

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2018

■ What's New

How do you like the *Blue Review*? Give us your feedback!

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 share your input. [Complete our brief survey now.](#)

[Read More](#)

■ CMO Perspective

Continuing the Conversation

The CMO Perspective section was launched in the [April 2018 issue](#) of the *Blue Review*, as a platform to engage the provider community with a peer-to-peer approach around the shared goal of supporting the best possible health outcomes for our members, your patients. Readership statistics have shown high interest in these articles and we are excited to keep the conversation going.

[Read More](#)

■ Wellness and Member Education

Prepping for the 2018-2019 Flu Season

The Centers for Disease Control and Prevention (CDC) recommends a flu shot for all patients ages 6 months and older without contraindications during the 2018-2019 influenza season with no preference expressed for any one vaccine over another.

[Read More](#)

Some Members Received In-home Colorectal Cancer Screening Test

According to the CDC, about one-third of adults aged 50 or older (about 22 million people) – the age group at greatest risk of developing colorectal cancer – have not been screened as recommended.

[Read More](#)

Quality Improvement and Reporting

The Cost of Treating Individuals with Antibiotic Resistance

Antibiotic resistance is on the rise and leading to increasing costs of inpatient care. A recent national study reported on the additional health care costs for treating adult patients with antibiotic-resistant bacterial infections.

[Read More](#)

2018 Annual HMO and PPO HEDIS® Reports

Each year, BCBSIL reports audited Healthcare Effectiveness Data and Information Set (HEDIS) results. The 2018 BCBSIL HMO and PPO HEDIS Reports are based on 2017 data using HEDIS 2018 specifications.

[Read More](#)

Focus on Behavioral Health

HEDIS Measure for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

The BCBSIL Behavioral Health Program is intended to support the service and treatment that members receive from contracted health care providers. Related to the HEDIS measure for initiation and engagement of alcohol and other drug abuse or dependence treatment, we'd like to offer a few tips and strategies you may want to apply with your patients.

[Read More](#)

Reminder: Electronic Options Training Webinar for Behavioral Health Providers

BCBSIL is excited to offer complimentary online training sessions customized for behavioral health providers and their support staff. These webinars will demonstrate electronic transactions that can be conducted via the Availity® Provider Portal. Two webinar sessions are offered this month for your convenience.

[Read More](#)

Clinical Updates, Reminders and Resources

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? Get answers up front by checking eligibility and benefits for each patient, prior to every scheduled appointment.

[Read More](#)

Changes Coming to Benefit Preauthorization Requirements, Effective Jan. 1, 2019

BCBSIL continues to refine our product options to help our customers find ways to better manage their health care investments. This includes customizable features, such as pre-service reviews, which support a more holistic approach to health care management.

[Read More](#)

Prostate Cancer Screening Benefit Change

Currently, BCBSIL covers prostate cancer screening at no cost to the member when it is billed with a preventive diagnosis. Beginning Jan. 1, 2019, this screening will be treated as a standard medical benefit and may be subject to a copay, coinsurance and deductible, based on the member's health plan. This means you may now need to seek payment from both BCBSIL and the member.

[Read More](#)

■ Network Innovation

Innovation Through Teamwork: Value Based Care Programs at BCBSIL

Value based care programs are continuing to emerge and evolve nationally, with an emphasis on shifting from a band-aid approach (treating sickness and symptoms) to a big picture strategy (managing overall health of patient populations). Also known as patient-centered care, value based care "is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes."

[Read More](#)

■ Electronic Options

Are you receiving the *Blue Review* directly from BCBSIL?

The monthly *Blue Review* is your source for timely updates on new BCBSIL products, programs and services, as well as provider learning opportunities, electronic options and related resources. The newsletter also provides notification of contractual and other mandated changes. If you haven't already, we invite you to sign up to have the newsletter emailed directly to you each month.

[Read More](#)

■ 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](#)

New Lactation Consultation Designation added to Demographic Change Form

BCBSIL has implemented a new designation on Provider Finder[®] called Lactation Consultation. The Lactation Consultation designation may be used for network providers who provide lactation support services to members (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal and the postpartum period.

[Read More](#)

New Application Process to Join Our Networks

As mentioned in the September issue of the *Blue Review*, BCBSIL welcomes providers to join our networks. We want to help make the application process as efficient and quick as possible. Therefore, effective Oct. 22, 2018, prospective providers will be able to fill out our new Provider Onboarding Form *online*. The change will help streamline the application process and possibly expedite the response time.

[Read More](#)

■ Notification and Disclosure

Medicaid Fee Schedule Updates

Illinois Healthcare and Family Services (HFS) removed the Essure[®] permanent contraception device from the Medicaid fee schedule effective Aug. 7, 2018. Accordingly, Essure has been removed from the Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM fee schedules.

[Read More](#)

Fairness in Contracting

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



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

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](#)



BlueCross BlueShield of Illinois

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2018

How do you like the *Blue Review*? Give us your feedback!

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 share your input. [Complete our brief survey now.](#)

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

October 2018

Continuing the Conversation

A message from Stephanie Vomvouras, M.D., MBA, Vice President and Chief Medical Officer of Quality and Accreditation:

The “CMO Perspective” was launched in the [April 2018 issue](#) of the *Blue Review*, as a platform to engage the provider community with a peer-to-peer approach around the shared goal of supporting the best possible health outcomes for our members, your patients.

Through this section of our newsletter, we’ve initiated discussions on important and timely health care topics, such as the opioid crisis, safe storage and disposal of prescription drugs, pediatric behavioral health provider access, and women’s health screening challenges and opportunities. Readership statistics have shown high interest in these articles and we are excited to keep the conversation going.

In the September 2018 CMO Perspective article, [Health Equity: Celebrating Diversity, Finding Common Ground](#), we emphasized the need to develop actionable solutions to address health inequities in Illinois. Within this article, we introduced the chair of the company’s Health Equity efforts, [Derek J. Robinson, M.D., BMA, FACEP, CHCQM](#).

I’m pleased to announce that Dr. Robinson has been named the new Chief Medical Officer of Blue Cross and Blue Shield of Illinois (BCBSIL). In next month’s issue of the *Blue Review*, you will learn more about Dr. Robinson and the topics he plans to share with you in the coming months.

Please join me in welcoming Dr. Robinson to BCBSIL.

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

October 2018

Prepping for the 2018-2019 Flu Season

The Centers for Disease Control and Prevention (CDC) recommends a flu shot for all patients ages 6 months and older without contraindications during the 2018-2019 influenza season with no preference expressed for any one vaccine over another.¹ The prefilled intranasal sprayer flu vaccine, which was not recommended the past two flu seasons, is now one of several available influenza vaccines recommended by the CDC for this season.² Please remember, it's vital to review 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.

For 2018-2019, there is a new flu vaccine and billing code. The vaccine is preservative-free Fluvad Quadrivalent Pediatric[®] with adjuvant MF59, for children six to 23 months of age. The Current Procedural Terminology (CPT[®]) code is 90689 for claims processed with dates of service (DOS) on or after Jan. 1, 2019. Before Jan. 1, 2019, claims may be submitted with 90749-Unlisted vaccine/toxoid or Q2039-Influenza virus vaccine, not otherwise specified.

Filing your claims with the accurate codes will help expedite the process. The [coding chart](#) from the American Academy of Pediatrics (AAP) gives billing codes to use based on the vaccine administered (this chart is not a comprehensive list). When billing flu vaccines, note that code descriptions are specific to vaccine products such as dosage, formulations such as trivalent vs. quadrivalent, preservative vs. preservative free, or other distinctive features (i.e. split virus, recombinant DNA, cell cultures or adjuvanted).

Review the [Preventive Services Policy](#) for Blue Cross and Blue Shield of Illinois' (BCBSIL) complete, approved immunization schedule. It can also be found on the [Clinical Payment and Coding Policies](#) page of the Provider website.

As a reminder, while many BCBSIL members' health benefit plans include influenza vaccination coverage 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.

¹CDC, Prevent Seasonal Flu, Aug. 23, 2018, <https://www.cdc.gov/flu/prevent/index.html>

²CDC, Frequently Asked Flu Questions 2018-2019 Influenza Season, Aug. 30, 2018, <https://www.cdc.gov/flu/about/season/flu-season-2018-2019.htm>

CPT copyright 2017 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Third party brand names are the property of their respective owners.

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.

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.

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

October 2018

Some Members Received In-home Colorectal Cancer Screening Test

According to the Centers for Disease Control and Prevention (CDC), about one-third of adults aged 50 or older (about 22 million people) – the age group at greatest risk of developing colorectal cancer – have not been screened as recommended.¹

In an effort to help increase colorectal cancer screening, Blue Choice Preferred PPOSM members who do not have a claim history for colorectal cancer screening were identified to receive a Fecal Immunochemical Test (FIT) in-home test kit recently. Before the FIT kits were distributed, the members received a notice from Blue Cross and Blue Shield of Illinois (BCBSIL) about the test and an option to opt out of the program.

By providing access to a test that may be completed in the comfort of the member's home, our hope is that more members will participate in colorectal cancer screening.

How You Can Help

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices that will promote wellness.
- Should your patients call your office with questions, please encourage them to participate and complete the FIT kit as soon as possible.
- If you receive a FIT result, please place it in the patient's medical record and discuss the results with your patient.

BCBSIL is working with an independent company that provides laboratory testing. The company will process the FIT sample and mail results to both the member and the Primary Care Provider (PCP) identified by the member.

If you have any questions or if you need additional information, please contact your BCBSIL [Provider Network Consultant \(PNC\)](#). Members can call Customer Service at the number listed on their BCBSIL ID card.

¹CDC, Screen for Life: National Colorectal Cancer Action Campaign, March 1, 2018, <https://www.cdc.gov/cancer/colorectal/sfl/index.htm>

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.

Association

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

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2018

The Cost of Treating Individuals with Antibiotic Resistance

Antibiotic resistance is on the rise and leading to increasing costs of inpatient care. A recent national study reported on the additional health care costs for treating adult patients with antibiotic-resistant bacterial infections.¹ This study compared acutely hospitalized (excluding prison, nursing home, long-term care, and some similar facilities) patients with antibiotic-resistant infections to patients without antibiotic-resistant infections from 2002 to 2014. Researchers found that treating patients with antibiotic-resistant infections added \$1,383 per episode and \$2.2 billion total in increased annual hospital costs.

Implementing an antimicrobial stewardship program in hospitals and other health care facilities have shown an annual cost-savings of \$200,000 to \$400,000 compared to health care facilities who do not implement a program.²

However, the scope of antibiotic resistance and benefits of antibiotic stewardship applies beyond acute hospitalization. To combat antibiotic resistance, antibiotic stewardship programs also need to include collaborative outpatient setting efforts between providers and insurance companies. For example, in outpatient clinics, a Centers for Disease Control and Prevention (CDC) report estimates 30 percent of antibiotics prescribed are determined to be unnecessary.² Moreover, when antibiotics are indicated, this same report notes prescribers do not always use guideline-recommended, first-line antibiotics.²

New research by The Pew Charitable Trusts and the CDC similarly shows patients seen at urgent care centers for common respiratory conditions such as asthma, flu and the common cold were more likely to receive unnecessary antibiotics, compared with patients treated for the same illnesses at other immediate-care types of facilities.³ This research looked at antibiotic use in emergency departments, retail health clinics (located within businesses such as pharmacies and grocery stores) and urgent care centers, (typically stand-alone facilities where patients seek immediate and unscheduled care). All played a large role in providing unscheduled outpatient care in the U.S. Data showed about 46 percent of patients in urgent care centers who were diagnosed with one of the above respiratory conditions, for which antibiotics are neither recommended nor effective, received an antibiotic prescription compared with 25 percent and 14 percent in emergency departments and retail health clinics respectively.

To help support antibiotic stewardship quality improvement, Blue Cross and Blue Shield of Illinois (BCBSIL) started an antimicrobial stewardship program in the third quarter of 2017 and continues to monitor and reach out to providers who prescribe antibiotics more than their peers and not according to CDC recommendations.

Using an approach similar to the collaborative Pew Charitable Trust and CDC study, BCBSIL uses the Healthcare Effectiveness and

Data Information Set (HEDIS®) Quality Indicators described in the below table to identify providers who may not have followed the recommended treatment course when prescribing an antibiotic. Identified top-prescribing providers, adjusted by specialty and state, receive an outreach letter from BCBSIL notifying them of these patterns and encouraging them to consider better antibiotic stewardship based on CDC resources.

The program resulted in a 28 percent improvement in these prescribing behaviors among providers who received initial notifications and follow ups. These program results help support broader antibiotic related quality performance measures, which are audited annually (see table), and compared to Quality Compass (QC) national average, benchmarking results.

The 2018 BCBSIL HEDIS/Quality Rating System (QRS) results compared to 2017 QC national average:

HEDIS/QRS Quality measure	IL MKP HMO	IL MKP PPO	IL Com HMO	IL Com PPO	QC National average-50th	QC National average-75th	QC National average-90th
Appropriate Treatment for Children with Upper Respiratory Infection (URI)*	92.61%	86.25%	87.81%	89.09%	89.33%	92%	95%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)**	33.79%	26.88%	24.94%	27.83%	25.77%	31%	39%

*The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were *not* prescribed).

**The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were *not* prescribed).

MKP= Marketplace
Com= Commercial

¹Thorpe, K. E., Joski, P., & Johnston, K. J. (2018). Antibiotic-resistant infection treatment costs have doubled since 2002, now exceeding \$2 billion annually. *Health Affairs* 37 (2). doi: 10.1377/hlthaff.2017.1153

²Center for Disease Control Prevention. (2017). *Antibiotic Use in the United States, 2017: Progress and Opportunities*. Retrieved from <https://www.cdc.gov/antibiotic-use/stewardship-report/pdf/stewardship-report.pdf>

³Palms DL, Hicks LA, Bartoces M, Hersh AL, Zetts R, Hyun DY, Fleming-Dutra KE. Comparison of antibiotic prescribing in retail clinics, urgent care centers, emergency departments, and traditional ambulatory care settings. *JAMA Int Med*. 2018 Jul 16. doi: 10.1001/jamainternmed.2018.1632.

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.

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

October 2018

2018 Annual HMO and PPO HEDIS[®] Reports

Each year, Blue Cross and Blue Shield of Illinois (BCBSIL) reports audited Healthcare Effectiveness Data and Information Set (HEDIS) results. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the National Committee for Quality Assurance (NCQA), it is one of the most widely used set of health care performance measures in the U.S.

The 2018 BCBSIL HMO and PPO HEDIS Reports, which are based on 2017 data using HEDIS 2018 specifications, include measures across domains of care that reflect: effectiveness of care, access/availability of care and utilization. The 2018 Quality Compass National Averages are provided to compare the commercial HMO and PPO's performance to the performance of other health care organizations submitting data to NCQA. Audited HMO HEDIS results are reported for HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM combined. The complete HMO and PPO HEDIS Reports are available in the [Clinical Resources/Quality Improvement](#) section of our Provider website.

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

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

October 2018

HEDIS[®] Measure for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

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.

Did You Know?

- More than 90 percent of people with a substance problem began smoking, drinking or using other drugs before age 18.¹
- Opioid overdoses in large cities increased by 54 percent in 16 states from July 2016 through September 2017.²
- Between 70 and 80 percent of people with diabetes typically receive treatment, but only about one in 10 people with alcohol or drug addiction receive any form of treatment.³

Measurement Structure

The HEDIS measure for initiation and engagement of alcohol and other drug abuse or dependence treatment is a quality metric for members age 13 and older who have been diagnosed with alcohol or other drug abuse or dependence. The HEDIS measure is one treatment episode within 14 days and two additional sessions within 34 days of diagnosis. The treatment episode can be inpatient, residential, outpatient (including intensive outpatient or partial hospital program), medication assisted treatment (MAT) or telehealth.

Tips and Strategies

We appreciate the care and services you provide to help improve the health and well-being of our members. The BCBSIL Behavioral Health Program is intended to help support the service and treatment that members receive from contracted health care providers. Below are a few tips and strategies you may want to apply with your patients.

- Ensure your patients have appointments set up within specified time frames.
- Discuss the importance of follow-up care after receiving a new alcohol or other drug abuse or dependence diagnosis; also discuss the importance of family involvement.
- Discuss with your patients the importance of therapeutic engagement and coordination of care with other health care providers.
- Dialoguing with your patient's treating provider is critical.

BCBSIL has a Coordination of Care form that can help with this. The form can be found under Behavioral Health on the [Forms page](#) on our Provider website.

To contact Behavioral Health Case Management, call the Customer Service number on the member's ID card.*

****For commercial HMO members, all behavioral health services (mental health and substance use disorders) are managed by the member's Medical Group/Independent Practice Association (MG/IPA).***

¹ Center on Addiction, <https://www.centeronaddiction.org/>

² Opioid Overdoses Treated in Emergency Departments Centers for Disease Control and Prevention, <https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html>

³ 4 Common Barriers to Addiction Treatment, Center on Addiction, <https://www.centeronaddiction.org/the-buzz-blog/4-common-barriers-addiction-treatment>

HEDIS is a registered trademark of NCQA.

This material is provided 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.

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

October 2018

Reminder: Electronic Options Training Webinar for Behavioral Health Providers

Blue Cross and Blue Shield of Illinois (BCBSIL) is excited to offer complimentary online training sessions customized for behavioral health providers and their support staff. These webinars will demonstrate electronic transactions that can be conducted via the Availity[®] Provider Portal. Two webinar sessions are offered this month for your convenience.

Did you know many behavioral health inquiries answered by BCBSIL Customer Advocates can be handled through online transactions? These customized training sessions will introduce you to a user friendly, practical solution to help reduce your phone calls and support your growing practice demands.

Covered topics will include:

- How to obtain real-time eligibility and benefits online
- Determination of preauthorization requirements
- Online claim status verification

To register for a training session, click on the date and time below. After your registration request has been approved, you'll receive instructions for joining the meeting.

[Oct. 10, 2018 – 10 to 11:30 a.m.](#)

[Oct. 17, 2018 – 11 a.m. to 12:30 p.m.](#)

If you are not an Availity registered user, you can sign up today at availability.com. To learn more about electronic options, visit the [Provider Tools page](#) on our Provider website.

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.

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

Association

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

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2018

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 includes information on applicable. 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.

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

October 2018

Changes Coming to Benefit Preauthorization Requirements, Effective Jan. 1, 2019

Blue Cross and Blue Shield of Illinois (BCBSIL) continues to refine our product options to help our customers find ways to better manage their health care investments. This includes customizable features, such as pre-service reviews, which support a more holistic approach to health care management. It is important for providers to be aware that patient benefit preauthorization requirements may change each year.

Effective Jan. 1, 2019, BCBSIL will expand the number of outpatient services requiring benefit preauthorization for some BCBSIL members with the commercial PPO products/networks listed below. This may include select advanced imaging, musculoskeletal and cardiology procedures.

- PPO (PPO)
- Blue Choice Preferred PPOSM (BCE)
- Blue Choice PPOSM (BCS)*
- Blue OptionsSM/Blue Choice OptionsSM (BCO)*

Important! Always Check Eligibility and Benefits *First*

Benefits will vary based on the service being rendered and individual and group policy elections. It is imperative to always check eligibility and benefits for each patient to confirm benefits, benefit preauthorization/pre-notification requirements and utilization management vendors that must be used, if applicable. This step can be accomplished by using the Availity[®] Provider Portal or your preferred web vendor portal. Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSIL members. *Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.*

For More Information...

While benefit preauthorization changes are necessary to better serve our members, we are also committed to working closely with providers to help smooth the transition to new processes. Please watch the [News and Updates section](#) of our Provider website for more information in the coming weeks, including details on upcoming training opportunities and related resources. As always, our Provider Network Consultant team will be standing by to help you with any questions.

*These products are not currently offered in Central and Southern Illinois.

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/pre-notification for a service 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. **Certain employer groups may require preauthorization/pre-certification for imaging services through other vendors. If you have any questions, please call the number on the member's BCBSIL ID card.**

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

October 2018

Prostate Cancer Screening Benefit Change

Currently, Blue Cross and Blue Shield of Illinois (BCBSIL) covers prostate cancer screening at no cost to the member when it is billed with a preventive diagnosis. Beginning Jan. 1, 2019, this screening will be treated as a standard medical benefit and may be subject to a copay, coinsurance and deductible, based on the member's health plan. This means you may now need to seek payment from both BCBSIL and the member.

BCBSIL preventive services coverage aligns with the grade A and grade B recommendations of the United States Preventive Services Task Force (USPSTF), Health Resources & Services Administration, Advisory Committee on Immunization Practices, and the Centers for Disease Control and Prevention (CDC). Prostate cancer screening is not an A or B recommendation of the USPSTF, so this change is being made to align prostate cancer screening with the coverage offered for other similar C grade recommendations.¹

This change applies to all non-grandfathered commercial PPO and HMO members but some employers may have chosen to continue allowing this service at no cost for their employees. Checking eligibility and benefits electronically through Availity[®], or your preferred vendor portal, is strongly encouraged. Members may also confirm their coverage by calling the number on their BCBSIL ID card.

This change does not apply to members who have Medicaid or Medicare plans.

¹U.S. Preventive Services, Final Recommendation Statement, Prostate Cancer: Screening, May 2018, <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening1>

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.

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.

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.

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

October 2018

Innovation Through Teamwork: Value Based Care Programs at BCBSIL

Value based care programs are continuing to emerge and evolve nationally, with an emphasis on shifting from a band-aid approach (treating sickness and symptoms) to a big picture strategy (managing overall health of patient populations). Also known as patient-centered care, value based care “is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value based care agreements, providers are rewarded for helping patients improve their health, reduce the effect and incidence of chronic disease, and live healthier lives in an evidence-based way.”¹

In 2015, the Blue Cross and Blue Shield Association launched Blue Distinction Total Care (BDTC). Through BDTC, Blue Cross and Blue Shield companies may bring effective, locally-developed, patient-centered care programs to a national level to better serve national employers and their employees. More than 42 million Blue Cross and Blue Shield members are currently accessing care through these innovative care programs. See below for an overview of value based care programs in place at Blue Cross and Blue Shield of Illinois (BCBSIL).

Accountable Care Organization (ACO)

An ACO is a group of hospital-based or physician group-based health care providers that agree to deliver coordinated care and meet performance benchmarks for quality and affordability to help manage the total cost of care for their patient (member) populations. The ACO model works with health care providers by coordinating care to help ensure that patients – especially those with chronic illnesses – have access to the right care, in the right place and at the right time while avoiding unnecessary hospital admissions, readmissions, emergency room (ER) visits and duplication of services.

BCBSIL is a leader in helping bring commercial ACOs to the market. Currently, we have 24 ACOs, including the first endocrinology ACO in the country, as well as the first pediatric, academic and urgent care ACOs in the state. Our ACO partnerships include 101 hospitals and 4,804 primary care physicians (PCPs), with more than 1.2 million attributed members across all 24 ACOs.

Intensive Medical Home (IMH)

For members with chronic or complex conditions, their specialist functions as their primary care provider. The IMH is designed to deliver hands-on clinical support to high-risk members with chronic or complex conditions. A dedicated nurse care manager, employed by the physician practice, coordinates the member’s care. Each patient is monitored closely and interventions are arranged if needed.

BCBSIL’s first specialty IMH was launched in 2014 with the Illinois Gastroenterology Group (IGG) specializing in conditions of the

digestive system. Since then, four additional gastroenterology IMHs have launched with University of Chicago, Rockford Gastroenterology Associates, Illinois Gastroenterology Institute – Peoria (IGI) and Digestive Disease Consultants. In 2015, the first oncology IMH was launched with Illinois Cancer Specialists. In partnership with the University of Chicago Medicine, BCBSIL announced the launch of an additional oncology IMH program in April 2016.

Episodes of Care (EOC)

This model compensates providers based on a negotiated target amount (a variation of a bundled payment) for all services related to a specific episode of care. An episode of care includes the entire set of services surrounding a clinical condition over a pre-defined period. Episodes are identified by BCBSIL once claims are received by BCBSIL; there is nothing additional providers need to do when submitting claims.

This model encourages communication among physicians, specialists and hospitals throughout each episode of care to help maximize efficiencies and eliminate unnecessary care. In addition to peer-to-peer dialogue, provider-patient communication is key to help ensure patients are informed, engaged and committed to participating actively in their own health and wellness along the road to recovery.

Our orthopedic EOC program focused originally on full hip and knee replacements for commercial members. Orthopedic medical groups or health systems already participating in other value based care programs are eligible to participate in episodes of care programs. Our first EOC partnership this year is with Illinois Bone and Joint Institute.

With our value based care programs, BCBSIL is delivering service differently. Our multi-disciplinary planning team is focused on finding ways to share actionable insights in regular meetings with provider partners. Our analytics team is dedicated to generating and reporting claim, utilization, referral pattern and other data with provider partners to help them better understand their patient populations. Our value based care programs support patient-centered collaboration across the care continuum to help manage patient needs in a proactive, cost-effective way for improved health outcomes. As an industry leader, BCBSIL looks to engage providers in adopting these programs as the new standard in health care.

Watch upcoming issues of the *Blue Review* for additional articles related to value based care programs and initiatives at BCBSIL.

¹ NEJM Catalyst. What is value based healthcare? January 2017. Accessed July 23, 2018, at <https://catalyst.nejm.org/what-is-value-based-healthcare/>

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.

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

October 2018

Are you receiving the *Blue Review* directly from BCBSIL?

As you know, it's important to be on the lookout for the monthly *Blue Review* for timely updates on new Blue Cross and Blue Shield of Illinois (BCBSIL) products, programs and services, as well as provider learning opportunities, electronic options and related resources. The newsletter also provides notification of contractual and other mandated changes.

How do you access the *Blue Review* monthly newsletter currently? Do you view it on the BCBSIL Provider website? Do you receive it by email, forwarded from a colleague? For greater convenience, why not sign up to have the newsletter emailed directly to you each month? It's simple. Just fill out our [online form](#) now and watch for the *Blue Review* to arrive in your email inbox next month.

We appreciate your readership!

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

October 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:
BCBSIL Back to Basics: 'Availity® 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	Oct. 9, 2018 Oct. 16, 2018 Oct. 23, 2018 Oct. 30, 2018	11 a.m. to noon
Introducing Remittance Viewer <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>	Oct. 18, 2018	11 a.m. to noon
iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	Oct. 25, 2018	11 a.m. to 12:30 p.m.
Blue Cross Community Health PlansSM for Behavioral Health/Medical Providers <i>Learn about our new 2018 Medicaid product</i>	For CMHC, SUPR, LTSS Provider	9 to 10 a.m.

<p><i>This webinar is intended for the following provider types: Community Mental Health Centers (CMHC), Substance Use Prevention and Recovery (SUPR), 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>Types: Oct. 17, 2018</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),</i></p>	<p>LTC, SMHRF, SLF Provider Types: Oct. 9, 2018 Oct. 23, 2018</p> <p>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types: Oct. 9, 2018 Oct. 23, 2018</p>	<p>10 to 11 a.m.</p> <p>Noon to 1 p.m.</p>
<p>Professional PPO Provider Virtual Workshop <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>Oct. 11, 2018 Nov. 8, 2018 Dec. 13, 2018</p>	<p>11 a.m. to noon</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.

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 Meddecision, Inc., 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 Meddecision. 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

October 2018

New Lactation Consultation Designation added to Demographic Change Form

Blue Cross and Blue Shield of Illinois (BCBSIL) has implemented a new designation on Provider Finder[®] called Lactation Consultation. The Lactation Consultation designation may be used for independently contracted providers who provide lactation support services to members (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal and the postpartum period. This type of service is often provided by obstetrician-gynecologists, pediatricians, certified nurse midwives, certified nurse practitioners, certified nurse specialists and other providers acting within the scope of their license.

If you provide this service and would like to have the Lactation Consultant designation added to your profile in Provider Finder, check “Yes” to the “Provider Lactation Services” question on the [Demographic Change Form](#) on the [Information Change Request](#) page of our Provider website.

You may also use the Demographic Change Form to update your location, phone number, email or other important details on file with BCBSIL.

If you have any questions, or if you need additional information, contact your BCBSIL [Provider Network Consultant \(PNC\)](#).

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

October 2018

New Application Process to Join Our Networks

As mentioned in the September issue of the *Blue Review*, effective Oct. 22, 2018, prospective providers may fill out the new Provider Onboarding Form to start the process to join our Blue Cross and Blue Shield of Illinois (BCBSIL) networks. We want to help make the application process as efficient and quick as possible so this new form will help streamline the application process and possibly expedite the response time.

As of Oct. 22, 2018, you may use the new Provider Onboarding Form found on the [Join Our Network](#) page of our Provider website, if you are:

- An individual provider new to our networks
- A group or clinic new to our networks
- An existing contracted group or clinic that is adding a new provider

Note: You must provide services in Illinois or Lake County, Indiana to apply. Providers who wish to join the commercial HMO (HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM, Blue FocusCareSM) and/or Medicare Advantage networks must first be contracted with one of our participating HMO Medical Groups or Independent Practice Associations (IPAs). Please note that Medicare Advantage includes Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM.

If you have questions, email netops_provider@bcbsil.com for assistance.

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

October 2018

Medicaid Fee Schedule Updates

On Aug. 24, 2018, the following notice was published in the [News and Updates](#) section of our Provider website:

Illinois Healthcare and Family Services (HFS) removed the Essure[®] permanent contraception device from the Medicaid fee schedule effective Aug. 7, 2018. Accordingly, Essure has been removed from the Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM fee schedules.

Essure is the registered trademark of Bayer, an independent third party company. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by independent third companies such as Bayer. These companies are solely responsible for the products or services they provide.

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

October 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.

Effective Sept. 1, 2018, the following code ranges were updated 90630-90756 and Q2034-Q2039. Please note that not all codes in these ranges were updated.

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.

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

October 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](#) 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.

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.