Availity® Enhances Functionality
Expands Claim Status Capability

We are pleased to keep you informed of third-party vendor innovations that may provide solutions to meet the administrative needs of our provider network, and also help to enhance patient care and reduce costs.

Earlier this year, we announced that Illinois providers now have access to Availity’s Health Information Network. Providers can use the Availity portal to gain instant online access to BCBSIL member eligibility and benefits, claim submission and claim status transactions. Availity’s secure Web portal streamlines these most common, time-consuming administrative tasks.

Availity continues to work to expand the functionality offered and enhance the electronic information exchanged. Availity’s new Claim Research Tool (CRT) gives your office staff real-time access to expanded claim status information that can help expedite your patient account reconciliation process.

According to Availity, the CRT will allow your staff to view status of multiple claims, look up a claim using the Member ID or claim number and obtain detailed, line-level information including reason codes and descriptions. Additionally, the CRT will enable your staff to confirm current copay, deductible and coinsurance amounts for BCBSIL members if applicable.

This expanded online functionality helps decrease the need for costly, time-consuming phone calls, and requires minimal training of your staff. Best of all, like other Availity features, the CRT is available at no cost to you.

You may access the CRT via Availity’s Provider Portal (once you log on to the Availity Portal, click “Claims Management,” and then select “Claim Research Tool!”). For assistance with navigating the tool, you may refer to the Online Transaction Tip Sheets in the Electronic Commerce section of our Web site at www.bcbsil.com/provider. Note: You must be registered with Availity to access the CRT.

For registration information, and to learn more about other online Availity resources and services available to BCBSIL providers, visit their Web site at www.availity.com. You may also contact Availity Client Services at (800) AVAILITY (282-4548) for assistance.

Availity is a registered trademark of Availity, L.L.C.

Availity is a third party vendor, and BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by this vendor. Availity is solely responsible for the products and services it offers. If you have any questions regarding the products or services offered by Availity, you should contact them directly.

Are You Coding Correctly?
An Introduction to Medically Unlikely Edits (MUEs)

There are several Current Procedural Terminology (CPT) codes that have defined limits on utilization (timed, per day, per operative session, et al.). In recent months, we have seen an increase in the number of claims submitted with these codes where defined utilization limits have been exceeded.

As a result, BCBSIL has implemented a new initiative to review claims with MUE codes and amend the reimbursement to the appropriate allowance to reflect the defined utilization limit. Notifications will appear in future issues of the Blue Review as the MUE codes are reviewed. Please contact our Provider Telecommunications Center at (800) 972-8088 should you have any questions.
HMO Provider Relations Spotlight

In this section of the newsletter, we introduce you to two more members of our HMO Professional Provider Relations team, briefly describing their broad spectrum of knowledge and expertise in health care and their strategies for providing the quality service to our HMO provider community. This issue features two of our Senior HMO Provider Network Consultant (PNC) team members, Sue Henson and Beverly Thiem.

Meet Sue Henson

Linda “Sue” Henson has been an HMO Provider Network Consultant (PNC) since 2000, serving as the liaison between BCBSIL HMO and 14 Medical Group/Independent Physician Associations (MG/IPAs).

Sue has over 30 years of service at BCBSIL, beginning her career in Rockford, Illinois as a Customer Service Representative (CSR) in the Rockford Full Service Unit. For 12 years she gained extensive experience in both the HMO and PPO products, responding to HMO member claim issues, processing HMO claims and adjustments and resolving PPO inquiries.

In 1991, Sue packed her bags and relocated to our corporate headquarters in Chicago, where she assumed the position of Health Services Assistant (HSA) in our Health Services Programs (HSP) Department. As an HSA she worked to resolve complex telephone and written inquiries regarding MG/IPA issues, assisted with MG/IPA orientations, and helped to train other HSAs. Her diligence earned her a promotion in 1998 to the position of Research and Analysis Coordinator in HSP, where she was responsible for investigating MG/IPA concerns, making site visits to small groups, administering terms of the HMO Medical Service Agreement and interpreting the subscriber certificate for the groups.

What Sue likes most about her current job is the interaction she has with people, and continuing to be challenged by her HMO groups. She finds that each group is unique and often reacts differently to the same situations. A positive experience for one group can be seen as an obstacle for another one. That’s why Sue is willing to go out of her way to assist her groups and find ways to work together.

MG/IPAs are sent an annual survey, where they are asked, among other questions, to rate their PNC on their product knowledge, effectiveness of office visits, ability to respond to their concerns, and other job functions. Sue hopes they use this opportunity to show their appreciation for her hard work, and acknowledge her efforts to get the job done.

Sue believes that “the pride of success is hard work, dedication to the job at hand, and determination that whether we win or lose, we have applied the best of ourselves to the task at hand.”

Sue Henson can be reached at (312) 653-5306, or via e-mail at hensons@bcbsil.com.

eCards Encourage Healthy Changes

At BCBSIL we continue to create new and innovative programs that encourage our members to adopt a healthier lifestyle. As we roll out these new initiatives, we will seek to make our providers aware of our available wellness resources so that you can share this information with your patients. eCards for Health℠, our new online greeting card program, goes beyond wellness education and awareness to help people take the next step in their journey to a healthier lifestyle by committing to action.

The eCards for Health program is designed to encourage people to commit to small, healthy behavior changes and share their commitments with those they care about.

BCBSIL members and the general public can visit www.cardsforhealth.com for inspiration to make small, manageable steps toward improving their overall health. They will find eCards covering a variety of healthy behavior changes such as:

- cutting down on sugar intake
- walking more
- reducing stress
- scheduling an annual physical exam
Meet Beverly Thiem

Beverly Thiem, HMO Provider Network Consultant (PNC), has worked at BCBSIL for 17 years. Before joining the BCBSIL staff, Beverly, a registered nurse with a BSN Degree, was employed in a hospital Intensive Care Unit for seven years. During her nursing career, she developed and taught continuing education programs for critical care nurses.

In 1992, Beverly decided to look for other creative ways to use her nursing education, which led her to BCBSIL. She started in the Medical Services Advisory (MSA) Unit, performing Utilization Management for the PPO product. In 1993, she moved to Health Services Programs (HSP) as an HMO Quality Review Specialist, and eventually transferred to the administrative side as an HMO Program Coordinator in 1995. The position name was changed to HMO PNC in 2000. Beverly currently serves as the liaison for 20 HMO MG/IPAs.

A seasoned professional in her job, Beverly is aware that health care delivery continues to evolve. “I have held this position since January 1995, but I find it is still exciting, and each new day brings new challenges. Although the health care environment is changing, I know our HMO groups appreciate the stability of our HMO Provider Relations staff.”

Beverly enjoys conducting the research that is often necessary to resolve complex MG/IPA issues by “solving the mystery” and then moving on to the next challenge. She is convinced that the “face to face relationship that we have with our providers sets BCBSIL apart from the crowd.”

She also serves as the primary resource for maintaining the HMO sections in the BCBSIL Provider Manual, by working with various team members to make updates so that we remain in compliance with our contractual obligations to the HMO groups.

Beverly is always looking for new ways to meet her groups’ needs, and ensure that our processes operate with greater efficiency. She is proud of one significant improvement she was able to accomplish, by reducing the large volume of paper mailed to the HMO groups each month. She was part of the team that helped to convert many of those paper documents to electronic files that are now available online or sent via e-mail.

Beverly realizes that her nursing experience is definitely an advantage in this position. “I find that having a clinical background helps me gain additional insight into the issues that my providers bring to me.”

Beverly Thiem can be reached at (312) 653-8187, or via e-mail at thiemb@bcbsil.com.

Visitors to the site can select the eCard that best reflects the healthy change they want to make and then e-mail it to a friend or loved one as a healthy gift to them and as a commitment to themselves. The sender also receives tips related to the healthy change and links for more wellness information.

Again, this site is not only for BCBSIL members, but is being made available to the general public. So tell all of your patients to check out eCards for Health at www.ecardsforhealth.com.

New Account Groups

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<thead>
<tr>
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<th>Covenant Retirement Communities</th>
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<tr>
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<tr>
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<tr>
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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.
BCBSIL Now Administers Special Beginnings® Maternity Program

Effective Nov. 23, 2009, BCBSIL will begin managing the Special Beginnings maternity program. The program, previously named Healthy Expectations®, has been managed by independent contractor, Alere. To avoid any disruptions in continuity of care, Alere representatives will continue to service current participants until they have completed the program. BCBSIL will service all new program enrollees as of Nov. 23.

Special Beginnings is available to all BCBSIL PPO members who are enrolled in Blue Care Connection®, our health care management program that gives members online access to their health information. It provides BCBSIL expectant members with additional support and education, pregnancy risk factor identification and ongoing communication/monitoring throughout their pregnancy and postpartum care.

We believe this change will result in better service to our members and offer an improved picture of the member's health. Our trained staff will be able to provide the following:

- Post-partum screening for all participants and follow-up care for positive post-partum depression screens
- Case management services for high-risk pregnancies
- Referral to condition management programs as necessary
- Co-management opportunities for lifestyle management issues
- Early case management identification and intervention for pre-term babies

Help your pregnant patients and their babies get off to a healthy start! Ask them to call (888) 421-7781 between 8 a.m. and 4:30 p.m., CT, to enroll in this confidential program. Members are encouraged to enroll in the program prior to 12 weeks of gestation, but are accepted until week 34 of their pregnancy.

Note: BCBSIL members in HMO Illinois and BlueAdvantage HMO are not a part of this program.

New Voice Mailbox Available for Pre-Certifications*

Effective Dec. 1, 2009, the Customer Care Call Center (Pre-certification Department) will implement a confidential voice mailbox that will give our provider community the option to leave pre-certification information during times when all Customer Advocates are servicing other callers. This service is being installed so that, while waiting to speak to a representative, you may avoid extended wait times during our heaviest phone times. Dedicated staff will follow up on phone messages within one business day and will only contact you if additional information is needed. When pre-certification is required, a case will be initiated, and you will be sent a letter that will include the case reference number.

For faster service, the following pertinent information should be included within the voice message:

- Patient's name
- Blue Cross identification number
- Date(s) of service
- Diagnosis code(s)
- Procedure code(s)
- Facility name
- Attending Physician
- Caller's phone number

No clinical information is necessary at the time of case initiation. The mailbox is designed to receive one or two pre-certification messages per call. If multiple pre-certifications are needed, callers should wait to speak to a representative for more immediate handling.

We understand your time is valuable. We hope this will be a convenience that helps you to better service our members.

*also may be known as preauthorization or pre-notification

Visit our Web site at www.bcbsil.com/provider
Help Your Patients Understand the Potential Risks of Acetaminophen

Acetaminophen is the most common cause of acute liver failure in the United States with a reported 56,000 emergency room visits, 26,000 hospitalization, and 458 deaths as a result of acetaminophen overdoses from 1990 to 1998. In June 2009, the U.S. Food and Drug Administration (FDA) assembled a Joint Meeting of the Drug Safety and Risk Management Advisory Committee to address the continuing public health problem of liver injury related to the misuse of acetaminophen in both over-the-counter (OTC) and prescription (RX) products.

New warning label information, dosage control options and other safety measures have been proposed by the FDA to address the issue of acetaminophen toxicity. However, acetaminophen-related liver toxicity continues to represent a significant health care safety issue despite ongoing efforts by the U.S. Food and Drug Administration (FDA) and other health care quality improvement organizations.

Because acetaminophen is one of the most commonly used drugs in this country, it is extremely important for your patients to be aware of potential health risks. When utilized appropriately, acetaminophen is considered a safe medication, especially because it lacks the gastrointestinal, renal and bleeding adverse effects seen with many non-steroidal anti-inflammatory agents. Unfortunately, acetaminophen’s reputation for safety may be one of the very factors that contribute to its misuse. It can also lead many patients to delay seeking medical advice when the signs of overdose first occur.

The majority of acetaminophen overdoses is unintentional, and occurs for a number of reasons.

• The association between acetaminophen and liver injury is not common knowledge.
• The maximum safe dose may vary. For example, individuals with existing liver disease or who consume excessive amounts of alcohol may be particularly sensitive to acetaminophen’s potential toxic effects.
• A wide array of both OTC and prescription products contain acetaminophen in different dosages and forms for a variety of medical indications. Therefore, it is possible for a patient to take acetaminophen in the form of a prescription pain reliever, night time sleep aid, and allergy medication all at the same time.
• It can sometimes be difficult to identify acetaminophen as an ingredient. Prescription pain relievers frequently contain acetaminophen in addition to a more potent opoid agent and label acetaminophen as “APAP.” Many patients are unaware of this abbreviation and may inadvertently consume multiple acetaminophen-containing OTC products.
• Products for children are formulated in different strengths related to the age of the patient. For example, liquid acetaminophen formulations intended for use in infants are typically more concentrated to allow for proper dosing in a small volume. Failure to distinguish between the two strengths of liquid can result in an accidental overdose when utilized in older children.

The best defense against misuse may be increased awareness. We encourage you to discuss potential risks of acetaminophen with your patients, along with preventive measures they can take to help guard against overdose.

Medical providers are asked to monitor their patients carefully for unusual signs and symptoms while taking acetaminophen-containing products and to report all suspected adverse drug reactions to the FDA’s MedWatch Program by phone at (800) FDA-1088, by fax at (800) FDA-0178, by mail at MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or via the MedWatch Web site at www.fda.gov/medwatch.

This material is for informational purposes only, and is not a substitute for the medical judgment of a doctor. Doctors should exercise their own medical judgment in treating patients.

References


Other sources for this article:


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 Sept. 26, 2009, the following codes and code ranges were updated: J0129 - J9355, Q3026, and S0088 - S0162. Please note that not all codes in the J0129 thru J9355 and S0088 thru S0162 ranges were updated.

Effective Oct. 1, 2009, the code range 90655 - 90658 was updated.

Effective Nov. 1, 2009, codes 61596, 69950, 64885, 69720, 62121 and 69910 were updated.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm. 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.
**Give Your Practice the Electronic ‘Edge’**

Sign up today to receive the Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) and help keep your office in the lead with increased efficiency, accuracy and security of your account reconciliation processes.

The **ERA** is a HIPAA-compliant electronic file that includes your claim payment and remittance information. The enrollment process establishes an electronic mailbox where Availity® will place ERAs received from all payers, such as BCBSIL.

You will receive your ERA/EPS files according to your payment cycle. You or your billing agent will use an assigned ERA Receiver ID to retrieve your ERA, along with your EPS. The information can then be automatically posted to your patient accounting system.*

*Note: Check with your software vendor, billing service or clearinghouse to confirm that the appropriate ERA-compatible software is in place.

The **EPS** is an electronic print image of the Provider Claim Summary (PCS). It provides the same payment information as a paper PCS. It is received in your office the same day your ERA is delivered. You can archive the information electronically for quick retrieval, rather than maintaining paper files.

The downloadable ERA Enrollment Form is available in the Electronic Commerce section of our Provider Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Just fax or mail your completed ERA form to Availity, as indicated on the form.

Once you enroll for ERA, you are automatically enrolled for the EPS.

**Not yet enrolled for Electronic Funds Transfer (EFT)?**

Eliminate the risk of lost or stolen checks. Sign up for EFT and have your claim payments transferred electronically to the financial institution and account of your choice. The downloadable EFT Agreement is available in the Electronic Commerce section of our Provider Web site. Instructions on what to include and where to mail your information are included on the form.

**Need more information?**

Visit the Electronic Commerce section of our Provider Web site for answers to Frequently Asked Questions (FAQs) about EFT, ERA and EPS. You may also contact our Electronic Commerce Center at (800) 746-4614 for assistance.

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**BlueCard® Tip: Why We Need the Alpha Prefix**

While claims submitted for BCBSIL members require inclusion of the member’s group number, the group number is not required for out-of-area claims. In some cases, ID cards for out-of-area members may not even show a group number, as in the example below.

The common denominator on all ID cards for BCBS members is the three-digit alpha prefix which appears at the beginning of every member ID number. The alpha prefix identifies the BCBS Plan or national account to which the member belongs, and it’s also necessary for verifying a member’s eligibility and benefits.

While you do not need a group number on claims submitted for out-of-area BCBS members, including the alpha prefix is essential for proper identification and processing. Claims with incorrect or missing alpha prefixes cannot be processed. Remember, alpha prefixes can change, so it’s important to ask your patients to present their current member ID card at every visit.

If you have any questions regarding how to file claims for out-of-area Blue Plan members without group numbers, please e-mail us at [provider_relations@bcbsil.com](mailto:provider_relations@bcbsil.com).

**Watch for next month’s BlueCard Tip!**

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**New HRA Benefit for International Paper Employees**

Effective Jan. 1, 2010, International Paper, a national account administered by Blue Cross and Blue Shield of Alabama (BCBSAL), with a plant located in Shelbyville, Illinois, will add the Provider Paid Health Reimbursement Arrangement (PPHRA) benefit to their employees’ coverage. The difference between a PPHRA and an HRA is that a PPHRA reimburses the provider.

Member identification (ID) cards will include Provider Paid HRA logos in the lower right-hand corner to indicate the benefit is included in their coverage. If you have questions about any of these members’ benefits, call BlueCard® Eligibility at 800-676-BLUE (2583).

Here is a summary of the benefits BCBSAL’s PPHRA will offer providers:

- PPHRA funds and payments from the medical plan will both be included in your remittance advice as medical plan payments.
- Since reimbursement is based on your contractual allowances, you don’t have to collect any money differences between what you collected and the actual payment.
- Once the PPHRA funds are exhausted for each member, you can collect the remaining copays, deductible and coinsurance amounts.

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Visit our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider)
In the Know...

This Month’s Topic: How to Access our Medicare Part D Article Archives

Every month, we post a new Medicare Part D article in the Pharmacy section of our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). These articles are intended to help keep you up-to-date on Medicare Part D formulary changes, FDA safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs, and more.

Medicare part D Update articles, summaries or abbreviated articles also may be published in this newsletter. This month’s featured topic focuses on the potential risks of Acetaminophen as identified by the FDA.

Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our Web site 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.

You may view active new and revised policies, along with policies pending implementation, by visiting the Medical Policies section of our Provider Library on our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). After reading the Medical Policies Disclaimer, click on "I Agree." You will then have two options, "View all Active Policies" or "View all Pending Policies."

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting “Draft Medical Policies” from our online Provider Library. 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 be published in this newsletter for your convenience, please rely on our Web site for access to the most complete and up-to-date Medical Policy information.

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<tr>
<th>Effective Date</th>
<th>Policy Number</th>
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<td>Nov. 15, 2009</td>
<td>SUR715.013</td>
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<td>implantable stimulators and clarification on definition of “fresh”</td>
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<td>Jan. 1, 2010</td>
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<td></td>
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<td>and not medically necessary. Medical policy title changed from Estradiol</td>
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This is just a brief summary of the policies. Please refer to the Medical Policies section of our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for more complete details.

Paper to Electronic (PCS to EPS) Transition Reminders

If you are a new ERA/EPS enrollee,  
- You will continue to receive your paper PCS for 30 days, in addition to the EPS, to help your office make a gradual switch from paper to electronic processing.
- When the 30-day transition period ends, the PCS will be discontinued and you will receive only the ERA/EPS going forward.

If you enrolled for ERA/EPS directly or through your clearinghouse/billing agent more than a month ago,  
- You may have continued to receive both the ERA/EPS and the PCS in your office for longer than 30 days.
- Please be advised that your PCS will now be discontinued. Going forward, you will receive only the ERA/EPS.

If you are unsure whether or not your office is enrolled for ERA/EPS, or if you believe that you are no longer enrolled through your current billing agent/clearinghouse, please contact our Electronic Commerce Center at (800) 746-4614 for assistance on how to proceed.

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Have an idea for an article?

We want to hear from you! Let us know if Blue Review continues to meet your standards. Does this publication address your needs? What topics would you like to read about? BCBSIL’s success is dependent on your business as a contracting provider. Blue Review has been created to communicate tools, updates and tips to support your health care practice. Think of Blue Review as a canvas for your Blue Cross and Blue Shield business information. We invite you to submit your feedback and suggestions for improvements via e-mail, to bluereview@bcbsil.com.

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 Web site at www.bcbsil.com/provider.

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

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