



# BLUE REVIEW<sup>SM</sup>

For Providers

April 2024

## What's New

### **2023 Readership Survey: Thanks for your input!**

We're grateful to all providers who responded to our 2023 *Blue Review* readership survey. We're assessing the results and will make changes based on your feedback.

[Learn More](#)

## Clinical Updates, Reminders and Resources

### **Medical Policy Updates**

Approved, new or revised Medical Policies for Blue Cross and Blue Shield of Illinois and their effective dates are posted on our Provider website.

[Learn More](#)

### **CMO Perspective**

[CMO Perspective](#) features blog-style posts from BCBSIL's vice president and chief medical officer. We invite you to read the latest entry, [Heart Disease: What We Can Do To Empower Patients and Save Lives.](#)

### **Pharmacy Program Updates: Prior Authorization Changes Effective May 1, 2024**

The pharmacy PA program encourages safe, cost-effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. FDA-approved labeling, scientific literature and nationally recognized guidelines. [Read more on News and Updates.](#)

### **Medicaid Update: Pharmacy Appeals Transition, Effective April 1, 2024**

We're transitioning the pharmacy prior authorization appeals process to Prime Therapeutics for Blue Cross Community Health Plans<sup>SM</sup> members. [Read more on News and Updates.](#)

## Focus on Behavioral Health

### **Caring for Substance Use Disorders**

Providers can play an important role in our members' care by discussing the signs of substance use disorder and encouraging members to seek help, if appropriate. We've created resources for members that may help.

[Learn More](#)

## Claims and Coding

### **Webinar on Coding for Annual Wellness Visits**

Join us for our quarterly webinar on coding for annual wellness visits for Medicare Advantage members.

[Learn More](#)

### **Billing Guidelines for Laboratory Claims**

Providers are encouraged to review the Ancillary Claim Submission information in the Commercial Provider Manual for BCBSIL to familiarize themselves with billing guidelines for

independent clinical laboratory claims.

[Learn More](#)

## BlueCard® Program: Reminders and Claim Filing Checklist

Through our BlueCard Program, many Blue Cross and Blue Shield members take their coverage with them when they travel.

[Learn More](#)

## Provider Education

### Provider Learning Opportunities

BCBSIL offers free webinars and workshops for the independently contracted providers who work with us. A preview of upcoming training sessions is included in this month's issue.

[Learn More](#)

## Notification and Disclosure

### ClaimsXten™ Quarterly Updates, Effective June 17, 2024

BCBSIL will implement its second quarter code updates for the ClaimsXten auditing tool **on or after June 17, 2024.**

[Learn More](#)



### Reminders

#### Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

#### Verify and Update Your Information

Verify your directory information every 90 days. Use the [Availity® Essentials Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

### Provider Training



For dates, times and online registration, visit the [Webinars and Workshops](#) page.




### Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

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for Providers

April 2024

## 2023 Readership Survey: Thanks for your input!

*Blue Review* is here every month to help make it easier for you and your staff to work with Blue Cross and Blue Shield of Illinois. Highlights include:

- Claim filing tips and resources
- Updates on electronic options
- Provider training sessions

To make sure the newsletter meets your needs, we conduct an annual survey. We're grateful to all providers who responded to our 2023 survey. We heard you and will make changes in 2024, based on your feedback.

### 2023 Results Overview

Most survey participants reported that they look forward to receiving *Blue Review* each month. Readers find the articles to be clear and to the point. The newsletter keeps them informed of important dates and upcoming changes, and they often share content with their colleagues. Readers typically find it easy to navigate to articles that are relevant to their practice.

### Ideas and Feedback

Some providers took the time to add comments. There were several requests related to administrative processes, such as credentialing and coding claims. Participants also expressed interest in behavioral health and other specialty-specific content.

### What's next?

It's our goal to make *Blue Review* an informative and enjoyable publication. This year, we'll continue to refine our format for a streamlined user experience. We'll include articles on areas of interest referenced in survey comments, and we'll partner with our Provider Network Consultants to share a summary of additional 'hot topics' each quarter. We're also working on other ways to improve *Blue Review* in direct response to survey feedback.

### **Did you miss the 2023 survey?**

We conduct the readership survey every year, so you'll have an opportunity to provide feedback in 2024. Watch [News and Updates](#) and upcoming issues of *Blue Review* for details. Meanwhile, if you have questions, comments or ideas throughout the year, you're welcome to [email \*Blue Review's\* editor](#).

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## Medical Policy Updates

Approved, new or revised Medical Policies for Blue Cross and Blue Shield of Illinois and their effective dates are usually posted on [our Provider website](#). Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may affect your reimbursement and your patients' benefits.

**Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the [Provider Manual](#), located in the Standards and Requirements section.**

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [Medical Policy page](#). 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 homepage.

You also may 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. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the Standards and Requirements section of our website for access to the most complete and up-to-date [Medical Policy](#) information. You'll find a [Recommended Clinical Review \(Predetermination\) Code List](#) in the Related Resources on our [Recommended Clinical Review \(Predetermination\) page](#) – this list is

updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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### Caring for Substance Use Disorders

Providers can play an important role in our members' care by discussing the signs of substance use disorder and encouraging members to seek help, if appropriate. We've [created resources](#) for members that may help.

To monitor our members' care, we track the following [Healthcare Effectiveness Data and Information Set measures](#) related to substance use disorders:

#### [Initiation and Engagement of SUD Treatment](#)

This measure applies to members ages 13 and older with a new episode of SUD. We capture two stages of adequate and timely follow-up treatment:

- **Initiation of SUD treatment** – One treatment within 14 days of the diagnosis
- **Engagement of SUD treatment** – Two or more additional treatment sessions within 34 days of the initiation visit

Treatment may occur in an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication-assisted treatment.

#### [Follow-up After Emergency Department Visit for Substance Use](#)

This measure captures ED visits for members ages 13 and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit for SUD. We track:

- ED visits for which the member received follow-up within 30 days (31 total days)
- ED visits for which the member received follow-up within seven days (eight total days)

## [Follow-Up After High-Intensity Care for Substance Use Disorder](#)

This measure tracks the percentage of discharges for members ages 13 and older who were hospitalized, received detoxification or residential treatment for a diagnosis of SUD and who had a follow-up visit or service for SUD. The follow-up visit must be on a different date than the discharge date. We track:

- Discharges that had a follow-up visit within 30 days after discharge
- Discharges that had a follow-up visit within seven days after discharge

## [Pharmacotherapy for Opioid Use Disorder](#)

We capture the percentage of new pharmacotherapy treatment events for OUD among our members 16 and older with a diagnosis of OUD. The treatment of OUD with medication must continue for at least 180 days.

### **Some Tips To Consider**

- Discuss the importance of timely follow-up visits with our members.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care providers. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

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The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## Webinar on Coding for Annual Wellness Visits

Join us for our quarterly webinar on coding for annual wellness visits for Medicare Advantage members. The webinar is **April 12, 2024, from noon to 12:30 p.m.** [Register here.](#)

Members of our Coding Compliance team will present information from the Official ICD-10-CM Coding Guidelines, the American Hospital Association Coding Clinic and the Centers for Medicare & Medicaid Services. The webinar includes information on:

- Components of annual health assessments and wellness visits
- Documentation standards and general coding requirements
- Coding for chronic conditions
- Common coding errors

If you're unable to view the Teams registration site, you may need to use a different web browser or clear your browser history. After you register, you'll receive an email with a calendar reminder and link to the webinar.

This webinar doesn't offer continuing education credit.

The material presented in the webinar is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## Billing Guidelines for Laboratory Claims

Providers are encouraged to review the Ancillary Claim Submission information in the Commercial Provider Manual for Blue Cross and Blue Shield of Illinois to familiarize themselves with billing guidelines for independent clinical laboratory claims. Following these guidelines helps to ensure that claims are processed efficiently and accurately.

### Quick Tips and Reminders

Submit laboratory claims for Blue Cross and Blue Shield members through the Plan state where samples were collected.

Maintain valid laboratory medical records. Records should be complete, legible, and include the following information:

- A signed valid requisition received from the physician or qualified health care provider who is treating the patient and will use the results in the management of the patient's specific medical problem
- Documentation of the services ordered
- Results of the services performed

For more information, refer to the Commercial Provider Manual for BCBSIL or the BlueCard<sup>®</sup> Program Provider Manual in our [Standards and Requirements section](#).



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## BlueCard<sup>®</sup> Program: Reminders and Claim Filing Checklist

Through our BlueCard Program, many Blue Cross and Blue Shield members take their coverage with them when they travel.

The program is convenient for members, without causing extra work for providers. Here's how it works, in a nutshell:

- As a Blue Cross and Blue Shield of Illinois participating provider, you may see patients from out-of-area BCBS Plans when they need care.
- BCBSIL is the Host Plan for these “guest” members while they're away from their Home Plans.
- You welcome these out-of-area members as patients, and we welcome your BlueCard claims for their care.

Here's a checklist for quick reference:

- **Ask members for their current ID card.** Most BlueCard members have a suitcase logo on the front of their ID card. Also ask for a photo ID to confirm the member's identity.
- **Verify the member's eligibility, benefits and copayments.** For faster results, check coverage electronically through [Avality<sup>®</sup> Essentials](#) or your preferred web vendor.
- **When recording the member ID number, be sure to include the three-character prefix.** This prefix indicates the member's group information.
- **Submit BlueCard claims to BCBSIL electronically.** Don't submit duplicate claims.
- **Check claim status online.** Use the [Avality Claim Status Tool](#) to search for claims by member ID or claim number.



For more in-depth information, refer to the [BlueCard Program Provider Manual](#).

Checking eligibility and/or benefits 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. If you have any questions, call the number on the member's ID card.

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#).

### BCBSIL WEBINARS

*To register now for a webinar on the list below, click on your preferred session date.*

Descriptions:	Dates:	Session Times:
<b>Availity<sup>®</sup> Essentials, BlueApprovR<sup>SM</sup> Prior Authorization and Recommended Clinical Review Tools</b> <i>Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using Availity Essentials Authorizations tool. You'll also learn how to access and submit inpatient and/or outpatient medical/surgical, behavioral health and specialty pharmacy drug prior authorization requests, as well as recommended clinical review, through BlueApprovR.</i>	<a href="#">April 3, 2024</a> <a href="#">April 10, 2024</a> <a href="#">April 17, 2024</a> <a href="#">April 24, 2024</a>	11 a.m. to 12:30 p.m.

**Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer**  
*Learn how to verify enhanced claim status, submit clinical claim appeals reconsiderations requests and Message This Payer online using the Availity Claim Status tool.*

[April 4, 2024](#)  
[April 11, 2024](#)  
[April 18, 2024](#)  
[April 25, 2024](#)

11 a.m. to 12:30 p.m.

**Availity Essentials Instructor-Led Training**  
*Register for this session to better understand how electronic transactions can work for your organization. You'll learn the importance of Manage My Organization, how to use the Patient ID Finder, instruction on how to verify patients' Eligibility and Benefits and more online options.*

[April 16, 2024](#)

11 a.m. to noon

**Availity Remittance Viewer and Provider Claim Summary**  
*These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice and the PCS. Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results.*

[April 18, 2024](#)

1 to 2 p.m.

**BlueApprovR: Prior Authorization Process and RCR Process**  
*Learn how to access via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests, as well as recommended clinical review, for many BCBSIL commercial members.*

[April 2, 2024](#)  
[April 9, 2024](#)  
[April 16, 2024](#)  
[April 23, 2024](#)  
[April 30, 2024](#)

3 to 4 p.m.

**Monthly Provider Hot Topics Webinar**  
*Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants to learn about*

[April 11, 2024](#)

10 to 11:30 a.m.

*upcoming initiatives, program changes and updates, as well as general network announcements.*

**Orientation Webinars for New BCCHP<sup>SM</sup> and/or MMAI Providers**

[April 18, 2024](#)

1 to 2 p.m.

*Learn how we can best work together to support the health of our Blue Cross Community Health Plans<sup>SM</sup> and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.*

**Orientation Webinars for New Commercial Providers**

[April 24, 2024](#)

1 to 2:30 p.m.

*Learn how we can best work together to support the health of our commercial members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.*

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Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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## ClaimsXten™ Quarterly Updates, Effective June 17, 2024

Blue Cross and Blue Shield of Illinois will implement its second quarter code updates for the ClaimsXten auditing tool **on or after June 17, 2024**.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT<sup>®</sup>) codes
- Healthcare Common Procedure Coding System codes

When applicable, BCBSIL may also post advance notice of significant changes, like implementation of new rules, in [News and Updates](#) on our Provider website. Information also may be included in *Blue Review*.

Use **Clear Claim Connection**<sup>™</sup> to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that simulates how BCBSIL's code-auditing software works.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

**For more information on C3 and ClaimsXten**, refer to the [Clear Claim Connection](#) page. It includes a user guide, rule descriptions and other details.

***This article doesn't apply to government programs (Medicare Advantage and Illinois Medicaid)***

***member claims.***

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