information. We have created tip sheets to help when accessing the Availity® Eligibility and Benefits Inquiry tool. These tip sheets are available in the Education and Reference Center/Provider Tools section on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

As a complement to the general Eligibility and Benefits tip sheet for the Availity tool, the following specialty-focused versions are also available: Behavioral Health, Chiropractic, Family Practice and Internal Medicine, Pediatrics, and Physical Therapy.

If your specialty is not listed above and you would like to see customized instructions, please send an email to [PACS@bcbsil.com](mailto:PACS@bcbsil.com) and we will consider the request. If there is sufficient interest in customized instructions for a specialty, we may create a tip sheet and post it online.

Not yet registered with Availity? Visit their website at [availity.com](http://availity.com) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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. 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 significant changes to the physician fee schedules. Be sure to review this area each month.

**Effective June 1, 2012, the following code ranges will be updated: A9576-A9585, A9604, J0000-J9999, P9041-P9048, Q0138-Q0181, Q0515, Q2009-Q3031, Q4074-Q4130, Q9951-Q9967 and S0012-S0191. Please note that not all codes in these ranges will be updated.**

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. 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*. The form is available in the Education and Reference Center/Forms section of our Provider website at [bcbsil.com/provider](http://bcbsil.com/provider).

## New Account Groups

Group Name: **Keystone Capital Inc.**  
Group Number: **P40514**  
Alpha Prefix: **KYF**  
Product Type: **PPO (Portable)**  
Effective Date: **May 1, 2012**

Group Name: **Kapstone Paper and Packaging Corporation**  
Group Number: **P35973**  
Alpha Prefix: **KPQ**  
Product Type: **PPO (Portable)**  
Effective Date: **July 1, 2012**

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts 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.

## Appropriate Use of Modifiers 76 and 91

On March 21, 2011, BCBSIL implemented ClaimsXten™, a code auditing tool developed by McKesson Information Solutions, Inc. One feature of this tool is Modifier-to-Procedure Validation editing. This feature has helped BCBSIL identify an increase in the use—and potential misuse—of modifiers 76 and 91, since the implementation of ClaimsXten.

According to the Current Procedural Terminology (CPT®) Codebook, modifier 76 is reported to communicate that a service or procedure was repeated by the same practitioner subsequent to the original procedure or service. Without the modifier, subsequent reporting of the same procedure by the same provider could mistakenly be interpreted as being a duplicate. This modifier may be used whenever the circumstances warrant the repeat procedure. Based on the definition of modifier 76, it would be inappropriate to append modifier 76 to clinical laboratory tests on the same day. CPT codes for use with modifier 76 are 10021-69990, 70010-79999, 90281-99199 and 99500-99607, when appropriate.

According to the CPT Codebook, modifier 91 is used to report repeat laboratory tests or studies performed on the same day on the same patient. This modifier is added only when additional test results are to be obtained subsequent to the initial administration or performance of the test(s) on the same day. It is not used when laboratory tests or studies are simply rerun because of specimen or equipment error or malfunction, nor is it used when a test is repeated to confirm initial test results. Further, based on the definition of modifier 91, it should not be reported when the basic procedure code(s) indicate that a series of tests are to be obtained. CPT codes for use with modifier 91 are in the laboratory code range 80047-89398.

Clear Claim Connection™ (C3) will continue to be the provider resource that allows disclosure of claim auditing rules and clinical rationale to the BCBSIL independently contracted provider network. C3 is a free online tool available to providers who are registered with Availity or RealMed®. Once you are registered, you may connect directly to C3 via your preferred vendor portal.

- Availity Users – After logging on to the Availity provider portal, look for *Claims Management/Research Procedure Code Edit*. If you are not currently a registered user, visit [availity.com](http://availity.com) to sign up, or contact Availity Client Services at 800-AVAILITY (282-4548).
- RealMed Users – Log on to RealMed at <https://claims.realmed.com/MainFrameset.htm?mode=C3>, or call 877- REALMED (732-5633) for assistance.

For more information about Clear Claim Connection, along with ClaimsXten™ Frequently Asked Questions (FAQs), visit the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

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ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc.

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McKesson Information Solutions, Inc., Availity, L.L.C. and RealMed Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding the products or services provided by either of these vendors. If you have any questions regarding the products or services provided by these vendors, you should contact the vendor(s) directly.

## Are you accepting social media coupons? Proceed with caution.

We are receiving questions from our independently contracted provider community regarding the use of social media coupons for discounted health care-related services, such as massages, which are typically considered to be non-covered, according to most health care benefit plans.

Social media coupon sites are certainly gaining popularity and may offer some businesses the opportunity to expand their clientele. However, health care providers considering acceptance of social media coupons may wish to proceed with caution, as “they are subject to a wide-ranging set of regulations above and beyond other consumer-facing businesses.”

Please note that you should not request the member’s BCBSIL ID card if your practice chooses to accept a social media coupon from a BCBSIL member for a particular service. **Discounted services that are provided upon acceptance of social media coupons may not be billed to BCBSIL.**

### Reference:

Harlow, D. Health Care Social Media – How to Engage Online Without Getting into Trouble (Part II). Jan. 12, 2012. The Health Care Blog. <http://thehealthcareblog.com/blog/2012/01/12/health-care-social-media-%E2%80%93-how-to-engage-online-without-getting-into-trouble-part-i/>

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered.

## 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 benefit determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients’ benefits.

**Although medical policies can be used as a guide, 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](http://bcbsil.com/provider).**

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](http://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.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are instructed to exercise their own clinical judgment based on each individual patient’s health care needs. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policy. Members should contact their local customer services representative for specific coverage information.



## Provider Learning Opportunities

### BCBSIL WEBINARS

See below for this month’s listing of complimentary training sessions, sponsored by BCBSIL. To register online, visit the Workshops/Webinars page in the Education and Reference Center of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### WEBINARS

#### Electronic Refund Management (eRM)

All sessions:

2 to 3 p.m.

May 2, 2012

May 9, 2012

May 23, 2012

May 30, 2012

### ICD-10

*This continuing series will focus on some of the latest updates from key industry publications, with an emphasis on ICD-10 preparedness.*

Two sessions each date:

10 to 11:30 a.m.

1 to 2:30 p.m.

May 22, 2012

May 24, 2012

### AVAILITY WEBINARS

Availity offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal—the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at [availity.com](http://availity.com) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

## Reminder: PPO Credentialing In Progress

As we announced in our April 2012 *Blue Review*, BCBSIL is now credentialing independently contracted PPO professional providers who are not currently credentialed with BCBSIL. This requirement applies to all current physicians (M.D., D.O.), chiropractors, podiatrists, audiologists, optometrists, all behavioral health providers and certified nurse midwives. Also, if a new provider is added to a group practice, credentialing will be a prerequisite before that provider may become a contracted, in-network provider with BCBSIL.

**The credentialing process is being completed in phases** for current PPO network providers who are not already credentialed with BCBSIL. Please wait for a registration letter from The Council for Affordable Quality Healthcare, Inc. (CAQH®). This letter will include instructions on how to proceed.

If you are already registered with CAQH through another health plan, you will need to log in to the Universal Provider Datasource® (UPD) database at <http://upd.caqh/oas/> and add BCBSIL as a health plan authorized to access your information, or select “global authorization.”

For additional information, visit the Network Participation/Credentialing section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Or, refer to the BCBSIL Provider Manual in the Standards and Requirement section of our Provider website.

The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation’s leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs.

CAQH is solely responsible for its products and services, including the Universal Provider Datasource.

*Blue Review* is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

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

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