April 2018

■ CMO Perspective

Getting the Conversation Started
This month, Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer introduces CMO Perspective: A new section of our monthly provider newsletter that will spotlight clinical programs and quality initiatives at Blue Cross and Blue Shield of Illinois (BCBSIL). Over the coming months, this section will feature fresh new Blue Review articles covering a variety of timely health care topics, all with the intention of opening the door to create a forum for discussion.

Focus on Behavioral Health

Billing and Reimbursement Reminders for Behavioral Health Providers
As a reminder, BCBSIL reimburses for covered services based on the type of rendering provider indicated on the claim. Claims submitted for services rendered by a licensed clinician should always be billed under the rendering provider’s National Provider Identifier (NPI).

Join Us for a Webinar to Learn More About Our New Medicaid Product
BCBSIL is hosting a series of webinars for behavioral health/medical providers to introduce you to our new Medicaid product, Blue Cross Community Health Plans™ (BCCHP™). Each one-hour session will feature an overview of the product, member criteria, enrollment process, care coordination, contact and inquiries process, provider trainings, appeals and grievances, critical incidents, provider responsibilities and more.
Wellness and Member Education

HPV Vaccination Rates on the Rise but Still Far Behind Meningococcal and Tdap

The most recent Health of America report titled, Adolescent Vaccination Rates In America, focuses on three vaccines recommended by the Centers for Disease Control and Prevention (CDC) for adolescents: human papillomavirus (HPV), meningococcal and tetanus, diphtheria and pertussis (Tdap). The national report found that while the meningococcal and Tdap vaccination rates in 2016 were 78 percent and 84 percent, respectively, the HPV vaccination rate was only 34 percent.

Pharmacy Program

BCBSIL Approves Coverage of New Shingles Vaccine Shingrix

BCBSIL now covers Shingrix, a new two-dose vaccine approved by the U.S. Food and Drug Administration (FDA) in October 2017, for reducing shingles and related nerve pain. Until recently, the only vaccine available for shingles was Zostavax, which is 51 percent effective. Clinical trials show Shingrix is 91 percent effective.

Clinical Updates, Reminders and Resources

Reminder: A Second Surgical Opinion is Required for City of Chicago BCBSIL Members

BCBSIL members with the City of Chicago alpha prefix CTY on their member ID cards and the group numbers 195500, 195501 or 195502 are required to call Telligen to obtain a second surgical opinion before having certain scheduled surgeries. Once the member calls Telligen to start the second surgical opinion review, the process typically takes at least three weeks to complete.

Claims and Coding

Code-Auditing Software Validates Modifiers on Claims

In November 2017, an enhancement was made to our code-auditing software to validate modifiers included on claims submitted to BCBSIL. This enhancement was announced in the August 2017 issue of the Blue Review.
Provider Education

Provider Learning Opportunities
BCBSIL provides complimentary educational workshops and webinars with an emphasis on electronic transactions, provider tools and helpful online resources. A list of upcoming training sessions is included in this month’s issue.

Read More

Making the Health Care System Work Better, Together
BCBSIL has an insider’s view of how providers, hospitals, employers and other stakeholders depend on one another to support access to affordable, quality health care that may help people live healthy, productive lives. We’re using this unique insight to work with businesses and thought leaders, inside and outside of our organization, to explore ways we can all work together to help make the health care system work better for everyone.

Read More

Refer to the BlueCard® Program Manual for Out-of-area Member Guidelines
Remember to refer to the BlueCard Program Provider Manual for important information to assist you when you are providing care and services to out-of-area Blue Plan members. The manual includes information on how the BlueCard program works, how to identify BlueCard members, claim filing guidelines, key contacts, answers to frequently asked questions, a glossary of BlueCard terms and more.

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Notification and Disclosure

ClaimsXten™ Quarterly Updates
New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor.

Read More

Medical Policy Updates
Approved, new, or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. These policies may impact your reimbursement and your patients’ benefits.

Read More
Quick Reminders

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

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

Provider Training
For dates, times and online registration, visit the Workshops/Webinars page.

Print this month’s newsletter in its entirety.

Contact Us
Questions? Comments? Send an email to our editorial staff.
April 2018

Getting the Conversation Started

Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer

I am pleased to introduce a new section of our monthly provider newsletter to spotlight clinical programs and quality initiatives at Blue Cross and Blue Shield of Illinois (BCBSIL). Over the coming months, this section will feature fresh new Blue Review articles covering a variety of timely health care topics, all with the intention of opening the door to create a forum for discussion. I recognize many of the challenges you may be facing as providers and the power of collaboration. Let’s begin a dialogue, via this newsletter, to explore new initiatives, programs and issues that may affect your practice.

You can expect articles in this section to be clear and concise. Articles may include links to helpful resources for more information along with tips on what you can do to take action. In some articles, you’ll be introduced to our BCBSIL medical directors who work directly with network partners or employer groups, to give client and provider insights from the field. In this way, I hope to offer content that is timely and relevant while also addressing some of the questions, concerns and suggestions presented recently by you or your peers.

Here are examples of topics to watch for:

- Opioids: New Perspectives in the Battle Against Overuse and Potential Abuse
- Health Equity: Health Care Disparities and Quality Measures
- Bringing Women’s Health Screenings into the Spotlight
- Behavioral Health: The Pediatric Provider Shortage
- Raising Patient Awareness of Proper Drug Disposal
- Clinical Data Tools and Resources for Providers

As the health care landscape continues to change, it is imperative that we work together as a team, with the common goal of supporting the best possible outcomes for our shared customers: our members, your patients. I look forward to connecting with you and keeping the conversation going through this new section of our provider newsletter.
April 2018

Billing and Reimbursement Reminders for Behavioral Health Providers

As a reminder, Blue Cross and Blue Shield of Illinois (BCBSIL) reimburses for covered services based on the type of rendering provider indicated on the claim. Claims submitted for services rendered by a licensed clinician should always be billed under the rendering provider’s National Provider Identifier (NPI).

Fee Differentials
The provider types listed below will have the differentials applied to the Schedule of Maximum Allowance (SMA) as noted:

<table>
<thead>
<tr>
<th>100% of the SMA</th>
<th>85% of the SMA</th>
<th>85% of the 20% of the SMA</th>
<th>70% of the SMA</th>
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</thead>
<tbody>
<tr>
<td>● Physician</td>
<td>● Psychologist</td>
<td>● Certified Surgical Assistant</td>
<td>● Licensed Clinical Social Worker</td>
</tr>
<tr>
<td></td>
<td>● Certified Nurse Specialist</td>
<td>● Physician Assistant (when performing assist at surgery)</td>
<td>● Licensed Clinical Professional Counselor</td>
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<tr>
<td></td>
<td>● Certified Nurse Practitioner</td>
<td></td>
<td>● Licensed Marriage and Family Therapist</td>
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<td></td>
<td>● Certified Registered Nurse Anesthetist</td>
<td></td>
<td>● Dietician</td>
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<tr>
<td></td>
<td>● Certified Nurse Midwife</td>
<td></td>
<td>● Board Certified Behavior Analyst</td>
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<tr>
<td></td>
<td>● Physician Assistant</td>
<td></td>
<td>● Licensed Social Worker</td>
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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.
April 2018

Join Us for a Webinar to Learn More About Our New Medicaid Product

Blue Cross and Blue Shield of Illinois (BCBSIL) is hosting a series of webinars for behavioral health/medical providers to introduce you to our new Medicaid product, Blue Cross Community Health PlansSM (BCCHP™).

Each one-hour session will feature an overview of the product, member criteria, enrollment process, care coordination, contact and inquiries process, provider trainings, appeals and grievances, critical incidents, provider responsibilities and more.

These webinars are intended for the following provider types:

- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Medical Group/Independent Practice Association (MG/IPA)
- Primary Care Physician (PCP)
- School Based Clinic (SBC)
- Specialist
- Community Mental Health Center (CMHC)
- Division of Alcohol and Substance Abuse (DASA)
- Long Term Supports and Services (LTSS)

Webinars are conducted according to provider type. The schedule of April 2018 webinars is included below – select the date and time of your preferred session to register online now.

<table>
<thead>
<tr>
<th>BCCHP Webinars for Behavioral Health/Medical Providers</th>
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</thead>
<tbody>
<tr>
<td><strong>Session for FQHC, RHC, MG/IPA, PCP, SBC and Specialist provider types:</strong></td>
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<tr>
<td>April 10, 2018 – 9 to 10 a.m.</td>
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<tr>
<td><strong>Sessions for CMHC, DASA, LTSS provider types:</strong></td>
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<tr>
<td>April 4, 2018 – 9 to 10 a.m.</td>
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<tr>
<td>April 18, 2018 – 9 to 10 a.m.</td>
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</tbody>
</table>
For dates and times of additional online training sessions that may be of interest to you and your staff, refer to the Webinars page in the Education and Reference Center of our Provider website.
April 2018

HPV Vaccination Rates on the Rise but Still Far Behind Meningococcal and Tdap

The most recent Health of America report titled, Adolescent Vaccination Rates In America, focuses on three vaccines recommended by the Centers for Disease Control and Prevention (CDC) for adolescents: human papillomavirus (HPV), meningococcal and tetanus, diphtheria and pertussis (Tdap).1

The national report found that while the meningococcal and Tdap vaccination rates in 2016 were 78 percent and 84 percent, respectively, the HPV vaccination rate was only 34 percent. This is significant considering the completion of the HPV vaccine regime for adolescents is a crucial step to protect against future infections, as the CDC estimates 31,500 deaths from cancers relating to the HPV virus occur each year.2

Between 2010 and 2016, HPV vaccination rates have risen substantially, but still only 22.5 percent of adolescents in Illinois received a first dose of the vaccine by their 13th birthday, according to the seven-year study of medical claims by the Blue Cross Blue Shield Association (BCBSA).* Nationally, 29 percent of Blue Cross and Blue Shield (BCBS) commercially insured adolescent members received an initial dose of the CDC-recommended HPV vaccination during the same time period.

Illinois’ first-dose HPV-vaccination rates increased from 16.8 percent for adolescents born in 2000 (who turned 13 years old in 2013) to 28.5 percent for adolescents born in 2003 (who turned 13 years old in 2016). Despite the growth, HPV vaccination lags behind other adolescent vaccines in Illinois, where 69 percent of adolescents in 2016 received the meningococcal vaccine and 85.2 percent received the Tdap vaccine.

How can you help?
You may be the biggest influence on whether your patients receive immunizations and stick to the recommended schedule. You have the opportunity to help increase the HPV vaccination rate by following five researched and expert-based strategies listed in the HPV Vaccine May Help Prevent Some Cancers article published in the March Blue Review.

The study also found that:

- Only 7.9 percent of Illinois adolescents completed the full three-dose HPV regimen by age 13 in 2016. The national average is nine percent.**
- In Illinois metropolitan statistical areas, 29 percent of adolescents received a dose of HPV vaccine in Chicago, 33.7 percent in Springfield and 12.4 percent in Kankakee in 2016.
In Illinois, 31.7 percent of girls received a dose of HPV vaccine compared to 25.4 percent of boys in 2016. Nationally, 37 percent of girls received a dose of HPV vaccine compared to 32 percent of boys in 2016.

Nationally, first-dose HPV-vaccination rates in 2016 were nearly the same for adolescents who live in both urban (35 percent) and rural areas (34 percent), but adolescents who reside in urban areas received significantly higher rates of meningococcal and Tdap vaccinations.

This is the eighteenth 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. The analysis was performed by, and also includes, medical claims data from HealthCore, a wholly owned and independently operated health outcomes subsidiary of Anthem, Inc.

* Study includes continually insured members. All adolescents considered in this study were born between the years 2000 and 2003, and thereby were ages 10 through 12 from the years 2010 through 2016.

** In October 2016, the CDC changed the adolescent HPV vaccination recommendation from three to two doses, starting the vaccine series before the child’s 15th birthday. The report defines a completed regimen of three doses. The second dose of the HPV vaccine should be given six to twelve months after the first dose. It is recommended for teens and young adults who start the series at ages 15 through 26 to complete three doses of the HPV vaccine.


The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.
April 2018

**BCBSIL Approves Coverage of New Shingles Vaccine Shingrix**

Blue Cross and Blue Shield of Illinois (BCBSIL) now covers Shingrix, a new two-dose vaccine approved by the U.S. Food and Drug Administration (FDA) in October 2017, for reducing shingles and related nerve pain. Until recently, the only vaccine available for shingles was Zostavax, which is 51 percent effective. Clinical trials show Shingrix is 91 percent effective.

For immunocompetent adults ages 50 and older, the Advisory Committee on Immunization Practices (ACIP) recommends Shingrix over Zostavax.\(^1\) They also recommend that immunocompetent adults who have already had Zostavax also get Shingrix.\(^1\)

BCBSIL covers two doses of Shingrix administered to patients ages 50 and older, even if they have already received Zostavax based on current ACIP recommendations. It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering this vaccine to BCBSIL members. Checking eligibility and benefits electronically through Availity™, or your preferred vendor portal, is strongly encouraged.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Shingrix</th>
<th>Zostavax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage schedule</strong></td>
<td>Two doses (second dose 2-6 months later)</td>
<td>One dose</td>
</tr>
<tr>
<td><strong>Vaccine description</strong></td>
<td>Recombinant, adjuvanted</td>
<td>Live-attenuated</td>
</tr>
<tr>
<td><strong>FDA recommended age</strong></td>
<td>Adults 50 and older even if previously vaccinated with Zostavax</td>
<td>Adults 50 and older</td>
</tr>
<tr>
<td><strong>Overall efficacy by year 3(^*)</strong></td>
<td>91%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Administration site</strong></td>
<td>Intramuscular</td>
<td>Subcutaneous</td>
</tr>
<tr>
<td><strong>CPT(^®) code</strong></td>
<td>90750 - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit,</td>
<td>90736 - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection</td>
</tr>
</tbody>
</table>
*Zostavax and Shingrix prescribing information

For more information on Shingrix, see the Centers for Disease Control and Prevention's Jan. 26, 2018, edition of Morbidity and Mortality Weekly Report. Refer to the FDA-approved prescribing information for Shingrix.

This information does not apply to HMO member claims.


Third party brand names are the property of their respective owners.
The listing of any particular drug or classification of drugs is not a guarantee of benefits. The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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.

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April 2018

Reminder: A Second Surgical Opinion is Required for City of Chicago BCBSIL Members

Blue Cross and Blue Shield of Illinois (BCBSIL) members with the City of Chicago alpha prefix CTY on their member ID cards and the group numbers 195500, 195501 or 195502 are required to call Telligen to obtain a second surgical opinion before having any of the scheduled surgeries listed below. Once the member calls Telligen to start the second surgical opinion review, the process typically takes at least three weeks to complete.

This requirement applies to scheduled surgeries in the following areas:

- Hip/knee/shoulder
- Neck/back/spine
- Gallbladder
- Uterine/vagina/cervix
- Gastric bypass

This requirement does not apply to surgical procedures performed if the member was admitted through the emergency room for emergency surgery.

Although it is the member’s responsibility to obtain the second opinion, a provider may contact Telligen to start the second opinion process. The provider is responsible for obtaining preauthorization for medical necessity for the surgery.

While there is no charge for the second opinion and the member is not expected to travel or be examined to complete the review, if Telligen is not contacted before the scheduled surgery, BCBSIL will not cover the surgical expenses and the member will be responsible for those expenses. The second opinion review process takes at least three weeks to complete.

The benefit of this requirement is that the member will receive a confidential written report of the second opinion related to the proposed surgery. The member makes the final decision on how to proceed with the proposed treatment plan. Telligen will not share any information with the City of Chicago, the member’s treating physician or BCBSIL other than to verify that the member met the requirement of the second surgical opinion. Members may call Telligen at 800-373-3727.

Always refer to the member’s ID card to verify prior benefit authorization requirements and appropriate contact information. Checking eligibility and benefits electronically through Availity™, or your preferred web vendor portal is strongly encouraged.
Telligen is an independent company that provides Utilization Review/Case Management/Disease Management/Maternity Management to BCBSIL. Telligen is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Telligen.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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.

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**Code-Auditing Software Validates Modifiers on Claims**

In November 2017, an enhancement was made to our code-auditing software to validate modifiers included on claims submitted to Blue Cross and Blue Shield of Illinois (BCBSIL). This enhancement was announced in the August 2017 issue of the *Blue Review*.

According to Current Procedural Terminology (CPT®) coding guidelines, a modifier provides the means to report or indicate that a service or procedure that was performed was affected by some specific circumstance but not necessarily changed per the definition of the code.

The new logic implemented by BCBSIL in November 2017 assesses modifiers submitted on claims to help confirm appropriate use.

- Each review is member-specific and relevant information is compiled to determine if modifiers submitted can be validated.
- If any modifiers cannot be validated, the claim line will be denied.
- If the claim line is denied, the provider may use the Claim Inquiry Resolution (CIR) tool, accessible via the Availity™ web portal, to submit medical records for further review. Providers who do not have online access may use the appropriate claim review form, available in the Education and Reference Center/Forms section of our Provider website.

*The information referenced above does not apply to government programs claims.*

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) provides complimentary educational workshops and webinars with an emphasis on electronic options that can help create administrative efficiencies for the independently contracted providers who conduct business with us. A snapshot of upcoming training sessions is included below. For additional information, refer to the Workshops/Webinars page in the Education and Reference Center on our Provider website.

<table>
<thead>
<tr>
<th>BCBSIL WEBINARS</th>
<th>Dates:</th>
<th>Session Times:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BCBSIL Back to Basics: ‘Availity™ 101’</strong>&lt;br&gt;Join us for a review of electronic transactions, provider tools and helpful online resources.</td>
<td>April 3, 2018&lt;br&gt;April 10, 2018&lt;br&gt;April 17, 2018&lt;br&gt;April 24, 2018</td>
<td>11 a.m. to noon</td>
</tr>
<tr>
<td><strong>Introducing Remittance Viewer</strong>&lt;br&gt;Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.</td>
<td>April 12, 2018</td>
<td>11 a.m. to noon</td>
</tr>
<tr>
<td><strong>iExchange® Training: New Enrollee Training</strong>&lt;br&gt;Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</td>
<td>April 19, 2018</td>
<td>11 a.m. to noon</td>
</tr>
<tr>
<td><strong>Blue Cross Community Health PlansSM Webinars for Behavioral Health/Medical Provider</strong>&lt;br&gt;Learn about our new 2018 Medicaid product</td>
<td>For FQHC, RHC, IPA, PCP,</td>
<td>9 to 10 a.m.</td>
</tr>
<tr>
<td>Provider Types</td>
<td>Webinar Information</td>
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<tr>
<td>Community Mental Health Centers (CMHC), Division of Alcohol and Substance Abuse (DASA), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Medical Group/Independent Practice Association (MG/IPA), Long Term Supports and Services (LTSS), Primary Care Physician (PCP), School Based Clinic (SBC), Specialist</td>
<td>Specialist, SBC Provider Types: April 10, 2018 For CMHC, DASA, LTSS Provider Types: April 4, 2018 April 18, 2018</td>
<td></td>
</tr>
</tbody>
</table>
| Blue Cross Community Health Plans Webinars for Ancillary Providers | Learn about our new 2018 Medicaid product
This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Specialized Mental Health Rehab Facility (SMHRF), Supportive Living Facilities (SLF), Home Health, Hospice, Durable Medical Equipment (DME), Home Infusion, Dialysis | LTC, SMHRF, SLF Provider Types: April 10, 2018 April 24, 2018 Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types: April 10, 2018 April 24, 2018 |

**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 at [availity.com](http://availity.com) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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Making the Health Care System Work Better, Together

Blue Cross and Blue Shield of Illinois (BCBSIL) has an insider’s view of how providers, hospitals, employers and other stakeholders depend on one another to support access to affordable, quality health care that may help people live healthy, productive lives. We’re using this unique insight to work with businesses and thought leaders, inside and outside of our organization, to explore ways we can all work together to help make the health care system work better for everyone.

View this video to learn more about Making the Health Care System Work℠, the online magazine we created to raise awareness through articles and stories on a variety of topics. We invite you to join us and help grow the conversation by reading and sharing these online articles and stories.

- **Subscribe:** Visit us online to subscribe for updates from Making the Health Care System Work delivered to your inbox.
- **Share:** Share information on Facebook, Twitter and LinkedIn with the hashtag #MHCSW, or email links directly from the online magazine site.

We will continue to include periodic spotlight articles in our Blue Review to call your attention to specific stories from our online magazine that may be of interest to you and your patients. Thank you, as always, for your readership, interest and participation as a network provider.

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Refer to the BlueCard® Program Manual for Out-of-area Member Guidelines

Remember to refer to the BlueCard Program Provider Manual for important information to assist you when you are providing care and services to out-of-area Blue Plan members. The manual includes information on how the BlueCard program works, how to identify BlueCard members, claim filing guidelines, key contacts, answers to frequently asked questions, a glossary of BlueCard terms and more.

Examples of sections included in the manual are as follows:

- BlueCard Program Advantages for Providers
- Coverage and Eligibility Verification
- Electronic Provider Access
- Ancillary Claims
- Contiguous Counties/Overlapping Service Areas

The BlueCard Program Provider Manual is available on the BlueCard Program page in the Standards and Requirements section of our Provider website. We encourage you to become familiar with the procedures and guidelines in this helpful resource.
ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this additional data to the BCBSIL claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSIL Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSIL Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool. Refer to the Clear Claim Connection page in the Education and Reference Center/Provider Tools section of our Provider website for additional information on gaining access to C3, as well as answers to frequently asked questions about ClaimsXten. Updates may be included in future issues of the Blue Review. It is important to note that C3 does not contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSIL. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.

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Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our website at bcbsil.com/provider the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients’ benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our Provider website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our Provider website. Select “View all Active and Pending Medical Policies.” After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies that are under development or are in the process of being revised by selecting “View and comment on Draft Medical Policies.” After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select “Comments” to submit your feedback to us.

Please visit the Standards and Requirements/Medical Policy section of our Provider website for access to the most complete and up-to-date medical policy information.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient’s health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.