Seasonal Flu Vaccines Save Lives and Reduce Unnecessary Hospitalizations

According to the Illinois Department of Public Health, 3,500 Illinois residents die each year as a direct result of the seasonal flu or pneumonia. Many more are ill enough to require hospitalization.

In an effort to reduce the adverse impact of influenza, Blue Cross and Blue Shield of Illinois (BCBSIL) is joining with many partners throughout the state to encourage all Illinois residents age 6 months and older to get a seasonal influenza vaccine. The partners in this effort include pharmacies, hospitals, critical access hospitals, the Chicago Housing Authority, local public health departments, faith-based and social service organizations, and the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Illinois.

While the current focus on the influenza vaccination is not limited to those with Medicare, the most complete information about influenza vaccination rates nationally is for Medicare fee-for-service beneficiaries. For the 2014-2015 flu season, the Illinois rate was 50 percent, the same as the national rate, indicating that half of the Medicare fee-for-service beneficiaries did not receive a flu shot. In some parts of Illinois, including the South and West Sides of Chicago and several other areas of the state, the influenza vaccination rate was much lower.

Although the current vaccination efforts are not limited to those with Medicare, seniors are often the population with the highest influenza vaccination rates, so this information is useful in demonstrating the need to focus on flu shots. An interactive map that shows 2014-2015 flu shot rates by county and zip code is available at: http://www.hhs.gov/nvpo/flu-vaccination-map/.

(continued on p.2)
AMA Identifies Unlisted Procedure Code for Hiatal Hernia Repair with Bariatric Surgery

The American Medical Association (AMA) Current Procedural Terminology (CPT®) codebook recommends that providers select the code for the procedure or service that accurately identifies the service performed, and not merely approximates the service provided. The CPT codebook also states that, “if no such specific code exists, then report the service using the appropriate unlisted procedure or service code.”

Currently, there is no CPT code that accurately describes a hiatal hernia repair when performed with a bariatric procedure. The AMA instructs providers to use CPT code 43289 (unlisted laparoscopy procedure, esophagus) for this procedure. Information regarding this code also was published in the December 2014 issue of the AMA CPT® Assistant newsletter.

As a reminder, when an unlisted procedure code is submitted, BCBSIL will usually request medical records for review to determine what procedure/service was performed and to confirm the service was medically necessary.

To view the BCBSIL Medical Policy for Bariatric Surgery (SUR716.003), visit the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. Although medical policies can be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, also located in the Standards and Requirements section.

CPT copyright 2014 AMA. All rights reserved. CPT is a registered trademark of the AMA.
New Medical Policy Identifies Intranasal Application of Topical Anesthetic for Headaches as a Non-covered Service

BCBSIL Medical Policy MED205.039 – Topical Application Device for Anesthetic Treatment to the Sphenopalatine Ganglion for Headaches (treatment of headache or facial pain) – will become effective for dates of service on or after Nov. 1, 2015.

The medical policy states that topical application of anesthetic (including, but not limited to Marcaine or Naropin) with or without steroid(s), to the sphenopalatine ganglion as a nerve block for headaches or facial pain using an applicator for nasal spray or any other similar device, is considered experimental, investigational or unproven and, as such, is not a covered benefit.

There is no CPT code that specifically describes intranasal application of a topical anesthetic for the treatment of headache or facial pain. Per the AMA CPT codebook, providers are instructed to use CPT code 64999 (unlisted procedure, nervous system) to identify this type of treatment, which, as noted above, is not a covered benefit for BCBSIL members.

To view the pending BCBSIL Medical Policy for Topical Application Device for Anesthetic Treatment to the Sphenopalatine Ganglion for Headaches, refer to the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider and select the Active and Pending Medical Policies link. Pending policies are listed alphabetically – select the title of the policy you wish to view to open the document.

While medical policies may be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, available in the Standards and Requirements section of our Provider website.

WEBINARS

iExchange® Training: ICD-10 Enhancements
This training focuses on system enhancements specific to ICD-10.
Sept. 30, 2015 – 11 a.m. to noon
Oct. 7, 2015 – 2 to 3 p.m.

BCBSIL Back to Basics: ‘Availity™ 101’
This training will provide an overview of electronic options that can help make doing business with BCBSIL faster and easier.
Oct. 6, 2015 – 11 a.m. to noon

ICD-10 Direct Data Entry Claim Submission
This training will demonstrate how to submit electronic claims using the Direct Data Entry option on Availity.
Sept. 28, 2015 – 10-11:30 a.m.
Sept. 29, 2015 – 3-4:30 p.m.
Oct. 5, 2015 – 1-2:30 p.m.
Oct. 7, 2015 – 9-10:30 a.m.
Oct. 9, 2015 – 11 a.m.-12:30 p.m.

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 offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

SEPTEMBER 2015 3
Mobile apps downloaded to smart phones and tablets may be a great way to bring ICD-10 to your fingertips at the point of care. However, like all mobile apps, ease of use and quality can vary significantly.

While BCBSIL cannot endorse any particular vendor product, we wanted to offer some quick tips, if you are considering using mobile apps to assist in your transition to ICD-10:

- Look for an app that provides key word search capability.
- Make sure the app is using 2015 or 2016 ICD-10 codes.
- Look for an app that helps you look up ICD-10 codes directly, without always requiring you to first enter an ICD-9 code to get a similar ICD-10.
- Look at both free and for-purchase apps. Be aware that some apps have a free trial period, with a monthly or annual subscription fee required after the trial period ends.
- Be wary of elaborate registration processes – some vendors may use the information gathered at registration to try to sell you other products later.
- Visit the parent company’s website to verify credibility – look for a vendor that employs certified coders and has a large user base.
We are continuing to make enhancements to iExchange, our online benefit preauthorization tool. For example, you can use this tool to obtain a Health Summary, which is a modification of the Patient Clinical Summary offered previously. The Health Summary is derived from claims and other data and may include member details, chronic and acute conditions, health status measures, medications, lab tests/procedures and visits. Compared to the Patient Clinical Summary, the Health Summary offers you a more updated view, with enhanced information that is delivered in near real-time.

To learn more about the Health Summary, as well as using ICD-10 in online benefit preauthorization requests, please join us for an iExchange ICD-10 Enhancements webinar. Refer to the Provider Learning Opportunities on page 3 for dates and times of upcoming webinars. To register, visit the Workshops and Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

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

Beginning in early 2016, iExchange will support submission of online requests for predetermination of benefits, along with all required documentation. Watch the Blue Review for further information, including dates and times for educational webinars.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was published in May 2013 by the American Psychological Association (APA). This manual represents the industry standard used by health care providers for the classification and diagnoses of behavioral health disorders.

Here is a description from the APA website:

*DSM-5 contains the standard criteria and definitions of mental disorders now approved by the American Psychiatric Association (APA), and it also contains both ICD-9-CM and ICD-10-CM codes (in parentheses) selected by APA. Since DSM-IV only contains ICD-9-CM codes, it will cease to be recognized for criteria or coding for services with dates of service of October 1, 2015, or later. Updates for DSM-5 criteria and their associated ICD-10-CM codes (identified by APA) can be found at DSM5.org.*


Note: This material is provided for informational purposes only and is not an endorsement of any particular site or resource. The owners/operators of each website are solely responsible for the content on their respective websites.

As mandated by the U.S. Department of Health and Human Services (HHS), all Health Insurance Portability and Accountability Act (HIPAA) covered entities must use ICD-10 codes on claims and other health care transactions as of the Oct. 1, 2015, compliance deadline.

BCBSIL will begin accepting ICD-10 codes as of Sept. 21, 2015, for benefit preauthorization requests for services that will be rendered on or after Oct. 1, 2015. Valid ICD-10 codes must be included on claims submitted to BCBSIL for dates of service or inpatient discharge dates on or after Oct. 1, 2015. Claims without valid ICD-10 codes, as required, will not be accepted by BCBSIL.

For additional information, such as claim submission tips and resource reminders, refer to the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider. If you have ICD-10 questions, email us at icd@bcbsil.com, or contact your assigned Provider Network Consultant.
Blue Distinction® Centers Expanding to Include Maternity Care Program

BCBSIL is pleased to announce that the Blue Distinction® Specialty Care Program is expanding to include Maternity Care. The Maternity Care designation program is expected to launch in 2016 and will focus on the delivery episode of care, which includes both vaginal delivery and cesarean section.

Similar to other Blue Distinction Centers for Specialty Care programs, selection criteria for the Maternity Care program will be based in part on quality, facility, and cost criteria. The evaluation process will include the use of publicly available measures, data sets and quality improvement information, together with cost information derived from Blue Cross and Blue Shield (BCBS) Plan claims data. Facilities will not be required to apply to be evaluated. After Blue Cross and Blue Shield Association (BCBSA) evaluations are completed, facilities will be notified if they meet the program’s selection criteria, this is expected to occur in late 2015. Visit the BCBSA website at bcbs.com to learn more about the selection criteria, evaluation process and to review a copy of the Care Evaluation Components to be eligible for the program.

ABOUT BLUE DISTINCTION SPECIALTY CARE PROGRAM

Blue Distinction Specialty Care is a national designation program recognizing health care facilities that demonstrate expertise in delivering quality specialty care safely, effectively and cost efficiently. This program includes two levels of designation:

- Blue Distinction Center: Health care facilities recognized for their expertise in delivering specialty care.

- Blue Distinction® Center+: Health care facilities recognized for their expertise and cost efficiency in delivering specialty care. Quality remains key: only those facilities that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

A Blue Distinction Center or Blue Distinction Center+ designation signals to your community, patients, and physicians that your facility is committed to quality care, resulting in better overall outcomes for maternity patients. It also offers opportunities for your facility to collaborate with BCBSIL to promote the designation locally. On a national level, BCBS Plans and BCBSA have actively promoted Blue Distinction Centers to include nearly 104 million members through nationwide public relations efforts, recognition in the National Doctor and Hospital Finder, Blue Distinction Center Finder, and in other communications.

For more information about Blue Distinction Center or Blue Distinction Center+, you should contact your assigned Institutional Provider Network Consultant (PNC). A list of BCBSIL PNCs can be found in the Education and Reference Center/Provider Network Consultant Assignments section of our website at bcbsil.com/provider.

BCBSIL Clinical Quality Committee Looks to Expand Membership

BCBSIL would like to invite independently contracted Providers participating in Blue Cross Community OptionsSM* to become a member of our Clinical Quality Committee (CQC) (Utilization Management Committee/Peer Review Committee).

The CQC is responsible for oversight of the clinical programs including evaluation of the utilization review plan, the care management plan, performance improvement plans, and the quality improvement plan. It also provides reviews and recommendations to the Quality Improvement Committee for approval of utilization review guidelines and Clinical Practice Guidelines and is responsible for the evaluation of clinical metrics, including HEDIS®.

The committee is seeking Blue Cross Community Options providers from all specialties who are willing to participate in its quarterly meetings in Chicago and serve a one-year term. BCBSIL will offer an honorarium for your time and participation (and will provide for parking expenses).

If you have questions or would like to receive information about joining the committee, contact Kevin Kirk at 312-653-2539 or Kevin_Kirk@bcbsil.com. Or, contact your Provider Network Consultant.

*Blue Cross Community Options include Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community ICPSM, or Integrated Care Plan, and Blue Cross Community Family Health PlanSM (FHP). HEDIS is a registered trademark of NCQA.

Beginning on or after Oct. 12, 2015, BCBSIL will enhance the ClaimsXten code auditing tool by adding three new outpatient facility rules into our claim processing system. These new rules will apply for claims with dates of service on or after Oct. 12, 2015. The new rules are summarized below:

**MEDICALLY UNLIKELY EDITS (MUE) MULTIPLE LINES FACILITY RULE**
This new facility rule identifies claim lines where the MUE has been exceeded for a Healthcare Common Procedure Coding System (HCPCS) or CPT code, reported by the same provider, for the same member, on the same date of service.

An MUE is an edit that reviews claims for unit of service for a HCPCS or CPT code for services rendered by a single provider/supplier to a single beneficiary on the same date of service. The ideal MUE is the maximum unit of service that would be reported for a HCPCS or CPT code on the vast majority of appropriately reported claims. The maximum allowed is the total number of times per date of service that a given procedure code may be appropriately submitted by the same provider.

**OUTPATIENT CODE EDITOR (OCE) CMS CCI BUNDLING RULE**
This new facility rule identifies claims containing code pairs found to be unbundled according to the CMS Integrated Outpatient Code Editor (I/OCE). One of the functions of the I/OCE is to edit claims data to help identify inappropriate coding due to the following reasons: The procedure is a mutually exclusive procedure that is not allowed by the Correct Coding Initiative (CCI) and/or the procedure is a component of a comprehensive procedure that is not allowed by the CCI.

**UNBUNDLED PAIRS OUTPATIENT RULE**
This new facility rule identifies the unbundling of multiple surgical codes when submitted on facility claims. This rule detects surgical code pairs that may be inappropriate for one of the following reasons: one code is a component of the other code, or these codes would not reasonably be performed together on the same date of service.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSIL’s code-auditing software.

For more details regarding ClaimsXten, including answers to frequently asked questions and information on gaining access to C3, refer to the Education and Reference Center/Provider Tools/Clear Claim Connection section on our website at bcbsil.com/provider. Additional information also may be included in upcoming issues of the Blue Review.

Effective July 1, 2015, code A4602 was updated.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can 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 in the Education and Reference Center/Forms section of our website at bcbsil.com/provider.
WHAT’S INSIDE?

Seasonal Flu Vaccines Save Lives and Reduce Unnecessary Hospitalizations .................. 1

New Medical Policy Identifies Intranasal Application of Topical Anesthetic for Headaches as a Non-covered Service .................. 3

Medicare Marketing Guidelines for Providers ...... 4

Using DSM-5 to Identify ICD-10 Codes .................. 5

Blue Distinction® Centers Expanding to Include Maternity Care Program .................. 6

ClaimsXten™ Adds Three New Outpatient Facility Rules, Effective Oct. 12, 2015 .................. 7

Blue Review is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. Blue Review is located on our website at bcbsil.com/provider.

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

BLUE REVIEW
Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 24th Floor
Chicago, Illinois 60601-5099
Email: bluereview@bcbsil.com
Website: bcbsil.com/provider

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