



# BLUE REVIEW<sup>SM</sup>

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

AUGUST 2016

## CDC Suggestions to Help Prevent Antibiotic Resistance

According to the Centers for Disease Control and Prevention (CDC), the use of antibiotics is the single most important modifiable driver leading to antibiotic resistance around the world. Despite being among the most commonly prescribed medications, up to 50 percent of antibiotics are not needed or are not prescribed for optimal efficacy. In the United States, each year at least two million people are infected with antibiotic resistant bacteria and at least 23,000 people die as a result of these infections.<sup>1</sup> Antibiotic resistant infections lead to higher health care costs, poor health outcomes and more challenging treatment regimens.<sup>2</sup>



On Sept. 18, 2014, the White House announced an executive order stating that the federal government will work domestically and internationally to help reduce the spread of and control illness and death related to antibiotic resistant infections.<sup>3</sup> In response, the CDC developed “Get Smart” programs pertaining to antibiotic use in doctors’ offices and health care facilities including “Get Smart about Antibiotics” week, which is in November each year. The Get Smart campaign focuses on education for both patients and health care professionals regarding the appropriate use of antibiotics. The Get Smart website includes both pediatric and adult treatment recommendations, patient counseling tips and information about antibiotic stewardship programs.

For more information on the CDC Get Smart programs and observances visit [cdc.gov/getsmart](http://cdc.gov/getsmart).

<sup>1,2</sup> Centers for Disease Control and Prevention. Antibiotic Resistance Threats in the United States. 16 September 2013. Web. 17 July 2014.

<sup>3</sup> The White House, Office of the Press Secretary. (2014). Executive Order- Combating Antibiotic-Resistant Bacteria [Press release]. Retrieved from: <https://www.whitehouse.gov/the-press-office/2014/09/18/executive-order-combating-antibiotic-resistant-bacteria>.

## CDC TIPS TO HELP PRESERVE THE POWER OF ANTIBIOTICS

- **Avoid treating viral syndromes with antibiotics, even when patients ask for them.** While patients may visit the office with the sole intent of obtaining an antibiotic prescription, clear communication and patient education may help reduce the strain on the provider-patient relationship if the patient does not receive what they are seeking.
- **Pay attention to antibiotic dose and duration.** Under or overprescribing antibiotics can lead to resistance and toxicity, respectively.
- **Be cognizant of antibiotic resistance patterns in your area.** Choose antibiotics accordingly.
- **Hospital and nursing home providers should reassess within 48 hours of starting the antibiotics.** Patient cultures should determine whether or not an antibiotic should be continued, stopped or adjusted.
- **Talk to your patients about the appropriate use of antibiotics.**

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Health care providers are instructed to exercise their own independent medical judgment based upon the patient’s medical condition and history. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

## Upcoming 2016 HMO Member Survey

The 2016 HMO Member Survey has been mailed to randomly selected HMO Illinois®, Blue Advantage HMO<sup>SM</sup> and Blue Precision HMO<sup>SM</sup> members enrolled in each independently contracted Medical Group/Independent Practice Association (MG/IPA).

The primary purpose of the survey is to assess member satisfaction with various elements at the MG/IPA site level. These factors include access to medical care and overall services rendered by primary care physicians and specialists in the Blue Cross and Blue Shield of Illinois (BCBSIL) HMO networks.

Please notify your patients that the survey has been distributed and encourage them to complete and return the survey to BCBSIL in the postage-paid envelope provided **within five business days of receipt**. The results of this survey are used to determine an MG/IPA site's Blue Ribbon<sup>SM</sup> indicator in the BCBSIL HMO Directory.



## CDC Guidelines for Prescribing Opioids for Chronic Pain

**Part 3 of a 3-part series describing the new CDC guidelines for prescribing opioids. Part 1 and 2 were published in the June and July Blue Review respectively.**

In March of 2016, the CDC issued new recommendations for prescribing opioid medications for chronic pain, excluding reasons for cancer, palliative, and end of life care.<sup>1</sup> These recommendations were in response to an increased need for provider education due to a nationwide epidemic of opioid overdose and opioid use disorder.

The CDC has developed 12 recommendations, grouped into three areas of consideration:

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up and discontinuation
- Assessing risk and addressing harms of opioid use

The first and second areas of consideration were discussed in the June and July 2016 issue of *Blue Review* respectively. The third area of consideration – assessing risk and addressing harms of opioid use – is described below.

### ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

1. Before starting opioid therapy and during treatment, providers should assess the risk for opioid-related harms. Providers should evaluate strategies, such as offering naloxone, if there is an increased risk of opioid overdose due to history of overdose, high opioid dosages or concurrent benzodiazepine use.
  - Special populations that may be at higher risk of opioid related harms include patients with sleep-disordered breathing, including sleep apnea, pregnant women, patients with renal or hepatic insufficiency, patients aged 65 years or older, patients with mental health conditions, patients with substance abuse disorder and patients with prior nonfatal overdose.
  - Naloxone, an opioid antagonist that can reverse severe respiratory depression, can save lives if used properly for opioid overdose. Friends and family who administer naloxone must be properly trained. Experts agree that providers should consider offering naloxone when prescribing opioids to patients at increased risk of opioid overdose, including patients with a history of overdose, substance abuse disorder or taking benzodiazepines with opioids. Resources for prescribing naloxone in primary care setting can be found through “Prescribe to Prevent” at [prescribetoprevent.org](http://prescribetoprevent.org).
2. Providers should utilize state prescription drug monitoring program (PDMP) data and assess patient opioid history to determine whether or not there are any dangerous drug combinations occurring or if the patient is receiving unsafe quantities of controlled substances.
  - PDMPs are state-based databases that collect information on controlled prescription drugs dispensed by pharmacies and in some cases by dispensing physicians. The Illinois Prescription Monitoring Program is located at [ilpmp.org](http://ilpmp.org).

*(continued on page 3)*

- Before an opioid prescription is written and dispensed, providers and pharmacists should review PDMP data to see if the patient is receiving high total opioid dosages or dangerous combinations that put the patient at risk for overdose.
3. Before starting opioid treatment providers should use urine drug testing to assess whether or not the patient is already on controlled or illicit substances. The provider may want to consider urine testing at least annually as well.
    - Opioid pain medications in combination with other opioid pain medications, benzodiazepines or illicit substances can put the patient at increased risk of overdose and opioid related harms. Urine drug tests can provide information that the patient does not provide and can help detect drug seeking behaviors.
    - Providers can use urine drug test results to help with patient safety by tapering or discontinuing opioids if the member is at risk of opioid use disorder, offering naloxone or referring for behavioral treatment for substance use disorder.
  4. As much as possible, providers should avoid prescribing opioid pain medication and benzodiazepines concurrently.
    - Concurrent benzodiazepine and opioid use can cause central nervous system and respiratory depression.
    - If opioid treatment is needed, providers should taper benzodiazepines gradually to prevent rebound side effects.
  5. For patients with opioid use disorder, providers should offer to help with evidence-based treatment, such as medication-assisted treatment with buprenorphine or methadone combined with behavioral therapies.
    - Clinical evidence has found that opioid dependence in primary care settings is between three and 26 percent among patients with chronic pain on opioid therapy.
    - Contextual evidence has found opioid agonist or partial agonist treatment with methadone maintenance therapy or buprenorphine may be helpful in preventing relapse in patients with opioid abuse disorder. Behavioral therapy with medication treatment is also recommended by clinical practice guidelines.
    - Physicians must be certified to provide buprenorphine in an office-based setting. Physicians can receive training to receive a waiver from the Substance Abuse and Mental Health Services Administration.<sup>2</sup>

<sup>1</sup>Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016. *MMWR Recomm Rep* 2016; 65:1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

<sup>2</sup><http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management>

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## Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website at [bcbsil.com/provider](http://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 Home page.

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.

# New Benefit Preauthorization Requirements through eviCore

Effective Oct. 3, 2016, BCBSIL has contracted with eviCore healthcare (eviCore) to provide benefit preauthorization services for Blue Choice PPO<sup>SM</sup>, Blue Choice Preferred PPO<sup>SM</sup> and PPO for select services.

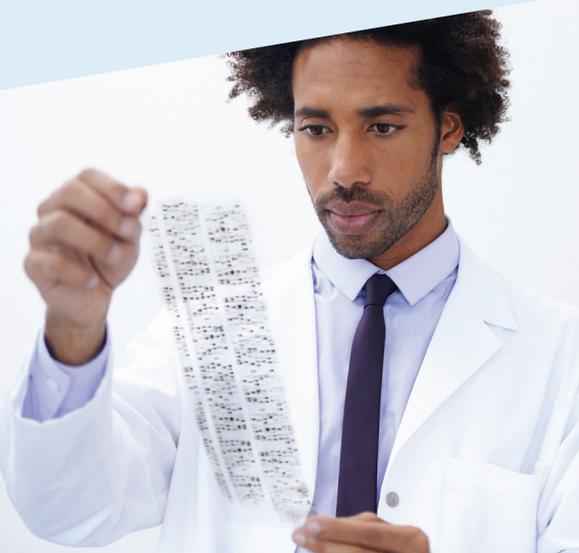
**eviCore will manage benefit preauthorization for outpatient molecular and genetic tests and radiation oncology for dates of service beginning Oct. 3, 2016.** Services performed without benefit preauthorization may be denied for payment.

You will continue to use iExchange<sup>®</sup> for all other services that require a benefit preauthorization.

Both BCBSIL and eviCore will be providing additional information, including training opportunities, in the coming months on our Provider website and in the *Blue Review*. You may also contact your Provider Network Consultant for more information.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL.

Please note that the fact that a service has been preauthorized/pre-certified 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.



## 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 is 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 own information in the Provider Finder – look for the link on our Provider website Home page at [bcbsil.com/provider](http://bcbsil.com/provider). Is your online information accurate? If changes are needed, it's important that you inform BCBSIL as soon as possible.

### USE OUR ONLINE CHANGE REQUEST FORMS

You can request most changes online by using one of our electronic change request forms. Visit the Network Participation/Update Your Information section of our Provider website to access instructions along with links to each type of form. There are three different change request forms to help you organize your information, as follows:

#### 1. Request Demographic Information Changes

Use this form to request changes to your practice information currently on file with BCBSIL (such as address, email or NPI). 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.

#### 2. Request Addition of Provider to Group

Use this form to notify BCBSIL when a new individual provider joins your practice. Please remember that new providers are subject to credentialing review and will not be effective until the process is completed.

#### 3. Request Removal of Provider from Group

Use this form to notify BCBSIL when an individual provider is leaving any or all of your practice locations.

Please note that changes are not immediate upon submission of an online change request form. Processing can take a minimum of 30 business days. If you would prefer to mail or fax your changes to BCBSIL, there is a downloadable Provider Information Change Request Form in the Education and Reference/Forms section of our Provider website. If you have any questions or need assistance, contact Provider Network Operations at [netops\\_provider\\_update@bcbsil.com](mailto:netops_provider_update@bcbsil.com).

### EXCEPTIONS TO THE ONLINE REQUEST PROCESS

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

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI** – These should be submitted via email to [netops\\_provider\\_update@bcbsil.com](mailto:netops_provider_update@bcbsil.com).
- **Tax ID changes that may, or may not, involve Legal Business Name changes** – This type of change often requires a new contract. To request a contract application, visit the Network Participation/Contracting section of our Provider website.
- **Ancillary provider changes** – Skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, private duty nursing agencies and other ancillary providers may request changes by sending details to [ancillarynetworks@bcbsil.com](mailto:ancillarynetworks@bcbsil.com), or by calling 312-653-4820.

# The Economic Costs and Complications Associated with Repeated Breast-Conserving Surgeries

At the American Society of Clinical Oncology (ASCO) Conference in June 2016, BCBSIL in collaboration with Diagnostic Photonics and MD Anderson Cancer Center, presented "Looking Beyond the Margins: Economic Costs and Complications Associated with Repeated Breast-Conserving Surgeries."

The team found that for women who had a repeat breast-conserving surgery (BCS), complications were 48 percent more common and the average total cost of surgery was \$16,072 more than the first surgery.

Data from health insurance claims filed in Illinois, Texas, New Mexico and Oklahoma, with the local Blue Cross and Blue Shield Plans, were analyzed for 9,837 women undergoing BCS for breast carcinoma between January 2010 and December 2013. The claims were further reviewed for those women who underwent a second breast surgery (mastectomy or BCS) within 90 days of the initial BCS, which were classified as having a repeat surgery. Complications were identified by a set of eight Current Procedural Terminology (CPT®) and 25 ICD-9 diagnosis and procedure codes related to breast cancer treatment. The analysis included these complications and the total cost of all allowed health care claims within two years following the diagnosis. Of the women studied, 23 percent had at least one repeat surgery. The average age of the women was 53 years. The data revealed that women undergoing repeated surgery were 88 percent more likely to experience multiple complications and nearly three times as likely to experience fat necrosis.

The research team concluded that the findings demonstrated statistically-significant evidence of a patient-centered and fiscal imperative to reduce reoperations in BCS for breast cancer.

The study was conducted by BCBSIL's Center for Collaborative Studies, an effort to work together with providers, academic institutions and community based organizations to use clinical data and analytics to investigate health care marketplace trends with a goal of improving value in health care. To learn more about working with the Center, please send an email to [research@bcsil.com](mailto:research@bcsil.com).

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## Costs and Complications per Surgery\*

	BCS No Repeat	Repeat Breast Surgery	
		Repeat BCS	Convert to Mastectomy
<b>Patients Who Had Surgery</b>	76.8%	16.2%	7.0%
<b>Average Two-Year Cost Per Patient</b>	\$89,016	\$100,637	\$115,292
<b>Patients with:</b>			
<b>Any Complication(s)</b>	23.6%	32.5%	40.3%
<b>Infection</b>	9.9%	14.0%	18.3%
<b>Hematoma/Seroma</b>	8.7%	12.8%	16.6%
<b>Breast Pain</b>	6.9%	7.0%	6.1%
<b>Fat Necrosis</b>	2.5%	7.6%	6.5%

\*Data from health insurance claims filed in Illinois, Texas, New Mexico and Oklahoma with the local Blue Cross and Blue Shield Plan in each of the respective states for 9,837 women undergoing BCS for breast carcinoma between January 2010 and December 2013.

## Fighting Fraud: Upcoding Practices on Claims

The BCBSIL Special Investigations Department (SID) occasionally reviews claims for possible upcoding. Upcoding occurs when a provider submits a claim for payment to the insurance company for a higher paying service than is supported by the medical record documentation. Intentional upcoding is illegal and fraudulent.

The SID has identified that a small percentage of providers may be billing high complexity CPT Evaluation and Management (E/M) codes based solely upon the amount of time spent with a patient. Per CPT coding guidelines, selecting a level of E/M service based upon time is only appropriate when counseling and/or coordination of care dominates (greater than 50 percent) the encounter with the patient and/or family. This includes face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility. The extent of counseling and/or coordination of care must be documented in the medical record when time is considered as the key or controlling factor in determining a particular level of E/M service. It is important to note that selecting the appropriate level of E/M service in any other instance is based upon meeting the required key component criteria, including history, examination and complexity of medical decision-making for each respective E/M category and subcategory. Appropriate clinical documentation must be present in the medical record to support code assignment.

Anyone who is aware of a provider or organization that may be defrauding insurance companies by committing upcoding offenses, or any other alleged fraudulent practice, is encouraged to contact the BCBSIL Fraud Hotline at 800-543-0867.

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.

## Extremely Important – Check Eligibility and Benefits

Verifying eligibility and benefits is an important first step before providing services. Ask to see the member's ID card before every visit. Conducting this step will help you identify the member's product/plan, the network(s) they may use, benefit preauthorization requirements and other important details.

Never assume a member is in- or out-of-network before checking eligibility and benefits.

Checking eligibility and benefits electronically through Availity™, or your preferred vendor portal, is strongly encouraged.

For additional information, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

Verification of 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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## One of America's Most Community-Minded Companies

The operating company of BCBSIL was recognized as one of America's most community-minded companies as part of the Civic 50, an initiative by Points of Light that sets the standard for corporate civic engagement and creates a roadmap for companies seeking to use their time, talent and resources to improve the quality of life in the communities where they do business.<sup>1</sup>

### CONSIDER THE COMPANY'S FOLLOWING INITIATIVES:

- **Enhancing Care for Children with Asthma:** A program in collaboration with the American Lung Association of the Upper Midwest (ALAUM) to improve the quality of care for individuals with asthma. Through the company's support, the ALAUM helps deliver community-based interventions providing asthma patients and health care professionals with the tools and resources to reduce unnecessary hospitalizations and ER visits, while substantially improving health outcomes for individuals with asthma. Since the program's inception in 2012, an estimated 350,000 individuals have been impacted and preliminary results of this partnership demonstrate a more than 50 percent reduction in hospitalizations and emergency-related visits, on average, for participants with asthma who benefited from this program.
- **Healthy Kids, Healthy Families®:** The company's signature community initiative and ongoing commitment to improve the health and well-being of children and their families across Illinois, Montana, New Mexico, Oklahoma and Texas. Through this initiative, the company invests in, and partners with, nonprofit organizations that offer sustainable, measurable programs to reach children and their families in the areas of nutrition, physical activity, disease prevention and management, and supporting safe environments. In 2015, the company invested more than \$7 million to outcome-based programs, impacting more than 3.2 million children.
- **Blue Corps<sup>SM</sup>:** The company's employee volunteer program that promotes and encourages volunteerism across the organization in addition to providing regular recognition and appreciation activities for volunteers. In 2015, employees volunteered over 107,000 hours to help neighboring communities, resulting in more than \$284,000 in volunteer matching grants to nonprofit community partners.

Created in 2012, the Civic 50 measures corporate civic engagement and recognizes companies that incorporate socially responsible practices and community leadership into their culture. Points of Light, the largest organization in the world dedicated to volunteer service, conducted the survey in partnership with Bloomberg L.P.

To view a complete list of the Civic 50 companies for 2016 and to learn more about the importance of civic engagement in corporate America, please visit [Civic50.org](http://Civic50.org).

<sup>1</sup><http://www.pointsoflight.org/corporate-institute/corporate-offerings/civic-50>

# Provider Learning Opportunities

BCBSIL offers complimentary educational webinars with an emphasis on electronic options that can help create administrative efficiencies for providers who conduct business with us. A snapshot of upcoming training sessions is included below. To register online, visit the Workshops and Webinars page in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

## BCBSIL WEBINARS

<p><b>Back to Basics for Ancillary Providers</b>  <i>A review of electronic transactions, provider tools and online resources for Home Health and Orthotic/Prosthetic providers.</i></p>	<p>Aug. 9, 2016            (Home Health Providers)</p> <p>Sept. 8, 2016            (Orthotic/Prosthetic Providers)</p>	<p>All sessions:            11 a.m. to noon</p>
<p><b>BCBSIL Back to Basics: 'Availity 101'</b>  <i>A review of electronic transactions, provider tools and online resources.</i></p>	<p>Aug. 9, 2016            Aug. 16, 2016            Aug. 23, 2016            Aug. 30, 2016</p>	<p>All sessions:            11 a.m. to noon</p>
<p><b>Introducing Remittance Viewer</b>  <i>This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i></p>	<p>Aug. 10, 2016            Aug. 17, 2016            Aug. 24, 2016            Aug. 31, 2016</p>	<p>All sessions:            11 a.m. to noon</p>
<p><b>iExchange Training: 2016 System Enhancements</b>  <i>Overview of new features</i></p>	<p>Aug. 18, 2016</p>	<p>All sessions:            11 a.m. to noon</p>
<p><b>iExchange Training: Predetermination Requests</b>  <i>For inpatient and outpatient services</i></p>	<p>Aug. 16, 2016            Aug. 30, 2016</p>	<p>All sessions:            11 a.m. to 12:30 p.m.</p>
<p><b>Provider Services Changes Coming</b>  <i>A review of corrected claim request changes and other updates.</i></p>	<p>Aug. 9, 2016</p>	<p>2 to 3:30 p.m.</p>
	<p>Aug. 23, 2016</p>	<p>10 to 11:30 a.m.</p>

## BCBSIL Professional Provider Workshops

The BCBSIL Provider Relations team is offering specialized workshops for independently contracted providers. Learn about products, benefit preauthorization updates and new PPO credentialing guidelines.

For all workshops, registration is scheduled from 9 to 9:30 a.m. Workshop sessions are held from 9:30 a.m. to noon.

<p><b>Aug. 10, 2016</b>            Williamson County Pavilion            1602 Sioux Dr.            Marion, IL 62959</p> <p><i>The registration deadline is Aug. 5, 2016.</i></p> <p><b>Questions? Contact Teresa Trumbley at <a href="mailto:trumbleyt@bcbsil.com">trumbleyt@bcbsil.com</a> or 618-998-2528.</b></p>	<p><b>Aug. 11, 2016</b>            Regency Conference Center            400 Regency Park            O'Fallon, IL 62269</p> <p><i>The registration deadline is Aug. 5, 2016.</i></p> <p><b>Questions? Contact Teresa Trumbley at <a href="mailto:trumbleyt@bcbsil.com">trumbleyt@bcbsil.com</a> or 618-998-2528.</b></p>
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## 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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*Blue Review* is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

### **BLUE REVIEW**

Blue Cross and Blue Shield of Illinois  
300 E. Randolph Street – 24th Floor  
Chicago, Illinois 60601-5099  
Email: [blureview@bcbsil.com](mailto:blureview@bcbsil.com)  
Website: [bcbsil.com/provider](http://bcbsil.com/provider)

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