

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

■ Wellness and Member Education

Study Shows Spike in Emergency Room Trips for Kids with Severe Allergies to Food

During May, National Asthma and Allergy Month, you may want to share with your patients the results of the latest Health of America Report, [Childhood Allergies in America](#), from the Blue Cross and Blue Shield Association. The report found allergic reactions to specific foods are responsible for 47 percent of anaphylaxis (severe allergic) episodes in children.¹

[Read More](#)

■ CMO Perspective

The Opioid Crisis: Everyone's Problem, Everyone's Responsibility

The opioid crisis, one of the deadliest drug epidemics in U.S. history, has been declared a national public health emergency. Whether synthetic or prescription, the impact of opioid misuse, abuse and addiction is evident in rural, urban and suburban neighborhoods across the country. This month, Stephanie Vomvouras, Vice President Health Care Delivery and Chief Medical Officer, opens up a discussion on what Blue Cross and Blue Shield of Illinois (BCBSIL) is doing to combat the crisis and what providers can do to help.

[Read More](#)

■ Focus on Behavioral Health

Online Magazine Spotlight: 'Meditation Brings Sharper Focus to the Workplace'

Did you catch our recent online magazine article titled, [Meditation Brings Sharper Focus to the Workplace](#)? This article highlights the benefits of taking a few minutes in the workday to reboot, or meditate.

[Read More](#)

Billing and Reimbursement Guidelines for Services Provided by Pre-licensed Behavioral Health Interns and Postdoctoral Fellows

BCBSIL reimburses for covered services provided by master's and doctoral interns, in addition to postdoctoral fellows, (e.g., psychology, social work and counseling trainees). These unlicensed behavioral health trainees must be working toward clinical state licensure, under the clinical supervision of a fully licensed BCBSIL contracting provider.

[Read More](#)

■ **Clinical Updates, Reminders and Resources**

Updated Government Programs Benefit Preauthorization Code Lists Available Online

We understand that keeping up with the number of new Medicaid and Medicare products, plans and requirements may be challenging. For an overview of benefit preauthorization requirements, you can find summary lists for Medicaid and Medicare Advantage on our Provider website.

[Read More](#)

■ **Electronic Options**

New Electronic Option Available for Illinois Medicaid Providers: *GuidingCare*[®]

Altruista Health *GuidingCare*, a web-based health care management tool, is available online to providers rendering services for our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM members.

[Read More](#)

■ **Provider Education**

CMS has Started the Social Security Number Removal Initiative (SSNRI)

The Medicare Access and CHIP Reauthorization Act of 2015 requires the Centers for Medicare & Medicaid Services (CMS) to remove Social Security Numbers (SSNs) from all Medicare identification cards. In April 2018, CMS began issuing the new Medicare cards with the Medicare Beneficiary Identifier in place of the SSN-based Health Insurance Claim Number.

[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](#)

What You Need to Know About Claim Reviews and Appeals

It has come to our attention that there may be some confusion among commercially contracted providers in regards to what is considered a claim review compared to a formal appeal. As a BCBSIL contracted provider, there are several facts you should know before submitting an appeal. A thorough understanding of what qualifies as a formal appeal will help expedite the process.

[Read More](#)

■ Quality Improvement and Reporting

Encourage HMO Members to Take Our Survey

The 2018 HMO Member Survey was mailed or emailed in April to randomly selected HMO Illinois[®], Blue Advantage HMOSM, Blue FocusCareSM, BlueCare DirectSM and Blue Precision HMOSM members enrolled in each independently contracted Medical Group/Independent Practice Association (MG/IPA).

[Read More](#)

■ 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](#)

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor.

[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[®]. 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.

[Read More](#)



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](#).

bcbsil.com

¹ Childhood Allergies in America, Blue Cross and Blue Shield Association, March 13, 2018, <https://www.bcbs.com/the-health-of-america/reports/childhood-allergies-america>

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association
300 E. Randolph Street, Chicago, IL 60601

© Copyright 2018. Health Care Service Corporation. All Rights Reserved.

[Legal and Privacy](#) | [Unsubscribe](#)

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

Study Shows Spike in Emergency Room Trips for Kids with Severe Allergies to Food

During May, National Asthma and Allergy Month, you may want to share with your patients the results of the latest Health of America Report, [Childhood Allergies in America](#), from the Blue Cross and Blue Shield Association (BCBSA). The report found allergic reactions to specific foods are responsible for 47 percent of anaphylaxis (severe allergic) episodes in children.¹ Anaphylaxis episodes may include difficulty breathing, reduced blood pressure, loss of consciousness and potentially death.

The Health of America Report found that the rate of emergency room visits due to anaphylaxis in children 18 years old and under across all Blue Cross and Blue Shield Plans in the country increased by 150 percent in six years, from 1.4 visits per 10,000 children in 2010, to 3.5 visits per 10,000 children in 2016. The report identified the most common foods that trigger severe allergic reactions as peanuts at 22 percent, tree nuts and seeds at 15 percent, and milk and eggs at 6 percent. The other 53 percent of these allergic reactions were due to unspecified causes, such as unknown foods, insect bites and stings.¹

According to BCBSA, while the continued upward trend in severe allergic reactions among children is concerning, it is encouraging that more parents are immediately recognizing symptoms and calling their pediatricians or seeking emergency care. The Health of America Report highlights the need for education efforts to continue and for parents and guardians of at-risk children to be prepared for a reaction at any time.

BCBSA will continue to work with the medical community to uncover the factors behind the dramatic increases in diagnosis among children.

This is the nineteenth study of the [Blue Cross Blue Shield: The Health of America Report](#)[®] series, a collaboration between BCBSA and [Blue Health Intelligence](#)[®], which uses a market-leading claims database to uncover key trends and insights into health care affordability and access to care.¹

¹Childhood Allergies in America, Blue Cross and Blue Shield Association, March 13, 2018, <https://www.bcbs.com/the-health-of-america/reports/childhood-allergies-america>

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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.

Association

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

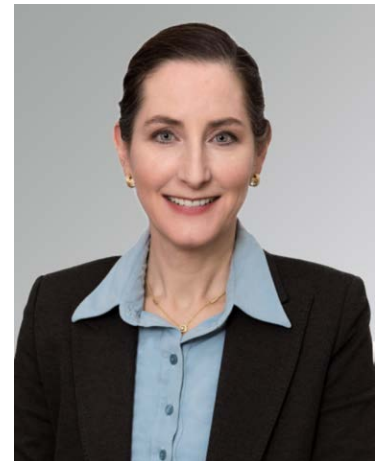
May 2018

The Opioid Crisis: Everyone's Problem, Everyone's Responsibility

Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer

The opioid crisis, one of the deadliest drug epidemics in U.S. history, has been declared a national public health emergency. Whether synthetic or prescription, the impact of opioid misuse, abuse and addiction is evident in rural, urban and suburban neighborhoods across the country.

According to the Centers for Disease Control and Prevention (CDC), the Midwestern states have been among the hardest hit, with a 70 percent increase in opioid overdoses from July 2016 through September 2017.¹ The most recent Illinois Department of Public Health (IDPH) statistics for 2017 show 2,054 fatalities out of a total of 15,449 opioid-related overdoses, evidenced by increased emergency department visits and hospitalizations.² Tragically, the crisis has also led to a significant increase in babies born with neonatal abstinence syndrome as they withdraw from opioids they were exposed to prior to birth.³



Physicians play a crucial role in helping to address the opioid crisis and there are many tools and resources available to help, such as the [state prescription drug monitoring program \(PDMP\)](#) and the [CDC Guideline for Prescribing Opioids](#). The CDC guideline offers recommendations to consider, such as when to initiate/continue use of opioids for chronic pain; medication selection, dosage and duration; and the importance of screening patients, including pregnant women and others, for signs of potential opioid use disorder (OUD).⁴ Additionally, you can help combat the crisis by promoting increased patient awareness, which is critical to help avoid potential misuse that may result in overdose. The patient-doctor relationship is key to getting the conversation started. Here are examples of suggested topics for discussion:

- **Educational Resources** – Your patients may not be aware of the dangers of opioids or their personal risk of adverse outcomes. Those with or at risk for OUD may not be comfortable asking for help due to social stigmas surrounding addiction. You may wish to direct your patients to the [CDC website](#) to learn more about [the risks of opioids](#) and related topics, such as [availability and use of naloxone](#).
- **Safe Storage and Disposal** – Talk to your patients about securing medications so children and others cannot access them. Also discuss safe drug disposal methods. See below for details on how Blue Cross and Blue Shield of Illinois (BCBSIL) is partnering with Walgreens to expand availability of safe drug disposal kiosks in convenient public locations.

National Helpline – The [Substance Abuse and Mental Health Services Administration \(SAMHSA\) website](#) offers excellent resources, such as information on SAMHSA's National Helpline (800-662-HELP), which provides 24-hour free and confidential information about mental and/or substance use disorders and how to get help.

What is BCBSIL doing to help?

Our members, along with their families, friends and communities, have felt the effects of the opioid crisis. At BCBSIL we are taking the opioid crisis – and our role in helping to address it – very seriously. We believe the greatest impact comes from helping our members learn more about the proper use and disposal of prescription opioid medication. We do this by building on our relationships with members, health care providers and pharmacists. We're also creating new partnerships to help address the opioid crisis in the communities where our members live, work and play.

Here are some examples of ways we are taking action:

- **Increase Member Awareness** – BCBSIL conducts ongoing education and outreach to help increase awareness of the dangers of opioids, as well as potential treatment options, health care providers, local support organizations and other resources. In March 2017, we published a three-part article series in our online community, Connect. This series includes the story of [one member's personal journey from addiction through recovery](#), [a list of questions and answers about our Controlled Substance Integration \(CSI\) program](#), and an article I wrote titled, [Understanding Pain and What to Do About It](#), which discusses the differences between acute and chronic pain, with an emphasis on establishing a “go to” physician.
- **Expand Access for Safe Medication Disposal** – BCBSIL is partnering with Walgreens to expand the availability of safe medication disposal kiosks at Walgreens stores in Illinois to make disposing of unwanted medications even more convenient and accessible. Safe medication disposal kiosks provide a year-round solution to dispose of unwanted, unused or expired prescription medications, including controlled substances and over-the-counter medication, at no cost.
- **Identify Members Who May Be at Risk** – Our CSI program uses claims and other data to help identify members with potential excessive opioid use and possible addiction. Our CSI team includes BCBSIL internal pharmacists, medical directors, behavioral health and case management specialists and Special Investigations Department reviewers. The team reviews identified members' circumstances, recommends a customized response and tracks outcomes for each individual case.
- **Help Coordinate Care and Partner to Prevent** – Our CSI team also engages providers to help develop action plans that support identified members' care by helping to determine interventions as appropriate and assisting with development of action plans. Additionally, the CSI program uses data-driven solutions to help identify and perform outreach to providers who appear to have higher prescribing rates than their peers.
- **Remove Treatment Barriers** – BCBSIL continues to explore ways we can partner with behavioral health and clinical experts to help improve access to care. For example, to help make Medication-Assisted Treatment (MAT) more accessible, BCBSIL has removed the requirement for providers to obtain benefit prior authorization when prescribing covered medications used to relieve withdrawal symptoms and psychological cravings for opioids.
- **Engage in Community Support Activities** – Tackling the opioid epidemic requires collaboration with community partners, and we're doing our part. BCBSIL supports many community organizations that work to assist individuals and their friends and families in Illinois homes that have been affected by the opioid crisis. BCBSIL also actively promotes National Prescription Drug Take-Back Day in our communities twice a year, as part of a nationwide effort sponsored by the U.S. Drug Enforcement Administration.

In a recent webcast, U.S. Surgeon General Jerome Adams said: “I call on my colleagues; I'm talking about all health providers, to figure out how they can be part of the solution.... We're never going to dig out from under this if we rely on just the folks who have specialized training and residency to be able to respond.”⁵

In the battle against the opioid crisis, we stand with you to help our members. It is imperative that we work together as a team to increase awareness. In April 2018, BCBSIL launched [Addressing What Matters](#), a new page on our public website where members and key stakeholders can view our various perspectives on emerging health care issues. The first topic featured on this new site is "Addressing the Opioid Public Health Emergency in Illinois." Thank you for doing your part to make a difference.

[Learn more about Stephanie Vomvouras.](#)

References:

1. IDPH website, March 2018 Vital Signs Town Hall Teleconference, Opioid Overdoses Treated in Emergency Departments: Identify Opportunities for Action. Accessed April 18, 2018, at <https://www.cdc.gov/vitalsigns/opioid-overdoses/>
2. IDPH website, Opioid Data Dashboard. Accessed April 18, 2018, at <https://idph.illinois.gov/OpioidDataDashboard/>
3. IDPH website, State of Illinois Comprehensive Opioid Data Report, Dec. 1, 2017. Accessed April 18, 2018, at <http://www.dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf>
4. National Safety Council website. <https://www.nsc.org/home-safety/get-involved/prescribed-to-death-memorial>
5. The Harvard Gazette, January 2018. Opioid epidemic top priority for surgeon general. Accessed April 18, 2018, at <https://news.harvard.edu/gazette/story/2018/01/opioid-epidemic-top-priority-for-surgeon-general/>

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 third party sources or organizations are not a representation, warranty or endorsement of such organizations. 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 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.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

Online Magazine Spotlight: 'Meditation Brings Sharper Focus to the Workplace'

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 WorkSM](#) 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, [Meditation Brings Sharper Focus to the Workplace](#)? This story highlights the benefits of taking a few minutes in the workday to reboot, or meditate. A [study](#) released last year by the Centers for Disease Control and Prevention says that mindfulness-based practices can actually improve worker's health, increase productivity and reduce employers' costs. To view the full story and browse other articles that may be of interest to you and your patients, visit us online at 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.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

Billing and Reimbursement Guidelines for Services Provided by Pre-licensed Behavioral Health Interns and Postdoctoral Fellows

Blue Cross and Blue Shield of Illinois (BCBSIL) reimburses for covered services provided by master's and doctoral interns, in addition to postdoctoral fellows, (e.g., psychology, social work and counseling trainees). These unlicensed behavioral health trainees must be working toward clinical state licensure, under the clinical supervision of a fully licensed BCBSIL contracting provider. The intern or fellow is not added to a group, does not contract with BCBSIL, and is excluded from BCBSIL's online Provider Finder[®] directory.

The behavioral health trainee, as defined above, may only bill under the supervising clinician's rendering National Provider Identifier (NPI) and must abide by the same contractual obligations as the contracting provider. The behavioral health trainee's supervising contracted provider must maintain adequate medical and administrative records consistent with the standards of major organizations conducting accreditation and must permit BCBSIL or its agent or representative to review such medical records and administrative records regarding BCBSIL members.

All covered services provided for and billed for BCBSIL members by the contracting provider must be performed by the contracting provider or under that provider's direct and personal supervision, except as otherwise authorized and communicated by BCBSIL. Direct personal supervision requires that a contracting provider be in the immediate vicinity to perform or to manage the procedure personally, if necessary, but does not require the contracting provider to be present in the therapy session.

Licensing requirements/supervision requirements are not directed by BCBSIL, but rather by the corresponding licensing bodies and/or professional organizations corresponding to the clinician's license.

Non-credentialed provider types [Licensed Social Workers (LSWs), Licensed Professional Counselors (LPCs)], may be added to a group, but will remain excluded from BCBSIL's Provider Finder. These providers can and should bill under their own rendering NPIs. Once fully licensed [Licensed Clinical Social Workers (LCSWs), Licensed Clinical Professional Counselors (LCPCs)], and upon completion of the credentialing process through the Council for Affordable Quality Healthcare (CAQH[®]), LCSWs and LCPCs must be added to the group once more, as fully licensed clinicians, at which point they will be reflected as such in BCBSIL's Provider Finder.

In summary,

- Covered services rendered by the behavioral health trainee must be billed under the supervising licensed clinician's NPI number, in accordance with all other standard billing requirements.
- Direct personal supervision is required, which means the supervising contracted provider must be available 100 percent of the time the behavioral health trainee is providing direct services, enabling the supervisor to provide direction and intervene in the event of an emergency.
- Supervising providers may only supervise a maximum of four behavioral health trainees who are providing service¹ during the calendar year.
- Behavioral health trainees must receive the required minimum individual face-to-face supervision in compliance of Illinois state licensure requirements, specific to the trainee's level of licensure.
- Supervisors and any behavioral health trainee should work within the same organization/system. However, BCBSIL may waive this element where necessary for programs reaching underserved populations.
- Under no circumstances can the behavioral health trainee make direct payment to the supervisor for supervision while pursuing clinical hours for state licensure.

If you have questions or need additional information, contact your BCBSIL Provider Network Consultant.

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.

¹ This information is consistent with the Centers for Medicare & Medicaid Services (CMS) Medicare teaching rules prohibiting supervision of more than four residents at any given time, as referenced on page 8 of the CMS [Guidelines for Teaching Physicians, Interns, and Residents: MLN Booklet, March 2017, ICN 006347](#).

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

Updated Government Programs Benefit Preauthorization Code Lists Available Online

We understand that keeping up with the number of new Medicaid and Medicare products, plans and requirements may be challenging. For an overview of benefit preauthorization requirements, you can find summary lists for Medicaid and Medicare Advantage on our Provider website. These summaries include links to the current lists of procedure codes that require benefit preauthorization. Specific codes may change or be removed throughout the year, so it is important for providers to ensure they are using the most up to date preauthorization information.

Medicare Advantage

The [Medicare Advantage PPO Benefit Preauthorization Requirements Summary List](#) is available on our Provider website.

Medicaid

The [Illinois Medicaid Benefit Preauthorization Requirements Summary List](#) is available on our Provider website. Medicaid includes Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM members.

As a reminder, it is important to check member eligibility and benefits through [Availity](#)[®] or your preferred vendor Web portal prior to every scheduled appointment, as this step will help you determine if benefit preauthorization is required for a particular member. Obtaining benefit preauthorization is not a substitute for checking eligibility and benefits. If benefit preauthorization is required, services performed without benefit preauthorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Our goal is to support access to quality, affordable health care for our members. If you have any questions, contact your Provider Network Consultant (PNC) for assistance.

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.

The presence of codes on the list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

New Electronic Option Available for Illinois Medicaid Providers: *GuidingCare*[®]

Altruista Health *GuidingCare*, a web-based health care management tool, is available online to providers rendering services for the following Blue Cross and Blue Shield of Illinois (BCBSIL) members:

- Blue Cross Community MMAI (Medicare-Medicaid Plan)SM
- Blue Cross Community Health PlansSM

This tool was developed specifically for use by health care providers, support services organizations and other key partners to assist in the patient's care management. Not only will this tool help assigned physicians monitor their Medicaid members' rendered services, but it will also help allow for quick access to the following patient information:

- Care plans
- Activities
- Quality measures
- Care transitions

GuidingCare is accessible to existing Availity[®] administrators and assigned users. If you are not yet registered, you may visit availity.com and select "Register." Once logged into Availity, select the "Medicaid Care Management Information and Reporting" link found under the Applications tab within the BCBSIL-branded Payer Spaces section. For more information on BCBSIL's electronic solutions, refer to the [Provider Tools page](#) on our Provider website.

LEARN MORE

BCBSIL will be hosting one-hour training sessions to provide additional information on how to navigate the *GuidingCare* tool. To register for an upcoming webinar, visit the [Webinars section](#) on our Provider website and select a session date and time.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. *GuidingCare* is a trademark of Altruista Health, a separate company that provides collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Altruista Health. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

CMS has started the Social Security Number Removal Initiative (SSNRI)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the Centers for Medicare & Medicaid Services (CMS) to remove Social Security Numbers (SSNs) from all Medicare identification cards. In April 2018, CMS began issuing the new Medicare cards with the Medicare Beneficiary Identifier (MBI) in place of the SSN-based Health Insurance Claim Number (HICN).

A phased Medicare card reissuance will continue through Dec. 31, 2019. During this transition period, either the HICN or MBI can be used to exchange data with CMS. New Medicare cards from CMS for Blue Cross and Blue Shield of Illinois members are slated to begin mailing after June 2018. Additional information about SSNRI can be found at [cms.gov](https://www.cms.gov).

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

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](#) on our Provider website.

BCBSIL WEBINARS		
<i>To register now for a webinar on the list below, click on your preferred session date.</i>		
Descriptions:	Dates:	Session Times:
<p>Altruista Health's GuidingCare[®] In these one-hour sessions, BCBSIL will provide an overview of Altruista Health's <i>GuidingCare</i>, a web-based health care management tool for providers rendering services to Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM members.</p>	<p>May 22, 2018 May 23, 2018 May 24, 2018</p>	<p>9 to 10 a.m. 1 to 2 p.m. 2 to 3 p.m.</p>
<p>BCBSIL Back to Basics: 'Availity[®] 101' Join us for a review of electronic transactions, provider tools and helpful online resources.</p>	<p>May 8, 2018 May 15, 2018 May 22, 2018 May 29, 2018</p>	<p>11 a.m. to noon</p>
<p>Introducing Remittance Viewer Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.</p>	<p>May 17, 2018</p>	<p>11 a.m. to noon</p>
<p>iExchange[®] Training: New Enrollee Training</p>	<p>May 24, 2018</p>	<p>11 a.m. to noon</p>

<p><i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i></p>		
<p>Blue Cross Community Health Plans Webinars for Behavioral Health/Medical Provider <i>Learn about our new 2018 Medicaid product</i></p> <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>For CMHC, DASA, LTSS Provider Types: May 16, 2018</p>	<p>9 to 10 a.m.</p>
<p>Blue Cross Community Health Plans Webinars for Ancillary Providers <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>LTC, SMHRF, SLF Provider Types: May 15, 2018</p> <p>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types: May 15, 2018</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 for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

GuidingCare is a trademark of Altruista Health, a separate company that provides collaborative health care management solutions for payers and providers. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity and Medecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

What You Need to Know About Claim Reviews and Appeals

Note: This article does not apply to HMO or Blue Cross Medicare AdvantageSM, Blue Cross Community Health PlansSM, Blue Cross Community MMAI (Medicare-Medicaid Plan)SM

It has come to our attention that there may be some confusion among commercially contracted providers in regards to what is considered a claim review compared to a formal appeal. As a Blue Cross and Blue Shield of Illinois (BCBSIL) contracted provider, there are several facts you should know before submitting an appeal. A thorough understanding of what qualifies as a formal appeal will help expedite the process. Our objective is to maintain a standard process for handling formal provider appeals to ensure these requests are properly managed.

The following information is a general resource regarding claim reviews and appeals. Providers should also refer to their participating provider agreement and applicable provider manual for information on specific claim reviews or appeal rights managed outside of this method.

What is a claim review?

A claim review is an informal reconsideration request initiated by a provider. Reviews can be submitted when additional clarification is needed on a finalized claim or if a provider organization disagrees with the adjudication outcome.

Once a claim review has been completed, the provider will receive an updated 835 Electronic Remittance Advice (835 ERA) or paper Provider Claim Summary (PCS) if the review resulted in a claim adjustment. Otherwise, a letter will be sent advising the denial is being upheld.

Claim review requests may be submitted via the Claim Inquiry Resolution (CIR) tool, accessible through Electronic Refund Management (eRM) on the Availity[®] Provider portal at availability.com. Providers who do not have online access may use the appropriate claim review form, available in the [Claims and Eligibility/Claim Review and Appeals](#) section of our Provider website. These forms are not to be used for government programs claim review requests.

Formal appeals should be submitted through the standard BCBSIL appeal channels. Providers are encouraged to exhaust the informal claim reconsideration channels before filing an appeal.

What is an appeal?

A provider appeal is a formal request for reconsideration of a claim denial. Appeals may be initiated in writing or by telephone, upon receipt of a denial letter and instructions from BCBSIL.

For paper submissions, appeals must be clearly labeled as appeal requests and the claim number, date(s) of service, patient name, group and ID numbers must be included on the first page. Documentation should include all relevant claim information and any supporting medical or clinical records.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

This material is for informational purposes only and is not intended to be a definitive source for what codes should be used for any particular health care claim. Providers are instructed to submit claims using the most appropriate code based upon medical record documentation, coding guidelines and reference materials.

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.

Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

Encourage HMO Members to Take Our Survey

The 2018 HMO Member Survey was mailed or emailed in April to randomly selected HMO Illinois[®], Blue Advantage HMOSM, Blue FocusCareSM, BlueCare DirectSM and Blue Precision HMOSM members enrolled in each independently contracted Medical Group/Independent Practice Association (MG/IPA).

The primary purpose of the survey is to assess member satisfaction with various elements at the MG/IPA site level. These factors include access to medical care, coordination of care, satisfaction with services rendered as well as satisfaction with primary care physicians and specialists in the Blue Cross and Blue Shield of Illinois (BCBSIL) HMO networks.

Please notify your members that the survey has been distributed and encourage them to complete and return the survey to BCBSIL in the postage-paid envelope provided **within five business days of receipt** if they haven't done so already.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

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.

Modifier Payment Differential Update, Effective June 1, 2018

A general fee schedule update announcement was included in the [March Blue Review](#). The modifier change indicated in the table below applies to all surgical services.

Modifier	Description	Differential
52	Reduced services	40% of fee schedule
53	Discontinued procedure	25% of fee schedule

Urinary Drug Test (UDT) Fee Schedule Update

Effective June 1, 2018, professional electronic (837P) and paper (CMS-1500) claims for Urinary Drug Test (UDT) 80000 series Current Procedural Terminology (CPT[®]) codes – billed with or without the Centers for Medicare & Medicaid Services (CMS) specified G code replacements on the same claim – will not be reimbursed by BCBSIL. However, the CMS-specified G Healthcare Common Procedure Coding System (HCPCS) code replacements for the UDT 80000 series codes (see grid below) will continue to be reimbursed.

HCPCS Codes	Drug Test Class
G0480	1-7
G0481	8-14
G0482	15-21

G0483	22 or more
-------	------------

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 Provider website.

CPT copyright 2017 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

This material is for informational purposes only and is not intended to be a definitive source for what codes should be used for any particular health care claim. Providers are instructed to submit claims using the most appropriate code based upon medical record documentation, coding guidelines and reference materials.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2018

ClaimsXtenTM Quarterly Updates

New and revised Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this additional data to the BCBSIL claim processing system 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 ConnectionTM (C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection page](#) 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.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSIL. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.

CPT copyright 2017 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 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[®]. 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 homepage. 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 [Update Your Information](#) on 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.

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.
- **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 page](#) on 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, or by calling 312-653-4820

bcbsil.com/provider

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

© Copyright 2018 Health Care Service Corporation. All Rights Reserved.