

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

April 2020

## ■ What's New

### **Watch for Our *Blue Review* Special Edition: COVID-19, Coming Soon**

Blue Cross and Blue Shield of Illinois (BCBSIL) stands ready to support providers and federal, state and local public health organizations in serving our members, their families and others in the community throughout the COVID-19 pandemic. We want to keep you informed of changes that may affect the way you do business with us, so please watch for our *Blue Review* Special Edition: COVID-19 newsletter, coming soon. It will include some of the latest updates from BCBSIL, as well as links to resources to help you when you are caring for our members, your patients. In the meantime, continue to get the latest information on our [News and Updates](#) page.

### **Health Equity and Social Determinants of Health: New Resources for Providers**

In the first quarter of 2020, we added some new features to the [Health Equity and Social Determinants of Health \(SDoH\)](#) section on our Provider website.

[Read More](#)

## ■ CMO Perspective

### **Blue University<sup>SM</sup> Follow-up: Local Team Puts Chicago on Safer Childbirth Cities Map**

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses our recent collaboration with Merck for Mothers, a division of Merck & Co, to present a free webinar on March 4, 2020, about the Safer Childbirth Cities Initiative.

[Read More](#)

## ■ Clinical Updates, Reminders and Related Resources

### **Imaging Providers: Gain Visibility with OptiNet®**

OptiNet is an online assessment tool developed by AIM Specialty Health® (AIM) to collect modality-specific data from imaging providers. We introduced this tool in 2011, as an enhancement to our Radiology Quality Initiative (RQI) program, which AIM administers for BCBSIL.

[Read More](#)

### **Physical Medicine Utilization Management Program: 2020 Group Number Updates**

BCBSIL has a PPO utilization management (UM) program for outpatient physical medicine, which includes physical therapy, occupational therapy and chiropractic services.

[Read More](#)

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## ■ Electronic Options

### **Check Eligibility and Benefits: Don't skip this important first step!**

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

[Read More](#)

### **Reminder: New BCBSIL Electronic Commercial Claim Validation Edits, Effective April 1, 2020**

Starting **April 1, 2020**, BCBSIL began implementing enhancements to our electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).

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## ■ Focus on Behavioral Health

### **iExchange® Deactivating on April 15, 2020 – Use the Availity® Authorizations Tool**

Our current electronic benefit preauthorization submission tool, iExchange, will be deactivated on April 15, 2020. As of this date, all electronic benefit preauthorization requests handled by BCBSIL should be submitted using the Availity Authorizations tool. This includes benefit preauthorization requests for inpatient admissions and select outpatient services handled by BCBSIL. **Additionally, behavioral health services that require benefit preauthorization handled by BCBSIL may now be submitted online via the Availity Authorizations tool.**

[Read More](#)

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## ■ Claims and Coding

### **Three New ClaimsXten™ Rules to be Implemented in June 2020**

We will soon update the ClaimsXten software database to better align coding with the reimbursement of claim submissions. On or after **June 15, 2020**, we will implement three new rules, as follows: Revenue Codes Requiring Healthcare Coding System (HCPCS) Codes; Lifetime Event; and Multiple Medical Same Day Visits.

[Read More](#)

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## ■ Quality Improvement and Reporting

### **Urologist Sentenced to Nearly Six Years in Prison for Fraudulent Billings**

A urologist was sentenced in February 2020 to 71 months in federal prison for submitting fraudulent billings totaling more than \$700,000 to Medicare for medically unnecessary and nonexistent treatments and services.

[Read More](#)

### **Has your information changed? Let us know!**

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

[Read More](#)

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## ■ Provider Education

### **Provider Onboarding Form Training**

This year, we're hosting new training sessions to help commercial PPO providers effectively navigate our online Provider Onboarding Form.

[Read More](#)

### **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](#)

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## ■ Notification and Disclosure

### Important Dates and Reminders

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

### Medical Policy Updates

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

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### 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](#).

## bcbsil.com

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## Health Equity and Social Determinants of Health: New Resources for Providers

In December 2019 we launched a [Health Equity and Social Determinants of Health \(SDoH\)](#) section on our Provider website as part of our ongoing work with you to help improve member and community health outcomes by centralizing resources and tools.

In the first quarter of 2020, we added some new features to keep the website content fresh. We encourage you to check them out and give us your feedback.

- **Safer Childbirth Cities Webinar Recording** – Did you attend the webinar we offered on March 4, 2020? If not, be sure to [watch the recording](#). Also read this month's [Blue University<sup>SM</sup> follow-up article](#) for a summary.
- **ICD-10 Z Code Billing Information** – To better track and address the social needs of our members, we invite you to add SDoH ICD-10 Z codes on the claims you submit to us. [Check out the new flyer](#).
- **Health Equity Provider Survey** – We'd like to hear from you. *Where are you in your health equity journey? What challenges are you facing? What successes have you achieved?* Your input will help us continue to enhance our website and other communications. [Please complete our brief survey now](#).

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## Blue University<sup>SM</sup> Follow-up: Local Team Puts Chicago on Safer Childbirth Cities Map

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

We're committed to continuing the conversation after each Blue University event we host. For example, you may have attended our most recent Blue University event on Nov. 22, 2019, titled, Addressing the Maternal and Infant Health Crisis Through a Health Equity Lens. As a follow-up to this event, we published a recap in our [January 2020 Blue Review](#). We also collaborated with Merck for Mothers, a division of Merck & Co, to present a free webinar on March 4, 2020, to discuss the [Safer Childbirth Cities Initiative](#).

Jacquelyn Caglia, director of Merck for Mothers Global Communications and U.S. Programs, opened the presentation on March 4. Merck for Mothers is a \$500 million initiative to help "create a world where no woman has to die giving birth." But, as Ms. Caglia emphasized, there's no one-size-fits all approach across all populations – rather, the key to success is finding "local solutions to local problems." One such solution is the Safer Childbirth Cities Initiative, which aims to support implementation of evidence-based interventions and innovative approaches to reverse maternal health trends in the U.S.

Chicago's Safer Childbirth Cities Initiative project was developed and implemented by two community-based organizations: AllianceChicago and EverThrive Illinois. Together, these organizations are driving the **Chicago Collaboration for Maternal Health** project.

Lisa Masinter, M.D., MPH, M.S., is the director of research for [AllianceChicago](#), and spoke next on our March 4 webinar. Dr. Masinter described AllianceChicago as a network of 74 health centers across 20 states. This network works together as part of the organization's mission "to improve personal, community and public health through innovative collaboration."<sup>1</sup> Dr. Masinter emphasized that collaboration is critical. While there are many initiatives related to maternal health, awareness among parallel initiatives helps create a united front to combat the crisis from multiple angles.

In laying the groundwork for the Chicago Collaboration for Maternal Health project, Dr. Masinter noted the importance of using data and maximizing on successes achieved by other organizations and initiatives. She referenced the Illinois Department of Public Health (IDPH) Maternal Mortality Review Committee (MMRC) findings from the 2019 Maternal Morbidity and Mortality Report. It shows that, for pregnancy-related deaths, non-Hispanic black women were six times

more likely to die, 72% of deaths were preventable, over 30% occurred postpartum, and most deaths occurred in the Chicago area. Local stats from the Chicago Department of Public Health (CDPH) reflect the IDPH findings overall, with added insights into adequacy of prenatal care, as well as the impact of pre-term delivery and issues related to low birth weights.

With a steering committee that includes IPDH, CDPH and other organizations, together with key advisors, such as the Illinois Perinatal Quality Collaborative (ILPQC), University of Illinois at Chicago, women with lived experiences, and several subcommittees, the Chicago Collaboration for Maternal Health project has three aims that will be rolled out over the course of three years.

- **Aim 1: Quality** – Develop a quality improvement (QI) collaborative for ambulatory care providers focused on best practices in maternal health for systems and culture change.
- **Aim 2: Community** – Implement a community engagement effort that informs families and social service providers about maternal morbidity and mortality prevention.
- **Aim 3: Policy** – Develop, advance, and implement policies that improve maternal health and support the sustainability of provider and community initiatives.

For Aim 1, Dr. Masinter noted that the project team isn't looking to reinvent the wheel. As a guiding principle, they are leveraging expertise from the ILPQC due to successful programs such as the Severe Maternal Hypertension initiative. Concurrent with this initiative, the severe maternal morbidity rate among women experiencing hypertension at delivery between 2015 and 2017 was reduced by half.<sup>2</sup> The Chicago Collaboration for Maternal Health project will focus on providing QI support through collaborative learning, rapid response data and evidence-based initiatives so all patients can receive the same quality of care. Among other activities, the project team will develop a toolkit to support its cohort of participants.

Heidi Ortolaza-Alvear, deputy director of strategy and impact for [EverThrive Illinois](#), continued the presentation with a discussion of the second and third aims of the Chicago Collaboration for Maternal Health project. An obstetrician/gynecologist, also trained in public health research, Dr. Ortolaza-Alvear described EverThrive Illinois as an organization that for more than 30 years has worked with women and families to improve health across all phases of life. The organization also offers resources for providers, such as a [Perinatal Education Toolkit](#).<sup>3</sup>

For Aim 2 of the Chicago Collaboration for Maternal Health project, Dr. Ortolaza-Alvear explained that a community outreach team seek input from area organizations and gather individuals with lived experiences to build a community expert committee. This committee will help shape the initiative with innovative ideas, such as educational baby showers. Aim 3 strategies will focus on creating awareness among key stakeholders and policy makers, building champions – spokespersons who can share their own experiences and lessons learned, and advocating for bold changes that support providers as well as patients.

During a brief question and answer session, webinar participants offered several important topics and ideas for discussion, with an emphasis on potential behavioral health-related gaps in care. While the Chicago Collaboration for Maternal Health project will be targeted, involving specific providers in communities of focus, the presenters emphasized their interest in engaging with all providers to share experiences and increase awareness. They affirmed that behavioral health concerns will certainly be a huge part of their quality initiative, once input from the community and clinical stakeholders is gathered. Following the lead of examples such as the CDPH Family Connects Chicago model,<sup>4</sup> the goal is to help support implementation of and access to standardized care – such as depression screening and linkage to care postpartum – for all women and their families.

For more information, [watch the recording of the March 4, 2020, Safer Childbirth Cities Initiative webinar](#).

The topic of maternal and infant health is a priority for all of us and a shared effort is needed to succeed in reversing the trend. BCBSIL is engaged in supporting initiatives to increase awareness and find ways to help close the gap in health disparities and improve maternal and infant birth outcomes in our communities. We invite you to visit the [Health Equity and Social Determinants of Health \(HE and SDoH\) section](#) of our Provider website for updates, resources and ways to take action. If you have questions, comment or ideas you'd like to share related to maternal health or other areas of concern, we encourage you to [complete our three-question survey](#). Your input will help us plan for upcoming Blue University events, *Blue Review* articles and other activities and communications.

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

<sup>1</sup> AllianceChicago, Mission + History + Values. Accessed March 9, 2020, at <https://alliancechicago.org/mission-history/>.

<sup>2</sup> ILPQC, Quality Improvement Initiatives, Severe Maternal Hypertension. Accessed March 10, 2020, at <https://ilpqc.org/severe-maternal-hypertension/>.

<sup>3</sup> EverThrive Illinois, Learn About Our Work, Maternal and Infant Mortality. Health Choices, Healthy Futures Perinatal Education Toolkit. Accessed March 9, 2020, at <https://www.everthriveil.org/initiatives/maternal-infant-mortality>.

<sup>4</sup> Healthy Chicago Babies, Family Connects Chicago. Accessed March 10, 2020, at <https://www.healthychicagobabies.org/family-connects/>.

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. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## Imaging Providers: Gain Visibility with OptiNet<sup>®</sup>

OptiNet is an online assessment tool developed by AIM Specialty Health<sup>®</sup> (AIM) to collect modality-specific data from imaging providers. We introduced this tool in 2011, as an enhancement to our Radiology Quality Initiative (RQI) program, which AIM administers for Blue Cross and Blue Shield of Illinois (BCBSIL). Areas of assessment include staff qualifications and equipment accreditation. The OptiNet assessment process helps facilitate the provision of accurate and consistent information, when needed, to help promote patient safety, accessibility of care and cost effectiveness.

### High-tech Imaging Provider Reminder

If you bill BCBSIL for the technical component of Computed Tomography (CT/CTA), Magnetic Resonance Imaging (MRI/MRA), Nuclear Cardiology or Positron Emission Tomography (PET), **it's very important that you complete the OptiNet assessment.** Assessment data is analyzed to determine a modality score (represented by a letter grade) for each modality you register. High-tech service provider modality scores are available to ordering providers via AIM's online directory.

### If you don't complete the OptiNet assessment:

- Your facility may not appear in AIM's online directory for ordering providers to select from during the RQI process.
- Your facility may not be among the options suggested to members as part of AIM's national Specialty Care Shopper program.
- Your facility may not be among those available for upcoming initiatives.

For more information, including a link to access the [OptiNet Assessment Tool](#), visit the [Provider Tools page](#) on our website. The information on OptiNet is based on information given by high- and low-tech imaging service providers. Providers may update their information in OptiNet at any time, as needed.

AIM Specialty Health (AIM) is an operating subsidiary of Anthem and an independent third party vendor that is solely responsible for its products and services. OptiNet is a registered trademark of AIM. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services offered by such vendors, you should contact the vendors directly.

Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized/pre-notified or an RQI number has been issued 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. **Certain employer groups may require preauthorization/pre-notification for imaging services from other vendors. If you have any questions, please call the number on the back of the member's ID card.**

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## Physical Medicine Utilization Management Program: 2020 Group Number Updates

Blue Cross and Blue Shield of Illinois (BCBSIL) has a PPO utilization management (UM) program for outpatient physical medicine, which includes physical therapy, occupational therapy and chiropractic services. This program is part of our commitment to help our members get the right care at the right time and place.

This physical medicine UM program has been in place for City of Chicago PPO members for several years. It was expanded as of Jan. 1, 2017, to include chiropractic services for Indian Prairie School District PPO members. Effective **April 1, 2020**, the following is a **revised** list of group numbers included in the program:

<u>City of Chicago Group Numbers</u>	<u>Indian Prairie School District Group Numbers</u> (for Chiropractic Services)
189421, 189422, P68263, P68265, P68266	P20174, P40339, OMC644,* OMC645*

*\*These group numbers have been added effective April 1, 2020.*

Refer to the Related Resources in the [Prior Authorization](#) section of our website for more information, such as the [Physical Medicine UM Program FAQs](#).

Please note that the fact that a guideline is available for any given treatment, or 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 on, among other things, the member's eligibility and the terms of the member's certificate coverage applicable on the date services were rendered. If you have any questions, contact the number on the member's ID card.

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## Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

### Get Answers Up Front

*Benefits will vary based on the service being rendered and individual and group policy elections.* It's imperative 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 benefit preauthorization/pre-notification requirements. When services may not be covered, you should notify members that they may be billed directly.

### Don't Take Chances

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.

### Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity<sup>®</sup> Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) members.

### Learn More

For more information, such as a library of online transaction tip sheets organized by specialty, refer to the [Eligibility and Benefits section](#) of our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Provider Learning Opportunities](#) for upcoming webinar dates, times and registration links to sign up now.

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.

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

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## Reminder: New BCBSIL Electronic Commercial Claim Validation Edits, Effective April 1, 2020

This is a follow-up to a [previous article](#), published in our March 2020 *Blue Review*.

Starting **April 1, 2020**, Blue Cross and Blue Shield of Illinois (BCBSIL) began implementing enhancements to our electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).<sup>\*</sup> These enhancements allow claim edits to be applied to claims during the pre-adjudication process, giving you the ability to identify errors earlier in the process and make necessary corrections more quickly.

### Clarification and Summary of Changes

- Prior to April 1, 2020, electronic claim submissions were accepted into the BCBSIL adjudication system for processing and then denied when needed data elements were not included.
- For electronic claims submitted **on or after April 1, 2020**, you may see new edit messages on the response files from your practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are required.
- If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message.

If you have questions regarding an electronic claim rejection message, contact your practice management/hospital information system software vendor, billing service or clearinghouse for assistance.

<sup>\*</sup>These new validation edits do not apply to Medicare Advantage or Illinois Medicaid electronic claim submissions.

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## iExchange<sup>®</sup> Deactivating on April 15, 2020 – Use the Availity<sup>®</sup> Authorizations Tool

Our current electronic benefit preauthorization submission tool, iExchange, will be deactivated on **April 15, 2020**. As of this date, all electronic benefit preauthorization requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL) should be submitted using the Availity Authorizations tool. This includes benefit preauthorization requests for inpatient admissions and select outpatient services handled by BCBSIL.

For Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>), providers should continue to use their current benefit preauthorization process until this the new tool becomes available in the near future.

**Behavioral health services that require benefit preauthorization handled by BCBSIL may now be submitted online via the Availity Authorizations tool.**

### Important Reminders

- If you haven't registered with Availity, you can sign up for free on the [Availity website](#). For help, contact Availity Client Services at 800-282-4548.
- The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors is not changing.
- Medical and surgical predetermination of benefits requests should be submitted via fax or mail by using the [Predetermination Request Form](#), along with the pertinent medical documentation.
- Check the patient's eligibility and benefits first to determine if benefit preauthorization is required for the service and/or procedure code. For online assistance, refer to the [General Eligibility and Benefits Expanded Tip Sheet](#).

### For More Information

Refer to the educational [Availity Authorizations User Guide](#) located under the Provider Tools section of our website. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Please note that the fact that a service has been preauthorized/pre-notified 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, 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. iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity, eviCore or Medecision. 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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## Three New ClaimsXten<sup>TM</sup> Rules to be Implemented in June 2020

We will soon update the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

### Implementation Schedule

On or after **June 15, 2020**, we will implement three new rules, as follows:

- Revenue Codes Requiring Healthcare Coding System (HCPCS) Codes
- Lifetime Event
- Multiple Medical Same Day Visits

### Rule Details

<b>Revenue Codes Requiring HCPCS Codes</b>	<p>This rule recommends the denial of claim lines if they are:</p> <ul style="list-style-type: none"><li>• Submitted with a revenue code that requires a HCPCS code; and</li><li>• No HCPCS code is present.</li></ul> <p>If a claim is missing a HCPCS code, the claim line will be denied.</p>
<b>Lifetime Event</b>	<p>This rule audits claims to determine if a procedure code has been submitted more than once or twice on the same date of service or across dates of service when it can only be performed once or twice in a lifetime for the same member.</p> <p>The Lifetime Event is the total number of times that a procedure may be submitted in a lifetime.</p> <p>This is the total number of times it is clinically possible or reasonable to perform a procedure on a single member. After reaching the maximum number of times, additional submissions of</p>

	the procedure are not recommended for reimbursement.
<b>Multiple Medical Same Day Visits</b>	<p>This outpatient facility rule identifies and recommends the denial of claims with multiple Evaluation &amp; Management (E&amp;M) codes and other visit codes that are:</p> <ul style="list-style-type: none"> <li>• Submitted on the same date of service;</li> <li>• Performed at the same facility;</li> <li>• Submitted with the same revenue code; and</li> <li>• Submitted with a second and subsequent E&amp;M code that lacks the required modifier –27.</li> </ul>

### For More Information

To determine how coding combinations may be evaluated during claim adjudication, use Clear Claim Connection™ (C3). Refer to the [Clear Claim Connection page](#) on our Provider website for answers to [frequently asked questions](#) about ClaimsXten and details on how to gain access to C3.

**Important note:** C3 does not contain all claim edits and processes used by Blue Cross and Blue Shield of Illinois (BCBSIL) in adjudicating claims; and the results from the use of the C3 tool are not a guarantee of the final claim determination.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Change Healthcare. 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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## Urologist Sentenced to Nearly Six Years in Prison for Fraudulent Billings

A urologist was sentenced in February 2020 to 71 months in federal prison for submitting fraudulent billings totaling more than \$700,000 to Medicare for medically unnecessary and nonexistent treatments and services, sometimes billing for purported patient visits miles apart and occurring at the exact same time.<sup>1</sup>

The Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policy for Drug Testing in Pain Management and Substance Use Disorder Monitoring (MED207.154) includes specific requirements for urine drug testing to be considered medically necessary. BCBSIL independently contracted providers are encouraged to review this information to help ensure they are submitting claims that are in alignment with the policy.

BCBSIL is aware of several cases involving medically unnecessary urine drug tests. There have also been instances of contracted providers using out-of-network labs, which is against BCBSIL policy. If you're aware of an instance of potential fraud, we encourage you to [file a report online](#) or call BCBSIL at 800-543-0867 to file a report by phone. All online reports and calls are confidential, and you may remain anonymous.

To view the current medical policy for Urine Drug Testing, refer to the [Medical Policy](#) page on our Provider website. **Note: Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the [Standards and Requirements](#) section.**

<sup>1</sup> United States Department of Justice, Urologist Sentenced to Nearly Six Years in Prison for Fraudulent Billings of Nonexistent Patient Visits and Unnecessary Tests, Feb. 24, 2020. <https://www.justice.gov/usao-cdca/pr/urologist-sentenced-nearly-six-years-prison-fraudulent-billings-nonexistent-patient>

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

April 2020

## Has your information changed? Let us know!

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

We encourage you to check your information in our [Provider Finder](#). Is your online information accurate? If changes are needed, please let us know as soon as possible.

### Types of Information Updates

- **Demographic Changes**

Use the [Demographic Change form](#) to request changes to existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.

- **Request Addition of Provider to Group**

If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group will not be considered in-network until they are appointed into the network.

### Other Information Changes

The following types of changes are more complex and require special handling:

- **Legal Name Change for Existing Contract**

If you are an existing provider who needs to report a legal name change, [complete a new contract application](#) to initiate the update process.

- **Medical Group Change for Multiple Providers**

If you are a group (Billing NPI Type 2) and have more than five changes, please email a request to our [Illinois Provider Roster Requests](#) team for a current copy of your roster to initiate your multiple-change request.

Changes aren't immediate upon request submission.

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

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## Provider Onboarding Form Training

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

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

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

To view dates and times and register online for an upcoming **Provider Onboarding Form Training** session, visit our [Webinars and Workshops page](#). Join us for this month's webinar on [April 29, 2020 from 10 to 11 a.m., CST](#).

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#).

### BCBSIL WEBINARS

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

#### Descriptions:

#### Dates:

#### Session Times:

#### Availity® Authorizations Tool

We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's new Authorizations tool.

[April 15, 2020](#)

9 to 10 a.m.

#### BCBSIL Back to Basics: 'Availity 101'

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

[April 14, 2020](#)

[April 21, 2020](#)

[April 28, 2020](#)

11 a.m. to noon

#### Introducing Availity Remittance Viewer

Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information. The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost.

[April 16, 2020](#)

11 a.m. to noon

#### Monthly Provider Hot Topics Webinar

[April 15, 2020](#)

10 to 11 a.m.

*These monthly webinars will be held through December 2019. 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.*

### **Provider Onboarding Form Training**

[April 29, 2020](#)

10 to 11 a.m.

*These sessions will help providers effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, request addition of provider to group and how to submit demographic changes.*

## **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.

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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## Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#) the first day of each month. 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, located in the [Standards and Requirements](#) section of our website.**

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [Medical Policy](#) page. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies 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. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the [Standards and Requirements section](#) of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

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

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