



BlueREVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

JULY 2012

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Proposed Delay Offers No Vacation from ICD-10

ICD-10 is a much larger undertaking than the National Provider Identifier (NPI) transition or ANSI 5010 conversion. The number of codes will increase from approximately 11,000 ICD-9 procedure codes to 72,000 ICD-10 procedure codes and from 13,000 ICD-9 diagnosis codes to 69,000 ICD-10 diagnosis codes. The Department of Health and Human Services (HHS) recently proposed delaying ICD-10 implementation by one year to help providers prepare to meet the challenge. An additional year of preparation might seem like a lot of time – but it's really not.

TAKE OUR READINESS SURVEY

According to ICD-10 preparedness recommendations of industry groups such as the Workgroup for Electronic Data Interchange (WEDI), as measured on ICD-10 readiness surveys, many providers are already behind. This may be due to the fact that some providers are associating ICD-10 compliance as something their vendor will do for them.

Blue Cross and Blue Shield of Illinois (BCBSIL) has created an ICD-10 Provider Readiness Assessment Survey to help you gauge your preparedness. The survey is available in the Standards and Requirements/ICD-10/Related Resources section of our website at bcbsil.com/provider. The best person to complete the survey would be your technical lead or ICD-10 project manager.

JOIN US FOR OUR ONGOING WEBINAR SERIES

Our first round of ICD-10 webinars was conducted in May 2012, with a focus on how to take full advantage of the recently proposed one-year compliance delay. If you missed the May webinars, you may access a recorded session up to six months after each live webinar date. Look for the ICD-10 Webinars link in the Standards and Requirements section of our Provider website. Returning users can access the recorded sessions from the "On Demand" tab. New users will need to register first.

The next round of ICD-10 webinars has been scheduled for September 2012. See the *Provider Learning Opportunities* on page 2 for session dates and times. Agenda topics will include next stages in planning, responses to the questions from the last series of webinars and specific inquiries to the icd@bcbsil.com mailbox.



Provider Learning Opportunities

BCBSIL WEBINARS

Below is a list of complimentary webinars sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.

WEBINARS

Electronic Refund Management (eRM) (All sessions: 2 to 3 p.m.)

July 5, 2012
July 11, 2012
July 18, 2012
July 25, 2012

ICD-10

This continuing webinar series will offer answers to frequently asked questions with an emphasis on next stages in planning.

Sept. 6, 2012 – 1 to 2:30 p.m.
Sept. 7, 2012 – 10 to 11:30 a.m.
Sept. 11, 2012 – 11 a.m. to 12:30 p.m.
Sept. 12, 2012 – 2 to 3:30 p.m.
Sept. 13, 2012 – 10 to 11:30 a.m.

AVAILITY® WEBINARS

As a reminder, 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 for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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Submitting Electronic Replacement Claims (Professional)

The BCBSIL claim system recognizes claim frequency codes on **professional electronic claims** (ANSI 837P transactions). Using the appropriate code will indicate that the claim is an adjustment of a **previously adjudicated (approved or denied) claim**.

The claim frequency codes are as follows:

1	Indicates the claim is an original claim
7	Indicates the new claim is a replacement or corrected claim – the information present on this bill represents a complete replacement of the previously issued bill
8	Indicates the claim is a voided/canceled claim

REPLACEMENT CLAIMS

Replacement claims (sometimes referred to as corrected claims) submitted electronically will reduce the potential for a claim to deny as a duplicate. If a replacement claim needs to be submitted, you may submit the correction electronically with the appropriate frequency code (7).

An example of the ANSI 837P file containing a replacement claim, along with the required REF segment and Qualifier in Loop ID 2300 – Claim Information, is provided below.

Claim Frequency Code

↑
CLM*12345678*500***11:B:7*Y*A*Y*I*P~
REF*F8*(Enter the Claim Original Reference Number)

In the above illustration, “11” (segment and data element CLM05-1) is an example of the Place of Service, which is used to identify where services were performed. “B” (CLM05-2) is the Place of Service Code Qualifier, which is required in ANSI v5010 to identify the Place of Service Codes for Professional Claims. “7” (CLM05-3) is the Claim Frequency Code.

The replacement claim will replace the **entire** previously processed claim. Therefore, when submitting a correction, send the claim with all changes **exactly** how the claim should be processed.

Examples:

1. A claim was previously submitted with procedure codes 99213, 88003 and 77090. The 88003 should have been 88004. An electronic replacement claim should be submitted for the line that needs to be corrected, along with the appropriate frequency code: 7, 99213, 88004 and 77090. This indicates to BCBSIL that all charges need to be deleted, and the claim will then be processed with 99213, 88004 and 77090.
2. A claim was previously submitted with procedure codes 99214, 70052 and 99213. Procedure codes 70052 and 99213 were submitted in error and need to be removed. An electronic replacement claim should be submitted with frequency code 7 and procedure code 99214. This claim will then be adjusted to remove 70052 and 99213, and it will be processed with 99214.

Note: If a charge was left off the original claim, please submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

VOID CLAIMS

If a claim was submitted to BCBSIL in error and needs to be voided, the claim to be voided should be submitted **exactly** as it was submitted previously, along with the appropriate frequency code to indicate that the claim should be voided (8).

If you have any questions regarding the above information, please contact our Electronic Commerce Center at 800-746-4614.

Add 'eRM' to Your Electronic Toolkit

We invite you to join the growing number of providers who are using our no-cost Electronic Refund Management (eRM) tool to help streamline the overpayment reconciliation process.

WHAT PROVIDERS ARE SAYING ABOUT eRM

Our Provider Network Consultants have asked for feedback from providers currently using eRM, and the responses have been consistently positive. Here are some of the advantages, according to your peers:

- Convenient payment options – you can choose to mail a check or have BCBSIL automatically deduct from a future claim payment
- Faster resolution, compared to using the paper Claim Review Form
- Ability to submit your questions and receive responses online
- Less paper waste from mail – letters can easily be viewed electronically instead
- Capability to check the status of recoupments online

MORE REASONS TO ENROLL

The eRM system offers a more efficient alternative to paper processing of refund requests.

- Through eRM, you may choose to receive daily or weekly email summaries of overpayment requests.
- You also have the ability to upload necessary supporting documentation online.
- The system provides you with access to historical correspondence related to a claim, as well as on-demand reports.
- eRM allows you the opportunity to review, edit, or cancel your selections before submitting them to BCBSIL.

GETTING STARTED IS EASY

- 1) Register with Availity or RealMed®, if you have not already done so.
- 2) Fill out the online onboarding form. This form is located under the “Claims Management” tab on Availity and under the “Administration” tab on RealMed.
- 3) After submitting your completed form, an eRM profile will be created for you.
- 4) You will then receive a verification email. When you click the verification link, your eRM profile will be activated.
- 5) Once your profile is activated, you will be able to access eRM directly via Availity or RealMed.

If you have any questions, please contact our eRM Support Team at eRM@bcbsil.com and they will be happy to assist you.

LEARN MORE

Our eRM Support Team leads weekly webinars for new and existing users. These webinars explain how to complete the onboarding process as well as how to navigate the tool. You will also be able to ask questions in an open forum. In addition, based on feedback from providers, the eRM Support Team produces a quarterly email newsletter with tips and updates for all registered users.

A list of July webinar dates and times can be found in *Provider Learning Opportunities* on page 2 of this newsletter. To register, visit the Workshops/Webinar page in the Education and Reference Center section of our website at bcbsil.com/provider.

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Automated Preauthorization Tools to be Enhanced

BCBSIL is upgrading automated preauthorization (also known as pre-certification or pre-notification) tools. These enhancements are scheduled for availability in late August 2012. iEXCHANGE®, a Web-based application, will now support direct submissions and provide online approval of benefits for outpatient services, in addition to continuing support of inpatient admissions. The application upgrade includes minor screen changes to the current tool.

Note: Registered Availity users with single sign-on access to iEXCHANGE will be automatically redirected to the updated application.

A new telephone-based option has been added to our interactive voice response (IVR) system for submission of preauthorization requests and for receiving approval of benefits for outpatient services and inpatient admissions. The new application will offer both voice-activated and touch-tone telephone options for preauthorization requests. To access the IVR system, contact the Provider Telecommunications Center (PTC) at 800-972-8088 and follow the prompts for preauthorization requests.

Provider training sessions will be offered prior to implementation. Webinar dates and updated reference materials will be posted in the Education and Reference Center of our website at bcbsil.com/provider. Please watch the News and Updates section of our Provider website for additional announcements.

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.

Pharmacy Program Updates

Formulary Additions Effective July 1, 2012

Based on the availability of new prescription medications and the Prime Therapeutics National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, some additions will be made to the standard BCBSIL formulary, effective July 1, 2012.

Brand Medications Being Added to the Formulary Effective July 1, 2012

Formulary Brand* (Tier 2 copayment coinsurance)	Drug Class/ Condition Used For
Victoza	Diabetes
Kalydeco	Cystic Fibrosis
Lumigan	Glaucoma

For the most up-to-date formulary, visit the Pharmacy Programs section of our website at bcbsil.com/provider.

*Trademarks mentioned above are the property of their respective owners.

The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime Therapeutics, a separate company, to provide pharmacy benefit management and other related services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Claim Review Spotlight: Non-covered Physical Therapy Services Reminder

The BCBSIL Non Covered Physical Therapy Services Medical Policy (THE803.008) states that kinesiology is considered not medically necessary as it has not been proven to be effective. When discussing potential treatment options with BCBSIL PPO members, please alert your patients in advance of treatment that kinesiology services are ineligible for benefit coverage. Under HMO, if a Primary Care Physician (PCP)/Participating Specialist Provider (PSP) deems kinesiology therapy medically necessary, it may be a covered benefit, with a referral.

As kinesiology is considered to be a non-covered physical therapy service for PPO members, it is important to note that kinesiology includes the use of Kinesio taping and McConnell taping techniques.

The Kinesio Taping Association International describes the Kinesio Taping® Method as a “rehabilitative” elastic taping technique to help support or stabilize affected muscles or joints “without restricting the body’s range of motion.” The technique is also described as a means of providing “extended soft tissue manipulation to prolong the benefits of manual therapy administered within a clinical setting.”¹

The McConnell taping technique involves the use of a highly adhesive, non-stretch sports tape. As a patella taping technique, McConnell taping presents a means of keeping the patella in alignment during activity, such as for individuals experiencing patellofemoral pain syndrome, or runner’s knee.² The technique is also described as having the potential to “help reestablish normal movement and allow the muscles that hold the kneecap in place to redevelop properly.”³

CPT® Assistant, March 2012, states that “Kinesio taping is a supply and therefore is included in the time spent in direct contact with the patient to provide either re-education of a muscle and movement or to stabilize one body area to enable improved strength or range of motion. This includes the application of Kinesio tape or McConnell taping techniques.”

These taping techniques should not be confused with *strapping*, which involves the application of overlapping strips of adhesive plaster or tape to an extremity or body area to provide temporary, total immobilization or restriction of movement, such as in the treatment of strains, sprains, dislocations and certain fractures. CPT Assistant recommends that CPT code selection should directly reflect the intention of the taping and that, in order to use strapping codes, the joint must be immobilized.

As part of our periodic quality review procedures, BCBSIL reserves the right to review claims and seek refunds of overpayments which may have resulted from the incorrect billing of taping services that are not considered a covered benefit.

Active and pending medical policies can be viewed in the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. While medical policies may be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, available in the Standards and Requirement section of our Provider website.

References:

1. About KTA. Kinesiology Taping Association International. 2010. <http://www.kinesiotaping.com/global/association/about/kinesio-taping-method.html>
2. Patella Taping. PhysioAdvisor. 2008. <http://www.physioadvisor.com.au/11343550/patella-taping-mcconnell-taping-physioadvisor.html>
3. McConnell Taping Technique. eMedicineHealth. Jan. 19, 2010. <http://www.emedicinehealth.com/script/main/art.asp?articlekey=138626>

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ANSI v5010 Update: Interpreting the PLB Segment on the 835 ERA

You may have noticed changes on your electronic remittance advice (ERA) from BCBSIL, as a result of new ANSI Version 5010A1 835 requirements specified in the Technical Report Type 3 (TR3). As a reminder, the TR3 is available for purchase on the Washington Publishing Company (WPC) website at wpc-edi.com.

There are reversals and corrections when claim adjudication results have been modified from a previous reporting. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within the ERA.

Adjustments in the PLB segment can either decrease the payment (a positive number) or increase the payment (a negative number). You should alert your practice management software vendor, as the information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

INFORMATION FOR YOUR VENDOR

Included below are additional details regarding the adjustment codes you may see in the PLB segment, in accordance with the TR3. Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable. Questions may be directed to our Electronic Commerce Center at 800-746-4614.

WO – Overpayment Recovery	This is the recovery of a previous payment. An identifying number must be provided in PLB03-02. (See notes on codes 72 and B2 for additional information about balancing against a provider refund.) <i>Example:</i> PLB*154837NN82*20121231*WO:0201209NN08956B0X.5520NN142*1156*
72 – Authorized Return	This is the provider refund adjustment, acknowledging a refund received from a provider for a previous overpayment. PLB03-2 must always contain an identifying reference number when the value is used. PLB04 must contain a negative value. This adjustment must always be offset by some other PLB adjustment. Referring to the original refund request or reason for balancing purposes, the amount related to this adjustment reason code must be directly offset.
B2 – Rebate	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 and offset by the amount with code WO. The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider. <i>Example:</i> PLB*154837NN82*20121231*72:020120NN5076B180X00.5520NN794*-9281.11*WO:020120NN5076B180X00.5520NN794*9281.11*B2:020120NN5076B180X00.5520NN794*-9281.11
CS – Adjustment	Provide supporting identification in PLB03-2. <i>Example:</i> PLB*15483NN082*20121231*CS:020120NNOC85890X00.5NN82101*-1156
CS – Temporary Allowance	This is a tentative adjustment used to convey to the provider information for debit or credit transactions. This is used in situations where there is a reduction in payment under \$50. <i>Example:</i> PLB*15483NN082*20121231*CS:02012NNNQ3980X00.55NN30940*-2

Balancing Procedure

The amounts reported in the 835, if present, **must** balance at three different levels, as follows:

1. Service Line – Record the BPR02 (the total actual payment to the provider for this 835). This is the check or Electronic Funds Transfer (EFT) amount.
2. Claim Level – Sum the CLP04 (Claim Payment Amount).
3. Transaction Level – Summarize any PLB adjustments, if any, and reverse the sign of the value.

The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (PLB) equals the total payment (BPR02).

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Ancillary Claim Filing Guideline Reminder

Claim filing guidelines for **Durable/Home Medical Equipment (DME) Suppliers, Independent Clinical Laboratories and Specialty/Home Infusion Therapy Pharmacies** were updated effective March 1, 2012.

Articles appeared in the *Blue Review* in late 2011, as well as earlier this year, to alert ancillary providers of important changes. A summary of previous articles is included here as a reminder.

We realize that your company may provide services to Blue Cross and Blue Shield (BCBS) members across the United States, with local provider agreements with BCBS Plans in many states. These guidelines are intended to help standardize claim filing procedures, regardless of your location.

DME Providers – You must bill the BCBS Plan in whose service area the equipment was shipped to the member, rented or purchased at a retail store, regardless of any contracting arrangements that you may have with a BCBS Plan in another state.

Independent Clinical Laboratories – You must bill the BCBS Plan in whose service area the specimen is collected, even if your lab has a contract with a BCBS Plan in another state.

Specialty/Home Infusion Therapy Pharmacies – You must bill the BCBS Plan in the service area where the ordering physician is located, regardless of any contracting arrangements you may have with a BCBS Plan in another state.

For details on the data to include on your professional electronic (ANSI 837P) or paper (CMS-1500) claims, refer to the Ancillary Claim Filing Guidelines in the Claims and Eligibility/Claim Submission section of our website at bcsil.com/provider. If you have any questions, send an email to ancillarynetworks@bcsil.com, or call 312-653-4820.

Exception: The updated guidelines do not apply to claims submitted for Federal Employee Program (FEP) members. You should continue to submit claims for FEP members according to your current procedure.

2012 HMO Member Survey

This month, the 2012 HMO Member Survey will be mailed to randomly selected HMO Illinois and BlueAdvantageSM members in each Medical Group (MG)/Individual Practice Association (IPA).

The primary purpose of this survey, which is conducted annually, is to assess member satisfaction on various aspects at the MG/IPA level. These include access to medical care and overall services rendered by PCPs and PSPs in the HMO BCBSIL network.

The results of this survey are used to determine the MG/IPA "Blue Ribbon" indicators in the HMO Directory.

Please feel free to notify your HMO Illinois and BlueAdvantage HMO members that the survey will be distributed soon. You may encourage members to promptly complete and return the survey in the postage-paid envelope provided *within five business days of receipt*.

Note: Surveys contain instructions for Spanish-speaking and/or-reading members to request a survey by telephone. A bilingual postage-paid postcard is also included in the survey mailing for members to request a survey in Spanish.



NEW ACCOUNT GROUPS



Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Anixter Center	P40583 H40574 B40574	XOF XOH XOH	PPO (Portable) HMO Illinois BlueAdvantage HMO	July 1, 2012
Arends Hogan Walker	P37160	XOF	PPO (Portable)	July 1, 2012
Blackhawk Bank & Trust	P45537	XOF	PPO (Portable)	July 1, 2012
Christian Brothers Services	P35936	PSC	PPO (Portable)	Sept. 1, 2012
Educational Benefit Cooperative	P35783, P36585, P36676, P36822 P35787, P36388 H00016, H00021 B00009, B00067	XOF XOF XOH XOH	PPO (Portable) BlueEdge PPO/HSA (Portable) HMO Illinois BlueAdvantage HMO	July 1, 2012
Erie Family Health Center	P50355 O50309 B50342	XOF XOF XOH	PPO (Portable) BlueEdge PPO/HCA (Portable) BlueAdvantage HMO	July 1, 2012
Flex-N-Gate Corporation	240960	FNG	PPO (Portable)	July 1, 2012
Global Supply Chain Solutions	549401-03	GNV	PPO (Portable)	July 1, 2012

NEW ACCOUNT GROUPS (continued)

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
IPBC, Village of Crest Hill	P36492 H00020	XOF XOH	PPO (Portable) HMO Illinois	July 1, 2012
IPBC, Village of New Lenox	P36826, P36828 H15052	XOF XOH	PPO (Portable) HMO Illinois	July 1, 2012
Keystone Capital, Inc.	P36670 P36673	KYF KYF	PPO (Portable) BlueEdge PPO/HSA (Portable)	July 1, 2012
Lansing School District #158	P49922, P37607	XOF	PPO (Portable)	July 1, 2012
Lewis and Clark Community College	P49528	XOF	PPO (Portable)	July 1, 2012
Litchfield CUSD #12	P50751	XOF	PPO (Portable)	July 1, 2012
M & R Printing Equipment, Inc.	P46570 H46519 B46522	XOF XOH XOH	PPO (Portable) HMO Illinois BlueAdvantage HMO	July 1, 2012
Yorkville Community Unit School District #115	B00037	XOH	BlueAdvantage HMO	July 1, 2012
Wellness Insurance Network	P35983-984, P35999	XOF	PPO (Portable)	July 1, 2012
Whiteside County	P52408	XOF	PPO (Portable)	July 1, 2012

Note: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

From the Medical Director's Library

David W. Stein, M.D., offers the following message and reading selection for July:

The recommended article this month is: "Hospital Strategies for Reducing Risk-Standardized Mortality Rates in Acute Myocardial Infarction," by Elizabeth Bradley, et al. (Ann Internal Med 2012: Vol. 156 618-625).

This excellent article deals with the fact that despite recent improvements in survival after an acute myocardial infarction, U.S. hospitals vary by two-fold in their 30-day standardized mortality rates.

The article demonstrates the impact of physicians and nurses who are championing hospital programs that address the conceptual areas focused on improving performance and survival outcomes.

The above article is for informational purposes only. The views and opinions expressed in this article are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.



IN THE KNOW ✓

Online Training Supports Improved Immunization Services

PROTECTcme.org* is a collaborative educational curriculum with the mission of improving clinician performance and patient health associated with immunizations across the age spectrum.

Numerous U.S. Food and Drug Administration (FDA) approved vaccines and the detailed recommendations have been made available by the Advisory Committee on Immunization Practices (ACIP). However, significant clinician performance and patient health gaps still persist in the area of immunizations, according to the PROTECTcme.org website.

EARN CME CREDITS

Three new online educational activities are being offered for clinicians. Providers may choose which patient population they would like to select for their performance improvement effort – early childhood, adolescent or high-risk adult.

Using a HIPAA-compliant, confidential platform, clinicians may evaluate how well their practice manages patient immunizations. The site also offers peer-to-peer dialogue opportunities, a slide library of materials from subject matter experts and useful links to pertinent information.

There is **no fee** to participate in these educational activities. View the program's welcome page at protect.community360.net for more information and to register.

*Reference to this website is being provided for informational purposes only and is not an endorsement of the site. The owner of the website is solely responsible for its content, including CME offerings and related resources.

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

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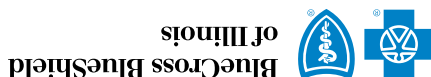
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Blue REVIEW



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