

Blue Cross and Blue Shield of Illinois Provider Manual

Coordinated Home Care Program

Verification of benefits and/or approval of services after prior authorization or predetermination are 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, copayments, coinsurance and deductibles, 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 as well as any pre-existing conditions waiting period, if any.

Coordinated Home Care Program

The BCBSIL Coordinated Home Care (CHC) Program is a program designed to help members maximize their benefits for home health care, when such benefits are available under the member's health benefit coverage. The program may be initiated by an inpatient facility to facilitate the early discharge of its patients into a program of home care. Such home care should be provided by an independently contracted participating provider which may be a hospital's duly licensed home health department or by other duly licensed home health agencies with which the inpatient facility may have referral arrangements. The covered person must require skilled nursing services on an intermittent basis under the direction of the covered person's physician. The program includes, but is not limited to, skilled nursing services by or under the supervision of a registered professional nurse, the services of physical, occupational and/or speech therapists and necessary medical supplies.

General Benefit Coverage Criteria

In order for services to be eligible for benefits under the CHC program, in most situations, the member must:

- Be under the care of a physician
- Have an active written treatment plan and orders from the physician
- Require skilled nursing services on an intermittent basis
- Receive care from a licensed home health agency
- Be recertified for continued care needed periodically by the attending physician

Exceptions to the General Benefit Coverage Criteria

- Some benefit plans require a prior hospital or skilled nursing facility stay.
- Benefit plans requiring a prior inpatient facility stay may have different requirements as to the time the first coordinated home care visit must occur.
- Benefits for any Covered Service are limited to that which is set forth in the member's policy certificate and/or benefits booklet and/or summary plan description.

Eligibility and benefits should be determined electronically via Availity® or the provider's preferred web vendor, or by calling the BCBSIL Provider Services at 800-972-8088 to utilize the automated Interactive Voice Response (IVR) phone system.

Providers may visit the Availity website to register or learn more about Availity's products and services. Providers also may contact Availity Client Services at 800-282-4548 for assistance.

Services normally considered eligible for benefits:

- Intermittent (one to two hours per visit) skilled nursing services by a registered nurse or a licensed practical nurse. Intermittent visits are not continuous care as rendered in private duty nursing. See Private Duty Nursing Note below.
- Physical, Occupational and Speech therapy
- Medical Social Services
- Medical supplies

Services not normally considered eligible for benefits:

- Services of a home health aide
- Private duty nursing (private duty nursing is defined as follows: Skilled nursing care provided in the patient's home on a one-to-one basis by an actively practicing RN or LPN under the direction of the attending physician.)
- Rental or purchase of Durable Medical Equipment (DME)
- **PHARMACEUTICALS, including but not limited to Specialty Pharmacy Drugs, Infused Drugs, Total Parenteral Nutrition (TPN) and Enterals Note:** all pharmaceuticals, including, but not limited to, specialty pharmacy drugs, infused drugs, total parenteral nutrition (TPN) and enterals, which are Covered Services pursuant to the Covered Person's Coverage Agreement ("Pharmaceuticals"), must be billed by the dispensing pharmacy to BCBSIL on a CMS-1500 claim form with appropriate Healthcare Common Procedure Coding System (HCPCS), National Drug Codes (NDCs) and units where appropriate.
- **Private Duty Nursing:** Private duty nursing is **not** a CHC benefit. However, some BCBSIL members may be eligible for private duty nursing under their benefit plan. Benefit coverage for private duty nursing is subject to the terms, conditions, limitations and exclusions of the member's health benefit plan. The provider must submit an electronic eligibility and benefits request or call the PTC at 800-972-8088 to verify if private duty nursing is a benefit. Private duty nursing **must** be billed under a National Provider Identifier (NPI) number using the CMS-1500 claim form.
- **Custodial care services** (services that do not require the technical skills or professional training of medical and/or nursing personnel in order to be safely and effectively performed) are not covered.

Discharge Planning Guidelines

When a member is discharged from an inpatient setting to coordinated home care setting, the transition of care must comply with the following guidelines:

- Obtain the physician's orders, plan of treatment and other pertinent documentation.
- The agency's utilization review (UR) staff should ensure that the member care being received meets the program criteria.
- Confirm eligibility and benefits electronically via a third-party vendor portal, or by calling the BCBSIL PTC.
- Obtain prior authorization/pre-certification as required.

Prior Authorization/Pre-certification

Prior Authorization/Pre-certification for CHC is required by most benefit plans. Since members receiving CHC services have generally been discharged from an inpatient facility hospital, and planning for CHC services is part of inpatient discharge planning, some case management may be performed by the BCBSIL Medical Management Department. Please refer to the Contacts and Resources section of this manual for information and procedures on prior authorization/pre-certification.

Electronic Prior Authorization (Availity® Authorizations) or Request, Verify or Obtain Prior Authorizations

Availity Authorizations tool is our online tool that allows the electronic submission of inpatient admissions and select outpatient services handled by BCBSIL. Additionally, providers can also check status on previously submitted requests and/or update applicable existing requests. For additional details, refer to the Availity Authorizations User Guide. Availity Authorizations is accessible to physicians, professional providers and facilities who have established a provider record with BCBSIL. For more information about the [Availity Authorizations tool](#), visit the Education and Reference Center/Provider Tools section of our website.

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HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM Pre-certification

The HMO member's Primary Care Physician (PCP) must authorize all home care referrals and must refer the member to a CHC provider within the independently contracted HMO network. A CHC provider that wishes to participate contractually as an HMO provider must have an executed agreement and meet all credentialing requirements which include current accreditation from a nationally recognized accrediting organization (Joint Commission, ACHC or CHAP) and licensed by the state as a Home Health Care Agency.

Billing Requirements

CHC bills must be submitted in the UB-04 format either electronically or on the paper claim form. The following data elements are specific to CHC. For complete details, providers should reference the [UB-04 Data Specifications Manual](#), available from the National Uniform Billing Committee.

Form Locator 4 Type of Bill	1st digit: Type of facility (3 = home health) 2nd digit Bill classification (2) 3rd digit: Frequency Examples: 321 for admit through discharge cycle billing 322 for 1st claim 323 for continuing claim 324 for last claim 325 for late charges 327 for replacement of prior claim
Form Locator 6 Statement Covers Period	Date for period of services (Continuing services should be billed at 30-day intervals, i.e., calendar months) Exceptions: Submit only one claim if the entire billing cycle is less than 40 days
Form Locator 15 Source of Admission	A code indicating the source of this admission (1 = physician referral)
Form Locator 17 Patient Status	Status code. Must be consistent with the Bill Type in Form Locator 4 (01 = discharge, 30 = still patient)

Institutional claims may be submitted electronically via the ANSI 837I transaction. Information on electronic [Claim Submission](#) is available in the Claims and Eligibility section of the BCBSIL Provider website. Providers may also contact the Electronic Commerce Center at 800-746-4614 for assistance.

Note: This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding guidelines and reference materials.

Mailing Address for Paper Claims

Blue Cross and Blue Shield of Illinois
 PO Box 660603
 Dallas, TX 75266-0603

Coordinated Home Care (CHC) Billing Example

1 A Home Health Agency 123 Main Street Anytown, IL 60000 312-123-4567										2 A Home Health Agency P.O. Box 123 My Town, IL 60000										3a PAT. CNTL. # 09917765 b. MED. REC. # 1234567					4 TYPE OF BILL 322																																																																																																																																																																																																		
8 PATIENT NAME a Doe, Jane										9 PATIENT ADDRESS a 456 Main Street										c IL d 60000 e 5999																																																																																																																																																																																																							
10 BIRTHDATE 08101961										11 SEX F										12 DATE 020119					13 HR 1					14 TYPE 1					15 SRC 30					16 DHR					17 STAT					18					19					20					21					22					23					24					25					26					27					28					29 ACDT STATE					30																																																																																																													
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42 RE V. CD. 270										43 DESCRIPTION Medical Supplies										44 HCPCS /RATE /HIPPS CODE 99341										45 SE RV. DATE 020119										46 SE RV. UNITS 5										47 TOTAL CHARGES 75 00										48 NON-COVERED CHARGES										49																																																																																																																																																					
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50 PAYER NAME Blue Cross 121										51 HEALTH PLAN ID										52 REL. INFO Y										53 ASG. BEN Y										54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56 NPI 0123456789										57 OTHER PRIV ID																																																																																																																																																					
58 INSURED 'S NAME Doe, Jane										59 P. REL 18										60 INSURED 'S UNIQUE ID XOM123456789										61 GROUP NAME XYZ Company										62 INSURANCE GROUP NO. M90026																																																																																																																																																																																			
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Blue Cross Secondary Billing

On the next page is an example of a claim where Blue Cross is secondary to another insurance carrier. It is a discharge claim, due to the Type of Bill in Form Locator 4 (324), and the Patient Status (01) in Form Locator 17.

Form Locator 39 Value Code A3 identifies other insurance and the dollar amount paid by the insurance primary to Blue Cross

Form Locator 50 Identifies payer information by line item:

Line A indicates Aetna is primary
Line B indicates Blue Cross is secondary

Form Locator 58 Identifies the insured's name:

Line A indicates the insured's name for Aetna
Line B indicates the insured's name for Blue Cross

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CHC Bill - Blue Cross is Secondary Billing Example

1 A Home Health Agency 123 Main Street Anytown, IL 60000 312-123-4567		2 A Home Health Agency P.O. Box 123 My Town, IL 60000		3a PAT. CNTL. # 09917765 b. MED. REC. # 1234567		4 TYPE OF BILL 324																
5 FE D. TAX. NO. 45123456				6 STATEMENT FROM 030119		7 COVERS PERIOD THROUGH 031819																
8 PATIENT NAME a Doe, Jane			9 PATIENT ADDRESS a 456 Main Street																			
b Anytown			c IL		d 60000		e 5999															
10 BIRTHDATE 08101961		11 SEX F	12 DATE OF BIRTH 010518		13 HR	14 TYPE 1	15 SRC 1	16 DHR	17 STAT 01	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
31 OCCURRENCE DATE 11 010519		32 OCCURRENCE DATE 16 031719		33 OCCURRENCE DATE 35 010719		34 OCCURRENCE DATE 17 020519		35 OCCURRENCE DATE 44 010819		36 OCCURRENCE FROM		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		
42 RE V. CD.		43 DESCRIPTION		44 HOPCS /RATE /HIPPS CODE		45 SE RV. DATE		46 SE RV. UNITS		47 TOTAL CHARGES		48 NON-CO VERIED CHARGES		49								
270		Medical Supplies						7		200.00												
421		Physical Therapy		97116				3		300.00												
431		Occupational Therapy		97535				3		300.00												
551		Skilled Nursing		99347		030119		1		100.00												
551		Skilled Nursing		99347		030519		1		100.00												
551		Skilled Nursing		99347		030819		1		100.00												
551		Skilled Nursing		99347		031419		1		100.00												
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50 PAYER NAME Aetna			51 HEA LTH PLAN ID		52 REL INFO Y		53 ASG BEN Y		54 PRIOR PAYMENTS 920.00		55 EST. AMOUNT DUE 380.00		56 NPI 0345678912		57 OTHER PR V ID							
58 INSURED 'S NAME Doe, Jane			59 P. REL 18		60 INSURED 'S UNIQUE ID 123456789		61 GROUP NAME XYZ Company		62 INSURANCE GROUP NO. P12345													
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63 TREA TMENT AUTHORIZA TION CODES				64 DOCUMENT CONTR OL NUMBER				65 EMPLOYER NAME														
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69 ADMIT DX C85.95		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECL		73								
74 PAL PROCEDURE CODE		DATE		a. OTHER PROCEDURE CODE		DATE		b. OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI 1234567890		QUAL						
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UB-04 CMS-1450

APPROVED OMB NO. 0938-0997

NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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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