Blue Cross and Blue Shield of Illinois Confirms: Providers Need to Take Action on ICD-10

On Oct. 1, 2014, all HIPAA-covered entities will make a leap forward, transitioning from the ICD-9 code sets to the ICD-10 code sets. In past issues of the Blue Review, we reminded you about the importance of preparing for ICD-10 now, especially after the Centers for Medicare & Medicaid Services made clear the deadline will not change.

Blue Cross and Blue Shield of Illinois (BCBSIL) has been surveying providers to assess their readiness for the transition to ICD-10. Our survey has focused on those providers submitting the highest claim volumes. Thank you to those of you who participated. So far the results have reflected what many in the industry are saying anecdotally and through other surveys: Most providers report they aren’t ready for ICD-10!

When we asked which steps had been completed for the transition to ICD-10 – Gap Analysis, Defining Requirements, Design/Development, Testing and Implementation – at least 75 percent of respondents indicated they haven’t started or don’t know where they are in the process. Yet 88 percent of providers reported not having a contingency plan in place to receive claim payments if they aren’t compliant by Oct. 1, 2014.

If you haven’t yet started preparing for ICD-10, you’re not alone. But if you don’t begin planning now to meet the Oct. 1, 2014, deadline, you may not be compliant, which means your claims won’t be paid. Ensuring you’ll be ready for ICD-10 means your practice will have less interruptions after the transition.

Our provider survey also tells us that one of the biggest obstacles to being ready for ICD-10 is training and education. We’re listening, and we’re focusing our efforts to point you to resources that can help you take action. Continue to read the Blue Review for additional ICD-10 planning information. If you haven’t taken our ICD-10 Readiness Survey yet, visit the ICD-10 page in the Standards and Requirements section of our website at bcbsil.com/provider. We value your feedback. If you would like to receive email updates about ICD-10, contact us at ICD@bcbsil.com.

Correction: Submitting Mass Claim Review Requests

In the March 2013 Blue Review, Blue Cross and Blue Shield of Illinois (BCBSIL) informed you that we now accept provider requests for review of 75 or more claims via fax rather than through the U.S. Postal Service. The fax number in the article was incorrect. The correct fax number for submitting mass claim review requests is 312-565-1559. We apologize for any inconvenience.

When faxing your claims, please continue to include a contact name with an email address so we can email your confirmation receipt. If you do not have email access, please include a fax number where we can fax your confirmation receipt. Your email or fax confirmation will include the appropriate contact information for checking the status of your review request.
The document contains information about NCQA/Utilization Management Decision-making Guidelines. It includes guidelines for HMO employees and MG/IPAs regarding Utilization Management (UM) issues. BCBSIL confirms there is no conflict of interest between BCBSIL contracted HMO MGs/IPAs and the MG/IPA employees regarding UM issues. The guidelines require UM benefit decisions to be based on medical necessity, and certain UM decision-making guidelines must be followed by MG/IPA employees and contracting physicians. HMO MGs/IPAs must meet UM access standards, including answering calls outside normal business hours and returning calls within one business day. Annual statements about these guidelines are distributed to HMO product staff, MG/IPA physicians, and BCBSIL HMO members.

 ClaimsXten™ Update for Same Day Lab

As was published previously, BCBSIL is enhancing the ClaimsXten code auditing tool by adding new rules to the claims processing system, using a phased approach.

**Same Day Lab I**
Effective April 15, 2013, the Same Day Lab I rule was implemented. This rule identifies claim lines containing a repeat laboratory procedure code that was submitted without modifier 91 and/or when the same laboratory procedure code was previously submitted by the same provider for the same member and for the same date of service. **Without a modifier, only one unit of service is allowed.**

**Same Day Lab II**
Effective July 15, 2013, BCBSIL will implement the Same Day Lab II rule, which identifies claim lines containing laboratory procedures that are billed with a line quantity value greater than the range of dates submitted and without either modifier 59 or 91. **Without a modifier, only one unit of service, per date of service, is allowed.**

For additional information, refer to the ClaimsXten Rule Descriptions listing, available in the Standards and Requirements/Coding Related Updates section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

ClaimsXten is a registered trademark of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.
Preferred Specialty Pharmacies for Hemophilia (Factor) Drugs

Factor drugs, which are specialty medications used to treat hemophilia, often have unique storage or shipment requirements and usually are not stocked at retail pharmacies. BCBSIL contracts with select specialty pharmacies to ensure the availability of specialty medications for our members.

As a reminder, Prime Therapeutics (Prime) is the pharmacy benefit manager for most BCBSIL members. If Prime is the pharmacy benefits manager for your patient, please note that BCBSIL contracts with the following specialty pharmacies for hemophilia (factor) products:

• Accredo Health Group, Inc. (Accredo®)
  To contact Accredo regarding hemophilia (factor) products, call 800-800-6606. Referral information may be faxed to Accredo at 800-330-0756.

• Prime Specialty Pharmacy
  To contact Prime Specialty Pharmacy regarding hemophilia (factor) products, call 877-627-MEDS (6337). Referral information may be faxed to Prime Specialty Pharmacy at 877-828-3939.

For those members who have Prime as their pharmacy benefits manager, acquiring hemophilia (factor) drugs through these specialty pharmacies will help to ensure maximum benefit coverage.

Note: In accordance with their benefits, members who do not have Prime Therapeutics (Prime) assigned as their pharmacy benefits manager may be required to use a preferred specialty pharmacy that is different from those listed above. Please call the number on the back of the member’s ID card to verify coverage or for further assistance or clarification on the member’s benefits.

*The relationship between BCBSIL and the specialty pharmacies is that of independent contractors. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. 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.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. HCSC, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

Need help billing with NDCs? View our online tutorial!

We have prepared an online presentation to assist BCBSIL contracted providers with step-by-step guidelines for proper inclusion of National Drug Code (NDC) data on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. Our new NDC tutorial covers the following topics:

• NDC basics (what it is and where to find it)
• Advantages of using NDCs
• What needs to be included on your claim and where
• How to convert HCPCS/Current Procedural Terminology (CPT®) units to NDC units
• How to access the NDC reimbursement fee schedule
• Reminders and resources

A link to the NDC Billing Tutorial is available to BCBSIL contracted providers in the Claims and Eligibility/Claim Submission section of our website at bcbsil.com/provider, under Related Resources. Viewers may offer feedback and submit questions online at the close of the presentation by completing a short survey.

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New Provider Types for Autism-related Services

BCBSIL is pleased to announce that effective Sept. 1, 2013, the following providers will be eligible to participate in the PPO network:

- Board Certified Behavioral Analysts (BCBAs) certified in Illinois by the Behavior Analyst Certification Board
- Developmental Therapists (DTs) who participate in the State of Illinois Early Intervention Program

If you are a DT or BCBA and you previously submitted an application to join the independently contracted PPO network, you will soon receive a letter from BCBSIL. The letter will confirm your participation in the PPO network effective Sept. 1, 2013. Please note that on or around Sept. 1, 2013, contracted BCBAs and DTs will be listed in our online provider directory. At that time you may check the Provider Finder® at bcbsil.com to confirm that the information listed is correct. If you have any questions about network participation for BCBAs or DTs, please contact Eridania Reyes in Network Management at 312-653-7393.

Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS
Below is a list of complimentary training sessions 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.

<table>
<thead>
<tr>
<th>WEBINARS</th>
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<tbody>
<tr>
<td>Electronic Refund Management (eRM)</td>
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<tr>
<th>iEXCHANGE® Webinars</th>
<th>To view available topics, visit the Workshops/ Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>iEXCHANGE is a Web-based application that can be used to submit transaction requests for inpatient admissions and extensions, treatment searches, provider/member searches and select outpatient services and extensions. Customized training is available upon request.</td>
<td>To request training, contact us at <a href="mailto:iexchange_helpdesk@bcbsil.com">iexchange_helpdesk@bcbsil.com</a> and include your name, telephone number and the topics of interest.</td>
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<thead>
<tr>
<th>Behavioral Health Provider Webinars</th>
<th>June 24, 2013</th>
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<tbody>
<tr>
<td>These training sessions are customized for behavioral health professionals, with a focus on electronic transactions that may be conducted via the Availity Web portal. Participants will learn how to check patient eligibility and benefits online, obtain up-to-the-minute claim status information and submit other claim-related inquiries electronically.</td>
<td>3:30 to 5 p.m.</td>
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<thead>
<tr>
<th>WORKSHOPS</th>
<th>Morning Session</th>
<th>Afternoon Session</th>
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<tbody>
<tr>
<td>BCBSIL Professional Provider Workshop</td>
<td>Registration: 9:30 to 10 a.m.</td>
<td>Session: 10 a.m. to noon</td>
</tr>
<tr>
<td>Elmhurst Memorial Healthcare 155 E. Brush Hill Rd. Conference Center–Oak Room Elmhurst, IL 60126</td>
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<tr>
<td>The registration deadline is June 7, 2013. Providers can either register online or by contacting Ramona Espino at <a href="mailto:espino@bcbsil.com">espino@bcbsil.com</a> or 312-653-5032.</td>
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<tr>
<td>June 14, 2013</td>
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<tr>
<td>BCBSIL Professional Provider Workshop</td>
<td>Registration: 9:30 to 10 a.m.</td>
<td>Session: 10 a.m. to noon</td>
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<tr>
<td>BCBSIL Headquarters 300 E. Randolph St. Columbus B Chicago, IL 60601</td>
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<tr>
<td>The registration deadline is June 12, 2013. Providers can either register online or by contacting Ana Hernandez at <a href="mailto:hernandezaa2@bcbsil.com">hernandezaa2@bcbsil.com</a> or 312-653-6488.</td>
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<tr>
<td>June 19, 2013</td>
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<tr>
<td>BCBSIL Professional Provider Workshop</td>
<td>Registration: 9:30 to 10 a.m.</td>
<td>Session: 10 a.m. to noon</td>
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<tr>
<td>Crown Plaza Springfield 3000 S. Dirksen Parkway Springfield, IL 62703</td>
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<tr>
<td>The registration deadline is July 11, 2013. Providers can either register online or by contacting Teresa Trumbley at <a href="mailto:trumbleyt@bcbsil.com">trumbleyt@bcbsil.com</a> or 618-998-2528.</td>
<td></td>
<td></td>
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<tr>
<td>July 18, 2013</td>
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Webinars this Month for Behavioral Health Providers

BCBSIL is excited to offer complimentary online training sessions customized for our behavioral health providers and their support staff. These webinars will demonstrate electronic transactions that can be conducted, at no cost to you, via the Availity® Web portal. Multiple training sessions will be offered this month for your convenience.

Did you know that many behavioral health inquiries answered by BCBSIL Customer Advocates can be handled through online transactions? Our “Behavioral Health Providers Online Options” training will introduce you to a user-friendly, practical solution to help reduce your phone calls and support your growing practice demands.

WEBINAR HIGHLIGHTS:
- How to obtain real-time eligibility and benefits online
- Determination of preauthorization requirements
- We’ll show you how to use the Availity Claim Research Tool
- Online options for claim reconsideration
- Printable results
- Individual Transaction ID numbers
- …and more

You do not need to be a registered Availity user to participate in these behavioral health provider webinars. See the Provider Learning Opportunities on p. 4 for dates and times, or visit the Education and Reference Center/Workshops and Webinars section of our website at bcbsil.com/provider.

Note: Individual Transaction ID numbers from Availity provide confirmation of the BCBSIL information quoted in your electronic transaction. There’s no need to wait on the phone to speak with a Customer Advocate.

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.

Availity is a registered trademark of Availity, LLC. Availity is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. Availity operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL, a Division of HCSC. Availity is solely responsible for the products and services it provides.

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients’ benefits.

Although medical policies can be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. 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 website at bcbsil.com/provider 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 replacement for the independent medical judgment of physicians. Physicians are instructed to exercise their own clinical judgment based on each individual patient’s health care needs. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policy. Members should contact their local customer services representative for specific coverage information.
New Account Groups

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group Number</th>
<th>Alpha Prefix</th>
<th>Product Type</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>Camcraft, Inc.</td>
<td>P54327</td>
<td>XO</td>
<td>PPO (Portable)</td>
<td>June 1, 2013</td>
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<tr>
<td>Community Financial Services</td>
<td>P55749, P56508</td>
<td>XO</td>
<td>PPO (Portable)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P56509</td>
<td>XO</td>
<td>BlueEdge PPO/HSA (Portable)</td>
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<tr>
<td></td>
<td>B01482</td>
<td>XOH</td>
<td>BlueAdvantage HMO</td>
<td>June 1, 2013</td>
</tr>
<tr>
<td>Ottawa Elementary School District</td>
<td>P57216</td>
<td>XO</td>
<td>BlueEdge PPO/HCA (Portable)</td>
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<tr>
<td>PEER Bearing Company</td>
<td>P56145, P56150-2</td>
<td>XO</td>
<td>PPO (Portable)</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>University of Chicago Charter School</td>
<td>P50320</td>
<td>XO</td>
<td>PPO (Portable)</td>
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<tr>
<td></td>
<td>H46176</td>
<td>XOH</td>
<td>HMO Illinois</td>
<td>July 1, 2013</td>
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<tr>
<td></td>
<td>H13252</td>
<td>XOH</td>
<td>HMO Illinois</td>
<td>May 1, 2013</td>
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</table>

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.

Tips for Filing Claims for Out-of-area Members

Vacation season may bring members from out-of-area Blue Cross and Blue Shield (BCBS) Plans to your practice or facility. Our BlueCard® program exists to help our members take their coverage with them when they travel. The program connects Blue members with Blue providers throughout the U.S. and in more than 200 countries and territories. As a BCBSIL contracted provider, our BlueCard program offers you access to an electronic network for claim submission and reimbursement for transparency and convenience. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing: BCBSIL.

HERE’S A CHECKLIST OF BLUECARD CLAIM FILING TIPS:

- **Ask members for their current ID card, and photocopy both front and back.** BlueCard members have either the “PPO-in-a-suitcase” logo or an empty suitcase logo on their ID card. Having the current ID information available enables you to submit claims with the correct member information and avoid unnecessary delays in payment.

- **Verify the member’s eligibility, benefits and copayments.** For fastest processing, verify coverage electronically through Availity, NDAS Online (eCare®), RealMed® or your preferred vendor portal. To verify by phone, call BlueCard Eligibility at 800-676-BLUE (2583). Do not request full payment for services.

- **When recording the member ID number,** be sure to include the three-digit alpha prefix. This indicates the member’s group.

- **Submit BlueCard claims to BCBSIL electronically.**

- **Do not send in duplicate claims**—this slows the claim process and may cause concerns for members. Duplicate claims involve additional research and often result in a denial and in payment delays for your office.

- **Check claim status online.** Check the status of the original claim online by submitting an electronic claim status request to BCBSIL via your preferred vendor. If you do not have online access, contact BCBSIL at 800-972-8088 to use our automated phone system.

For additional information on our BlueCard program, refer to the BlueCard Program Manual in the Standards and Requirements section of our website at bcbsil.com/provider.

eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers).

RealMed is a registered trademark of RealMed Corporation, an Availity Company.

Passport/Nebo Systems and RealMed Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.
The health care industry is changing rapidly with the ongoing implementation of health care reform mandates. Providers and payers are seeking new and innovative administrative methods to better support their many patients and members. As a result, BCBSIL offers administrative options that help deliver fast, simple, user-friendly methods of obtaining patient information, along with confirmation of your transactions.

Using our Interactive Voice Response (IVR) phone system and online health information technology vendors such as Availity (availity.com) will help increase office efficiency and can promote cost-effective results for your practice.

These tools relay the same basic eligibility, benefit and claim status information that our Customer Advocates offer, and more.

**Our IVR phone system gives you:**
- Confirmation numbers for each automated quote that is delivered
- Real-time eligibility, benefit and claim status detail
- Options to have call details, including confirmation numbers, **faxed** to your office

**Availity offers you:**
- Individual transaction ID numbers
- Real-time eligibility, benefit and claim status detail
- Ability to submit pre-service and post-adjudication inquiries
- **Printable results** for each online transaction

For more information on self-service options, visit the Claims and Eligibility/Electronic Commerce page on our website at [bcbsil.com/provider](http://bcbsil.com/provider). To schedule a complimentary training session, email your name, business phone number and Tax ID or NPI to [pecs@bcbsil.com](mailto:pecs@bcbsil.com).

**Note:** Individual Transaction ID numbers from Availity provide confirmation of the BCBSIL information quoted in your electronic transaction. There’s no need to wait on the phone to speak with a Customer Advocate.

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**Appropriate Use of Modifier 91**

According to Current Procedural Terminology, modifier 91 is used to report repeat laboratory tests or studies performed on the same day, for the same patient. This modifier is added only when additional test results are to be obtained subsequent to the initial administration or performance of the test(s) on the same day. It is not used when laboratory tests or studies are simply rerun because of specimen or equipment error or malfunction. Nor is it to be used when a test is repeated to confirm initial test results. Further, based on the definition of modifier 91, it should not be reported when the basic procedure code(s) indicate that a series of tests are to be obtained. CPT codes for use with modifier 91 are in the laboratory code range 80047-89398. Services with multiple units should be billed on one line with the appropriate units and modifier indicated.

Clear Claim Connection™ (C3) continues to be the resource that allows disclosure of claim auditing rules and clinical rationale to the BCBSIL independently contracted provider network. C3 is a free online tool available to providers who are registered with Availity or RealMed.

To access C3, you will need to register with one of the following Web-based portals: availity.com or realmed.com. Once you have entered C3, you have the ability to enter claims data in order to display the claims auditing results.

For more information about C3, along with ClaimsXten Frequently Asked Questions (FAQs), visit the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).
National Drug Code (NDC) Pricing Reminder

As of the June 1, 2013, NDC pricing effective date, professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims for drugs must include NDC data in order to be accepted for processing by BCBSIL. If NDC data is not included as required by BCBSIL, your claim will be returned to you.

The NDC reimbursement fee schedule can be requested by downloading the appropriate Fee Schedule Request Form, available on the Forms page in the Education and Reference Center section of our website at bcbsil.com/provider.

For NDC reimbursement fee schedule requests, select “National Drug Codes” at the top right of the form. Please visit our Provider website to ensure you are using the most updated version of this form when requesting a copy of any of our BCBSIL fee schedules.

For additional information, refer to the Claims and Eligibility/Claim Submission section of our Provider website, where you’ll find NDC Billing Guidelines and answers to frequently asked questions in the Related Resources. We’ve also prepared an online tutorial for BCBSIL contracted providers – see page 3 for details on this helpful new resource.

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.

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

BLUE REVIEW

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BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.

VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS