January 2017

Additional Code-auditing Software Scheduled for Implementation as of April 23, 2017

Blue Cross and Blue Shield of Illinois (BCBSIL) will be implementing an additional code-auditing software system, effective April 23, 2017.* This software will further enhance the auditing of professional and outpatient facility claims for correct coding according to Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®) and Centers for Medicare & Medicaid Services (CMS) guidelines. Upon implementation, providers may use the Claim Inquiry Resolution tool, available on the Availity™ Web Portal, to research specific claim edits. For additional information, watch the Blue Review, as well as the News and Updates section of our Provider website.

*The above notice does not apply to government programs claims.

CPT copyright 2016 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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 offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
January 2017

Availity™ Report Viewer Application Webinars

Last month’s Blue Review announced that, effective March 1, 2017, claim summary information will no longer be distributed via paper mailing. A new report viewer application will be available soon in the Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces section on the Availity Web portal. This new tool permits registered Availity users to readily view, download, save and/or print the Provider Claim Summary (PCS) online, as often as needed. It also offers you the opportunity to obtain claim outcome results for multiple patients, in one central location.

This online alternative is an additional offering to our other electronic tools that may be accessed through Availity. If you currently rely on paper claim summaries, Availity registration is strongly recommended to gain access to the report viewer application.

BCBSIL will be hosting online webinars for you to learn more about these changes. In this one-hour training session, BCBSIL will present an overview of the new report viewer application. To register now for a complimentary online training session, select a date and time below.

- Jan. 11, 2017 – 2 to 3 p.m.
- Jan. 18, 2017 – 2 to 3 p.m.
- Jan. 25, 2017 – 2 to 3 p.m.

New and existing Availity users are highly encouraged to attend.

BCBSIL supports an array of online tools that are available to registered Availity users, including the report viewer, at no additional cost. To register, simply go to availity.com, select “Register,” and complete the online application.

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 offered by third-party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
BCBSIL Guidelines for Appropriate Use of Modifier 50

A recent audit conducted by Blue Cross and Blue Shield of Illinois (BCBSIL) regarding claims that included the use of modifier 50 has resulted in refund requests for overpayment of services. This article is intended to provide general guidelines to help assist you with proper use of modifier 50 when submitting professional claims to BCBSIL. Also included are reminders on appropriate use of Healthcare Common Procedure Coding System (HCPCS) Level II RT and LT modifiers, which should not be used when modifier 50 applies.

Modifier 50 is used to identify bilateral procedures, which are typically performed on both sides of the body (mirror image) during the same operative session. For BCBSIL claims, bilateral procedures should be reported with one procedure code, appended with modifier 50. This information should appear on the professional electronic (837P) or paper (CMS-1500) claim as one line item, with a unit number of 1. Modifier 50 is appended to the appropriate unilateral code as a one-line entry on the claim to indicate the procedure was performed bilaterally.

Modifiers LT – Left Side, and RT – Right Side apply to codes identifying procedures that can be performed on paired organs, such as ears, eyes, nostrils, kidneys, lungs and ovaries. Modifiers RT and LT should be used whenever a procedure is performed on only one side. The Centers for Medicare & Medicaid Services (CMS) requires these modifiers whenever they are appropriate. When billing as a one-line entry, both modifiers should be used (e.g., 67107 – RT/LT), with a unit number of 1.

This material if 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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
CDC Provides Zika Virus Screening Tool for Pregnant Women

The Centers for Disease Control and Prevention (CDC) created a screening tool in response to the Zika virus for pregnant women. The screening can be administered by a nurse, check-in receptionist or other health care providers and can be assessed through the following link: cdc.gov/zika/pdfs/zikapreg_screeningtool.pdf.

According to the CDC, all pregnant women should be assessed for possible Zika virus exposure at each prenatal care visit. A possible exposure that indicates a test includes one or more of the following:

- The patient lives in an area with the active transmission.
- The patient traveled to an area with active transmission.
- The patient had sex (vaginal, anal or oral sex) without a condom or the sharing of sex toys with a person who traveled to or lives in an area with Zika.

To identify areas with active Zika transmission visit the CDC’s website at cdc.gov/zika/geo/index.html. If you are caring for pregnant women who possibly have had an exposure to the Zika virus, the CDC has offered an additional website – cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e – to help guide you in testing and the interpretation of the results.

This material is for informational purposes only and is not to be construed as medical advice. Health care providers are instructed to exercise their own independent medical judgment based upon all available information and the patient's condition at the time of treatment.

bcbsil.com

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
January 2017

ClaimsXten™ 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 within 60 to 90 days 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 (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSIL Provider website.

To help determine how 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 that mirrors the logic behind BCBSIL’s code-auditing software. Refer to 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. Additional information may be included in upcoming issues of the Blue Review.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

CPT copyright 2016 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.
Government Programs: Care Coordination Information and Resources for Discharge Planners

Blue Cross and Blue Shield of Illinois (BCBSIL) would like to increase awareness of the care coordination services we make available to our Blue Cross Community OptionsSM members. This includes Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM, Blue Cross Community Family Health PlanSM (FHP) and Blue Cross Community Managed Long Term Supports and ServicesSM (MLTSS).

BCBSIL conducts outreach to all MMAI, ICP, FHP and MLTSS members in an effort to encourage members to complete the annual health risk screening. The screening results, along with claims data, are used to determine if there may be potential gaps in care, particularly for members with complex medical conditions. Care coordination is offered to help identified members understand and utilize their health care benefits. If the member accepts care coordination, a BCBSIL care coordinator works with the member and an interdisciplinary health care team, including the member’s health care provider(s), to help alleviate barriers to care through regular phone calls and face-to-face visits.

How can a care coordinator help a discharge planner?

The discharge planner and care coordinator goals are similar: to make sure patients/members have access to resources that can help keep them as healthy as possible and out of the hospital. The care coordinator is able to pick up where the discharge planner leaves off by meeting the member in the community to support adherence to the discharge plan and related interventions.

The care coordinator will typically try to know the member’s social and medical history, and can help fill in some blanks to assist with discharge planning. For example, the care coordinator may be able to determine how many other facilities a member has been admitted to, for what reasons, and what the discharge plan was. The care coordinator may have Power of Attorney information, or reliable contact information to reach the member’s family. The care coordinator also may know what resources have been accessed for the member, what the member has been eligible to receive, and why the member may be ineligible for some services.

If you have a patient who is an MMAI, ICP, FHP or MLTSS member with a history of frequent ER visits, hospital admissions, or compliance/adherence issues, please ask if the member has a care coordinator, or call the care coordination line listed below to find out if a care coordinator has been assigned.

To contact a member’s care coordinator directly, or to request assignment of a care coordinator for an MMAI, ICP, FHP or MLTSS member, please call the BCBSIL Care Coordination line at 855-334-4760. For quick reference purposes, also refer to the Tip Sheet for Discharge Planners, available in the Related Resources on the Medicare/Medicaid page in the Network Participation section of our website at bcbsil.com/provider.

We appreciate the care and services you provide to our MMAI, ICP, FHP and MLTSS members.

The care coordination program is designed with the goal to assist health care providers and members in better coordinating care and improving health outcomes. The program is not a substitute for the independent medical judgment of a health care provider. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

bcbsil.com/provider
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 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]. Is your online information accurate? If changes are needed, it’s important that you inform Blue Cross and Blue Shield of Illinois (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 and the provider is approved.

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.

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** – Those should be submitted via email to 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. You may also want to discuss this with your assigned Provider Network Consultant (PNC).
- **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, or by calling 312-653-4820.
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 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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, an Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield®, and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
January 2017

New Hepatitis C Recommendation for ICP and FHP Members

Effective Jan. 1, 2017, Blue Cross Community Integrated Care Plan (ICP)SM and Blue Cross Community Family Health PlanSM (FHP) adopted the Illinois Department of Healthcare and Family Service (IHFS) criteria for approval of newer direct-acting antivirals (DAAs) for Hepatitis C.

Please refer to [illinois.gov/hfs/MedicalProviders/notices/Pages/prn160930b.aspx](illinois.gov/hfs/MedicalProviders/notices/Pages/prn160930b.aspx) for more information. If you have any questions, please contact gp-pharmacy@bcbsil.com.

Providers may submit pharmacy benefit prior authorization (PA) requests online via the CoverMyMeds® site at [covermymeds.com](covermymeds.com). While electronic options are preferred, pharmacy benefit PA requests also may be called in to 800-285-9426, followed by a statement with supporting documentation, which may be faxed to 877-243-6930, or mailed. Additional information about CoverMyMeds is available in the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](bcbsil.com/provider).

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representation or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.

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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers complimentary educational 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. To register online now, visit the Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

<table>
<thead>
<tr>
<th>BCBSIL WEBINARS</th>
<th>Date(s)</th>
<th>Time(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A review of electronic transactions, provider tools and online resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introducing Remittance Viewer</td>
<td>Jan. 10, 2017</td>
<td>10 to 11 a.m.</td>
</tr>
<tr>
<td>This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCBSIL will present an overview of the new report viewer application.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 offered by independent third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendors directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.
Ringing in the New Year with Our New *Blue Review*

As announced in recent issues of the *Blue Review*, Blue Cross and Blue Shield of Illinois (BCBSIL) is making the transition to a more streamlined, online-only format, beginning with this month’s issue. While the newsletter looks a lot different, our intent remains the same: to offer useful content that is clear, concise and easy to navigate.

We hope that you will find the new format to be more user friendly, as it offers the following advantages over our previous version:

- Easier to scan quickly to locate and view articles of interest
- Options to view or print individual articles, or the entire newsletter
- Quick links to helpful resources

The *Blue Review* will continue to be one of our primary channels for increasing awareness of BCBSIL programs, products, network news, important dates, key changes, updates and reminders. While the newsletter will no longer be printed and mailed, it will remain available in the Education and Reference Center/Blue Review section of our website at [bcbsil.com/provider](http://bcbsil.com/provider) for your convenience.

Our new format offers plenty of room to grow. We appreciate your readership and value your feedback. Watch upcoming issues for a survey to provide your input!
January 2017

Timely Post-stabilization Notification of Inpatient Admissions Requirement for Select Government Programs

Please refer to the information below for important pre-service updates and reminders for the following government programs: Blue Cross Medicare AdvantageSM and Blue Cross Community OptionsSM. Specifically, this information applies to Blue Cross Medicare Advantage (PPOMAI) (MA PPO), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM and Blue Cross Community Family Health PlanSM (FHP).

Checking eligibility and benefits for every member before rendering care and services is always an important first step. When you check eligibility and benefits for a particular MA PPO, MMAI, ICP or FHP member, you will be alerted if benefit preauthorization is required for certain services, drugs, devices and equipment.

As a reminder, submitting a benefit preauthorization request is required for all inpatient admissions, as well as to request additional days beyond the approved length of stay, if necessary. Effective April 1, 2017, Blue Cross and Blue Shield of Illinois (BCBSIL) will require notification of inpatient admission for post-stabilization care within one business day following the stabilization of an emergency medical condition.

Timely post-stabilization notification of inpatient admission helps BCBSIL evaluate the setting of care and other criteria for coverage purposes. It aids in early identification of members who may benefit from specialty programs available from BCBSIL, such as Case Management, Care Coordination and Early Intervention (CCEI), or Longitudinal Care Management (LCM). Notification also allows BCBSIL to assist the member with discharge planning.

Failure to timely notify BCBSIL and obtain benefit preauthorization for further post-stabilization care services may result in denial of the claim(s) for such post-stabilization care services, which cannot be billed to the member, pursuant to your provider agreement with BCBSIL. If a claim that includes emergency care services is denied, the provider may rebill the claim for the emergency services (including stabilization services), as well as post-stabilization care services for which BCBSIL may be financially responsible, for possible re-adjudication by BCBSIL.

Inpatient admission, notification and extension requests may be submitted electronically through iExchange®, our electronic benefit preauthorization tool. If you do not have online access, you may call the Customer Service number on the member's ID card. For additional information, refer to the Standards and Requirements/Provider Manual section of our Provider website. If you have questions, contact your assigned Provider Network Consultant.

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

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

© Copyright 2017 Health Care Service Corporation. All Rights Reserved.