BlueCross BlueShield of Illinois

BLUE REVIEW℠

A newsletter for contracting institutional and professional providers

February 2021

■ CMO Perspective

Collaboration with Providers Remains A Top Priority

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses educational outreach to keep providers informed of Blue Cross and Blue Shield of Illinois (BCBSIL) news, such as the launch of new initiatives and implementation of changes to existing programs.

Read More

■ Clinical Updates, Resources and Reminders

2021 Prior Authorization Requirement Summaries, Code Lists and Related Communications

This article offers an overview of 2021 prior authorization support materials and related communications that may apply for some of our non-HMO commercial and government programs members, effective Jan. 1, 2021. Read more on News and Updates.

Utilization Management: New and Updated Resources on Our Provider Website

In November 2020, we launched a new Utilization Management section on our Provider website. We've updated some resources in this section.

Read 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.

Read More

Provider Onboarding Form Training

We're hosting training sessions to help commercial PPO providers effectively navigate our online Provider Onboarding Form. Read more on News and Updates.

■ What's New

BCBSIL Medical Record Retrieval Summary

BCBSIL or a contracted vendor may be contacting you in the coming months for patient medical records for different audits, Healthcare Effectiveness Data and Information Set (HEDIS®) data collections or other programs. To help you keep track of the initiatives and vendors, we've summarized the information.

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■ Pharmacy Program

The 2019 HHS-RADV Initial Validation Audit (IVA) Begins January 2021

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Part 2

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **Jan. 1, 2021**, are outlined here.

■ Quality Improvement and Reporting

Federal Employee Program® (FEP®) Annual Medical Record Data Collection Runs Through April 2021

The BCBSIL FEP team would like your help again this year in completing the HEDIS medical record data for FEP members.

Read More

Tips to Close the Chlamydia Testing in Women (CHL) HEDIS Care Gap

According to the Centers for Disease Control and Prevention (CDC), there were nearly 1.8 million cases of chlamydia reported in 2018, at a rate of 539.9 cases per 100,000. Chlamydia trachomatis infection is the most common notifiable condition in the U.S.

Read More

▣ Community Involvement

Free Nutrition Programs Next Month at Blue Door Neighborhood Center^{SM}

Encourage your patients to check out the free National Nutrition Month® events at our Blue Door Neighborhood Center (BDNC^{SM}). Since programming is virtual due to COVID-19, all your patients can take advantage of these activities no matter where they live.

Read More

▣ Claims and Coding

Medicaid Claim Filing Reminder: Don't Enter a P.O. Box in Field 33

Recently, we've received several questions from providers about a billing error in field 33 that's causing claim rejections. Here are some quick reminders that may be helpful.

Read More

Medicaid Reminder: Claims with Non-Covered Revenue Codes Will Be Denied

BCBSIL has aligned its claim coding with Illinois Department of Healthcare and Family Services (HFS) regarding covered and non-covered revenue codes for Medicaid claims.

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Documentation and Coding Series: Atrial Fibrillation

High quality documentation and complete, accurate coding may help capture our members' health status and promote continuity of care. This article includes tips for documenting and coding atrial fibrillation (AF).

Read More

Documentation and Coding Series: Diabetes Mellitus

This article includes tips for documenting and coding diabetes mellitus (DM).

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◾ Electronic Options

Availity® Provider Portal: Multiple Tools, One Location

The Availity Portal helps providers and BCBSIL to securely share information easily and efficiently. As a registered Availity user, you may quickly check our members' eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries and more online, without having to call BCBSIL.

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◾ Notification and Disclosure

Important Dates and Reminders

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.

Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to new, replaced or removed codes implemented by the American Medical Association (AMA).

Read More

Medical Policy Updates

Approved, new, or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

Read More

✓ Quick Reminders

Stay informed!
Watch the News and Updates on our Provider website for important announcements.

Update Your Information
Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to request an information change.

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.

February 2021

Collaboration with Providers Remains A Top Priority

By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)

BCBSIL is committed to increasing awareness for members and providers through a variety of educational initiatives. Communication campaigns, online tools and resources for our members focus on wellness initiatives, like the importance of preventive health screenings, exercise, nutrition and keeping up with recommended immunizations. For providers, educational outreach is geared toward keeping you informed of BCBSIL news that may affect your practice, such as the launch of new initiatives and implementation of changes to existing programs. We also offer ongoing training to help you navigate online tools that may help you streamline administrative operations.

In 2020, COVID-19 topped most headlines in the news. But we also paid special attention to clarifying other areas of concern, as requested by providers. For example, as I announced in the November 2020 CMO Perspective, we reorganized the former Prior Authorization section of our Provider website, in response to provider feedback. This section, now called Utilization Management, includes information to help you understand when to consider and how to navigate the processes of Prior Authorization, Predetermination and Pre-notification. This section also includes support materials, like prior authorization requirements summaries procedure code lists.

In addition to launching new website content in 2020, we introduced our **Illinois Utilization Management Provider Collaboration Sessions**. These sessions were designed to open lines of communication with facility providers by sharing an overview of BCBSIL's utilization management processes. Facilitated by a cross functional team of BCBSIL subject matter experts, these sessions were conducted on a quarterly basis. The team successfully completed a total of 10 sessions with health systems and facilities across the Illinois market. Topics covered included:

- **Utilization Management** – Hours of operation, key contacts for various lines of business
- **Prior Authorization Process** – Approval of days, evidenced-based criteria
- **Accreditation** – Decision turnaround times
- **Peer-to-Peer Process** – When and how it occurs
- **Appeals/Grievance** – Forms and follow-up
- **Frequently Asked Questions** – Open discussion and feedback

We also used these sessions to ensure provider awareness of available resources, such as our online Education and Reference Center, which includes a library of provider tools and related user guides, a calendar with dates and links to register for upcoming webinars and workshops, and contact information to help you locate and stay in touch with your BCBSIL provider network consultant (PNC).

I'm pleased to report that, due to the success of the 2020 Illinois Utilization Management Provider Collaboration Sessions, we'll be continuing these sessions in 2021. If you're interested in participating, contact your PNC and they'll add you to the schedule.

As always, if you have feedback, ideas for topics you'd like us to explore in the *Blue Review* or other communications or educational outreach initiatives, please email us.

We look forward to continuing to find ways to collaborate with you in the coming months.

Learn more about Dr. Derek J. Robinson

bcbsil.com/provider

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Utilization Management: New and Updated Resources on Our Provider Website

In November 2020, we launched a new Utilization Management section under the Claims and Eligibility tab of our Provider website.* As a reminder, this section includes a page for each type of pre-service medical necessity review: Prior Authorization, Predetermination and Pre-notification. Each page defines terminology and steps to assess if review is needed, and how to request it. Prior authorization code lists and other reference materials are posted on the Support Materials (Commercial) and Support Materials (Government Programs) pages.

It's our goal to continue to enhance this section to help ensure the information is useful. Here are some recent updates:

- Medical Policy Reference List (Commercial) – This document is a **new** addition to the Related Resources on the Predetermination page. It includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes which, based on our medical policy, are subject to a medical necessity review and may be potential candidates to consider for predetermination requests for some **commercial non-HMO** members.
- Utilization Management Process Overview (Commercial) – This diagram is available in the Related Resources on multiple pages in the Utilization Management section. It outlines what type of review may be needed for **commercial non-HMO** members, as well as how to submit review requests. Posted originally in November 2020, this document was **updated Jan. 1, 2021, to reflect the transition to AIM Specialty Health℠** for some **commercial non-HMO** prior authorization requests.
- Tips for Using AIM Specialty Health – For your quick reference purposes, we've also added this **new** flyer to the Support Materials (Commercial) page.

Is the information in the Utilization Management section clear and easy to navigate? Are the related resources we've added helpful? If you have feedback you'd like to share, please email us – we appreciate your input!

The information in this section is not applicable to BCBSIL's HMO members.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) 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:**
Availity® Authorizations Tool *We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's new Authorizations tool.*	Feb. 10, 2021 Feb. 17, 2021 Feb. 24, 2021	11 a.m. to noon
Availity Claim Status *We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.*	Feb. 11, 2021 Feb. 18, 2021 Feb. 25, 2021	11 to 11:30 a.m.
BCBSIL Back to Basics: 'Availity 101' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Feb. 9, 2021 Feb. 16, 2021 Feb. 23, 2021	11 a.m. to noon
Availity Remittance Viewer and Reporting On-Demand *Have you heard? These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider*	Feb. 18, 2021	1 to 2 p.m.

Claim Summary (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.		
Monthly Provider Hot Topics Webinar *These monthly webinars will be held through December 2020. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements*	Feb. 10, 2021	10 to 11 a.m.
Orientation Webinars for New Blue Cross Community Health Plans^{SM} (BCCHP^{SM}) Providers *These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.*	Feb. 16, 2021	10 to 11:30 a.m.
Orientation Webinars for New Commercial Providers *These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.*	Feb. 17, 2021	10 to 11:30 a.m.
Provider Onboarding Form Training *These sessions will help you effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, adding a provider to a group, and how to submit demographic changes*	Feb. 24, 2021	10 to 11 a.m.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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February 2021

BCBSIL Medical Record Retrieval Summary

Blue Cross and Blue Shield of Illinois (BCBSIL) or a contracted vendor may be contacting you in the coming months for patient medical records for different audits, Healthcare Effectiveness Data and Information Set (HEDIS®) data collections or other programs. To help you keep track of the initiatives and vendors, we've summarized the information below:

Record Collection Dates	Name of Initiative	Member Type	Vendor or BCBSIL
Through April 2021	Medicaid HEDIS Medical Record Data Collection	Medicaid	Change Healthcare and BCBSIL
Through April 2021	Medicare Advantage HEDIS Medical Record Data Collection	Medicare Advantage	Change Healthcare and BCBSIL
Through April 2021	HEDIS Medical Record Data Collection	Commercial and Retail PPO and HMO	BCBSIL
Through April 2021	Federal Employee Program® (FEP®) HEDIS Medical Record Data Collection	FEP	Change Healthcare and BCBSIL FEP staff
January – September 2021	2019 Health and Human Services Risk Adjustment Data Validation (HHS-RADV)/Initial Validation Audit (IVA)	ACA-compliant individual and small group plans	BCBSIL
May 2021 – January 2022	2020 HHS-RADV/IVA	ACA-compliant individual and small group plans	BCBSIL

June – December 2021	Quality Improvement (QI) Project	HMO	BCBSIL

Patient authorization for release of medical record data is not required. These reporting activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160 and 164), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as incorporated in the American Recovery and Reinvestment Act (ARRA) of 2009, and its implementing regulations, each as issued and amended.

We appreciate your time and continued collaboration. If you have any questions about medical record requests, please contact your assigned Provider Network Consultant (PNC).

HEDIS is a registered trademark of NCQA.

Change Healthcare is an independent third party vendor that is solely responsible for the products or services they offer. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendor. If you have any questions regarding the services they offer, you should contact the vendor directly.

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The 2019 HHS-RADV Initial Validation Audit (IVA) Begins January 2021

Typically, the Department of Health and Human Services Risk Adjustment Data Validation (HHS-RADV) program/IVA runs from June through December, but the Centers for Medicare & Medicaid Services (CMS) delayed the 2019 audit due to the COVID-19 public health emergency.

The 2019 HHS-RADV program/IVA will run from January through September 2021.

The 2020 HHS-RADV program/IVA will run from May 2021 through January 2022.

Therefore, both the 2019 and 2020 HHS-RADV program/IVA will **run simultaneously** May through September 2021.

As an insurer participating in the Affordable Care Act's (ACA) HHS-RADV program/IVA, Blue Cross and Blue Shield of Illinois (BCBSIL) needs your participation in the CMS-required HHS-RADV program/IVA. The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the exchange. **BCBSIL is requesting the full years medical record documentation for clinical hospital inpatient treatment, outpatient treatment and professional medical treatment for the respective audit year.**

A key component of the HHS-RADV program is a calculation based on enrollee risk. Enrollee risk is calculated based on the diagnosis codes submitted on a claim, as well as through supplemental codes captured through medical record review. Through its review, BCBSIL must provide sufficient documentation (documentation of disease process and/or treatment plan of care), to substantiate the eligible diagnosis. As a BCBSIL independently contracted provider, you may be asked to provide medical records for a member to validate all the diagnosis codes submitted on claims, which are then used in the Risk Adjustment calculation.

Medical Record Submission Standards for the HHS-RADV Program/IVA
You may include the following documents for the audit:
- Progress notes, history and physical, discharge summary, consultation reports and operative/procedure notes.
- Pathology reports, physician orders, medical list and radiology may substantiate a diagnosis and be submitted, but only in conjunction with other medical documentation.
- Records must be signed and credentialed within 180 days of the date of service. (If the credentialed signature is
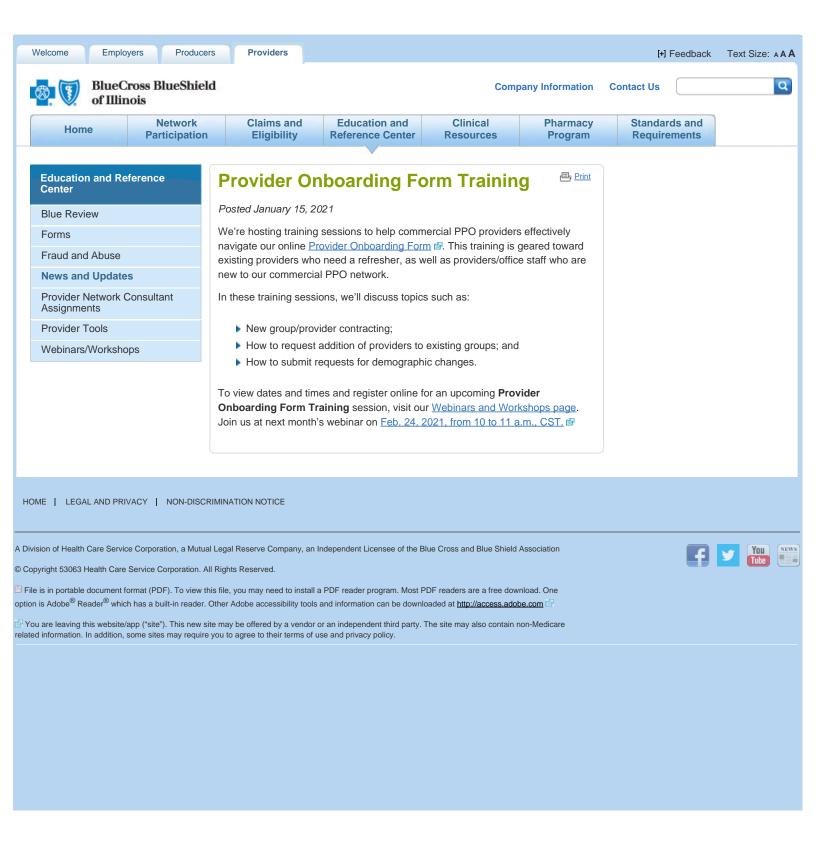
missing, we will contact you for a Signature Statement Attestation.)

To comply with the precise timeline requirements of the CMS HHS-RADV program/IVA, we appreciate your support in submitting the requested medical records as you receive notification letters listing the enrollees selected for the audit. **BCBSIL will begin mailing the letters containing member names for the 2019 HHS-RADV program/IVA in early March 2021.**

If you have any questions, please email the BCBSIL Initial Validation Audit team.

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BlueCross BlueShield of Illinois

Company Information   Contact Us

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Education and Reference Center

Blue Review

Forms

Fraud and Abuse

News and Updates

Provider Network Consultant Assignments

Provider Tools

Webinars/Workshops

Provider Onboarding Form Training

🖨 Print

Posted January 15, 2021

We're hosting training sessions to help commercial PPO providers effectively navigate our online Provider Onboarding Form 🗗. This training is geared toward existing providers who need a refresher, as well as providers/office staff who are new to our commercial PPO network.

In these training sessions, we'll discuss topics such as:

▸ New group/provider contracting;
▸ How to request addition of providers to existing groups; and
▸ How to submit requests for demographic changes.

To view dates and times and register online for an upcoming **Provider Onboarding Form Training** session, visit our Webinars and Workshops page. Join us at next month's webinar on Feb. 24, 2021, from 10 to 11 a.m., CST. 🗗

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Part 2

Posted December 28, 2020

This article is a continuation of the previously published *Quarterly Pharmacy Changes Part 1 article*. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

DRUG LIST CHANGES
Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the *Quarterly Pharmacy Changes Part 1 article*. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective Jan. 1, 2021 are outlined below.

Drug List Coverage Additions – As of Jan. 1, 2021

Drug[1]	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Heart Failure
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Diabetes
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estrad-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas

SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease (COPD), Asthma
TRIJARDY XR (empagliflozin-linaglip-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	HIV
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml, 4.5 mg/0.5 ml)	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, er 24hr 5-500 mg, er 24hr 5-1000 mg, er 24hr 10-500 mg, er 24hr 10-1000 mg)	Diabetes
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic for CIPRODEX)	Otic Infections
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
deferasirox granules packet 90 mg, 180 mg, 360 mg (generic for JADENU SPRINKLE)	Chronic Iron Overload
dimethyl fumarate capsule delayed release 120 mg, 240 mg (generic for TECFIDERA)	Relapsing Multiple Sclerosis
DUPIXENT (dupilumab subcutaneous soln pen-injector 300 mg/2 ml)	Atopic Dermatitis, Asthma
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic for SYMFI LO)	HIV
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic for SYMFI)	HIV
emtricitabine caps 200 mg (generic for EMTRIVA)	HIV
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
EQ SPACE CHAMBER ANTI-STATIC (spacer/aerosol-holding chambers - device)	Respiratory Supplies
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
EVRYSDI (risdiplam for soln 0.75 mg/ml)	Spinal Muscular Atrophy
FINTEPLA (fenfluramine hcl oral soln 2.2 mg/ml)	Seizures
FLUAD 2020-2021 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine

FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2020-2021 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg	Attention Deficit Hyperactivity Disorder (ADHD)
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estrad-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
pantoprazole sodium for delayed release susp packet 40 mg (generic for PROTONIX susp packet)	Gastroesophageal Reflux Disease (GERD)
PEMAZYRE (pemigatinib tab 4.5 mg, 9 mg, 13.5 mg)	Cancer
QINLOCK (ripretinib tab 50 mg)	Cancer
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
RUKOBIA (fostemsavir tromethamine tab er 12hr 600 mg)	HIV
sapropterin dihydrochloride powder packet 100 mg, 500 mg (generic for KUVAN)	Phenylketonuria
sapropterin dihydrochloride soluble tab 100 mg (generic for KUVAN)	Phenylketonuria
SIRTURO (bedaquiline fumarate tab 20 mg (base equiv))	Infections
SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml)	Diabetes
XPOVIO 40 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (40 mg once weekly))	Cancer

XPOVIO 40 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (40 mg twice weekly))	Cancer
XPOVIO 60 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (60 mg twice weekly))	Cancer
Balanced and Performance Select Drug Lists	
DUOBRII (halobetasol propionate-tazarotene lotion 0.01-0.045%)	Plaque Psoriasis
RHOPRESSA (netarsudil dimesylate ophth soln 0.02%)	Glaucoma, Ocular Hypertension
ROCKLATAN (netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%)	Glaucoma, Ocular Hypertension
ZILXI (minocycline hcl micronized foam 1.5%)	Rosacea
Balanced Drug List	
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions
BROMPHENIRAMINE/PSEUDOEPHEDRINE/DM (pseudoephed-bromphen-dm liquid 30-2-10 mg/5 ml)	Cough/Cold
CALCIPOTRIENE (calcipotriene foam 0.005%)	Plaque Psoriasis
CITRANATAL ESSENCE (prenat w/o a w/fecbn-fegl-fa tab 35-1 & dha cap 300 mg pak)	Prenatal Vitamin
desonide gel 0.05% (generic for DESONATE)	Inflammatory Conditions
DOJOLVI (triheptanoin oral liquid 100%)	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)
FERRIPROX TWICE-A-DAY (deferiprone (twice daily) tab 1000 mg)	Chronic Iron Overload
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Infections
KETOROLAC TROMETHAMINE (ketorolac tromethamine nasal spray 15.75 mg/spray) (authorized generic for SPRIX)	Pain
LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Topical Pain
metformin hcl oral soln 500 mg/5 ml (generic for RIOMET)	Diabetes
metyrosine cap 250 mg (generic for DEMSER)	Hypertension
ONE VITE WOMENS PRENATAL VITAMIN PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (generic for NORGESIC FORTE)	Pain/Muscle Spasm
ZCORT 7-DAY (dexamethasone tab therapy pack 1.5 mg (25))	Inflammatory Conditions

[1]Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2021

Drug[1]	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Preferred Brand	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Preferred Brand	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Preferred Brand	Heart Failure

FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Diabetes
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	Non-Preferred Generic	Schizophrenia
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity prophylaxis, Cancer
mexiletine hcl cap 150 mg, 200 mg, 250 mg	Non-Preferred Generic	Ventricular Tachycardia
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg)	Preferred Brand	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab sr 24hr 5-500 mg, sr 24hr 5-1000 mg, sr 24hr 10-500 mg, sr 24hr 10-1000 mg)	Preferred Brand	Diabetes
Balanced Drug List		
metaxalone tab 400 mg	Non-Preferred Generic	Musculoskeletal Pain
oxycodone w/ acetaminophen tab 10-300 mg	Non-Preferred Generic	Pain

[1]Third-party brand names are the property of their respective owner.

Generics Moving From the Non-Preferred Generic Tier to Preferred Generic Tier as of Jan. 1, 2021

Drug[1]	New Tier
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
alprazolam tab sr 24hr 1 mg	Preferred Generic
amiloride hcl tab 5 mg	Preferred Generic
azelastine hcl ophth soln 0.05%	Preferred Generic
betamethasone dipropionate augmented cream 0.05%	Preferred Generic
bupropion hcl tab er 24hr 300 mg	Preferred Generic
celecoxib cap 50 mg, 100 mg, 200 mg	Preferred Generic
chlorthalidone tab 25 mg	Preferred Generic
cyproheptadine hcl tab 4 mg	Preferred Generic
dexmethylphenidate hcl tab 2.5 mg	Preferred Generic
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Preferred Generic
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Preferred Generic
haloperidol lactate oral conc 2 mg/ml	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic
levothyroxine sodium tab 300 mcg	Preferred Generic
lithium carbonate tab cr 300 mg, cr 450 mg	Preferred Generic
lithium carbonate tab er 300 mg, er 450 mg	Preferred Generic
methylphenidate hcl tab 5 mg	Preferred Generic
methylprednisolone tab 4 mg	Preferred Generic
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic
nonoxynol-9 gel 4%	Preferred Generic
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred Generic
oxybutynin chloride tab 5 mg	Preferred Generic
oxybutynin chloride tab er 24hr 5 mg, er 24hr 15 mg	Preferred Generic
oxybutynin chloride tab sr 24hr 5 mg, sr 24hr 15 mg	Preferred Generic
oxycodone hcl tab 10 mg	Preferred Generic
prednisone tab 50 mg	Preferred Generic
prednisone tab therapy pack 5 mg (21), 5 mg (48)	Preferred Generic

propafenone hcl tab 150 mg	Preferred Generic
propranolol hcl tab 40 mg	Preferred Generic
sodium chloride soln nebu 7%	Preferred Generic
sotalol hcl (afib/afl) tab 120 mg	Preferred Generic
tamoxifen citrate tab 10 mg (base equivalent)	Preferred Generic
telmisartan tab 80 mg	Preferred Generic
zonisamide cap 25 mg	Preferred Generic

[1]*Third-party brand names are the property of their respective owner.*

UTILIZATION MANAGEMENT PROGRAM CHANGES
- Clarification to the Standard Utilization Management Programs:
  - The Fintepla Prior Authorization (PA) program was incorrectly listed as a Specialty PA program in the January 2021 Pharmacy Changes Part 1 article. This program is a Non-Specialty PA program and includes the target drug Fintepla. As a reminder, this program applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
  - In the January 2021 Pharmacy Changes Part 1 article, it was listed that the Orilissa PA program, would change its name to Elagolix on **Jan. 1, 2021**, and that a new target, Oriahnn, would be added. The notification also stated that the program and changes applied to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program and name change also applies to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists.
- Effective **Jan. 1, 2021**, the H.P. Acthar Specialty PA program will change its name to: Corticotropin. This program includes the target drug, Acthar Gel, and currently applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit *bcbsil.com* and log in to Blue Access for Members[SM] (BAM[SM]) or MyPrime.com for a variety of online resources.

Reminder: Split Fill Program Available to Select Members
BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is subject to change at any time. You can now view a current list of drugs in the *Split Fill Program* on the Specialty Program section of our Provider website.

Members must use a designated in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member's pharmacy benefit plan.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

BLUE REVIEW℠

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Federal Employee Program® (FEP®) Annual Medical Record Data Collection Runs Through April 2021

The Blue Cross and Blue Shield of Illinois (BCBSIL) FEP team would like your help again this year in completing the Healthcare Effectiveness Data Information Set (HEDIS®) medical record data collection for FEP members.

Your cooperation in our previous surveys helped make the project a success. As in past years, we select and examine a sample of medical records as defined by HEDIS to measure quality. We've contracted with Change Healthcare (formerly Altegra Health) to facilitate the medical record retrieval and review process.

You may be contacted by Change Healthcare, on our behalf, to arrange for the collection of certain medical records for HEDIS review purposes **through April 30, 2021**. Change Healthcare will provide you with instructions regarding how to submit the medical records to Change Healthcare by fax, mail, secure email, remote electronic medical record (EMR) download or onsite scanning performed by a Change Healthcare medical record technician. If you receive a request for medical records, we encourage you to **reply within five business days.**

In addition, BCBSIL FEP staff may contact you directly for certain medical record information to be faxed or emailed to BCBSIL, attention FEP Quality Improvement (QI) Department.

Patient authorization for release of medical record data is not required. These reporting activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160 and 164), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as incorporated in the American Recovery Reinvestment Act (ARRA) of 2009, and its implementing regulations, each as issued and amended.

We appreciate your time and continued collaboration. If you have any questions about medical record requests, please contact the BCBSIL FEP QI (HEDIS) Department at 888-907-7918.

HEDIS is a registered trademark of NCQA.

Change Healthcare is an independent third party vendor that is solely responsible for the products or services they offer. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendor. If you have any questions regarding the services they offer, you should contact the vendor directly.

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Tips to Close the Chlamydia Testing in Women (CHL) HEDIS® Care Gap

According to the Centers for Disease Control and Prevention (CDC), there were nearly 1.8 million cases of chlamydia reported in 2018, at a rate of 539.9 cases per 100,000. Chlamydia trachomatis infection is the most common notifiable condition in the U.S. While this data is not representative of all chlamydia infections in the U.S., since infection is often asymptomatic and may not be diagnosed, this number still represents a 2.9% increase in rate compared with 2017. During 2014-2018, the highest rates were reported among people 15-24 years old.[1]

The below information and resources may help you inform your patients on the importance of chlamydia testing in women, as well as to help provide you with up-to-date recommendations, statistics and guidance to help close Health Care Effectiveness Data and Information Set (HEDIS) care gaps. These recommendations are not intended as medical advice nor meant to be a substitute for the for the sound independent medical judgment of health care practitioners.

The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.[2] The CDC recommends this annually and describes increased risk of infection as having a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection.[3]

Chlamydia infections in women are often asymptomatic, but when untreated can lead to complications such as pelvic inflammatory disease (PID) and facilitation of HIV infection transmission. PID may lead to tubal factor infertility, ectopic pregnancy and chronic pelvic pain. An infected pregnant woman may also pass infection to her newborn during delivery, which can cause ophthalmia neonatorum and pneumonia in the newborn.[4]

Helpful Tips:
- Perform chlamydia screening every year on every sexually active 16- to 24-year-old female.
- Inform patients that chlamydia screening can be performed through a urine test.[3] Offer this as an option.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Encourage your patients to contact their health plan to learn about potential transportation benefits that may be available.
- Provide education to your patients that:

- Chlamydia is a common sexually transmitted infection (STI) that can affect both men and women.
- Using latex condoms during intercourse can reduce your risk of getting chlamydia.
- Most people with chlamydia do not have any symptoms. Even without symptoms, chlamydia can damage your reproductive system.
- If you are sexually active, it is important that you and your partner(s) be tested for STIs.
- If you or your partner is experiencing symptoms of chlamydia, see your health care provider for testing and treatment as appropriate.
- Chlamydia can be cured with the right treatment.[5]

Additional resources:
- [Blue Cross and Blue Shield of Illinois 2020-2021 Preventive Care Guidelines](#)
- [HEDIS Tip Sheet 2021: Medicaid Women's Health Measures](#)
- [BCBSIL Transportation Services for Medicaid Members](#)

[1]CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Sexually Transmitted Disease Surveillance: Chlamydia. Reviewed Sept. 30, 2019. https://www.cdc.gov/std/stats18/chlamydia.htm.

[2]USPSTF, Chlamydia and Gonorrhea: Screening, 2014. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening.

[3]CDC, June 5, 2015. Sexually Transmitted Diseases Treatment Guidelines, 2015. Morbidity and Mortality Weekly Report, 64 (3). https://www.cdc.gov/std/tg2015/tg-2015-print.pdf.

[4]CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Chlamydia: CDC Fact Sheet (Detailed). Reviewed Oct. 4, 2016. https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm

[5]CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Chlamydia-CDC Fact Sheet. 2017. https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm.

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Free Nutrition Programs Next Month at Blue Door Neighborhood Center℠

Encourage your patients to check out the **free National Nutrition Month®** events at our Blue Door Neighborhood Center (BDNC℠). Since programming is virtual due to COVID-19, all your patients can take advantage of these activities no matter where they live.

The Academy of Nutrition and Dietetics designated March as National Nutrition Month to help Americans focus on the importance of making informed food choices and developing sound eating and physical activity habits. Our BDNC staff created programming to help support this mission.

In March, we'll welcome Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members to our **virtual resource fair** with community partners to address **food insecurities in Chicago communities**. Participants can choose from educational sessions and gain resources from a registered dietician/nutritionist.

Also, throughout March, there will be **cooking demonstrations** by a trained chef and webinars to address the **importance of nutrition on mental health**.

These are just a few of the programs we'll offer at BDNC on multiple dates and times during National Nutrition Month. Encourage your patients to check the calendars at BDNC at Morgan Park, BDNC at Pullman and BDNC at South Lawndale for details and to register. They can also visit the BDNC Facebook page for other events and happenings at all three locations.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We're also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to help make a difference in the lives of residents in our communities. Once we open our doors to in-person guests, please encourage your patients to stop by. If you or your patients have questions, email the BDNC or call 773-253-0900.

We'd love to hear from you! Would you like more information about BDNC? Are there courses/activities you'd like to see offered at BDNC? Will you encourage your patients to visit BDNC? Would you like to get more involved at BDNC? Take

our short survey and let us know what you think.

National Nutrition Month is a registered trademark of the Academy of Nutrition and Dietetics

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February 2021

Medicaid Claim Filing Reminder: Don't Enter a P.O. Box in Field 33

Our Blue Cross Community Health Plans℠ (BCCHP℠) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ products are aligned with Illinois Department of Healthcare and Family Services (HFS), Health Insurance Portability and Accountability Act (HIPPA) 5010 standards, and National Uniform Claim Committee (NUCC) billing requirements specific to filing professional claims.

Recently, we've received several questions from providers about a billing error in field 33 that's causing claim rejections. Here are some quick reminders that may be helpful.

Electronic Claims
For professional electronic claim submissions (837P transactions), the provider's billing address must be an **actual street address** in the following location: **Loop ID 2010AA**. Providers may use a P.O. Box, but only in the Pay-To address location on electronic claims.

When conducting electronic data interchange (EDI) transactions, health care providers, billing agents and clearinghouses must follow HIPAA standards. It's your responsibility to obtain and follow EDI transaction standards specified within the current ANSI X12 837 – ANSI 5010 Technical Reports Type 3 (TR3)**.** For details, refer to the X12 website.

Paper Claims
A **physical address** is required for the provider's billing location in **field 33** of the paper CMS-1500 claim form. Any paper claims submitted with a P.O. Box as the provider's billing address in field 33, will be rejected. See example below. For more information on paper claim filing guidelines, refer to the NUCC Reference Instruction Manual.

5

	NPI	

6

	NPI	

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
	☐ ☐		☐ YES ☐ NO	$	$	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
		ABC Company 300 E. Randolph Street Chicago, IL 60601
SIGNED DATE	a. NPI b.	a. NPI b.

NUCC Instruction Manual available at: www.nucc.org   **PLEASE PRINT OR TYPE**   APPROVED OMB-0938-1197 FORM 1500 (02-12)

Questions? Call Customer Service at 877-860-2837 or contact your assigned Provider Network Consultant (PNC).

References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly.

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Medicaid Reminder: Claims with Non-Covered Revenue Codes Will Be Denied

This reminder applies to hospital providers, Illinois Department of Healthcare and Family Services (HFS) type 30, 31 and 32, who submit claims to Blue Cross and Blue Shield of Illinois (BCBSIL) for our Blue Cross Community Health Plans℠ (BCCHP℠) members.

BCBSIL has aligned its claim coding with HFS regarding covered and non-covered revenue codes for Medicaid claims.

HFS maintains a list of non-covered revenue codes. Billing with these codes will result in a claim rejection.

The Illinois Association of Medicaid Health Plans (IAMHP) also provides an additional resource for hospital providers. Guidance can be found on page 90 of the IAMHP manual.

Contact our Customer Service at 877-860-2837 or your assigned Provider Network Consultant (PNC) with questions.

The material presented here 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. Any questions regarding those organizations should be addressed to them directly.

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February 2021

Documentation and Coding Series: Atrial Fibrillation

In our annual Blue Review readership survey, many of you asked for more articles on coding. In response, our Coding Compliance department has identified resources to help providers accurately code and document patient conditions. This month we are featuring documentation and coding information on atrial fibrillation and diabetes mellitus. Additional articles in the series will run throughout the year. Let us know what you think by emailing our editorial staff.

High quality documentation and complete, accurate coding may help capture our members' health status and promote continuity of care. Below are resources for coding and documenting atrial fibrillation (AF). This information is from the ICD-10-CM Official Guidelines for Coding and Reporting and the resources listed below.

Codes for AF Types

According to ICD-10-CM guidelines, these four unique codes describe the types of AF:

- **Persistent AF (I48.11)** describes AF that does not terminate within seven days, or that requires repeat pharmacological or electrical cardioversion.
- **Permanent AF (I48.21)** is persistent or longstanding persistent AF where cardioversion cannot or will not be performed, or is not indicated.
- **Chronic AF, unspecified (I48.20)** may refer to any persistent, longstanding persistent or permanent AF.
- **Chronic persistent AF** has no widely accepted clinical definition or meaning. Code **I48.19, Other persistent atrial fibrillation,** should be assigned.

ICD-10-CM AF Codes	
Paroxysmal Atrial Fibrillation	I48.0
Persistent Atrial Fibrillation	I48.1x
Chronic Atrial Fibrillation	I48.2x
Typical Atrial Flutter	I48.3
Atypical Atrial Flutter	I48.4
Unspecified Atrial Fibrillation	I48.91
Unspecified Atrial Flutter	I48.92

Active **AF vs.** *History of* **AF**

- In coding, *history of* indicates a condition is no longer active.
- Document in the note any current associated physical exam findings (such as irregular heart rhythm or increased heart rate) and related diagnostic testing results.
- Only one code may be assigned for a specific type of AF. The type of AF (paroxysmal, persistent, permanent or history

of) should be documented consistently throughout the note to avoid unspecified codes that don't fully define the member's condition.

Best Practices
- Include patient demographics, such as name and date of birth, and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure documents are signed and dated by a credentialed provider.
- Document each diagnosis as having been monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventive exam as an opportunity to capture all conditions impacting patient care.

For more resources, see:
- 2021 ICD-10-CM (Chapter 9: Diseases of the Circulatory System)
- AHA Coding Clinic, Q2, Q4 2019
- Centers for Medicare & Medicaid Services Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance
- Blue Cross and Blue Shield of Illinois (BCBSIL) Medicare Advantage Annual Wellness Visit Guide

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February 2021

Documentation and Coding Series: Diabetes Mellitus

In our annual Blue Review readership survey, many of you asked for more articles on coding. In response, our Coding Compliance department has identified resources to help providers accurately code and document patient conditions. This month we are featuring documentation and coding information on atrial fibrillation and diabetes mellitus. Additional articles in the series will run throughout the year. Let us know what you think by emailing our editorial staff.

High quality documentation and complete, accurate coding may help capture our members' health status and promote continuity of care. Below are resources for coding and documenting diabetes mellitus (DM). This guidance is from the ICD-10-CM Official Guidelines for Coding and Reporting and the resources listed below.

Codes for DM Types

DM types are divided into five categories:

- **E08** DM due to underlying condition
- **E09** Drug or chemical induced DM
- **E10** Type 1 DM
- **E11** Type 2 DM
- **E13** Other specified DM

ICD-10-CM requires **documentation to specify DM with hyper- or hypoglycemia**, instead of controlled or uncontrolled. Without this documentation, **DM unspecified** will be coded.

Sample ICD-10-CM DM Codes	
Type 1 DM without complications	**E10.9**
Type 2 DM without complications	**E11.9**
Type 1 DM with diabetic chronic kidney disease (CKD) Use additional code to identify CKD stage (N18.1–N18.6)	**E10.22**
Type 2 DM with CKD Use additional code to identify CKD stage (N18.1–N18.6)	**E11.22**

Specificity Matters

These categories are further divided into subcategories of four, five or six characters. They include the DM type, the body system affected and the complications affecting that body system.

Best Practices

- Include patient demographics, such as name and date of birth, and date of service in all progress notes.
- Document legibly, clearly and concisely.

- Ensure documents are signed and dated by a credentialed provider.
- Document each diagnosis as having been monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Assign as many codes as needed to describe all disease complications. This includes combination codes (such as E11.621 Type 2 DM with foot ulcer) and additional codes (such as CKD stage and ulcer site).
- Assign codes appropriate for the patient's condition.Take advantage of the Annual Health Assessment (AHA) or other yearly preventative exam to capture all conditions impacting patient care.

For more resources, see:
- 2020 ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E08–E13)
- Centers for Medicare & Medicaid Services Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance
- Blue Cross and Blue Shield of Illinois (BCBSIL) Medicare Advantage Annual Wellness Visit Guide

February 2021

Availity® Provider Portal: Multiple Tools, One Location

The Availity Portal helps providers and Blue Cross and Blue Shield of Illinois (BCBSIL) to securely share information easily and efficiently. As a registered Availity user, you may quickly check our members' eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries and more online, **without having to call BCBSIL**.

Why use Availity?
Here are some of the advantages of using Availity:

- Accessible 24/7
- HIPAA-compliant
- Multi-payer solution
- Real-time search results
- No-cost transactions
- Printable results
- Online "Help" features

What electronic tools are available?
See below for examples of the growing list of **free self-service tools** that are accessible through Availity to help you accomplish multiple tasks and gain information when providing care and services to our members.

Pre-service Tools	Description
Eligibility and Benefits Inquiry	*Verify real-time patient activity, obtain an image of the BCBSIL member ID card, check coverage details and determine prior authorization requirements*
Patient Care Summary	*Consolidated view of a patient's health care history*
Patient Cost Estimator*	*View an estimate of a patient's potential out-of-pocket costs*

Patient ID Finder	*Obtain the BCBSIL patient ID and group number*
Authorizations tool	*Submit prior authorization requests handled by BCBSIL, if applicable (does not apply to HMO)*
Attachments* tool	*Submit voluntary predetermination requests handled by BCBSIL, if applicable (does not apply to HMO)*
Post-service Tools	**Description**
Altruista Health's GuidingCare™ (single sign-on access)	*Monitor rendered services, activities, quality measures and care plans for Illinois Medicaid members*
Claim Status	*Check detailed, real-time claim status*
Research Procedure Code Edits (Clear Claim Connection™)*	*Determine how coding combinations on a specific claim may be evaluated during the adjudication process*
Reporting On-Demand	*View, download, save and/or print the Provider Claim Summary (PCS) for finalized claims*
Remittance Viewer	*Offers providers and billing services a convenient way to view and help reconcile claim data in the 835 Electronic Remittance Advice (ERA)*
Electronic Refund Management (eRM)*	*Reconcile claim overpayments and manage refund requests*
Claim Inquiry Resolution (CIR)*	*Submit a claim reconsideration request for certain finalized claims*
Medical Attachment tool (Electronic Quality and Risk Adjustment Medical Records Requests)	*Receive and electronically respond to medical record requests for quality and risk adjustment*
Clinical Quality Validation (CQV) tool	*Comply with Healthcare Effectiveness Data and Information Set (HEDIS®) measures by electronically documenting the patient's care and assessment*

*Not available for Illinois Medicaid or Medicare Advantage members.

Not registered with Availity?
There's no charge to register, and it's quick and easy to sign up online for Availity. For registration help, contact Availity Client Services at 800-282-4548.

For More Information
Refer to the Provider Tools section of our website for details, such as user guides for the Availity offerings listed above. Also visit our Webinars and Workshops page to register for upcoming online training sessions.

Questions? Need customized training?

Email our [Provider Education Consultants](#) for help.

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BlueCross BlueShield of Illinois

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Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to new, replaced or removed codes implemented by the American Medical Association (AMA). Refer to the AMA website for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services to our members to confirm coverage and other important details, such as which services may require prior authorization.

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Checking eligibility and/or 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 their health care provider.

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![BlueCross BlueShield of Illinois logo]

BLUE REVIEW℠

A newsletter for contracting institutional and professional providers

February 2021

Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. New and revised medical policies are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact 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 BCBSIL Provider Manual, located in the Standards and Requirements section of our website.**

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 may also view draft medical policies on the Draft Medical Policies page by selecting "View and comment on Draft Medical Policies" and agreeing to the Medical Policies disclaimer. 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 BCBSIL Medical Policy information. You'll find a Medical Policy Reference List in the Related Resources on our Predetermination page; this list is updated on a monthly basis. 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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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

Is your online information accurate? Check your information in Provider Finder. If changes are needed, please let us know as soon as possible. An overview of types of changes and how to request them is below.

New in 2021: Provider Onboarding Form Training Sessions
Our training schedule now includes a webinar to help you navigate our online Provider Onboarding Form. This training will cover how to request the addition of providers to your currently contracted group. We'll also discuss new group/provider contracting and how to submit demographic changes online. **This month's Provider Onboarding Form Training will be held on Feb. 24, 2021, from 10 to 11 a.m., CT – register now!**

Types of Information Updates
- **Demographic Changes –** Use the Demographic Change form to change existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.
- **Request Addition of Provider to Group –** If you need to add a provider to your current contracted group, complete the Provider Onboarding Form. Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in network until they are appointed into the network.

Other Information Changes
The following types of changes are more complex and require special handling:
- **Legal Name Change for Existing Contract –** If you are an existing provider who needs to report a legal name change, complete a new contract application to initiate the update process.

- **Medical Group Change for Multiple Providers –** If you are a group (Billing NPI Type 2) and have more than five changes, please email our Illinois Provider Roster Requests team for a current copy of your roster to initiate your multiple-change request.

Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email our Network Operations Provider Update team.

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