



# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

## March 2018

### ■ Focus on Behavioral Health

#### **Behavioral Health: Let's talk about it!**

In the third quarter of 2017, we conducted a survey to gather your feedback on the *Blue Review*. We are pleased to know that the content we provide in the newsletter is useful and presented in a user-friendly format. We were also pleased that so many of you responded with specific feedback about what you would like to see improved. Many of you asked for more information about behavioral health, and we want you to know that we heard you.

[Read More](#)

#### **Online Magazine Spotlight: 'The Intersection of Physical and Behavioral Health Care'**

At Blue Cross and Blue Shield of Illinois (BCBSIL), we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. You and your patients may already be familiar with our online magazine, Making the Health Care System Work<sup>SM</sup>. This month, we'd like to call your attention to an article that focuses on behavioral health.

[Read More](#)

### ■ Wellness and Member Education

#### **HPV Vaccine May Help Prevent Some Cancers**

The Centers for Disease Control and Prevention (CDC) estimates that about 79 million people are currently infected with Human Papillomavirus (HPV) in the U.S. About 14 million people in the U.S. get a new HPV infection every year. More than 40 percent of people become infected during their lifetimes with certain higher risk types of HPV that are associated with cervical, vaginal, vulvar, anal, throat and penile cancers. Your patients and their families may not be aware of these alarming statistics.



[Read More](#)

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## ■ Quality Improvement and Reporting

### **BCBSIL Quality Assurance Committee Looks to Expand Membership to IL Medicaid Providers**

BCBSIL would like to invite independently contracted providers participating in our Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> networks to become members of BCBSIL's Quality Assurance Committee (QAC), or Peer Review Committee.

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## ■ Provider Education

### **PPO Professional Provider Network Consultant Assignments**

Our PPO Professional Provider Network Consultants (PNCs) serve as the liaison between BCBSIL and our independently contracted professional provider community by developing and maintaining cooperative working relationships with professional providers in our network throughout Illinois and Northwest Indiana. Please note that recent changes have been made to some PNC assignments and contact information.

[Read More](#)

### **Meet Your Ancillary Provider Network Consultant**

BCBSIL contracts with more than 2,000 independent ancillary providers in Illinois and Northwest Indiana. Our PNCs focus specifically on the services provided by skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, supportive living facilities, specialized mental health rehabilitation facilities and private duty nursing agencies.

[Read More](#)

### **Provider Learning Opportunities**

BCBSIL provides complimentary educational workshops and webinars with an emphasis on electronic transactions, provider tools and helpful online resources. A list of upcoming training sessions is included in this month's issue.

[Read More](#)

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## ■ Electronic Options

### **Interpreting the 'PLB' Segment on the 835 Electronic Remittance Advice (ERA)**

There are reversals and corrections when claim adjudication results have been modified from a previous claim report. 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 your 835 ERA from BCBSIL.

[Read More](#)

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## ■ Notification and Disclosure

### Fairness in Contracting

As part of our commitment to fairness in contracting and to keep our independently contracted providers informed, BCBSIL has designated a Fairness in Contracting section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It is important to review this area in our provider newsletter each month.

[Read More](#)

### Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder<sup>®</sup>. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice. Is your online information accurate? If updates are needed, use our online forms to submit your changes to BCBSIL as soon as possible.

[Read More](#)

### ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT<sup>®</sup>) 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.

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## Quick Reminders

### Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

### Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to [request an information change](#).

### Provider Training

For dates, times and online registration, visit the [Workshops/Webinars](#) page.



[Print](#) this month's newsletter in its entirety.



### Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

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It's no secret that behavioral health issues are often kept quiet by those who are being treated for them. Sadly, some people may be unaware they have a treatable condition, or they may not have the support they need to find appropriate care. While embracing diversity may be a growing initiative in many work places, schools and other environments, persons with behavioral health conditions may still find themselves on the periphery as the social stigma surrounding mental health persists.

The first step to bridging the gap may be simply talking about behavioral health more. People with behavioral health issues should not feel embarrassed to come forward, particularly when it comes to reaching out to friends, family and health care providers who may help. To help get the discussion started, we'll be including more articles on behavioral health topics in the *Blue Review* over the coming months.

This month, we're spotlighting an article from our online magazine, Making the Health Care System Work<sup>TM</sup>. [The Intersection of Physical and Behavioral Health Care](#) explores some of the ways in which behavioral health and physical health symptoms may fuel each other, as well as some of the ways data analytics are helping Blue Cross and Blue Shield of Illinois (BCBSIL) further integrate behavioral health.

In future issues of the *Blue Review*, we'll also be including more information on the behavioral health program at BCBSIL, which seeks to help identify members who may need education, care coordination and other types of support to help them better manage their health. We look forward to sharing information and resources with you that you may share with your patients who may be unaware, or who may know of someone else who may need help.

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## Online Magazine Spotlight: 'The Intersection of Physical and Behavioral Health Care'

At Blue Cross and Blue Shield of Illinois (BCBSIL), we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. [Making the Health Care System Work<sup>SM</sup>](#) is BCBSIL's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

**Did you catch our recent online magazine article titled, [The Intersection of Physical and Behavioral Health Care](#)?** Some patients may seek medical care when their underlying issue is an unmet behavioral health concern. In some cases, medical conditions may fuel depression. In this article, Conway McDanald, vice president and chief medical officer for behavioral health for the Blue Cross and Blue Shield Plans of Illinois, Montana, New Mexico, Oklahoma and Texas, explains how data analytics are used to help identify a population that previously would not be recognized as a candidate for integration with a behavioral health care program. To view the full story and also browse other articles that may be of interest to you and your patients, visit us online at [makingthehealthcaresystemwork.com](http://makingthehealthcaresystemwork.com).

### Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we may help expand access to quality coverage and care, reduce costs and improve health.

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## HPV Vaccine May Help Prevent Some Cancers



The Centers for Disease Control and Prevention (CDC) estimates that about 79 million people are currently infected with Human Papillomavirus (HPV) in the U.S. About 14 million people in the U.S. get a new HPV infection every year.<sup>1</sup> More than 40 percent of people become infected during their lifetimes with certain higher risk types of HPV that are associated with cervical, vaginal, vulvar, anal, throat and penile cancers.<sup>2</sup>

Many of your patients may not be aware that vaccination is a safe and effective way to help prevent infection from these higher risk virus types. The CDC, the American Cancer Society, the American Academy of Pediatrics and other organizations recommend that children who are 11 to 12 years of age, and less than 15 years of age, get two doses of HPV vaccine – rather than the previously recommended three doses – to help protect against cancers caused by HPV.<sup>3</sup> The second dose should be given 6 to 12 months after the first dose.<sup>3</sup> Research demonstrates an advantage to vaccinating at this age since there is a stronger immune response against HPV infection compared to older teenagers and young adults.

[Healthy People 2020](#) is a national health initiative that has set one of its 2010 goals to have 80 percent of all adolescents receive a tetanus-diphtheria-acellular pertussis (Tdap) booster, one dose of meningococcal (MCV4) vaccine, and complete the HPV vaccination series beginning by 13 years of age.<sup>4</sup>

Careful adherence to the schedule of recommended vaccines by providers and a two-dose vaccination sequence for those beginning HPV vaccination prior to 15 years of age (as opposed to a three-dose sequence) may be a factor that has helped to improve HPV vaccination rates in recent years.

**To further help improve HPV vaccination rates, providers may want to consider these five researched and expert-based strategies:**

1. **Provide a strong recommendation for all vaccines.**<sup>5</sup> The provider is the biggest influencer to motivate parents to get their child vaccinated. A confident recommendation from a provider is a proven strategy to increase both a parent's knowledge about

HPV infection and their consent to vaccinate. In fact, when providers don't recommend HPV vaccination as often and consistently as other adolescent vaccines, parents may think HPV vaccination is optional or unnecessary.

2. **Keep the primary message focused on cancer prevention.** Educate parents about the diseases that may be prevented by adolescent vaccines and talk about HPV vaccination in terms of cancer prevention. Research shows that parents are more likely to vaccinate against HPV infection when providers focus on the HPV vaccine's cancer-prevention benefits.<sup>6</sup>
3. **Administer vaccines together.**<sup>5</sup> To increase vaccination rates, experts recommend that providers administer the HPV vaccine at the same time that they give other adolescent vaccines.<sup>5</sup> For 11- and 12-year old patients, it is common to administer Tdap, HPV and Meningococcal vaccines together.
4. **Use all opportunities to immunize.**<sup>5</sup> Avoid missed opportunities to administer the HPV vaccine. Research shows that some providers may tend to underestimate the challenges associated with adolescent vaccine compliance.<sup>7</sup> Since adolescents may be more likely to seek medical care for focused complaints, review a patient's immunization status during all office visits and do not limit immunizations to well-child examinations or immunization-only appointments.<sup>5</sup>
5. **Use decision support and appointment reminder tools.**<sup>5</sup> Schedule next-dose appointments before patients and their parents leave the office. Appointment reminder tools that alert parents to an upcoming appointment (or to follow-up on a missed appointment), and providers' use of electronic medical record decision support prompts may help increase immunization compliance rates.

These practice strategies may help ensure that children receive all recommended vaccines on time. For additional information please go to [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

<sup>1</sup>CDC. Basic Information about HPV and Cancer. Accessed Jan. 5, 2018, at [https://www.cdc.gov/cancer/hpv/basic\\_info/index.htm](https://www.cdc.gov/cancer/hpv/basic_info/index.htm)

<sup>2</sup>Chesson HW, Dunne EF, Hariri S, Markowitz LE. The estimated lifetime probability of acquiring human papillomavirus in the United States. *Sexually Transmitted Diseases*. 2014; 41(11): 660-664.

<sup>3</sup>CDC. Human Papillomavirus (HPV) ACIP Vaccine Recommendations. Accessed Dec. 20, 2017, at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>

<sup>4</sup>Healthy People.gov. Immunizations and Infectious Diseases. Accessed Nov. 27, 2017, at <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

<sup>5</sup>Bernstein HH, Bocchini JA, AAP Committee on infectious diseases. Practical approaches to optimize adolescent immunization. *Pediatr*. 2017; 139(3): e20164187

<sup>6</sup>Malo TL, Gilkey MB, Hall ME, Shah PD, Brewer NT. Messages to motivate human papillomavirus vaccination: national studies of parents and physicians. *Cancer Epidemiol Biomarkers Prev*. 2016; 25(10): 1383-1391

<sup>7</sup>Perkins RB, Clark JA, Apte G, et al. Missed opportunities for HPV vaccination in adolescent girls: a qualitative study. *Pediatrics*. 2014; 134(3). Available at: [www.pediatrics.org/cgi/content/full/134/3/e666](http://www.pediatrics.org/cgi/content/full/134/3/e666)

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## BCBSIL Quality Assurance Committee Looks to Expand Membership to IL Medicaid Providers

Blue Cross and Blue Shield of Illinois (BCBSIL) would like to invite independently contracted providers participating in our Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> networks to become members of BCBSIL's Quality Assurance Committee (QAC), or Peer Review Committee.

The QAC is responsible for oversight of the clinical programs including evaluation of the utilization review plan, care management plan, performance improvement plans and Quality Improvement (QI) Plan. It also provides reviews and a recommendation for approval of utilization review guidelines and clinical practice guidelines and is responsible for the evaluation of clinical metrics, including the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>).

The committee is seeking BCCHP and MMAI providers from all specialties who are willing to participate in monthly meetings and serve a one-year term. We are providing a \$500 honorarium for each scheduled meeting attended for your time and active participation on this committee; we will also provide for parking expenses. While we prefer face-to-face attendance at our downtown Chicago location, 300 E. Randolph St., the meeting invite also comes with a WebEx option that has a call-in number as well as a link to participate online and view the documents being shared.

If you have any questions about serving on this committee, contact:

- Dana DeLisa, 312-653-1097, [dana\\_delisa@bcbsil.com](mailto:dana_delisa@bcbsil.com)
- Rebeca Almanza, 312-653-3409, [rebeca\\_almanza@bcbsil.com](mailto:rebeca_almanza@bcbsil.com)

You may also contact your assigned Provider Network Consultant (PNC) for assistance.

Thank you for considering serving on this committee as we know your time is extremely valuable.

HEDIS is a registered trademark of the (National Committee for Quality Assurance) NCQA.

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## PPO Professional Provider Network Consultant Assignments

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PPO Professional PNCs are assigned by region and are available to meet with you on a routine basis to educate your staff on BCBSIL procedures, help ensure provider contract compliance and work with you to resolve any operational issues. In addition, PNCs specialize in investigating issues, producing data and developing solutions. This dedicated staff has a thorough knowledge of the BCBSIL products, and will help keep you informed of BCBSIL programs and initiatives.

If you have an inquiry for a PNC, please identify your county on the [Professional Provider Network Consultant List](#) and use the email address assigned to your county. These addresses are managed by a dedicated PNC team who will monitor inquiries throughout the day. Make sure your inquiries include all necessary information including call reference number or Claim Inquiry Resolution (CIR) tracking ID. For inquiries related to credentialing, email the [netops\\_provider\\_update@bcbsil.com](mailto:netops_provider_update@bcbsil.com) mailbox and include the Tax ID, billing National Provider Identifier (NPI), rendering provider name, license number, rendering provider NPI and Council for Affordable Quality Healthcare (CAQH<sup>®</sup>) number.

If you need help identifying your designated PNC, email [ProviderRelations@bcbsil.com](mailto:ProviderRelations@bcbsil.com) along with your provider name, NPI, Tax ID, city and county.

CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the ProView database.

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) provides complimentary educational workshops and 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. For additional information, refer to the [Workshops/Webinars page](#) in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### BCBSIL WEBINARS

To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
<b>BCBSIL Back to Basics: 'Availity™ 101'</b> <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	<a href="#">March 6, 2018</a> <a href="#">March 13, 2018</a> <a href="#">March 20, 2018</a> <a href="#">March 27, 2018</a>	11 a.m. to noon
<b>Introducing Remittance Viewer</b> <i>Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i>	<a href="#">April 12, 2018</a>	11 a.m. to noon
<b>iExchange® Training: New Enrollee Training</b> <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	<a href="#">March 8, 2018</a>	11 a.m. to noon
<b>Blue Cross Community Health Plans<sup>SM</sup> Webinars for Behavioral Health/Medical Provider</b> <i>Learn about our new 2018 Medicaid product</i>	<b>For FQHC, RHC, IPA, PCP, Specialist,</b>	9 to 10 a.m.

<p><i>This webinar is intended for the following provider types: Community Mental Health Centers (CMHC), Division of Alcohol and Substance Abuse (DASA), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Medical Group/Independent Practice Association (MG/IPA), Long Term Supports and Services (LTSS), Primary Care Physician (PCP), School Based Clinic (SBC), Specialist</i></p>	<p><b>SBC Provider Types:</b>  <a href="#">March 6, 2018</a>  <a href="#">March 13, 2018</a>  <a href="#">March 20, 2018</a></p> <p><b>For CMHC, DASA, LTSS Provider Types:</b>  <a href="#">March 7, 2018</a>  <a href="#">March 21, 2018</a></p>	
<p><b>Blue Cross Community Health Plans Webinars for Ancillary Providers</b>  <i>Learn about our new 2018 Medicaid product</i></p> <p><i>This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Specialized Mental Health Rehab Facility (SMHRF), Supportive Living Facilities (SLF), Home Health, Hospice, Durable Medical Equipment (DME), Home Infusion, Dialysis</i></p>	<p><b>LTC, SMHRF, SLF Provider Types:</b>  <a href="#">March 13, 2018</a>  <a href="#">March 27, 2018</a></p> <p><b>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types:</b>  <a href="#">March 13, 2018</a>  <a href="#">March 27, 2018</a></p>	<p>10 to 11 a.m.</p> <p>Noon to 1 p.m.</p>

## AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at [availity.com](http://availity.com) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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## Interpreting the 'PLB' Segment on the 835 Electronic Remittance Advice (ERA)

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Adjustments in the PLB segment may either decrease the payment (**a positive number**) or increase the payment (**a negative number**). The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the requirements as specified within the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated Technical Report Type 3 (TR3).<sup>\*</sup> Questions may be directed to our Electronic Commerce Service Center at [ecommerceservices@bcbsil.com](mailto:ecommerceservices@bcbsil.com) or 800-746-4614.

**Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable.**

<p><b>C5 – Temporary Allowance</b></p>	<p>This code is used to inform you that we have identified an overpayment of less than \$50. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSIL. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*C5:02015NNNQ3980X00.55NN30940*-2</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
<p><b>CS – Adjustment</b></p>	<p>This code is used to inform you that we have identified an overpayment of \$50 or more. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSIL, or do nothing, in which case the payment recovery will occur automatically. If you disagree,</p>

	<p>overpayment disputes/ appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*CS:020150NNN0C85890X00.5NN82101*-1156</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
<b>WO – Overpayment Recovery</b>	<p>This code indicates the automatic recovery of a previous payment.</p> <p><i>Example:</i> PLB*154837NN82*20151231*WO: 0201509NN08956B0X.5520NN142*1156*</p>
<b>WO – Overpayment Recovery 72 – Authorized Return B2 – Rebate</b>	<p>This combination is used to acknowledge the return of funds.</p> <p><i>Example:</i> PLB*15483NN082*20151231*72: 0201509NN08956B0X.5520NN142*-14*WO: 0201509NN08956B0X.5520NN142*14*B2: 0201509NN08956B0X.5520NN142*-14</p>

\*The HIPAA mandated ASC X12 Health Care Claim/Payment Advice (835) TR3 is available for purchase on the Washington Publishing Company (WPC) website at [wpc-edi.com](http://wpc-edi.com). WPC is an independent third party vendor that is solely responsible for its products and services.

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## Fairness in Contracting

As part of our commitment to fairness in contracting and to keep our independently contracted providers informed, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a Fairness in Contracting section in the [Blue Review](#) to notify you of any significant changes to the physician fee schedules. It is important to review this area in our provider newsletter each month.

**Effective March 1, 2018, select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90756 Current Procedural Terminology (CPT<sup>®</sup>) code ranges were updated. Please note that not all CPT codes in this range were affected.**

### FEE SCHEDULE UPDATE:

**Effective June 1, 2018, BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) including durable medical equipment (DME) supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2018, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPO<sup>SM</sup> fee schedules for professional providers. Providers may request fee schedules for this update starting May 25, 2018.**

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above may 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 on the [Forms page](#) in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

March 2018



## Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder<sup>®</sup>. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

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

### USE OUR ONLINE CHANGE REQUEST FORMS

You may request most changes to your information 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. Currently, 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 Network Participation/Update Your Information section of our Provider website, under the Related Resources. If you have any questions or need assistance, contact Provider Network Operations at [netops\\_provider\\_update@bcbsil.com](mailto:netops_provider_update@bcbsil.com).

## EXCEPTIONS TO THE ONLINE REQUEST PROCESS

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

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI** – These should be submitted via email to [netops\\_provider\\_update@bcbsil.com](mailto:netops_provider_update@bcbsil.com).
  - **Tax ID changes that may, or may not, involve Legal Business Name changes** – This type of change often requires a new contract. To request a contract application, visit the [Network Participation/Contracting section](#) of our Provider website. You may also want to discuss this change 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](mailto:ancillarynetworks@bcbsil.com), or by calling 312-653-4820.
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## ClaimsXten<sup>TM</sup> Quarterly Updates

New and revised Current Procedural Terminology (CPT<sup>®</sup>) 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 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 also will be posted on the BCBSIL Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection<sup>TM</sup> (C3). C3 is a free, online reference tool. Refer to the [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. Updates may be included in future issues of the [Blue Review](#). It is important to note that C3 does not contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

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