



BlueCross BlueShield of Illinois

BLUE REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

JULY 2015

Tips to Help Your Patients Improve Medication Adherence

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to working with its independently contracted providers to help them provide quality health care to their patients – BCBSIL members. As part of this commitment, BCBSIL is using the GuidedHealth® clinical rules platform to review claims data that it receives from patients with BCBSIL pharmacy benefits to help identify members who may be potentially non-adherent to an antiviral, cholesterol, diabetes, depression, hypertension and/or respiratory prescription drug. Informational letters are sent on a quarterly basis to prescribing providers for these identified members to help increase awareness and promote patient safety.

According to *Script Your Future*, a national campaign to raise awareness about medication adherence, nearly three out of four Americans do not take their medications as directed.* For patients with a chronic condition, non-adherence with prescriber instructions may lead to adverse events that may not be immediate but could be harmful over time. There are many reasons people do not take their medications, such as inconvenience, cost or side effects.

Listed below are some suggestions that may help you help your patients improve their medication adherence:

- Simplify the drug regimen by adjusting the timing, frequency, amount and/or dosage of the medications prescribed.
- Encourage honesty when screening your patients for medication adherence. Open communication and trust can lead to uncovering perceived barriers your patients may be facing that you can then help address.
- Provide clear, written instructions for taking the medication and explain the consequences of not taking the medication.

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VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

Reminder: Illinois State Physician License Renewal



As an independently contracted provider with BCBSIL, your agreement stipulates that you must hold a valid state license. State of Illinois (SOI) physician licenses (M.D. and D.O.) typically expire on July 31. License renewal is required every three years. If you fail to renew your license before the expiration date, the SOI will place you in an inactive status.

It is important to complete the state license renewal process as early as possible to avoid being automatically deactivated from the BCBSIL networks in which you participate. Providers who are deactivated must submit a new contract application request in order to be reinstated.

For more information, visit the Illinois Department of Financial and Professional Regulations (IDFPR) website at <http://idfpr.com/>.

This article is provided for informational purposes only and is not intended, nor should it be construed, as legal advice. If you have any questions regarding laws or regulations, you should consult with your legal advisor.

Important Notice Regarding Billing for Point-of-Use Convenience Kits

BCBSIL periodically reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our member's benefit plan and meet BCBSIL's guidelines. Some providers are submitting claims for point-of-use convenience kits that are used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also non-drug components including, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze.

Typically, the cost of convenience kits exceeds the cost of its components when purchased individually. Non-drug components included in the kits are inclusive of the practice expense for the procedure performed for which no additional compensation is available to the provider. Accordingly, and in an effort to help ensure that services are provided in a cost-effective manner for the appropriate treatment of the BCBSIL member, effective Oct. 1, 2015, only the individual drug components of the kit will be reimbursable to the provider.



Modifier 25 Reminders

The Current Procedural Terminology (CPT®) codebook defines Modifier 25 as a "significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service."

When you submit a BCBSIL Provider Review Form requesting review of a previously submitted claim that contained Modifier 25, we will perform a retroactive audit to determine if the services rendered warrant use of this modifier. If we receive a request to add Modifier 25 to a previously submitted claim, medical records are required to complete our review. If appropriate documentation is not included, the Provider Review Form will be returned to you along with a request to include medical information explaining the reason for adding the modifier to a claim that was originally sent without one.

Remember these tips when using Modifier 25:

- Documentation must support significant and separately identifiable preoperative and/or postoperative work, above and beyond the usual care associated with the performed procedure.
- Documentation must support that the patient's symptom, problem or condition required a separately identifiable E/M service.
- The reported E/M service must meet the key components (history, examination and complexity of medical decision making) of the selected E/M service.
- The E/M service must be distinct from the service performed.

- Modifier 25 should only be appended to E/M services and not procedures.
- Modifier 25 is not used to report an E/M that resulted in the decision to perform surgery. Refer to Modifier 57 guidelines for an E/M service which results in a decision for surgery.
- Procedures include preoperative evaluation services necessary prior to performing a procedure or other service. This may include, but is not limited to assessing the site/condition, explaining the procedure and obtaining informed consent.

Please refer to the CPT codebook for additional details.

As a reminder, BCBSIL actively participates in inquiries and investigations to accurately identify and appropriately address potential fraudulent activities through our Special Investigations Department (SID). The SID is committed to reducing health care costs and helping to protect the integrity of the BCBSIL independently contracted provider network. To learn more about SID, we welcome you to view the SID tutorial located in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.

CPT copyright 2014 American Medical Association (AMA). All rights reserved.
CPT is a registered trademark of the AMA.

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.

Tips to Help Your Patients Improve Medication Adherence

(continued from page 1)

- Offer to prescribe a 90-day supply for home delivery pharmacy services or consider prescribing generics or other less expensive alternatives, if cost is an issue.
- Recommend that your patients set a routine/daily alert by using a pillbox or some other reminder system.
- Collaborate with all of your patient's health care providers to deliver patient-centered complete care. Reach out to the patient's caregiver as well, if appropriate.

GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and other related services. BCBSIL, as well as several other Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSIL makes no endorsement, representations or warranties regarding GuidedHealth. If you have any questions about this product or services, you should contact Prime Therapeutics directly.

*Script Your Future, <http://scriptyourfuture.org>, National Community Pharmacists Association and Pharmacists for the Protection of Patient Care Adherence Survey, 2006.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. 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.

Pharmacy Program Changes, Effective July 1, 2015

BCBSIL Pharmacy Program Updates are typically published on a quarterly basis in the *Blue Review* and/or on our Provider website to help keep you informed of standard drug list (formulary) additions/deletions, dispensing limit changes and utilization management program enhancements. Most recently, we posted a document titled, *Pharmacy Program Changes Effective July 1, 2015*, which is available in the Education and Reference Center/News and Updates section of our website at bcbsil.com/provider. This document includes:

- A listing of brand medications that have been added to the BCBSIL standard drug list, as well as information on brand medications on the standard drug list that have moved to a higher out-of-pocket payment level, effective July 1, 2015.
- Information on dispensing limits that have been added for certain drugs, effective July 1, 2015. BCBSIL's standard prescription drug benefit program includes coverage limits on certain medications and drug categories.
- A listing of program name changes and drug categories added to the BCBSIL Pharmacy Prior Authorization (PA) and Step Therapy (ST) programs effective July 1, 2015, as part of our utilization management program for standard pharmacy benefit plans upon renewal.

Refer to the complete article in the Education and Reference Center/News and Updates section of our website at bcbsil.com/provider for details.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. 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.

Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.



Effective Oct. 1, 2015, the following range of codes will allow only one unit on a single date of service: 80320-80377.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our website at bcbsil.com/provider.

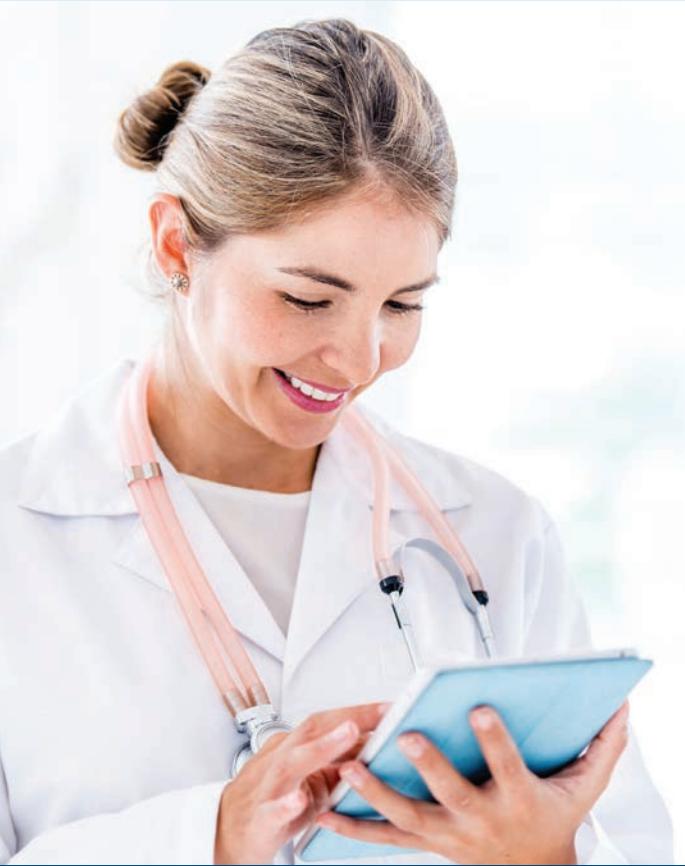
ICD-10: Quick Facts and Resource Reminder

The U.S. Department of Health and Human Services (HHS) published a final ruling in early August 2014, confirming an Oct. 1, 2015, mandated transition to ICD-10. As of this compliance deadline, all Health Insurance Portability and Accountability Act (HIPAA) covered entities **must** use ICD-10 on claims and other health care transactions.

- ICD-10-CM will replace ICD-9-CM for diagnosis coding in all health care settings. ICD-10-PCS will replace ICD-9-CM for inpatient procedure coding.
- Outpatient and professional ICD-10 coding is based on date of service; inpatient institutional ICD-10 coding is based on date of discharge.
- Outpatient and professional claims will need to be split if services dates span the compliance date.
- Use of other codes, such as CPT, HCPCS and Revenue Codes will not be impacted by the transition to ICD-10.

There are many industry resources available to assist providers with making the transition to ICD-10. The Centers for Medicare & Medicaid Services (CMS) offers training modules for Continuing Education Units (CEUs) and helpful resources for small and medium provider practices, such as the Road to 10 site at <http://www.roadto10.org/> and new Quick Start Guide at <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuickStartGuide20150622.pdf>.

Please refer to the Standards and Requirements/ICD-10/Stay Informed section of our Provider website for additional links to helpful external sites and educational resources. You'll also find links to BCBSIL resources, such as answers to frequently asked questions.



ICD-10: It's Really Happening

The transition to ICD-10 is federally mandated. The compliance deadline is Oct. 1, 2015. As of the compliance deadline, claims without valid ICD-10 codes, as required, will not be accepted by BCBSIL. Use of ICD-10 also affects eligibility and benefits requests, preauthorization, electronic health records, referrals and other processes.

Are you ready? Are you sure? Take action now. Visit the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider for readiness tips and educational resources.

Join Us for a Webinar: Using ICD-10 in Online Benefit Preauthorization Requests

BCBSIL will be offering educational webinars through September 2015 to demonstrate the differences you may encounter when using ICD-10 codes in iExchange®, our online benefit preauthorization tool. **See the *Provider Learning Opportunities* on page 7 for dates and times of upcoming iExchange ICD-10 Enhancements webinars.**

Or, visit the Education and Reference Center/Workshops/Webinars page of our website at bcbsil.com/provider.

Please note that the fact that a guideline is available for any given treatment, or 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.

It's Not Too Late to Enroll for ICD-10 Testing with BCBSIL



If you submit electronic claims, confirming ICD-10 readiness with your software vendor, billing service and/or clearinghouse is just the first step. End-to-end or “round-trip” testing with payers is necessary to help ensure your claims will make a successful journey from start to finish. The best place to encounter issues is within the test environment while there is still time to resolve them. The testing process also offers you and your staff the opportunity to practice coding with ICD-10.

The BCBSIL ICD-10 Testing Program is currently in progress. Participants are submitting “twin” claims for testing – one with ICD-9 codes and the other with ICD-10 codes. BCBSIL is processing both claims with the intention of taking all submitted and accepted test claims to a finalized status. For each finalized test claim, BCBSIL is returning an 835 Electronic Remittance Advice (835 ERA). Participants also receive testing summary results for each set of twin claims.

If you are interested in testing with BCBSIL, you may enroll online using the ICD-10 Testing Enrollment Form in the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider. Within three to five days after your request is received, BCBSIL will email you an enrollment kit with a brief survey and testing agreement. Upon approval, you will receive a welcome letter with instructions and next steps.

For details on upcoming webinars and other educational resources, visit the ICD-10 page in the Standards and Requirements section of our Provider website. If you have questions or need additional information, send an email to icd@bcbsil.com. Or, contact your assigned Provider Network Consultant for assistance.

Claim Status Option No Longer Available on Automated Phone System

As announced previously, effective July 13, 2015, claim status is no longer available through the BCBSIL interactive voice response (IVR) phone system.

The IVR system will continue to prompt callers for the type of request (eligibility and benefits, claims, preauthorization or other services). The claims menu will include two options (adjust a claim and claim mailing address). As of July 13, 2015, the claims menu no longer includes options for claim status or claim number.

For additional information on the above change, refer to the IVR Claim Status Change FAQs in the Related Resources of the Claims and Eligibility/Claim Status and Adjudication section of our website at bcbsil.com/provider.

Claim status information will continue to be available electronically through your preferred vendor portal. Among other advantages, using a vendor portal can help save your staff time by offering faster, more efficient returns on claim status requests and other inquiries.

Online claim status options offer the same real-time information formerly provided by the phone system, and more. For example, registered Availability™ Web Portal users may access the Claim Research Tool, which allows searches by member ID, group number or document control number (DNC). You can check status of multiple claims in one view, view claims for a particular date range and obtain detailed line item information, such as amount paid, ineligible reason code and description for each service line.

Availability users also may access a remittance viewer tool to help view and interpret claim payment details on the 835 Electronic Remittance Advice (835 ERA) from BCBSIL. For more information on the Claim Research Tool and remittance viewer, visit the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider. Also watch the Workshops/Webinars page in the Education and Reference Center section of our website for upcoming webinars.

Availability is a trademark of Availability, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availability provides administrative services to BCBSIL. BCBSIL makes no representations or warranties regarding third party vendors such as Availability.

Upcoming 2015 HMO Member Survey

This month, the 2015 HMO Member Survey will be mailed to randomly selected HMO Illinois®, Blue Advantage HMOSM and Blue Precision HMOSM members in each Medical Group/Independent Practice Association (MG/IPA) that participates in those products.

The primary purpose of this annual survey is to assess member satisfaction with various factors 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 BCBSIL HMO network.

The results of this survey are used to determine an MG/IPA site's "Blue Ribbon" indicator in the HMO Directory. Feel free to notify your patients that the survey will be distributed soon. Also, encourage members to promptly complete and return the survey to BCBSIL in the postage-paid envelope provided **within five business days of receipt**.

Note: The survey includes instructions to obtain a copy in Spanish.

In the Know ✓

New Guide Outlines Member ID Card Basics

As an independently contracted BCBSIL provider, you may render services to BCBSIL members, as well as other Blue Plan members who travel or live in Illinois. With the growing number of available products, plans and corresponding networks, it is increasingly important to ask for each member's current ID card at every visit, along with a photo ID, prior to checking eligibility and benefits. For an overview of key elements to watch for, along with guidance on how to interpret and use this information, please refer to our new Quick Guide to Blue Cross and Blue Shield Member ID Cards. This handy reference is available in the Standards and Requirements/BlueCard® Program/Related Resources section of our website at bcbsil.com/provider.

Member ID cards are for identification purposes only and do not guarantee eligibility, benefits or payment of claims.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the back of the member's ID card.



Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

Complimentary training sessions are offered throughout the year with an emphasis on electronic transactions. A snapshot of upcoming training sessions is included below so you can mark your calendar. To register online, visit the Workshops and Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.



WEBINARS

Claim Research Tool <i>The claim research tool enables providers to access detailed claim status information online, including payment details and line item breakdowns. New and existing users are highly encouraged to attend.</i>	July 30, 2015	1 to 2 p.m.
ICD-10 Testing Readiness <i>Join us for an ICD-10 Testing Readiness Webinar to learn more about the importance of testing and how you can enroll to participate in testing with BCBSIL.</i>	July 28, 2015	11 a.m. to noon
	Aug. 3, 2015	1 to 2 p.m.
iExchange Training: ICD-10 Enhancements <i>This training focuses on system enhancements specific to ICD-10.</i>	Aug. 12, 2015	11 a.m. to noon
	Sept. 16, 2015	2 to 3 p.m.

PROFESSIONAL PROVIDER WORKSHOPS

The BCBSIL Provider Relations team is offering specialized workshops for independently contracted providers. Topics such as ICD-10, Affordable Care Act (ACA), behavioral health, product updates and more will be discussed.

For all workshops, registration is scheduled from 9 to 9:30 a.m. Workshop sessions are held from 9:30 a.m. to noon. Dates for each workshop are listed above the meeting location.

Aug. 6, 2015 The Regency Conference Center 400 Regency Park O'Fallon, IL 62269 The registration deadline is July 31, 2015. Providers can either register online or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528.	Sept. 16, 2015 Par-A-Dice Hotel 21 Blackjack Blvd. East Peoria, IL 61611 The registration deadline is Sept. 11, 2015. Providers can either register online or by contacting Amanda Williams at williamsa4@bcbsil.com or 217-698-5179.
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The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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