



BLUE REVIEWSM

A Provider Publication

March 2023

Wellness and Member Education

We're Providing In-home Test Kits for Colorectal Cancer Screening

March is Colorectal Cancer Awareness Month and a good time to talk about how treatable colon cancer is in its early stages. Blue Cross and Blue Shield of Illinois (BCBSIL) is giving members and non-members access to a Fecal Immunochemical Test (FIT), an in-home screening kit, to help them take preventive steps.

[Read More](#)

Provider Learning

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](#)

Cultural Awareness Webinars Offer Continuing Education Credit

We're pleased to offer several webinars at no cost through Quality Interactions, a separate company that provides cultural awareness training to health care professionals. Course offerings feature topics such as how to recognize and respond to implicit bias.

[Read More](#)

Focus on Behavioral Health

Quality Care: Screening for Depression

Screening patients for depression is an important part of outpatient visits. We created a video about depression screening tools, procedure codes and following up on positive screening results.

[Read More](#)

Utilization Management – Equity in Behavioral Health

Illinois House Bill 2595 (Public Act 102-0579), the Generally Accepted Standards of Behavioral Health Care Act of 2021, became effective Jan. 1, 2023. While there are no changes to our members' benefits related to IL HB 2595, we'd like to spotlight some important reminders and resources that may be helpful to you. [Read more on News and Updates.](#)

■ Claims and Coding

BCCHPSM and MMAI Member Claims That Don't Require Attachments for Processing Must Be Submitted Electronically

If you provide care and services to any of our **Blue Cross Community Health PlansSM (BCCHP)** or **Blue Cross Community MMAI (Medicare-Medicaid Plan)SM** members, it's time to switch to electronic claim filing, if you haven't done so already.

[Read More](#)

Remote Patient Monitoring Pilot Update: Program Ended Feb. 10, 2023

After launching a [remote patient monitoring pilot](#) in late 2021, BCBSIL decided to end the program on February 10. Three Illinois hospitals helped test this program, two in Chicago and one in Springfield, and we're grateful for their assistance. Participants have been notified and no further action is needed. For announcements on upcoming initiatives and ways to get involved, continue to watch the [News and Updates](#) and upcoming issues of the *Blue Review*.

■ Quality Improvement and Reporting

CAHPS[®] Survey to Assess Medicare Advantage Members' Experiences

Every year, the Centers for Medicare & Medicaid Services sends the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to a random sample of our **Blue Cross Medicare AdvantageSM** members from **March through June**. Members are asked to rate the last six months of care.

[Read More](#)

Help Close Gaps in Care for Group Medicare Advantage Members: Medical Records and Vendor Reminders

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)SM** members, you'll receive requests from BCBSIL or our vendor, **Change Healthcare**, as part of the Blue Cross and Blue Shield [National Coordination of Care program](#). Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. In addition, [you may receive requests from EXL Health](#) for select inpatient, diagnosis-related claims for any out-of-area **Blue Cross Medicare Advantage** members.

■ Notification and Disclosure

Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, BCBSIL has designated a specific section in the Blue Review to notify you of any significant changes to the physician fee schedules.

[Read More](#)

Reminder: CPT[®] Codes May Change

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

[Read More](#)



Quick Reminders

Stay informed!

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

Verify and Update Your Information

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

Provider Training

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



Contact Us

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

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We're Providing In-home Test Kits for Colorectal Cancer Screening

According to the [American Cancer Society](#), colorectal cancer is the third leading cause of cancer-related deaths in men and women. Each year, an estimated 6,600 [Illinoisans](#) will be diagnosed with colorectal cancer, and more than 2,400 people will die from it. **March is Colorectal Cancer Awareness Month** and a good time to talk about how treatable colon cancer is in its early stages.

Blue Cross and Blue Shield of Illinois (BCBSIL) is giving members and non-members access to a Fecal Immunochemical Test (FIT), an in-home screening kit, to help them take preventive steps. BCBSIL has initiated multiple programs to help bring accessible, affordable, quality care to residents of Illinois by contracting with Everlywell.

Blue Choice Preferred PPOSM Members

As mentioned in our [July 2022 Blue Review](#), certain Blue Choice Preferred PPO members received a FIT kit at no additional charge with instructions to complete the kit by Dec. 31, 2022. Test results were sent to the members and their primary care physicians (PCPs). In 2022:

- 2,832 members returned their kits.
- 167 kits were abnormal or positive, meaning the sample contained blood when collected.

This program will continue in 2023.

Blue Cross Medicare AdvantageSM Members

Each year, our Medicare Advantage members who are eligible for a colorectal cancer screening receive a FIT kit at no additional cost in the mail. In 2022:

- 2,684 members returned their kits.
- 154 kits were abnormal or positive.

Members can call the number on their BCBSIL ID card to see if their spouse or dependent qualifies to receive a FIT kit. Members with abnormal results are alerted by Everlywell by mail and three phone call attempts. They're directed to contact their primary care physician for follow-up and next steps.

Blue Door Neighborhood Center (BDNC)

Our three BDNC locations on the south and west sides of Chicago – Morgan Park, Pullman, South Lawndale – expect to each distribute at least 300 FIT kits to BCBSIL members and non-members in 2023. Trained staff are providing educational events, information and activities throughout the year to encourage eligible participants to take part in this potentially life-saving opportunity. Once participants return their sample to Everlywell, test results are mailed back to the participant and their PCP, if the PCP contact information was included in the registration.

If you have patients who might like to pick up a FIT kit, they can contact one of the [BDNC locations](#):

- Morgan Park – Call 872-760-8090, or visit 11840 S Marshfield Ave., Chicago, 60643
- Pullman – Call 773-253-0900, or visit 756 E 111th St., Chicago, 60628
- South Lawndale – Call 872-760-8450, or visit 2551 W Cermak Rd., Chicago, 60608

Care Van®

Our Care Van program expects to distribute 3,000 pieces of colorectal cancer screening educational material and 400 FIT kits throughout Illinois in 2023. On **March 18, 2023**, our trained staff will be distributing FIT kits and educational material to eligible individuals at the Wellness Event in Springfield at the YMCA. Our Care Van also will provide FIT kits [once a month](#) in Park City, IL. Additional locations will be added throughout the year.

The Care Van programing includes an inflatable colorectal cancer screening wall, which illustrates different colorectal pathologies including diverticulitis, polyps and cancer. This wall helps to promote colon cancer screenings to eligible populations along with other activities, educational materials and presentations. Visit the [Care Van webpage](#) for the most up to date schedule.

Why Use FIT

The [U.S. Preventive Services Taskforce](#) recommends annual FIT testing for colorectal cancer screening starting at age 45.

- FIT testing is appropriate screening for people with an average risk for colorectal cancer, according to the [American Cancer Society](#). Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.
- When compared to stool DNA tests, FIT kits have fewer false positives, which reduces unnecessary colonoscopies, according to the [National Cancer Institute](#). Unlike stool DNA, FIT kits require only a swab rather than a stool sample.

How In-home Testing Works

The in-home testing process is quick and easy for members:

- Everlywell sends the kits to eligible members. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their PCP and mail the test to Everlywell for processing. An addressed, postage-paid envelope is included in the kit.
- Everlywell sends results to the member and their PCP, if the PCP contact information was provided by the member, in three to four weeks.

How You Can Help

- Consider discussing the importance of colorectal cancer screening and healthy lifestyle choices with our members.
- If our member receives a kit and calls your office with questions, discuss their screening options.
- Document any test results in the member's medical record and discuss the results with our member.
- Close Gaps in Care: Colorectal Cancer Screening is a quality measure developed by the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. To help close gaps in care, [consider these tips](#).

Everlywell, formally Home Access Health Corporation, is an independent company that has contracted with BCBSIL to provide laboratory testing services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services offered by them.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

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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](#). **Note: All times listed are Central Time (CT).**

BCBSIL WEBINARS

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

Descriptions:

Dates:

Session Times:

Availity[®] Essentials Prior Authorizations and BlueApprovRSM Tool

Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using Availity's Authorizations tool.

[March 8, 2023](#)
[March 15, 2023](#)
[March 22, 2023](#)
[March 29, 2023](#)

11 a.m. to noon

Availity Claim Status, Clinical Claim Appeals and Message This Payer

Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using the Availity Essentials Portal.

[March 9, 2023](#)
[March 16, 2023](#)
[March 23, 2023](#)
[March 30, 2023](#)

11 a.m. to noon

Availity Orientation: Save Time and Go Online

Join us for a review of electronic transactions, provider tools and helpful online resources.

[March 7, 2023](#)
[March 14, 2023](#)
[March 21, 2023](#)
[March 28, 2023](#)

11 a.m. to noon

Availity Remittance Viewer and Reporting On-Demand

[March 16, 2023](#)

1 to 2 p.m.

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 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.

BlueApprovR: Prior Authorization Process

Learn how to access and use BlueApprovR via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests for many BCBSIL commercial members.

[March 9, 2023](#)

10 to 11 a.m.

[March 16, 2023](#)

[March 23, 2023](#)

[March 30, 2023](#)

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation

Effective Jan. 1, 2023, BCBSIL Medicare Advantage Plan expanded to additional counties within the State of Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants (PNCs) questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.

[March 14, 2023](#)

10 to 11 a.m.

Monthly Provider Hot Topics Webinar

Stay up to date on the latest news from BCBSIL! Engage with our PNCs to learn about upcoming initiatives, program changes and updates, as well as general network announcements.

[March 9, 2023](#)

10 to 11:30 a.m.

Orientation Webinars for New Commercial Providers

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

[March 9, 2023](#)

1 to 2 p.m.

Orientation Webinars for New MMAI and/or BCCHP Providers

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[March 8, 2023](#)

10 to 11 a.m.

Provider Resource Webinar

This webinar will provide additional information and resources to help BCBSIL providers resolve common topics of concern.

[March 16, 2023](#)

1 to 3 p.m.

Website Review Webinar

Join us for a tour of the BCBSIL Provider website. The information covered will include both government and commercial lines of business.

[March 23, 2023](#)

10 to 11:30 a.m.

products and services they offer.

HEDIS is a registered trademark of NCQA.

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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Cultural Awareness Webinars Offer Continuing Education Credit

Blue Cross and Blue Shield of Illinois (BCBSIL) invites you to sign up for the courses listed below and earn continuing education credit. We're pleased to offer these webinars at no cost through Quality Interactions, a separate company that provides cultural awareness training to health care professionals.

Course Offerings

Select the link for accreditation information and course overviews:

- [Recognizing and Responding to Implicit Bias](#) (CME/CEU/CCM/CDE)
- [Cross-Cultural Care in Mental Health and Depression](#) (CME/CEU/CCM/LSW)
- [Culturally Competent Care for the Medicare Population](#) (CME/CEU/CCM)
- [Improving Adherence in Diverse Populations](#) (CME/CEU/CCM/LSW/ACPE)
- [Test Your Skills for Clinicians](#) (option A) (CME/CEU/CCM)
- [Test Your Skills for Clinicians](#) (option B) (CME/CEU)

How to Attend

- Enter your email address and create a password on the [Quality Interactions registration webpage](#).
- Watch your email for a link to your new account profile.
- Complete your profile and enter Learn2022 as your Org ID.

The courses are self-paced. Find [instructions](#) and get [help](#) online.

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Quality Care: Screening for Depression

Screening patients for depression is an important part of outpatient visits. We created a video about depression screening tools, procedure codes and following up on positive screening results. You can [watch the video here](#).

We encourage you to talk with our members about [mental health and getting help](#) if needed. More than half of Americans will be diagnosed with a mental illness or disorder at some point in their lives, according to the [Centers for Disease Control and Prevention](#). Patients often rely on their primary care physicians for behavioral health care, according to the [American Academy of Family Physicians](#).

Supporting Quality Behavioral Health Care

We track claims data for quality measures to help assess and improve our members' behavioral health care. See our [tip sheets](#) to learn more about the following measures and closing gaps in members' care:

[Antidepressant Medication Management \(AMM\)](#)

AMM captures the percentage of members ages 18 and older with major depression who are newly treated with antidepressant medication and remain on it. We track two treatment phases:

- Effective acute treatment phase – Adults who remain on antidepressant medication for at least 84 days (12 weeks)
- Effective continuation treatment phase – Adults who remain on antidepressant medication for at least 180 days (six months)

[Follow-up after Hospitalization for Mental Illness \(FUH\)](#)

FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a **follow-up visit**:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (eight total days)

[Follow-up after Emergency Department Visit for Mental Illness \(FUM\)](#)

FUM captures the percentage of emergency department visits for which members ages 6 and older with a diagnosis of mental illness or intentional self-harm had a **follow-up visit**:

- Within 30 days of the emergency department visit (31 total days)
- Within seven days of the emergency visit (eight total days)

[Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications \(SSD\)](#)

SSD tracks the number of people 18 to 64 years old with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had an **annual diabetes screening**.

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BCCHPSM and MMAI Member Claims That Don't Require Attachments for Processing Must Be Submitted Electronically

If you provide care and services to any of our Blue Cross Community Health PlansSM (BCCHP) or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members, it's time to switch to electronic claim filing, if you haven't done so already.

As we informed you in [previous communications](#), the last date of service to submit **paper** claims for services provided to our BCCHP and MMAI members was Dec. 31, 2022. This applies to BCCHP and MMAI claims that don't require attachments for processing.

Effective for dates of service on or after Jan. 1, 2023, Blue Cross and Blue Shield of Illinois (BCBSIL) requires electronic submission of BCCHP and MMAI claims that don't require an attachment for processing. This change aligns with the Illinois Department of Healthcare and Family Services (HFS) transition toward paperless claim filing last year, as outlined in this [HFS provider notice](#) from November 2021.

Electronic claim filing offers greater security and accuracy of data, with faster processing and payment. Refer to our [Claim Submission page](#) for tips on how to get started with electronic claim filing. Also see the [Electronic Commerce page](#) for an overview of other electronic options, and visit the [Webinars and Workshops page](#) to sign up for a webinar. All of our trainings emphasize using electronic options before, during and after the claim submission process.

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CAHPS[®] Survey to Assess Medicare Advantage Members' Experiences

Every year, some Blue Cross and Blue Shield of Illinois (BCBSIL) members receive a survey to collect information about their experiences with their health care providers, their Blue Cross Medicare AdvantageSM plans and their prescription drug plans.

The Centers for Medicare & Medicaid Services (CMS) sends the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey to a random sample of our members from **March through June**. Members are asked to rate their last six months of care. If your patients receive a CAHPS survey, please encourage them to respond.

Why the CAHPS Survey Is Important

The survey identifies opportunities to improve member satisfaction. Results also affect the [CMS Star Ratings](#), which rate Medicare Advantage plans on a scale from one to five stars. Our goal is to achieve the highest possible Star Rating for our plans.

How can you help improve member experiences year-round?

Provide needed care quickly and coordinate care with specialists.

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care

Communicate clearly.

- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy.

- Recommend and/or administer the flu shot during flu season
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home

- Discuss the COVID-19 vaccine
- Screen members for risk factors, like tobacco use, and recommend appropriate lifestyle changes
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year

Learn more about the survey from [CMS](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

Prescription drug plan is provided by Blue Cross and Blue Shield of Illinois, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

HMO, HMO-POS and PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

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

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We're Piloting a Remote Patient Monitoring Program To Improve Health Outcomes

Blue Cross and Blue Shield of Illinois (BCBSIL) is piloting a remote patient monitoring program that uses state of the art technology to monitor physiologic data trends for select patients following discharge. Three Illinois hospitals are participating so far, two in Chicago and one in Springfield. The program is available to some of our commercial non-HMO, Illinois Medicaid, and Medicare Advantage PPO members.

How does the program work?

Upon discharge, eligible members receive a remote patient monitoring kit, which includes a wearable biosensor and other components. During the first 24-48 hours after discharge, physiological data for normalization (such as heart and respiratory rate, temperature and physical activity) is collected.

A baseline physiological profile is established using cloud-based analytics, and continuous monitoring populates a cloud-based dashboard. BCBSIL care coordinators periodically monitor dashboard trend indicators, which may predict declines in health status. The care coordinators respond to key changes in physiological data – which provide opportunities for intervention – over a 30-day period.

BCBSIL case managers may engage the member's physician or specialist for a virtual or in-person visit to evaluate and adjust treatment regimens, where appropriate. Working in conjunction with the member's health care team, BCBSIL case managers offer education and support to graduate the member out of the monitoring program.

Member Success Story

Pilot results to date have shown that remote patient monitoring can be effective in supporting improving patient outcomes and avoiding hospital readmissions. Here's an example of one member's experience:

- A 35-year-old female patient was discharged in stable condition with a congestive heart failure diagnosis.
- During the monitoring period, several trend alerts triggered signaling changes in activity level, respiratory rate, and other parameters
- BCBSIL care coordinators contacted the patient for interpersonal engagement.
- A discussion with the patient revealed that she hadn't filled her prescription and ran out of Lasix.
- BCBSIL care coordinators contacted the member's physician and arranged for auto-shipment of her medications.
- The member's physician increased Lasix for one dose, then had the patient return to her original dose.

- BCBSIL care coordinators followed up with educational resources to reinforce the importance of diet restrictions and medication adherence.
- The patient was successfully managed at home without an additional M.D. or ER visit, and without the need for hospitalization.

What's next?

This program creates the opportunity to evaluate the clinical/medical benefits of remote patient monitoring on specific diagnoses to yield decreases in hospitalizations, readmissions, ER visits, and poor health outcomes related to delays in care interventions.

BCBSIL will be contacting additional hospitals to participate. based on their interest in innovative approaches to post-discharge patient management and their volume of BCBSIL members.

More information may be published as the remote patient monitoring program is expanded. Continue to watch the *Blue Review* for updates on BCBSIL programs and initiatives.

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Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

Effective March 1, 2023, we will update select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90759 Current Procedural Terminology (CPT®) code ranges. Please note that not all CPT codes in this range will be affected.

FEE SCHEDULE UPDATE:

Effective June 1, 2023, BCBSIL will launch its annual update of the Schedule of Maximum Allowances (SMA) including Durable Medical Equipment (DME) supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services (CMS) to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2023, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPOSM fee schedules for professional providers. Providers may request fee schedules for this update starting May 30, 2023.

The information above is not intended to be an exhaustive listing of all changes. For more information on the above change(s), use our Fee Schedule Request Form and specifically request the updates on the codes listed in the *Blue Review*. Annual and quarterly fee schedule updates may be requested by using the Fee Schedule Request Form. The downloadable form is available on the [Forms page](#) on our Provider website. Professional providers participating in our Preferred Provider Option (PPO) and Blue Choice PPO networks may use the [Fee Schedule Listing tool](#) on [Availity® Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.

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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 and the products and services they offer.

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Reminder: CPT[®] Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (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.

CPT copyright 2022 AMA. All rights reserved. CPT is a registered trademark of the AMA.

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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