



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

NOVEMBER 2011

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## Medication Therapy Management Program on Schedule for January 2012

Effective Jan. 1, 2012, Blue Cross and Blue Shield of Illinois (BCBSIL) will be launching a medication therapy management (MTM) program, **Rx Health Advisor<sup>SM</sup>**, which will help you ensure appropriateness, effectiveness, safety, and proper use of medications prescribed to our insured business members. Rx Health Advisor also will help promote cost-saving opportunities, such as generic alternatives, increased utilization of mail order services and enrollment in the specialty pharmacy program for members with chronic conditions.

Together with Prime Therapeutics, our pharmacy benefit manager, we are collaborating with MEDecision to implement a systems platform that will help identify members who may benefit from Rx Health Advisor. Utilization information from a member's medical and medication claims history that is available to BCBSIL will be assessed to help identify potential drug therapy issues, such as:

- Usage of excessive medications, or polypharmacy (multiple prescription drug claims from various prescribers or filled at different pharmacies)
- Duplicate drug therapy
- Potential drug-to-drug interactions and complications
- Mismatch between prescribed drug therapy and documented medical condition

When a member with potential drug therapy issues is identified, the Rx Health Advisor pharmacist will contact the prescribing physician. This contact will include suggested recommendations for the physician's consideration to address the issues noted. All MTM program information is provided to assist the physician in managing their patient's care, and is not intended to replace their clinical judgment. Physicians are advised to exercise their own independent medical judgment in treating patients.



## National Influenza Vaccination Week Observance

The Centers for Disease Control and Prevention (CDC) has designated Dec. 4-10, 2011, as National Influenza Vaccination Week (NIVW). A national awareness campaign will be launched to inform the general public about the importance of continuing influenza vaccinations. The Advisory Committee on Immunization Practices advises that practitioners continue to offer vaccinations throughout the influenza season, which can last into May in the United States.

The CDC recommends a yearly influenza vaccination for persons 6 months of age and older. One dose of influenza vaccine is needed for adults and older children. Some children younger than 9 years of age may need two doses of vaccine to be protected for the season.

A number of influenza vaccination resources that promote NIVW are available for download by health professionals on the CDC website at [cdc.gov/flu/NIVW](http://cdc.gov/flu/NIVW).

### PILOT PROGRAM IN PROCESS

We are currently conducting a small pilot program before introducing Rx Health Advisor to all insured members on Jan. 1, 2012. Please note: If you are a prescribing physician for a patient identified during the pilot phase, you may receive a letter or phone call from the Rx Health Advisor pharmacist prior to Jan. 1, 2012. For additional details, watch the News and Updates section on the Home page of our Provider website at [bcsil.com/provider](http://bcsil.com/provider). Information also may be published in an upcoming issue of the *Blue Review*.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime Therapeutics, a separate company, to provide pharmacy benefit management and other related services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

MEDecision is a health information technology vendor that offers collaborative health care management solutions to help foster better payer-patient-physician interactions, awareness and improved outcomes. BCBSIL has an ownership interest in MEDecision.

## Complex Case Management for HMO Members

**Attention, HMO Physicians:** Complex case management services may be available for your BCBSIL HMO Illinois and BlueAdvantage<sup>SM</sup> HMO patients through your Medical Group (MG) or Independent Practice Association (IPA). Your HMO patients may be added to this program if the HMO member has a complex chronic condition requiring multiple services and/or a specific acute condition. Please contact your MG/IPA for more information about this program.

The case management program is not a substitute for the sound medical advice of a doctor. Members are instructed to discuss any questions or concerns with their health care provider.

## From the Medical Director's Library

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

*This month I am recommending a follow-up article to complement last month's reading selection on patient medical decision-making capacity. It is a case-based article by Michael Paasche-Orlow, titled, "Caring for Patients with Limited Health Literacy" [Journal of the American Medical Association (JAMA), 2011; Vol. 306 (10) 1122-1129]. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand health information, skills, and services needed to make informed actions. Paasche-Orlow's article deals with how clinicians can help improve the outcomes for patients with limited health literacy and how to use a teach-back method to assess and improve understanding. It includes a universal approach to help all patients have their health literacy needs identified.*

*I am sure you will find this excellent article very helpful for the day-to-day management of patients in both the inpatient and outpatient settings.*

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.

## 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 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.

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.

While some information on new or revised medical policies may occasionally be published in this newsletter for your convenience, please go to our website for access to the most complete and up-to-date medical policy information.



Effective Date	Policy Number	Policy Name	Rationale
Nov. 1, 2011	DME101.034	Lifts and Elevator Systems	Document updated with literature review
Nov. 1, 2011	MED201.014	Treatment of Hyperhidrosis	---
Nov. 15, 2011	RAD603.009	Magnetic Resonance Imaging (MRI) of the Breast (BMRI) with or without Computer-Aided Evaluation (CAE)	Document updated with literature review
Nov. 15, 2011	THE801.024	Adoptive Immunotherapy	---

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.

## NEW ACCOUNT GROUPS



Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
<b>Fortune Brands Home and Security, Inc.</b>	979583-4	FSG	PPO (Portable)	Jan. 1, 2012
<b>Lake County</b>	P95073-4	LAK	BlueEdge PPO/HSA (Portable)	Jan. 1, 2012
<b>Omron</b>	629601-02 629603	MMU	PPO (Portable) BlueEdge PPO/HSA (Portable)	Jan. 1, 2012
<b>Perry Memorial Hospital</b>	059122, S59122, T59122	XOF	PPO (Portable)	Nov. 1, 2011
<b>TTX Company</b>	669102-4	CHG	PPO (Portable)	Jan. 1, 2012
<b>Wolters Kluwer</b>	759644 759645-46, 759648 759647	WLM	BlueEdge PPO/HSA (Portable) PPO (Portable) CMM	Jan. 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.

## Pharmacy Program Update

### Preauthorization Requests for Prior Authorization and Step Therapy

Prime Therapeutics, our pharmacy benefit manager, conducts all Prior Authorization (PA) and Step Therapy (ST) preauthorization requests from physicians for BCBSIL members with prescription drug coverage.

A BCBSIL Preauthorization Request Physician Fax Form for each medication requiring preauthorization may be accessed in the Pharmacy Program/ Prior Authorization and Step Therapy Programs section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Physicians must complete and submit a preauthorization request form for all PA and ST medications, as specified on our website. Benefits will continue to be available for medications if warranted by the patient's medical history and current medical condition. The final decision regarding what medicines should be prescribed, regardless of benefit determination, is a decision between the patient and their doctor.

#### FAX FORM UPDATES

**Effective Nov. 1, 2011**, all Preauthorization Request Physician Fax Forms have been updated to reflect the following contact information change for Prime:

**The new fax number for submitting completed Preauthorization Request Physician Fax Forms is (877) 243-6930.**

Please remember to discard any BCBSIL PA and ST preauthorization request fax forms that you may have printed or downloaded previously, as they will not reflect the correct information.

The telephone number for Prime's Clinical Review Department remains the same: (800) 285-9426.

PA and ST programs may not apply to all prescription drug benefit plans. To determine if a specific benefit plan includes a PA or ST program, and which drug categories are included in the member's plan, you may call the Pharmacy Program number listed on the back of the member's ID card.

## 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, code 80104 was updated.**

**Effective Dec. 1, 2011, the following code ranges will be updated: A9576-A9583, A9604, J0000-J9999, P9041-P9048, Q0138-Q0181, Q0515, Q2009-Q3031, Q4074-Q4116, Q9951-Q9967 and S0012-S0191. Please note that not all codes in these ranges will be updated.**

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).



## Legislative Updates

### Recently Enacted Laws Passed by Illinois State Legislature

During its recently concluded legislative session, the Illinois General Assembly passed a variety of Senate and House bills concerning health benefits. A number of these bills have been signed by Governor Pat Quinn and are now law. Brief overviews of these new laws, which apply to all of our insured groups, are listed below.

#### **PUBLIC ACT 97-0091 (HOUSE BILL 1191) – ROUTINE CARE IN CLINICAL CANCER TRIALS**

Signed into law on July 11, 2011, this new law prevents a group accident and health insurance policy from excluding routine patient care administered to an insured participating in a qualified cancer trial, if the policy covers that same routine patient care for an insured not participating in a qualified cancer trial. It further requires no difference in out-of-pocket liability between an insured in a trial versus one not in a trial. This law is effective Jan. 1, 2012.

#### **PUBLIC ACT 97-0198 (HOUSE BILL 1825) – ORAL CANCER DRUG PARITY**

Signed into law on July 27, 2011, this law requires that health insurance plans that provide coverage for cancer medications cannot have more restrictive treatment limitations or more restrictive financial requirements for oral cancer medications than intravenous and injected cancer medications. However, the law does not mandate coverage for cancer medications. This law is effective Jan. 1, 2012.

#### **PUBLIC ACT 97-0281 (HOUSE BILL 2249) – A1C DIABETES SELF-MANAGEMENT TRAINING AND EDUCATION**

Signed on Aug. 9, 2011, this law requires a group policy of accident and health insurance that is amended, delivered, issued or renewed after the law's Jan. 1, 2012, effective date to provide coverage for outpatient diabetes self-management training and education, equipment and supplies. Further, the law defines "diabetes self-management training" as instruction in an outpatient setting, which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. This training is specifically designed to help diabetics maintain their A1C levels within the normal range.

#### **PUBLIC ACT 97-0282 (HOUSE BILL 3039) - HEART DISEASE PREVENTION NOTIFICATION**

This law requires insurers to provide annual information regarding the importance and value of early detection and proactive management for cardiovascular disease. It was effective immediately upon the governor's signature on Aug. 9, 2011.

As with all recent federal and state legislation, BCBSIL is in the process of evaluating any changes that will be necessary to update our benefits packages and fee schedules.

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.



# Rendering National Provider Identifier (NPI) Clarification

In various *Blue Review* and online News and Updates articles, we alerted you that, effective Oct. 1, 2011, inclusion of rendering provider NPIs would be required for each service line on all professional claims submitted to BCBSIL. We explained that 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. We also noted that inclusion of this information will enhance BCBSIL's ability to correctly apply the member's benefits, including tiered copays.

We would like to clarify a few points related to rendering provider NPIs:

- Rendering NPIs are still required on professional claims as communicated previously
- Claim rejections for "Rendering NPI not on file" (rendering NPI submitted on the claim, but not previously shared with BCBSIL) began Oct. 17, 2011
- Rendering provider NPIs are also required for eligibility and benefits requests
- The enhancement to apply tiered copays is effective beginning Nov. 14, 2011
- Payment differentials will be applied beginning Dec. 12, 2011 (see the *Rendering Provider Fee Schedule Reminder* below for details)

To update demographic information for your practice, including submission of rendering provider NPIs, visit the Network Participation/Update Your Information section of our website at [bcbsil.com/provider](http://bcbsil.com/provider) and complete the appropriate online submission form.

For additional information, continue to watch the News and Updates section of our website, as well as upcoming issues of the *Blue Review*.

## Rendering Provider Fee Schedule Reminder

**Effective Dec. 12, 2011**, BCBSIL will implement a fee schedule change that will provide reimbursement based on the type of rendering provider indicated on the claim. The provider types listed below will have the differentials applied to the Schedule of Maximum Allowance as noted:

### 100% of the Schedule of Maximum Allowances (SMA)

- Physician

### 85% of the SMA

- Licensed Clinical Psychologist
- Certified Nurse Specialist
- Certified Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Certified Nurse Midwife
- Physician Assistant

### 85% of the 20% of the SMA

- Certified Surgical Assistant
- Physician Assistant (when performing assist at surgery)

### 70% of the SMA

- Licensed Clinical Social Worker
- Licensed Clinical Professional Counselor
- Licensed Marriage and Family Therapist



## IN THE KNOW ✓

### Are you a sole proprietor changing to a corporation? If so, you need a Type 2 NPI.

All individual professional providers who either conduct business using HIPAA-standard transactions themselves or have business conducted on their behalf by an employer, are required to obtain a Type 1 NPI. In the latter case, this Type 1 NPI is used to identify the professional who rendered the service being billed on the claim.

If you are a sole proprietor considering incorporating your practice as an organization, and if you have enrolled with Medicare as an organization, you will need to apply for a Type 2 NPI to properly identify your newly created organization. After you have taken the legal steps to create your organization, here are some guidelines to assist you with the process of updating your information:

1. **Obtain a Type 2 NPI Organizational NPI** – Apply Online! Go to the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
2. **Request a new contract application from BCBSIL** – Visit the Network Participation/Contracting section of our Provider website at [bcbsil.com/provider](http://bcbsil.com/provider) for details.
3. **Submit your new contract application** – Specify that your new Type 2 NPI should be designated as your billing NPI in the BCBSIL system, with your Type 1 NPI designated as your rendering NPI. (Be sure you have notified Medicare as well to avoid possible issues with the processing of crossover claims.)

Following the above steps will help ensure that the correct information is on file with BCBSIL so that your claims may be processed and paid accordingly. It also helps ensure that you are in compliance with HIPAA guidelines, which prohibit sole proprietors from obtaining a Type 2 NPI.

## Professional Behavioral Health Providers: Areas of Expertise Needed

Have you completed our online Areas of Expertise survey? If not, there's still time to participate. The link to the survey will remain available through Nov. 18, 2011. Just go to the Clinical Resources/Behavioral Health Care Management Program/Related Resources section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### Tips for Survey Completion:

- **Demographic information is required.**
- **You cannot save or pause, once you begin entering data.**
- **Select no more than five areas of expertise**, along with the applicable age ranges.\*
- **Verify that all information is correct**, then click "Submit."
- **Survey completion deadline:** Submit your data online no later than **Nov. 18, 2011**.

The survey will take no more than 10 minutes of your time. Your responses will help us update our provider file to more accurately represent the services you provide to our members. Thank you for your participation!

\*If you provide services at multiple locations, the areas of expertise you select will be applicable to all locations.



## ANSI Version 5010 Compliance Reminders

We're including a summary of ANSI v5010-related billing changes and testing reminders from previous articles to call your attention to these important details. If you utilize a billing entity (billing service and/or clearinghouse), please be sure to check with them to help ensure that they are fully prepared to conduct and/or support ANSI v5010 transactions submitted on your behalf.

Remember: As of the Jan. 1, 2012, ANSI v5010 compliance date, ANSI v4010A1 transactions will no longer be accepted by BCBSIL. Also, successful conversion to ANSI v5010 is a prerequisite to achieving compliance with the mandatory ICD-10 compliance deadline of Oct. 1, 2013.

### CLAIM SUBMISSION – MAJOR CHANGES

There are many new claim submission requirements related to ANSI v5010. Three major changes are listed below; however, please note that this is only a partial list:

- **Billing Provider Address** – ANSI v5010 requires that the Billing Provider Address must be a physical street address. If a P.O. Box address is necessary, it must be reported as the pay-to-address.
- **ZIP Codes** – ANSI v5010 requires providers to submit a nine-digit "ZIP+4" ZIP code for the billing provider and service facility locations.
- **Billing Provider NPI** – ANSI v5010 also focuses on creating uniformity. You must ensure that you are consistently reporting the same billing NPI on all claim transactions with all payers.

### ELECTRONIC REMITTANCE ADVICE (ANSI 835 ERA) TESTING

BCBSIL is testing in a production environment by sending both the ANSI v4010A1 ERA production file and the ANSI v5010A1 test file together. Testing will continue through Dec. 31, 2011, so there's still time to request and receive the ANSI v5010 835 ERA test file, if you haven't done so already.

Here's how:

1. Complete the ANSIV5010A1 835 ERA Test File Request Form, available in the Standards and Requirements/ANSI 5010 and ICD-10 section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).
2. Sign the form to confirm your ANSI v5010 readiness and provide your approval for BCBSIL to send ANSI v5010A1 835 ERA transactions.
3. Fax your completed, signed form to us at (312) 938-6463.

### FOR MORE INFORMATION

Visit the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider) for a variety of helpful resources. If you need assistance, email your ANSI v5010 questions to us at [ansi\\_icd@bcbsil.com](mailto:ansi_icd@bcbsil.com).

## Join us this month for an ICD-10 Webinar!

ICD-10 diagnosis and procedure codes will be required on all inpatient claims for discharge dates on or after Oct. 1, 2013. ICD-10 diagnosis codes will be required on all professional and outpatient claims for service dates on or after Oct. 1, 2013.

### ARE YOU WHERE YOU NEED TO BE?

According to ICD-10 preparedness recommendations of industry groups such as WEDI\*, as measured on ICD-10 readiness surveys, many providers are already behind. This may be due to the fact that some providers are associating ICD-10 compliance as something their vendor will do for them.

### DON'T BE LEFT BEHIND.

Learn more about what you need to do now in order to meet the ICD-10 compliance date of Oct. 1, 2013. Sign up for an ICD-10 Webinar hosted by BCBSIL – see page 7 for November session dates, times and registration details.

For additional information, visit the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). If you have questions about ICD-10, send an email to us at [ansi\\_icd@bcbsil.com](mailto:ansi_icd@bcbsil.com).

\*Workshop for Electronic Data Interchange ([wedi.org](http://wedi.org))

# Electronic Funds Transfer (EFT) Helps Protect Your Claim Payments

The EFT Agreement you sign with us prevents BCBSIL from debiting your bank account to satisfy payment obligations. Any recoupment deductions must be made prior to release of payments we are sending you, and not from your bank account.

For some time, we have been promoting the benefits of EFT, which allows BCBSIL to deposit claim payments directly into your designated bank account in a convenient, safe and confidential way. Other advantages of using EFT include:

- Faster access to your funds, as many banks credit direct deposits more quickly than paper checks
- Less expensive than receiving paper checks, and more environmentally friendly
- Reduces the risk of lost or misrouted payments
- Helps your office staff save time by streamlining claim payment postings

For your claim payments from BCBSIL, EFT offers a faster, easier and safer alternative to receiving paper checks in the mail. Learn more about how to enroll for EFT by visiting the Claims and Eligibility/Claim Payment and Remittance section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Enrollment questions may also be directed to our Electronic Commerce Center at (800) 746-4614.

## EFT IS NOT USED TO RECOUP FUNDS

Please note that, for recoupment of any overpayments, BCBSIL has a separate refund request process in place through our Electronic Refund Management (eRM) system. When we identify an overpayment, we will send you a refund request notification that explains the reason for the refund request. If you fail to return the overpayment, we reserve the right to deduct any such payment from any other future payment due to you from BCBSIL.

For more information about the variety of electronic options available to providers, please visit the Claims and Eligibility/Electronic Commerce section of our website at [bcbsil.com/provider](http://bcbsil.com/provider), or contact your assigned Provider Network Consultant for assistance.



## Provider Learning Opportunities

A partial listing of complimentary training opportunities is listed below. For additional listings and online registration, 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.)

Nov. 2, 2011  
Nov. 9, 2011  
Nov. 16, 2011  
Nov. 23, 2011  
Nov. 30, 2011

### ICD-10

*These sessions will assist you in meeting the ICD-10 compliance date of Oct. 1, 2013.*

#### Times for these dates:

10 a.m. (Facility presentation)  
1 p.m. (Professional presentation)

Nov. 8, 2011  
Nov. 18, 2011

*Each session is 90 minutes.*

## New Hours of Operation for Customer Care Call Center

When calling the number on the back of the member's ID card for pre-certification (also known as prenotification or preauthorization), you may be connected with the BCBSIL Customer Care Call Center (CCCC). The CCCC is pleased to announce the extension of its hours of operation. Effective Nov. 1, 2011, the daily hours of operation are 6 a.m. to 7 p.m., CT, Monday through Friday. Additionally, plans are underway to include weekend availability in 2012. We are committed to providing the highest level of customer service to our members and independently contracted providers.

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

# High-tech Imaging Update for City of Chicago Members

As a reminder, the City of Chicago requires that all of its members, including non-Medicare Retirees, submit a request for determination of medical necessity through Telligen (formerly ENCOMPASS Health Management Systems) for approval of CAT, MRI and PET scans\*. Telligen can be contacted at (800) 373-3727. Claims submitted for the services listed above without authorization through Telligen may be denied.

To identify City of Chicago members, look for the CTY alpha prefix on the member's ID card. Group numbers are P16602, P16605, P16606, P16610, P16628, P16632, P16642, P16643, P16705, P17600, P18600, P18601 and P20600. Always refer to the back of the member's ID card to verify prior authorization requirements and appropriate contact information.

\*Note: The City of Chicago is an exception. For most other BCBSIL members with PPO or BlueChoice Select coverage, obtaining a Radiology Quality Initiative (RQI) number through American Imaging Management® (AIM®) is required by BCBSIL prior to ordering outpatient, non-emergency high-tech imaging studies. For more information on AIM and the RQI process, please visit the Claims and Eligibility/Prior Authorization/High-tech Imaging Services section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

Telligen and AIM are independent third party vendors that are solely responsible for the products and services they offer. 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(s) directly.

*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:

## BLUE REVIEW

Blue Cross and Blue Shield of Illinois  
300 E. Randolph Street – 24th Floor  
Chicago, Illinois 60601-5099

Email: [blureview@bcbsil.com](mailto:blureview@bcbsil.com)

Website: [bcbsil.com/provider](http://bcbsil.com/provider)

### Publisher:

Stephen Hamman, VP, Network Management

### Editor:

Gail Larsen, DVP, Provider Relations

### Managing Editor:

Jeanne Trumbo, Sr. Manager, Provider Communications

### Editorial Staff:

Margaret O'Toole, Marsha Tallerico  
and Allene Walker

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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

# BLUE REVIEW

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