

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

## November 2018

### ■ CMO Perspective

#### **Maternal Health Inequity and Rising Mortality Rates: Finding Solutions to Help Reduce the Impact**

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, begins this month's article as follows: *While pregnancy should be a condition of joy, not dread, statistics are showing that there may indeed be a cause for alarm. Maternal mortality and morbidity rates in the U.S. are on the rise – in fact, maternal death rates in this country are higher than those in any other developed nation.*

[Read More](#)

### ■ Wellness and Member Education

#### **Talk to Your Patients About Getting a Flu Vaccine**

Are your patients protected? With more than 900,000 people hospitalized and more than 80,000 deaths from the flu last season in the U.S., the Centers for Disease Control and Prevention (CDC) emphasizes the seriousness and severity of the flu and strongly encourages a flu vaccine for everyone 6 months of age and older, who do not have contraindications.

[Read More](#)

#### **Antibiotic Awareness Week is Nov. 12-18, 2018**

Studies show that, in U.S. doctors' offices and emergency departments, at least 47 million antibiotic prescriptions each year are unnecessary, which makes improving antibiotic prescribing and use a national priority. The goal of [Antibiotic Awareness Week](#) is to call attention to the problem of antibiotic resistance and the importance of appropriate antibiotic prescribing and use.

[Read More](#)

## ■ Electronic Options

### **The *Blue Review* is your newsletter. Tell us what you think!**

With the *Blue Review*, Blue Cross and Blue Shield of Illinois (BCBSIL) strives to provide important information each month to our growing readership of independently contracted providers. We need your feedback to assess the effectiveness of this newsletter in delivering timely content that's relevant to you and your staff. Please take a few minutes to complete our brief survey. [Click here to take the survey now.](#)

### **Check Eligibility and Benefits: Don't skip this important first step!**

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service? Don't take chances. Check eligibility and benefits for each patient, prior to every scheduled appointment.

[Read More](#)

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

Reversals and corrections may occur when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend with modified data. Provider level adjustments are reported in the Provider Level Balance (PLB) segment within the 835 ERA from BCBSIL.

[Read More](#)

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## ■ Focus on Behavioral Health

### **Behavioral Health Providers: Electronic Options, Training and Related Resources**

We're pleased to offer and support electronic options to help you streamline administrative functions in your office. Were you able to join us for our recent Electronic Options Training for Behavioral Health Providers webinar? Participants gained an overview of tools on the Availity<sup>®</sup> Provider Portal and other time-saving paperless options.

[Read More](#)

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## ■ Provider Education

### **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](#)

### **'Annual Visit' Campaign Continues, Proper Coding is Crucial**

In August 2018, we launched a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. This campaign is still in progress and, this month, we are focused on encouraging members with asthma to see their health care providers.

[Read More](#)

### **Reminder: Respond to Medical Record Retrieval Requests from Inovalon**

Inovalon was selected to retrieve medical records for out-of-area Blue members starting Jan. 1, 2018, to support Healthcare Effectiveness Data and Information Set (HEDIS®), risk adjustment and government required programs related to the Affordable Care Act (ACA).

[Read More](#)

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## **■ Quality Improvement and Reporting**

### **Ideas to Increase Primary Care Physician (PCP) and Hospitalist Communication for HMO Members**

A hospitalist is a patient's doctor during an inpatient hospital admission and therefore, communication between hospitalists and PCPs is key to help your patients and our members receive quality medical care. Hospitalists need to know a patient's detailed medical history and PCPs need to have detailed hospitalization documentation regarding patient medical care.

[Read More](#)

### **Improving Coordination of Care for Our Members with Diabetes**

Based on results from an August 2017 HMO PCP survey, which was sent to 77 participating Medical Groups/Independent Physician Associations (IPAs), it has come to our attention that some members' eye exam results from specialists are not being reported back to the referring providers.

[Read More](#)

### **HEDIS Measure for Hospital Readmissions**

As part of a quality initiative to help assess effectiveness of care and services to our members, BCBSIL uses specifications published by the National Committee for Quality Assurance (NCQA) for HEDIS. Reducing readmission rates is critical to promoting improved outcomes.

[Read More](#)

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## **■ Claims and Coding**

### **BlueCard® Alert: Itemized Bill May Be Required for Some Inpatient Claims, Effective Jan. 1, 2019**

Beginning Jan. 1, 2019, BCBSIL will request an itemized bill for any institutional inpatient BlueCard (out-of-area) member claim billed at \$250,000 or more.

[Read More](#)

### **Documentation Guidelines for Urine Drug Testing**

BCBSIL processes and reimburses claims for urine drug testing in accordance with BCBSIL Medical Policy MED207.154, Drug Testing in Pain Management and Substance Use Disorder Monitoring. BCBSIL only reimburses claims for urine drug testing that are medically necessary under that medical policy.

[Read More](#)

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## **■ Pharmacy Program**

### **Specialty Pharmacy Infusion Site of Care: Benefit Preauthorization Requirements**

**Effective Jan. 1, 2019**, benefit preauthorization will be required for [select infusion drugs](#) for the BCBSIL members in the networks listed in this article. These select infusion drugs are administered by health care professionals and typically covered under the member's medical benefit.

[Read More](#)

### **Changes to Home-based Sleep Study Benefit Prior Approval Requirements for Some FEP Members**

In January 2017, benefit prior approval requirements for sleep studies performed outside the home were implemented for some Federal Employee Program<sup>®</sup> (FEP) members. Claims and appeals revealed that when outpatient facilities submitted claims for the equipment used for home-based sleep studies, our claims system presumed the services took place outside the home.

[Read More](#)

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## **■ Notification and Disclosure**

### **New Fax Number on Fee Schedule Request Forms**

Effective immediately, the fax number on the [Fee Schedule Request - Blue Choice PPO<sup>SM</sup>](#) and [Fee Schedule Request - PPO](#) forms has been changed to 312-729-2457.

[Read More](#)

### **Information about BCBSIL's Quality Improvement Program**

The Quality Improvement (QI) Program at BCBSIL addresses both care and services provided to members. A QI Program summary is available upon request if you would like more information about BCBSIL's QI Program.

[Read More](#)

## Procedure Code and Fee Schedule Updates

As part of our commitment to informing our independently contracted providers of certain developments, BCBSIL has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

[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](#)

## Medical Policy Updates

Approved, new, or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. These policies may impact your reimbursement and your patients' benefits.

[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](#).

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## Maternal Health Inequity and Rising Mortality Rates: Finding Solutions to Help Reduce the Impact

**By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)**

While pregnancy should be a condition of joy, not dread, statistics are showing that there may indeed be a cause for alarm. Maternal mortality and morbidity rates in the U.S. are on the rise – in fact, maternal death rates in this country are higher than those in any other developed nation. The rate increased by 26.6 percent from 2000 to 2014, according to a 2016 analysis published by the American College of Obstetricians and Gynecologists (ACOG).<sup>1</sup> The Centers for Disease Control and Prevention (CDC) estimates that 700 women will die each year due to pregnancy-related complications.<sup>2</sup>

### Why are numbers of pregnancy-related deaths on the rise in the U.S.?

To begin to assess reasons for rising numbers and causes of maternal deaths, the CDC launched a national [Pregnancy Mortality Surveillance System](#) in 1986.\* Every year, the CDC requests copies of death certificates from all 50 states, as well as New York City and Washington, DC. Information received is evaluated by medically trained epidemiologists and causes of death are categorized using a coding system developed by ACOG, together with the CDC's Maternal Mortality Study group. Reports on causes and risk factors are released periodically.<sup>3</sup>

The latest available CDC data are for the period of 2011 - 2014. Of the 7,208 deaths within a year of pregnancy that were reported to the CDC, 2,726 were determined to be pregnancy-related. Cardiovascular diseases, infection or sepsis, and hemorrhage were among the leading causes of death. The CDC data also reveal racial/ethnic disparities, with 12.4 deaths per 100,000 live births for white women, compared to 40 deaths per 100,000 black women.<sup>4</sup>

Are rising maternal death rates due to improvements in surveillance, analysis and reporting functions? Or is there an increase in chronic health conditions, such as hypertension, which may lead to stroke, hemorrhage and preeclampsia/eclampsia? In addition to racial/ethnic discrimination, what other adverse social determinants of health are presenting barriers to achieving maternal health equity? Are there differences in the quality of care, access to transportation, or health literacy for distinct segments of the population?

As discussed in our [September 2018 Blue Review](#), the problem of inequity in health care is multifaceted and far-reaching, involving complex overlapping social structures, such as socioeconomic status (income level, education/literacy, occupation), ZIP code,

housing conditions and public safety, among other social determinants of health. For mothers-to-be in some neighborhoods, educational resources on the importance of prenatal care may be limited. Some women may not have ready access to sources of healthy food to ensure proper nutrition. They may neglect going to the doctor due to lack of transportation, or concerns about health care costs.

My colleague Anita Stewart, medical director at BCBSIL, says, "Rising maternal mortality rates = Better surveillance data + social determinants of health. If that's our equation, how do we reduce the impact?"

### **Finding Ways to Reverse the Trend**

In January 2016, the Illinois Perinatal Quality Collaborative (ILPQC) conducted an intervention targeting hypertension, which is associated with pregnancy-related complications such as hemorrhage and preeclampsia. The ILPQC's [Maternal Hypertension Initiative](#) included 110 Illinois birthing hospitals. Participating hospital teams focused on early identification and medical management of severe hypertension, as well as enhanced patient education and follow-up. The initiative resulted in many successes, such as a 50 percent increase in the number of women receiving medication within 60 minutes for new onset severe range hypertension.<sup>5</sup> We need to build upon these successes which improve a woman's survival post-delivery. Continued innovation in care delivery across the community organization and provider continuum is important.

To reverse the trend, we must renew our understanding of the journey of our pregnant members and their families – before, during, and following pregnancy. This will highlight better opportunities to increase prenatal/postnatal care as well as meet other important health needs. Additionally, domestic violence remains a pernicious health problem for pregnant women and we have a collective obligation to make a difference. Across a number of factors that increase the risk of a pregnancy, strengthening case coordination and access to health resources in the community is important.

We also recognize that there are many reasons why some of our members do not travel outside of their home communities. For example, if they can't communicate or feel they are not being heard, pregnant women with limited English proficiency may be less likely to seek care. So, we need to find a way to come to them. As Dr. Stewart says, "We have to re-envision how to support health care in new settings in the communities we serve." This might mean conducting outreach in non-traditional locations, such as churches, grocery stores, laundromats and even beauty salons.

What can providers do? Maybe a good place to start is to consider that patient-centric factors, such as language proficiency, cultural beliefs and/or socioeconomic factors may impact patient understanding, access and adherence to care plans.

All women should have access to information, care and other resources to support a healthy pregnancy, all the way through childbirth, the recovery period immediately following delivery, and beyond.

[Learn more about Dr. Derek J. Robinson](#)

\*The CDC defines a pregnancy related death as the death of a woman during pregnancy or up to a year after pregnancy due to conditions caused or aggravated by the pregnancy or how it was managed.

<sup>1</sup> [Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends From Measurement Issues](#). MacDorman, Marian F., PhD; Declercq, Eugene, PhD; Cabral, Howard, PhD; Morton, Christine, PhD. Obstetrics & Gynecology: September 2016 - Volume 128 - Issue 3 - p 447–455.

<sup>2,3</sup> CDC website. Reproductive Health, Pregnancy-Related Deaths. Accessed Oct. 18, 2018, at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.

<sup>4</sup> CDC website. Reproductive Health, Pregnancy Mortality Surveillance System. Accessed Oct. 18, 2018, at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>.

<sup>5</sup> ILPQC Maternal Hypertension Initiative Fact Sheet. December 2017. Available at [http://www.ilpqc.org/docs/onepagereports/ILPQC%20HTN%20Factsheet\\_FINAL\\_2017.pdf](http://www.ilpqc.org/docs/onepagereports/ILPQC%20HTN%20Factsheet_FINAL_2017.pdf).

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. 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.

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## Talk to Your Patients About Getting a Flu Vaccine

With more than 900,000 people hospitalized and more than 80,000 deaths from the flu last season in the U.S., the Centers for Disease Control and Prevention (CDC) emphasizes the seriousness and severity of the flu and strongly encourages a flu vaccine for everyone 6 months of age and older, who do not have contraindications.<sup>1</sup>

Children 6 months to 8 years, who are receiving their first vaccination, and those who have previously received one dose of the vaccine, should get two doses of the vaccine this flu season.<sup>2</sup> To prevent missed opportunities, you may want to discuss and offer a flu vaccine during office visits, if applicable.

During past seasons, approximately 80 percent of flu-associated deaths in children have occurred in children who were not vaccinated. During the 2017-2018 season, which was classified as high severity for all age groups, a total of 180 influenza-associated pediatric deaths were reported.<sup>3</sup> Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members will receive an influenza vaccine postcard later this year reminding them to get their flu vaccine.

A flu vaccine is the leading prevention against seasonal influenza. Antiviral drugs may be used to lessen symptoms of the flu, however, educating patients that these drugs are not a substitute for getting a flu vaccine is vital.<sup>3,4</sup>

For the 2018-2019 flu season, below is a list of vaccines that are a covered benefit for BCCHP and MMAI members:

- Afluria
- Fluzone Quad
- Flulaval Quad
- Fluarix Quad
- Afluria Quad
- Flucelvax Quad
- Fluzone HD

Remember to check the [Table of Approved Vaccines for 2018-2019](#) on the CDC website for the most recent updates on newly available products and the approved age ranges.

You may want to talk to your patients about the flu vaccine. There are several misconceptions regarding this vaccine, so it is important to educate patients about the risks and benefits of getting a yearly flu vaccine. The following discussion points may help you help your patients feel more informed and aware of their health care:

- Benefits of the flu vaccine
- Side effects that could occur after receiving the vaccine
- Flu symptoms
- Effectiveness of the flu vaccination
- Patients' concerns/issues regarding this vaccine

As a reminder, while many Blue Cross and Blue Shield of Illinois (BCBSIL) members' health benefit plans include influenza vaccination benefits with no member cost sharing when using a participating provider, there are some exceptions. It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering the influenza vaccine to BCBSIL members.

<sup>1</sup> CDC, National Press Conference Kicks Off 2018-2019 Flu Vaccination Campaign, Sept. 27, 2018. <https://www.cdc.gov/flu/spotlights/press-conference-2018-19.htm>

<sup>2</sup> CDC, Children & Influenza (Flu), Sept. 19, 2018. <https://www.cdc.gov/flu/protect/children.htm>

<sup>3</sup> CDC, Summary of the 2017-2018 Influenza Season, Aug. 31, 2018. <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>

<sup>4</sup> FDA. Influenza (Flu) Antiviral Drugs and Related Information, Sept. 11, 2018. <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm>

*Third party brand names are the property of their respective owners.*

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. 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. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized or obtained benefit prior approval 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 member's ID card.

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## Antibiotic Awareness Week is Nov. 12-18, 2018

In U.S. doctors' offices and emergency departments, at least 47 million antibiotic prescriptions each year are unnecessary, which makes improving antibiotic prescribing and use a national priority. The goal of [Antibiotic Awareness Week](#) is to raise awareness about antibiotic resistance and the importance of appropriate antibiotic prescribing and use.<sup>1</sup>

Antibiotics save lives, but any time they are used, they can lead to antibiotic resistance. The Centers for Disease Control and Prevention (CDC) is working to combat this threat through its [Antibiotic Resistance \(AR\) Solutions Initiative](#). Because antibiotic resistance has the potential to impact all Americans at every stage of life, AR Solutions Initiative invests in national infrastructure to detect, respond, contain and prevent resistant infections across healthcare settings, food and communities.<sup>2</sup>

Another initiative, this one by the American Board of Internal Medicine (ABIM), finds that improved communication in health care may be one of the keys to improving appropriate antibiotic use. *Choosing Wisely* is an ABIM program in partnership with Consumer Reports, designed to foster the appropriate and cost-effective use of health care resources by conveying to all physicians and their patients, key insights from 50 clinical specialty groups.

To help educate physicians on the importance of reducing antibiotic overuse, several societies have included recommendations in their *Choosing Wisely* lists, including the [American Academy of Family Physicians](#) which states: "Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement."

During Antibiotic Awareness Week and throughout the year, you may want to share resources about antibiotic overuse, which Consumer Reports has made available on its database. They include:

- Consumer Reports magazine articles on [Why you shouldn't ask your doctor for antibiotics](#), [When to Say No to Antibiotics for Infection](#), [Antibiotic Side Effects in Children: What Every Parent Should Know](#), [What 'No Antibiotic' Claims Really Mean](#)
- Several short videos on antibiotic use, including [Avoiding antibiotics in meat](#), [5 Big Myths About Antibiotics](#), [Dangerous Overuse of Antibiotics](#), [The Rise of Superbugs](#)

<sup>1</sup>CDC, Antibiotic Prescribing and Use, Oct.1, 2018. <https://www.cdc.gov/antibiotic-use/>

<sup>2</sup>CDC, What CDC is Doing: Antibiotic Resistance (AR) Solutions Initiative, Sept. 12, 2018. <https://www.cdc.gov/drugresistance/solutions-initiative/index.html>

*Choosing Wisely* is an initiative sponsored by the American Board of Internal Medicine Foundation that is solely responsible for the program and its content. The material presented here is for

informational purposes only and is not intended to be medical advice. Health care providers are instructed to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information. BCBSIL makes no representations or warranties regarding the *Choosing Wisely* program or any of its components.

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.

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## Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

### Get Answers Up Front

Check eligibility and benefits for each patient, prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit preauthorization/pre-notification requirements. When services may not be covered, members should be notified that they may be billed directly.

### Don't Take Chances

Ask to see the member's BCBSIL ID card for current information and also ask for driver's license or other **photo ID** to help guard against medical identity theft.

### Use Online Options

Checking eligibility and benefits via an electronic 270 transaction through the [Availity® Provider Portal](#) or your preferred vendor portal is strongly encouraged. Electronic eligibility and benefits inquiries may be conducted for local BCBSIL members, as well as out-of-area Blue Plan and Federal Employee Program® (FEP) members.

### Learn More

For additional information, such as a library of online transaction tip sheets organized by specialty, refer to the [Eligibility and Benefits section](#) of our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Provider Learning Opportunities](#) for upcoming webinar dates, times and registration links to sign up now.

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.

Checking eligibility and benefits and/or obtaining preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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

Reversals and corrections may occur when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend with modified data. Provider level adjustments are reported in the Provider Level Balance (PLB) segment within the 835 ERA from Blue Cross and Blue Shield of Illinois (BCBSIL).

We've prepared a helpful resource to assist you with interpreting the PLB segment on 835 ERAs related to claims submitted for the following government programs members:

- Blue Cross Community Health Plans<sup>SM</sup>
- Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>
- Blue Cross Medicare Advantage (HMO)<sup>SM</sup>
- Blue Cross Medicare Advantage (PPO)<sup>SM</sup>

We encourage you to refer to the [Interpreting the PLB Segment on the 835 ERA - Government Programs Only](#) document, located in the Claim Payment and Remittance section of our Provider website. This document provides 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> The document also includes information on PLB segment definitions and examples, as well as how to locate overpaid claims on the ERA and paper Provider Claim Summary (PCS).

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

<sup>\*</sup>The HIPAA-mandated ASC X12 Health Care Claim/Payment Advice (835) TR3 is available 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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## Behavioral Health Providers: Electronic Options, Training and Related Resources

We're pleased to offer and support electronic options to help you streamline administrative functions in your office.

We hope you were able to join us for our recent Electronic Options Training for Behavioral Health Providers webinar. We covered a lot of material in this training session, with an emphasis on tools available to registered users on the Availity<sup>®</sup> Provider Portal. Here's a quick re-cap:

- **Express Entry** – You'll find this option in the My Providers menu. Tip: Make sure your Tax ID and National Provider Identifier (NPI) are accurate.
- **Eligibility and Benefits** – Confirm patient coverage and check benefit details in real-time, 24 hours a day except Sundays from 8 a.m. to noon.
- **Electronic Claim Submission** – Submit claims one at a time or in batch and receive confirmation upon acceptance.
- **Claim Status Inquiry** – An electronic claim status inquiry (276 transaction) must be used to obtain claim status information electronically for government programs claims.
- **Claim Research Tool\*** – This tool offers enhanced claim status for commercial claims. Tips: Use billing NPI submitted on claim; make sure date entered for service period includes actual date of service.
- **Reporting on Demand\*** – This tool can be used to obtain duplicate copies of the provider claim summary.
- **Claim Inquiry Resolution\*** – This tool can be used to request claim review. Note: This tool should not be used for appeals.
- **Electronic Refund Management\*** – Receive and respond online to overpayment recovery requests.

*\*Tools marked with an asterisk are not applicable for government programs claims.*

*Note: Contact your Availity administrator for access if you do not have the above-referenced tool(s) in your Availity account.*

We also discussed the option of calling our automated interactive voice response system (IVR) for real-time eligibility and benefits information for BCBSIL members. Results are provided in real-time, along with a confirmation number. You have the option to have benefit details faxed to you for future reference. Customer advocates remain available to help with claim adjustments.

### For More Information

- **Tip Sheets for Electronic Tools** – Refer to the [Provider Tools section](#) of our website for tip sheets to help you navigate Availity Eligibility and Benefits, the Claim Research Tool, and more.

- **IVR Caller Guides** – Three guides are available in the Related Resources section of our Provider website ([claims](#), [eligibility and benefits](#), [behavioral health](#)).
- **Additional Training** – To request a customized training, contact our Provider Education Consultant team at [pecs@bcbsil.com](mailto:pecs@bcbsil.com).

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 member's ID card.

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

November 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

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

Descriptions:	Dates:	Session Times:
<p><b>BCBSIL Back to Basics: 'Availity® 101'</b>  <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p><a href="#">Nov. 13, 2018</a>  <a href="#">Nov. 20, 2018</a>  <a href="#">Nov. 27, 2018</a></p>	<p>11 a.m. to noon</p>
<p><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></p>	<p><a href="#">Nov. 15, 2018</a></p>	<p>11 a.m. to noon</p>
<p><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></p>	<p><a href="#">Nov. 29, 2018</a></p>	<p>11 a.m. to 12:30 p.m.</p>
<p><b>Blue Cross Community Health Plans<sup>SM</sup> – 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</i></p>	<p><b>LTC, SMHRF, SLF Provider Types:</b>  <a href="#">Nov. 20, 2018</a></p>	<p>10 to 11 a.m.</p>

<p>(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),</p>	<p><b>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types:</b>  <a href="#">Nov. 20, 2018</a></p>	<p>Noon to 1 p.m.</p>
<p><b>Professional PPO Provider Virtual Workshop</b>  <i>Learn about our new 2018 Medicaid product</i></p> <p><i>These webinars are customized for the BCBSIL commercially contracted professional provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.</i></p>	<p><a href="#">Nov. 8, 2018</a>  <a href="#">Dec. 13, 2018</a></p>	<p>11 a.m. to noon</p>

#### AVAILITY WEBINARS

Availity also provides 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 help.

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## 'Annual Visit' Campaign Continues, Proper Coding is Crucial

In August 2018, we launched a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. This campaign is still in progress and, this month, we are focused on encouraging members with asthma to see their health care providers.

We know you already see a lot of patients and, since this annual visit campaign may increase patient traffic to your office, we wanted to take this opportunity to emphasize again the importance of careful medical record documentation.

Careful documentation is critical for proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation should paint a clear and complete picture of each patient's condition, with sufficient detail to support diagnoses and treatment.

As you know, medical record data is also used to help create provider report cards and show meaningful use in electronic health records. Potential patients may use provider profiles and other online comparison tools to choose where to go for care.

Clinical documentation improvement tools and services are widely available. Regardless of whether your organization or office has implemented a clinical documentation improvement (CDI) program, the following CDI basics may be used to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history.
2. **Go below the surface** by highlighting potential red flags and risk factors.
3. **Include progress notes** to illustrate how the patient was monitored and evaluated.
4. **Put the pieces together** with details on why decisions were made.
5. **Focus on teamwork** between medical, coding and billing staff.

Careful medical record documentation for each patient at every visit will help ensure your claims accurately reflect the care and services you give to our members.

Thank you for your efforts to support our members' health and wellness at their annual exams and all other appointments.

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## Reminder: Respond to Medical Record Retrieval Requests from Inovalon

As previously mentioned in the [Blue Review](#), Inovalon was selected to retrieve medical records for out-of-area Blue members starting Jan. 1, 2018, to support Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>), risk adjustment and government required programs related to the Affordable Care Act (ACA).

Inovalon is an experienced health care analytics company. The vendor will provide a centralized process to coordinate medical record requests from Blue Cross and Blue Shield companies across the country and help reduce multiple requests for patient data.

Effective medical record retrieval services play a fundamental role in helping to drive optimal quality reporting outcomes and appropriate risk scores.

Blue Cross and Blue Shield Plans will initiate their annual projects as follows:

Project	Start Date	End Date
HEDIS	January 2019	May 2019
Medicare Risk Adjustment (MRA)	May 2019	December 2019
Health Risk Adjustment Data Validation (HRADV)	June 2019	December 2019
Commercial Risk Adjustment/Risk Adjustment Data Validation (CRA/RADV)	January 2019	December 2019

As outlined in your contract, you are required to respond to requests in support of risk adjustment, HEDIS and other government-required activities within the requested timeframe. This includes requests from Inovalon on our behalf. Blue Cross and Blue Shield of Illinois (BCBSIL) is working diligently to make this process as simple as possible.

For your convenience, medical records may be submitted to Inovalon in the following ways:

- Phone – 844-682-9764 (for questions on delivery options/methods)
- Fax – 877-221-0604
- FedEx – For further instruction on returning records via FedEx, please call 800-463-3339
- Email – [EMRService@inovalon.com](mailto:EMRService@inovalon.com) (send secure)

### **HIPAA/Privacy**

Inovalon is contractually bound to preserve the confidentiality of health plan members' protected health information (PHI) obtained from medical records, in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. Please note that patient-authorized information releases are not required in order for you to comply with these requests for medical records.

Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. For more information regarding privacy rule language, please visit [hhs.gov/ocr/privacy](https://hhs.gov/ocr/privacy).

If you have any questions, please do not hesitate to contact BCBSIL and/or your Provider Network Consultant (PNC).

Inovalon is an independent company that has been contracted to provide medical record collection retrieval services for BCBSIL. Inovalon is wholly responsible for their own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by Inovalon.

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## Ideas to Increase Primary Care Physician (PCP) and Hospitalist Communication for HMO Members

A hospitalist is a patient's doctor during an inpatient hospital admission and therefore, communication between hospitalists and PCPs is key to help your patients and our members receive quality medical care. Hospitalists need to know a patient's detailed medical history and PCPs need to have detailed hospitalization documentation regarding patient medical care. The following are some ways that communication may be increased:

- Electronic Medical Record (EMR) – The EMR is a great communication tool, especially if the EMR provides access to records outside the hospital or if the patient received care within the same system. If this is the case, both the hospitalist and the PCP may be able to access all the notes, tests, procedures, results, medications, etc. from the other.
- Provider Finder<sup>®</sup> – An updated Provider Finder profile may be key to communication if a member is unable to share who their PCP is or the contact information. An updated Provider Finder profile may help hospitalists send information to PCPs. If you need to change existing demographic information, complete the [Demographic Change Form](#) on the Provider website.
- Timeliness – When a patient follows up with their PCP after being discharged, it is important that the PCP has the hospitalist's notes to continue the course of treatment for their patient.
- Standardized information – Based on an August 2017 HMO PCP survey, which was sent to 77 participating Medical Groups/Independent Physician Associations (IPAs), providers expressed the need for standardized information from hospitalists to ensure they have the items they need to continue the best course of action for their patient. One idea is to develop a form or template in the EMR that may include key information such as, diagnosis, reconciled medications, results, follow up needs and pending results. If the form or template cannot be built in the EMR, the information on the form or template can be shared by phone, email or fax.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment

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## Improving Coordination of Care for Our Members with Diabetes

Based on results from an August 2017 HMO primary care physician (PCP) survey, which was sent to 77 participating Medical Groups/Independent Physician Associations (IPAs), it has come to our attention that some members' eye exam results from specialists are not being reported back to the referring providers.

According to the Centers for Disease Control and Prevention (CDC), diabetes is the leading cause of new cases of blindness in adults. This is an issue as the number of people living with diabetes is only increasing, which can correlate to an increase in people with blindness.<sup>1</sup>

Diabetes can cause a disease of the eye called diabetic retinopathy (DR). Best practice for diabetics is to have an annual comprehensive eye exam performed by an ophthalmologist or optometrist to determine if DR has caused damage to the eye, according to the American Diabetes Association (ADA).<sup>2</sup> Routine eye exams may help providers pinpoint any changes. DR is treatable if caught early. Refer to the Diabetes Mellitus - Standards of Care on the [Clinical Practice Guidelines](#) page of our Provider website for evidence-based standards of care for diabetes.

Blue Cross and Blue Shield of Illinois (BCBSIL) performs annual assessments through claims filed and review of medical records data. Results indicate that not all members with diabetes receive an annual diabetic eye exam. You are the key to help ensure that members receive this important evaluation and results are properly documented in the referring practitioners' records. This quality improvement initiative depends largely upon communication between eye care specialists and referring providers.

We appreciate the care and services you provide to help improve the health and well-being of our members. With your continued help, it is possible to help improve the coordination of care for our members with diabetes. Below are some tips you may want to consider with your diabetic patients:

- If you are the referring provider, you may want to consider including a note with your contact information along with the referral asking the eye care specialist to send the results back.
- If you are the eye care specialist, it may be helpful to include a note or letter with your contact information indicating that an ophthalmoscopic exam was completed and include the results of exam, which may be done by adding a photograph of retinal abnormalities.

<sup>1</sup> CDC, Diabetic Retinopathy, <https://www.cdc.gov/isionhealth/pdf/factsheet.pdf>

<sup>2</sup> ADA, Standards of Medical Care in Diabetes, Jan. 1, 2018. <https://professional.diabetes.org/content-page/standards-medical-care-diabetes>

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## HEDIS<sup>®</sup> Measure for Hospital Readmissions

As part of a quality initiative to help assess effectiveness of care and services to our members, Blue Cross and Blue Shield of Illinois (BCBSIL) uses specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is one of the most widely used and nationally accepted effectiveness of care measurements available.

Hospital readmissions are costly for health care facilities, managed care organizations, and for BCBSIL members. Understanding where the gap in care occurs is often the first step to reducing readmission rates.

*Plan all cause readmissions* is a HEDIS measure that measures the number of acute inpatient stays for members 18 years and older, during the measurement year and 31 days prior to the last day of the measurement year. BCBSIL collects data from inpatient claims to generate reports that providers may want to review and follow up with members based on the information.

We appreciate the care and services you provide to help improve the health and well-being of our members. Below are a few tips and strategies you may want to apply with your patients.

- Utilize a discharge coordinator who can help members with the post-discharge process, such as:
  - Ensure patients have appointments set up within specified time frames
  - Discuss the importance of post-discharge care, using the teach-back method
  - Reconcile medication for any updates
  - Follow up with members by phone, letter or email
- Refer patients to community resources available in your area
- Identify and monitor high risk patients, such as members who have two or more chronic diseases or conditions and are more likely to visit the ER
- Develop a care plan involving everyone on a patient's care team, including the patient

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## **BlueCard<sup>®</sup> Alert: Itemized Bill May Be Required for Some Inpatient Claims, Effective Jan. 1, 2019**

Beginning Jan. 1, 2019, Blue Cross and Blue Shield of Illinois (BCBSIL) will request an itemized bill for any institutional inpatient BlueCard (out-of-area) member claim billed at \$250,000 or more.

The itemized bill is needed for completion of a required pre-payment review process. The purpose of the review is to support accurate claim payment, while reducing the time it takes to finalize payment to the provider. The review also may help reduce the need for further inquiry or review, after claims are paid.

If you receive a request for an itemized bill, you may submit it electronically, along with the appropriate claim number, using our [Claim Inquiry Resolution](#) tool.

For additional information on submitting claims for out-of-area Blue Cross and Blue Shield members, refer to the [BlueCard Program Provider Manual](#). If you have questions, contact your BCBSIL Provider Network Consultant (PNC).

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## Documentation Guidelines for Urine Drug Testing

Blue Cross and Blue Shield of Illinois (BCBSIL) processes and reimburses claims for urine drug testing in accordance with BCBSIL Medical Policy MED207.154, Drug Testing in Pain Management and Substance Use Disorder Monitoring. BCBSIL only reimburses claims for urine drug testing that are medically necessary under that medical policy.

BCBSIL requires that urine drug testing claims are properly documented – documentation must reflect the medical necessity of the testing. The provider who submits the claim is responsible for submitting such documentation upon request. Incomplete or insufficient records may result in a denial of payment for services.

Providers who order or perform drug testing should carefully review BCBSIL Medical Policy MED207.154. Medical policies are updated regularly, so it is important to visit the [Medical Policy](#) section of our Provider website often for the most current information.

For more information on BCBSIL's documentation and medical necessity requirements for urine drug testing claims, refer to the [Documentation Guidelines for Urine Drug Testing](#). This document is available in the Claim Submission section of our Provider website, under the Related Resources

***For additional information related to HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare<sup>SM</sup>, refer to the BCBSIL HMO Provider Manual, located in the Standards and Requirements section of our Provider website.***

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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## Specialty Pharmacy Infusion Site of Care: Benefit Preauthorization Requirements

**Effective Jan. 1, 2019**, benefit preauthorization will be required for [select infusion drugs](#) for the Blue Cross and Blue Shield of Illinois (BCBSIL) members in the networks listed below. These are drugs that are administered by health care professionals and typically covered under the member's medical benefit.

- Blue Choice Preferred PPO<sup>SM</sup>
- Blue Options<sup>SM</sup>
- Blue PPO<sup>SM</sup>

Starting on Jan. 1, 2019, if you are prescribing these select infusion drugs, you will need to submit a benefit preauthorization request to BCBSIL prior to administration of the drug. To request benefit preauthorization, use our online tool, iExchange<sup>®</sup>. You may also call the number on the member's BCBSIL ID card for assistance.

Please note that the fact that a service has been preauthorized 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.

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## Changes to Home-based Sleep Study Benefit Prior Approval Requirements for Some FEP Members

In January 2017, benefit prior approval requirements for sleep studies performed outside the home were implemented for some Federal Employee Program<sup>®</sup> (FEP) members. Claims and appeals revealed that when outpatient facilities submitted claims for the equipment used for home-based sleep studies, our claims system presumed the services took place outside the home. For home-based sleep studies, this issue resulted in higher copayments and claim denials for FEP Basic Option members.

FEP made changes to correct this issue. Effective Sept. 4, 2018, the following unattended sleep study and portable test monitor procedure codes, when billed by outpatient facilities, are considered eligible home-based sleep studies that no longer require benefit prior approval:

- 95800
- 95801
- 95806
- G0398
- G0399
- G0400

Benefit prior approval continues to be required for all sleep studies performed outside the home.

As a reminder, it is important to check eligibility and benefits for all members. This step will help you verify membership and other important details, such as copayment, coinsurance, deductible amounts and whether benefit prior approval may be required for a member/service. We encourage you to check eligibility and benefits online using the [Availity<sup>®</sup> Provider Portal](#), or your preferred web vendor. If you do not have web access, or need to obtain benefits specific to sleep studies, you may call 800-972-8382 to check eligibility and benefits for FEP members.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized or obtained benefit prior approval 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 member's ID card.

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## New Fax Number on Fee Schedule Request Forms

Effective immediately, the fax number on the [Fee Schedule Request - Blue Choice PPO<sup>SM</sup>](#) and [Fee Schedule Request - PPO](#) forms has been changed to 312-729-2457. The forms – located in the Education and Reference Center/Forms section of our Provider website – may be used by professional PPO and Blue Choice PPO providers to request annual, quarterly and specific code fee schedule updates.

The new fax number will help resolve technical difficulties encountered with the old number. If you have a saved form you use as a template, please delete it and use the updated form.

The fee schedule allowances are reviewed and updated periodically. It is important to be aware of specific procedure code changes and allowance updates. These allowances do not guarantee payment for all services submitted.

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## Information about BCBSIL's Quality Improvement Program

The Quality Improvement (QI) Program at Blue Cross and Blue Shield of Illinois (BCBSIL) addresses both care and services provided to members. To learn more about BCBSIL's QI Program, call 312-653-3465 to request a QI Program summary. The summary includes information about the structure of the QI Program, outcomes of the program and its success in meeting goals.

This specific information only applies to non-government programs. For information regarding government programs such as Medicare and Medicaid, please refer to the applicable provider manual.

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## **Procedure Code and Fee Schedule Updates** *(This article was previously titled Fairness in Contracting)*

As part of our commitment to informing our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific 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.

**On Jan. 1, 2019, BCBSIL will implement Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 2019.**

**Codes E0720, E0730 and E0731 will be updated on Feb. 1, 2019.**

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](#) on our Provider website.

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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](#) on 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.

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A newsletter for contracting institutional and professional providers

November 2018

## Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our Provider 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, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the [Standards and Requirements](#) section of our Provider website.**

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [Medical Policy](#) page. 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 homepage.

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](#) section of our Provider website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. In addition to medical policies, other policies and information regarding payment may be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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