

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

January 2021

■ What's New

COVID-19 Vaccines and Coverage

In the face of the COVID-19 pandemic, pharmaceutical companies have moved to produce vaccines. The U.S. Food and Drug Administration (FDA) awarded Emergency Use Authorization (EUA) to two pharmaceutical companies for their vaccines: Pfizer on Dec. 11, 2020, and Moderna on Dec. 18, 2020. Federal and state health officials are working with the medical community to distribute the COVID-19 vaccine. [Read more on News and Updates.](#)

Telehealth Benefits Continue in 2021

As we continue under the national public health emergency order, as well as the Illinois state disaster order, telehealth benefits will continue in 2021 for members participating in commercial fully-insured PPO, Blue Choice PPOSM and HMO plans receiving medically necessary covered services provided by in-network or out-of-network providers. [Read more on News and Updates.](#)

■ Network Innovation/Product Updates

Blue Choice Select PPOSM Plan Expanding Throughout Illinois

If you are currently contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) for the Blue Choice PPOSM network, as of **Jan. 1, 2021**, you will also be an in-network provider for members who have the Blue Choice Select PPO benefit plan.

[Read More](#)

■ CMO Perspective

Learning from COVID-19: Where do we go from here?

We're pleased to launch another year of CMO Perspective articles. This month, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses the second wave of COVID-19 and the importance of focusing on nutrition, condition management and other initiatives to help support health and wellness in 2021.

[Read More](#)

■ Focus on Behavioral Health

Millennial Health: Link Between Behavioral Health and Physical Conditions

According to a Blue Cross and Blue Shield Association Health of America Report, older millennials (age 34-36) have higher prevalence rates for nearly all of the top 10 conditions, including depression, type 2 diabetes, hypertension, high cholesterol and substance use disorder, than did Generation X members when they were in the same age range.

[Read More](#)

■ Wellness and Member Education

January is Cervical Cancer Screening Month: Talk to Your Patients and Close HEDIS Gaps

During January, **Cervical Cancer Screening Month**, you may want to inform your female patients about the importance of cervical cancer screening.

[Read More](#)

■ Community Involvement

Free Heart Health Month Programs at Blue Door Neighborhood CenterSM

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

[Read More](#)

■ Clinical Updates, Resources and Reminders

Commercial Prior Authorization Code Changes, Effective April 1, 2021

On March 15, 2021, BCBSIL will update its list of procedure codes requiring prior authorization for some commercial members to reflect new, replaced or removed codes, effective for dates of service on or after **April 1, 2021**. These changes are due to a BCBSIL Utilization Management update.

[Read More](#)

Limit In-person Visits with Virtual Prenatal Care

Throughout the COVID-19 pandemic, one of BCBSIL's top priorities is to help keep our members, providers and communities safe. While prenatal care cannot be provided completely by telehealth, providers may be able to provide care to mom and baby while limiting in-person contact and reducing in-person visits through virtual prenatal care.

[Read More](#)

Medicare Adds Benefit for Members with Inherited Ovarian or Breast Cancer

The Centers for Medicare & Medicaid Services (CMS) added a benefit in 2020 for Medicare members with germline or inherited ovarian or breast cancer.

[Read More](#)

■ Electronic Options

Obtain BCBSIL Patient ID Numbers Online via Availity® – Now Available for Government Programs

In addition to being available for BCBSIL commercial (PPO and HMO), Federal Employee Program® (FEP®) and on- and off-exchange members, you may now use the Patient ID Finder to obtain the insurance ID and group numbers for our Medicare Advantage and Illinois Medicaid members.

[Read More](#)

■ Claims and Coding

Reminder: Medicare Providers May Not Bill Members in the Qualified Medicare Beneficiary Program

As a provider treating Blue Cross Medicare AdvantageSM members, you may not bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) Program, a federal Medicare Savings Program.

[Read More](#)

■ Provider Education

Annual Reminder: Medicare Outpatient Observation Notice Required

As of March 7, 2017, hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive

Medicare benefits and are observed as outpatients for more than 24 hours.

[Read More](#)

Blue Distinction® Update for City of Chicago Members with Blue Choice OptionsSM, Effective Jan. 1, 2021

Effective Jan. 1, 2021, City of Chicago members will have a Blue Distinction® Center (BDC) component for some specialty care categories. [Read more on News and Updates.](#)

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](#)

■ Quality Improvement and Reporting

2021 CAHPS® Survey for Medicaid Members

BCBSIL conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members.

[Read More](#)

■ Pharmacy Program

Providers Receiving Bamlanivimab for Free Should Not Bill for the Product

The FDA granted Emergency Use Authorization (EUA) for Eli Lilly and Company's investigational neutralizing antibody bamlanivimab. Bamlanivimab is authorized under the EUA to treat mild to moderate COVID-19 in high-risk patients.

[Read More](#)

Specialty Pharmacy Prior Authorization Drug List: New Codes Will Be Added, Effective Jan. 1, 2021

To help ensure reviews for medical necessity and site of administration are being conducted according to member benefit plan details, 14 new procedure codes will be added to the Specialty Pharmacy Prior Authorization Drug List, **effective Jan. 1, 2021**.

[Read More](#)

■ 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.



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](#).

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Blue Choice Select PPOSM Plan Expanding Throughout Illinois

We are happy to announce that as of **Jan. 1, 2021**, the **Blue Choice Select PPO plan** will be available in 99 counties* throughout Illinois. If you're currently contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) for the Blue Choice PPOSM network, as of **Jan. 1, 2021**, you will also be an in-network provider for members who have the Blue Choice Select PPO benefit plan.

BCBSIL is committed to providing quality health insurance to all communities of Illinois. By expanding the Blue Choice Select PPO plan throughout Illinois, we are providing a lower-cost PPO option to members in most counties of Illinois.

Look for **Blue Choice Select** on BCBSIL members' ID cards and verify eligibility and benefits through the [Availity[®] Provider Portal](#) or your preferred vendor portal.

It's important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable prior authorization requirements. When services may not be covered, you should notify members that they may be billed directly.

Ask to see the member's BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

*Not available in Sangamon, Lawrence, and Wabash counties

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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 questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Learning from COVID-19: Where do we go from here?

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

I'm pleased to launch another year of CMO Perspective articles in the *Blue Review*. This forum continues to offer an opportunity to connect with you on a regular basis. As we saw in 2020, despite social distancing, staying connected virtually has been critical to maintain awareness, communication and collaboration throughout the public health emergency.

While it's not over yet, with the second wave of COVID-19 still raging, it's important to reflect, adjust and make changes. The pandemic has tested our health care delivery system, economy and culture in ways that many of us could not have imagined a year ago. As we consider how to get things "back to normal," we've been forced to take an even harder look at norms that need to be redefined. In looking forward to emerging to a post-pandemic world, one thing is for certain: We must keep our eyes open to keep advancing forward.

Part of the path forward in 2021 will be suppressing and eliminating community transmission of COVID-19. Collectively, each of us will play an important role in educating our communities on the need to stay the course with masks and social distancing while embracing opportunities presented by newly available COVID-19 vaccines. We must ensure that fear and misinformation does not cause our rural, urban, and underserved communities to be left behind.

The pandemic has been devastating, with many families facing hardship and loss. But it has also served us by shedding even more light on situations that need to be examined more closely. Fortunately, science can offer vaccines. But there's still a lot of work to do to heal underlying health care inequities for some individuals and communities. And, for all individuals, now more than ever, focusing on preventive care and wellness must take center stage. This means focusing on the health and wellness of individuals, families and communities, with equal emphasis on the integrity of all surrounding support systems.

In [last month's CMO Perspective](#), we touched on insights gained at our November 2020 Blue UniversitySM event, which focused exploring connections between nutrition and the development of chronic disease, as well as the general implications of nutrition for chronic disease management, outcomes and potential treatment. Looking at food as medicine

may be the key to establishing new health and wellness protocols. Regarding dis-ease in health care equity, the challenge is getting below the surface to tackle the root of the problem.

As we begin this new year, I'd like to continue discussions and engage your input around the importance of vaccine confidence and preventive care initiatives. How will you engage your patients in conversations around COVID-19 vaccine safety and efficacy? How can we all continue to shed a light on the importance of colorectal cancer screenings and mammograms? What additional steps can you take to continue to encourage patients to adopt healthy lifestyle changes to better manage existing conditions? What roadblocks have you encountered, especially related to social determinants of health?

If you have 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 expand our partnership with you this year.

[Learn more about Dr. Derek J. Robinson](#)

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Millennial Health: Link Between Behavioral Health and Physical Conditions

Millennials, those born from 1981 to 1996, make up the largest share of the U.S. population and labor force, placing them at the heart of U.S. economic growth as consumers, workers, and business owners.¹ But, according to a Blue Cross and Blue Shield Association (BCBSA) Health of America Report, the older millennials (age 34-36) have higher prevalence rates for nearly all of the top 10 conditions, including depression, type 2 diabetes, hypertension, high cholesterol and substance use disorder, than did Generation X members when they were in the same age range.² If the current pace of decline in millennial health continues unabated, the long-term consequences to the U.S. economy could be severe.¹

Key Finding from the [Millennial Health: Trends in Behavioral Health Conditions Report](#)

- Nearly a third of millennials have a behavioral health condition, and rates are rising by double digits.
- Millennials with a behavioral health condition are at twice the risk of having a chronic physical condition.
- Millennials from majority Black and Hispanic communities have lower rates of behavioral health conditions compared to millennials from white communities – likely due to under-diagnosis.
- Substance use disorder continues to rise among millennials. Those diagnosed with an opioid use disorder are 46% less healthy than their peers and treatment varies by race with Blacks and Hispanics having lower overall rates of treatment than whites.

Link Between Physical and Mental Health

The report analyzed the medical claims of millennials with five years of continuous Blue Cross and Blue Shield (BCBS) health plan coverage. Those with ongoing behavioral health conditions since 2014 were approximately twice as likely to have chronic physical conditions as their peers without a behavioral health diagnosis.³ Nearly one-third of millennials have behavioral health conditions – increasing their risk for chronic physical conditions.³

Likelihood to Have Chronic Physical Conditions with Depression

- Hypertension: 1.9 times more likely
- High Cholesterol: 1.7 times more likely
- Crohn's Disease/Ulcerative Colitis: 1.9 times more likely
- Type 2 Diabetes: 2.1 times more likely
- Coronary Artery Disease: 2.7 times more likely

To help support millennials, Blue Cross and Blue Shield of Illinois (BCBSIL) and other BCBS Plans continue to develop and support solutions that address both physical and behavioral health conditions. Some ideas include:

- Providing access to virtual care including digital wellness platforms that target and address the unique health needs of millennials
- Increasing the availability of both medication-assisted and therapy-based treatments for members with opioid use disorder (OUD)
- Launching new initiatives to reduce the stigma around behavioral health while making care more accessible and affordable
- Using voice-enabled technology features to provide tech-savvy millennials with a fresh new way to easily access important health care services

Millennial Health: Trends in Behavioral Health Conditions is the 34th study of the [Blue Cross Blue Shield: The Health of America Report®](#) series, a collaboration between BCBSA and [Blue Health Intelligence®](#), which uses a market-leading claims database to uncover key trends and insights into health care affordability and access to care.

¹ BCBSA Health of America, The Economic Consequences of Millennial Health, Nov. 6, 2019. <https://www.bcbs.com/the-health-of-america/reports/how-millennials-current-and-future-health-could-affect-our-economy>

² BCBSA Health of America, The Health of Millennials, April 24, 2019. <https://www.bcbs.com/the-health-of-america/reports/the-health-of-millennials>

³ BCBSA Health of America, Millennial Health: Trends in Behavioral Health Conditions, Oct. 15, 2020. <https://www.bcbs.com/the-health-of-america/reports/millennial-health-trends-behavioral-health-conditions>

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January is Cervical Cancer Screening Month: Talk to Your Patients and Close HEDIS® Gaps

During January, **Cervical Cancer Screening Month**, you may want to inform your female patients about the importance of cervical cancer screening. You may also want to review our [Women's Health](#) tip sheet to help close Health Care Effectiveness Data and Information Set (HEDIS) care gaps.

According to the National Cancer Institute, in 2020 nearly 14,000 new cases of cervical cancer were diagnosed in the U.S., and just over 4,000 women died from cervical cancer. Screening tests can detect pre-cancerous changes to the cervix, as well as detect cervical cancer early when the prognosis is better.¹

Since certain types of human papilloma virus (HPV) infections are high risk for causing pre-cancers and cancers of the cervix, HPV screening also aids in early detection and treatment of cervical abnormalities and cancer. According to the Centers for Disease Control and Prevention (CDC), approximately 14 million people become infected with HPV each year.² The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination against HPV at age 11 or 12 years, though vaccination can start as early as age 9. The vaccination is given as a series of either two or three doses, depending on the age the patient received the initial vaccination. ACIP recommends vaccination for everyone through age 26 years if individuals were not previously adequately vaccinated.³

The United States Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women younger than 21 years. The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.^{4,5}

The American Cancer Society and CDC has provided these helpful tips^{6,7}

- Complete Pap tests during regularly scheduled well woman visits, sick visits, urine pregnancy tests, urinary tract

infection and chlamydia/sexually transmitted infection screenings.

- Request to have results of Pap tests sent to you if done at another provider's office.
- Discuss HPV vaccination with patients as part of their preventive care visits.
- Provide education to your patients that:
 - Cervical cancer is highly preventable through screening and HPV vaccination.
 - Cervical cancers usually take years to develop. If you get screened every 3 or 5 years, your chance of developing cervical cancer in the next few years is very low
 - Early on, cervical cancer may not cause any symptoms, so it is important to be screened regularly. Treatment for cervical cancer is most effective when the cancer is found early.
- Encourage your patients to contact their health plan to learn about potential transportation benefits that may be available.

Additional resources:

- [Blue Cross and Blue Shield of Illinois 2020-2021 Preventive Care Guidelines](#)
- [The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer](#)
- [HEDIS Tip Sheet 2020: Medicaid Women's Health Measures](#)
- [BCBSIL Transportation Services for Medicaid Members](#)

¹PDQ[®] Adult Treatment Editorial Board. PDQ Cervical Cancer Treatment. Bethesda, MD: National Cancer Institute. Updated 05/13/2020. Available at: <https://www.cancer.gov/types/cervical/hp/cervical-treatment-pdq>. Accessed Dec. 7, 2020.

²Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. Human Papillomavirus (HPV) Vaccination & Cancer Prevention. Reviewed March 17, 2020. Available at: <https://www.cdc.gov/vaccines/vpd/hpv/index.html>. Accessed Dec. 7, 2020.

³Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. HPV Vaccine Recommendations. Reviewed March 17, 2020. Available at: <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>. Accessed Dec. 7, 2020.

⁴BCBSIL 2020-2021 Preventive Care Guidelines. Available at: https://www.bcbsil.com/pdf/clinical/preventive_health_care_guidelines.pdf. Accessed Dec. 7, 2020.

⁵U.S. Preventive Services Task Force. Screening for Cervical Cancer August 2018. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Accessed Dec. 7, 2020.

⁶Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Get the Facts About Gynecologic Cancer. 2017. Available at: https://www.cdc.gov/cancer/knowledge/pdf/cdc_gyn_comprehensive_brochure.pdf. Accessed Dec. 7, 2020.

⁷American Cancer Society, Cervical Cancer Screening Guidelines, 2020. <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/cervical-cancer-screening-guidelines.html>

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Free Heart Health Month Programs at Blue Door Neighborhood CenterSM

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

This February, Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members alike may ask a health care professional questions about heart disease, high blood pressure, cholesterol or any other heart-related question during our **Ask a Doc** sessions. And, maybe you have patients who would benefit from a **live cooking demonstration** of heart-healthy recipes.

These are just two of the programs that will be offered at BDNC on multiple dates and times during Heart Health 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 BDNCs.

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 are also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to truly 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 in person. If you or your patients have questions, send an email to 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.

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Commercial Prior Authorization Code Changes, Effective April 1, 2021

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- PPO
- Blue Choice Preferred PPOSM
- Blue Choice PPOSM
- Blue OptionsSM/Blue Choice OptionsSM
- Blue High Performance NetworkSM (Blue HPNSM)

Changes will be made specifically to procedure codes processed through [AIM Specialty HealthSM](#) for services provided to the above-referenced members in the following care categories:

- **Advanced Imaging** (*some codes being retired*)
- **Joint and Spine Surgery** (*codes being added*)
- **Molecular and Genetic Lab** (*some codes being retired, and codes being added*)
- **Pain Management** (*codes being added*)
- **Radiation Oncology** (*codes being added*)

The [2021 Commercial Outpatient Medical Surgical Code List](#) is available on the [Support Materials \(Commercial\) page](#) in the Utilization Management section of our Provider website. This list is updated throughout the year.

Check Eligibility and Benefits: To identify if a service requires prior authorization for our members, check eligibility and benefits through the [Availity[®] Provider Portal](#) or your preferred web vendor.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. 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

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Limit In-person Visits with Virtual Prenatal Care

Throughout the COVID-19 pandemic, one of Blue Cross and Blue Shield of Illinois' (BCBSIL's) top priorities is to help keep our members, providers and communities safe. While prenatal care cannot be provided completely by telehealth, providers may be able to provide care to mom and baby while limiting in-person contact and reducing in-person visits through virtual prenatal care.

Below you will find the current plan from the University of Michigan Obstetrics and Gynecology program¹ outlining the intervals for in-person and virtual visits, as well as the recommended medical equipment or interventions for virtual visits that may assist you in developing and implementing your patient's pregnancy care plan.

Visit (week)	Visit Type	Testing	Ultrasound	Vaccines
Intake	Nurse call			
8-12	In person	X	X	X
16-20	In person		X	
24-28	Virtual			
28-30	In person	X		X
30-32	Virtual			
34-36	In person	X		X
36-38	Virtual			
39	In person			

Equipment Recommended for Virtual Visits

Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members may have over-the-counter (OTC) benefits, which may include some of the items listed below. BCCHP and MMAI members simply call Member Services at 877-860-2837 (TTY 711), 24 hours a day, seven days a week to find out the dollar amount and products available for them. The order will be shipped to the address provided within seven to 10 days.

Blood Pressure Cuff – Any BCBSIL member may obtain a blood pressure cuff from their local pharmacy with a provider prescription. Some Medicaid members may qualify for a blood pressure cuff without cost-sharing by using OTC benefits.

Fetal Doppler – In lieu of a fetal doppler, it is recommended that mothers perform regular “kick counts” to assess for fetal movement and activity. Currently, fetal dopplers are not covered under the OTC benefits.

Bathroom Scale – Some Medicaid members may be eligible to obtain a bathroom scale by using their OTC benefits.

Always check eligibility and benefits first for all BCBSIL members prior to rendering services. This step can help you confirm prior authorization requirements and utilization management vendors, if applicable. If you have any questions on benefits, refer to the member’s ID card for the appropriate contact information.

¹Michigan Medicine, Prenatal Care During the COVID-19 Pandemic, 2020. <https://medicine.umich.edu/dept/obgyn/patient-care-services/prenatal-care-during-covid-19-pandemic-prenatal-patient-resources>

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Checking eligibility and benefits and/or obtaining prior authorization or pre-notification 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, pre-notification or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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Medicare Adds Benefit for Members with Inherited Ovarian or Breast Cancer

The Centers for Medicare & Medicaid Services (CMS) added a benefit in 2020 for Medicare members with germline or inherited ovarian or breast cancer. The benefit covers a laboratory diagnostic test using **Next Generation Sequencing (NGS)**. These tests provide genetic analysis of a patient's cancer.

What's covered

For services performed **on or after Jan. 27, 2020**, Medicare covers NGS when:

- Performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory
- Ordered by a treating physician
- And the patient has all the following:
 - Ovarian or breast cancer
 - A clinical indication for germline testing for hereditary breast or ovarian cancer
 - A risk factor for germline breast or ovarian cancer
 - Has not been previously tested with the same germline test using NGS for the same germline genetic content

For more information, see CMS' [national coverage determination on NGS](#).

Check Eligibility and Benefits

Use the [Availity®](#) Provider Portal or your preferred web vendor to check eligibility and benefits for all patients before providing services. This step will help you confirm coverage and other important details, such as prior authorization requirements.

Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Obtain BCBSIL Patient ID Numbers Online via Availity® – Now Available for Government Programs

In the [September News and Updates](#), we introduced a new online tool via Availity called Patient ID Finder. This tool allows you to quickly obtain a Blue Cross and Blue Shield of Illinois (BCBSIL) patient's insurance ID and group numbers after entering patient-specific data elements.

We're pleased to announce that, in addition to being available for BCBSIL commercial (PPO and HMO), Federal Employee Program® (FEP®) and on- and off-exchange members, **you can now use the Patient ID Finder to obtain the insurance ID and group numbers for our Medicare Advantage and Illinois Medicaid members.**

How do you use the Patient ID Finder via Availity?

Search online for BCBSIL patient ID numbers in four easy steps:

- Log in to [Availity](#)
- Select Payer Spaces from the navigation menu and choose BCBSIL
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned

Note: This tool doesn't reflect the patient's eligibility or benefits. Refer to the [Eligibility and Benefits User Guide](#) for help with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up for free today at [Availity](#). For registration help call Availity Client Services at 800-282-4548.

For More Information

- Refer to the [Patient ID Finder User Guide](#) on our Provider website.
- Visit the [Webinars and Workshops](#) page to register for an upcoming Availity 101 session hosted weekly to learn more about online offerings, including the Patient ID Finder.
- If you need more help or customized training, contact our [Provider Education Consultants](#).

will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Reminder: Medicare Providers May Not Bill Members in the Qualified Medicare Beneficiary Program

As a provider treating Blue Cross Medicare AdvantageSM members, you may not bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) Program, a federal Medicare Savings Program. Members enrolled in QMB are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a State Medicaid benefit, QMB covers these members' Medicare Advantage premiums, deductibles, coinsurance and copayments. QMB members are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

Tips to avoid billing QMB patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB members for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB members from Medicare Advantage cost-sharing billing and related collections efforts

More Information

Call Customer Service at 877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the [Centers for Medicare & Medicaid Services](#) website.

This is a brief description of some of the terms of the Medicare Advantage plans. For more details, please refer to the applicable Medicare Advantage document. The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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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Annual Reminder: Medicare Outpatient Observation Notice Required

As of March 7, 2017, hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and are observed as outpatients for more than 24 hours. This includes people with Blue Cross Medicare Advantage (PPO)SM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Group Medicare Advantage (HMO)SM, Blue Cross Group Medicare Advantage (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM health plans. The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.

Steps for providers to complete the MOON

- Download the notice from the [Centers for Medicare & Medicaid Services \(CMS\) website](#).
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.

The notice must be completed no later than 36 hours after observation begins or sooner if the patient is admitted, transferred or released.

The MOON and what to do with it can be found [here](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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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:
<p>Availity® Authorizations Tool <i>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.</i></p>	<p>Jan. 13, 2021 Jan. 20, 2021 Jan. 27, 2021</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status <i>We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.</i></p>	<p>Jan. 14, 2021 Jan. 21, 2021 Jan. 28, 2021</p>	<p>11 to 11:30 a.m.</p>
<p>BCBSIL Back to Basics: 'Availity 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Jan. 12, 2021 Jan. 19, 2021 Jan. 26, 2021</p>	<p>11 a.m. to noon</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>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</i></p>	<p>Jan. 21, 2021</p>	<p>1 to 2 p.m.</p>

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

[Jan. 13, 2021](#)

10 to 11 a.m.

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

AVAILITY WEBINARS

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

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2021 CAHPS[®] Survey for Medicaid Members

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The primary focus of the survey is to assess member's satisfaction with BCBSIL and its independently contracted providers and specialists.

The survey will be mailed in **March 2021** to randomly selected members and it asks members to rate their last six months of care. Examples of topics and questions addressed in the survey include:

- Getting Needed Care – Did you receive the care you felt you needed quickly and were you able to get urgent appointments with a specialist if needed?
- Shared Decision Making – Did your doctor include you in your treatment decisions and discuss the risks, adverse effects and benefits with you?
- Provider Communication – Did your doctor show respect, spend enough time and explain things in a way you could understand?
- Customer Service – Did you receive helpful information from office staff?
- Care Coordination – Was your doctor informed and up-to-date about the care you received from other doctors?
- Flu Vaccination – Did your doctor educate you on the benefits and importance of a yearly flu vaccination?
- Smoking Cessation – Did your doctor ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction. Below are some questions you may want to consider that may help you and your staff improve member satisfaction:

- Do you or your office staff assist the patients in scheduling appointments with specialists?
- Are urgent care walk-in appointments available in the morning and evening hours?
- Do you spend time explaining things to patients in a way they can easily understand?
- Do you provide patients with educational materials?
- Do you discuss treatment and medication options with patients?
- Do you educate patients about preventive illnesses?

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

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Providers Receiving Bamlanivimab for Free Should Not Bill for the Product

Blue Cross and Blue Shield of Illinois (BCBSIL) continues to provide access to medically necessary care for the treatment of COVID-19. The U.S. Food and Drug Administration [granted Emergency Use Authorization \(EUA\)](#) for Eli Lilly and Company's investigational neutralizing antibody bamlanivimab. Bamlanivimab is authorized under the EUA to treat mild to moderate COVID-19 in high-risk patients.

What's reimbursed: The federal government is currently purchasing bamlanivimab. It's providing bamlanivimab to states to distribute to health care providers at no cost for COVID-19 treatment. We won't reimburse for bamlanivimab that providers received for free. Providers should not charge members for the treatment. We will reimburse for the administration of the treatment. Other medically necessary treatment for COVID-19 will be covered consistent with the terms of the member's benefit plan. When providers begin to purchase bamlanivimab, we will update our position.

Claims coding: The Centers for Medicare & Medicaid Services identified the following codes for the bamlanivimab product and administration:

- Q0239 – Injection, bamlanivimab-xxxx, 700 mg
- M0239 – Intravenous infusion, bamlanivimab-xxxx, includes infusion and post-administration monitoring

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The information in this article is for illustrative purposes only. The actual process and coding of a patient's medical condition will vary based on the individual circumstances and the information contained in the medical records.

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Specialty Pharmacy Prior Authorization Drug List: New Codes Added, Effective Jan. 1, 2021

To help ensure reviews for medical necessity and site of administration are being conducted according to member benefit plan details, 14 new procedure codes have been added to the [Specialty Pharmacy Prior Authorization Drug List](#), **effective Jan. 1, 2021**.

This list is located on the [Support Materials \(Commercial\) page](#) in the Utilization Management section of our Provider website. It includes specialty drugs (infusion site-of-care or provider administered drug therapies) that may require prior authorization through Blue Cross and Blue Shield of Illinois (BCBSIL) before administration of these drugs for some of our commercial, non-HMO members.

Codes added effective Jan. 1, 2021, include: **J0222, J0223, J0584, J0638, J0791, J1303, J1558, J1746, J3032, J3060, J3241, J3245, J3397 and Q5121**. BCBSIL's Specialty Medication Administration Site of Care Medical Policy (RX501.096) is available in the [Medical Policy section](#) of our website to help clarify when and how prior authorization requirements may apply.

Remember: Member benefit plans and requirements vary, so it's critical to **check eligibility and benefits first** through the [Availity® Provider Portal](#) or your preferred web vendor, prior to rendering care and services, to confirm coverage and other important details.

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

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