**Correction to ‘Not Otherwise Classified’ J-codes July article**

On page 6 of the July issue, we ran an article titled “Update: Proper Use of ‘Not Otherwise Classified’ (NOC) J-Codes.” There is a correction to the National Drug Code (NDC) information provided in the note at the end of that article, which stated, “NOTE: An NDC number can only be used for a maximum of two years, after which time it becomes obsolete.”

Following is the corrected statement: **NOTE: An NDC number will be reimbursed for a maximum of two years after it becomes obsolete.**

**Novel H1N1 Influenza Vaccine Update**

Effective Oct. 1, 2009, Blue Cross and Blue Shield of Illinois (BCBSIL) recognizes the following codes for administration of the H1N1 vaccine:

- **G9142** - Influenza A - H1N1 vaccine, any route of administration
- **G9141** - Influenza A - H1N1 immunization administration (includes the physician counseling for patient and family)

Though this vaccine is being supplied by the federal government to providers free of charge, a fee for administering the vaccine may be allowed, depending on the patient’s benefit plan. Services will be subject to deductible, copayment and coinsurance, as applicable.

The Advisory Committee on Immunization Practices (ACIP) is recommending that, once this new vaccine is available, the following five groups be initially targeted to receive the vaccine:

- Pregnant women
- Household contacts and caregivers for children less than 6 months old
- Health care and emergency medical services personnel
- All people from age 6 months to 24 years old
- Persons aged 25 through 64 years with health conditions associated with higher risk of medical complications from influenza

**Are H1N1 flu tests and medications covered for all BCBSIL members?**

BCBSIL will cover the administration of the H1N1 vaccine for all members of our fully-insured health plans, regardless of whether or not their current plans cover it. We will cover the administration fee without applying it to the affected members’ deductibles, coinsurance, office visit copays or wellness maximums. Vaccine administration coverage may also apply for members in self-funded employer groups unless they have elected to opt out by October 1. We recommend that you verify eligibility and benefits prior to providing treatment, to help ensure the costs will be covered by BCBSIL.

Eligible BCBSIL members who receive the vaccination from network providers will be covered for 100% of costs. Those who use providers outside of the BCBSIL network will be subject to out-of-network rates. Federal employees and retirees covered by the BCBS Federal Employee Program (FEP®) also will receive benefits for the administration of the H1N1 vaccine in 2009 and in 2010.

This decision relates to the H1N1 flu vaccine only. Coverage for other vaccines will remain in accordance with the member’s plan.

All health care providers in Illinois who would like to provide services to vaccinate against this disease must register with the State to receive the vaccine. Additional information can be found on the Illinois Department of Healthcare and Family Services (HFS) Web site at: [http://www.hfs.illinois.gov/html/082109n.html](http://www.hfs.illinois.gov/html/082109n.html).

See page 5 for the seasonal influenza vaccine reminder.
BlueCard® Tip: Duplicate Claims can Cause Delays

It is very important that you submit each original claim only once to the local plan – BCBSIL – when providing services to Blue Cross and Blue Shield (BCBS) members. Sending duplicate claims or having your billing agency automatically resubmit claims for those that are already in progress only serves to slow down the claim payment process. Duplicate claims involve additional research and often result in a denial. In additions to resulting in payment delays for your office, this disruption may cause concerns for your patient.

If you have not received a response from BCBSIL on a particular BlueCard claim, your next step should be to check claim status, rather than submitting a duplicate claim. This way, you can find out where the claim is in the adjudication process, and whether or not there are any discrepancies that need to be addressed.

You can check claim status in one of the following ways:
- Obtain information online via your preferred vendor portal
- Submit an electronic HIPAA 276 Transaction (claim status request) to BCBSIL
- Call our Provider Telecommunications Center (PTC) at (800) 972-8088

For More Information
If you have any questions about filing claims for Blue Plan members, please refer to the BlueCard Program Manual on our Web site at www.bcbsil.com/PDF/bluecard_program_manual.pdf for additional information.

We Value Your Feedback
Share your out-of-area member servicing experiences with us via e-mail at provider_relations@bcbsil.com.

Watch for next month’s BlueCard Tip!
Meet Rosalind Glanton

Rosalind Glanton has been an HMO Provider Network Consultant since 2000. She began her 26 years of service with BCBSIL as a clerk in the Comprehensive Major Medical Department. From there she moved on to the Central Telephone Communications area, functioning as a Customer Service Representative for all product lines, and later was promoted to Technician. She transferred to the Municipal Accounts Department (MAC), where she mastered the art of claim processing.

In 1999, Rosalind became a Health Services Assistant (HSA) for a new BCBSIL managed care product, Managed Care Network Preferred (MCNP), which was later renamed BlueChoice POS. She was promoted to Supervisor of the HSAs, and later became a Program Coordinator for BlueChoice, before making the transition to an HMO PNC.

Serving as the PNC for 15 HMO IPAs, Rosalind enjoys her job because it allows her the opportunity to interact and develop amicable working relationships with so many different types of people. She believes her degree in Psychology, along with her extensive training and expertise in the health insurance industry, gives her an advantage, as she is able to adapt to the particular needs and concerns expressed by all levels of health care professionals, from office staff receptionists to medical directors.

Rosalind feels the most job satisfaction when she is able to resolve a difficult issue for one of her IPAs or for a member. She felt a great degree of satisfaction when she received a call directly from a member who had been unable to get an issue with his bills resolved. After collecting all the facts, she was able to obtain a resolution for the member the very same day. The member was very pleased and grateful for the outcome.

Committed to the BCBSIL corporate initiative of “experiencing wellness everywhere,” Rosalind has enrolled in a rigorous “boot camp” exercise program to stay fit. She knows the health care environment is changing; but at the end of the day she is able to relax by concentrating on her passion for photography, which allows her to clear her mind, unwind and look forward to the challenges ahead.

Rosalind Glanton can be reached at (312) 653-3853, or via e-mail at: glantonr@bcbsil.com.

New Account Groups

Group Name: Catholic Health Initiatives
Group Number: C20008, C20012-13
Alpha Prefix: CHV
Product Type: HSA
Effective Date: Jan. 1, 2010

Group Name: Information Resources Inc.
Group Number: 044578-79
Alpha Prefix: URN
Product Type: PPO (Portable)
Effective Date: July 1, 2010

Group Name: Kraft Foods
Group Number: 056897
Alpha Prefix: KFT
Product Type: PPO (Portable)/HCA
Effective Date: July 1, 2010

Group Name: Veolia Transportation
Group Number: 044935, 044936
Alpha Prefix: TPV
Product Type: CMM
Effective Date: Sept. 1, 2009

Group Name: Veolia Transportation
Group Number: 071655
Alpha Prefix: TPV
Product Type: PPO (Portable)/HCA
Effective Date: Jan. 1, 2010

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member’s certificate of coverage.

Checking status on claims for BCBSIL members

Whether you are submitting claims on behalf of BCBSIL members, or billing for services provided to out-of-area BCBSIL members, it’s important to check claim status, rather than resending original claims. Submitting duplicate claims only means extra work for your staff, and can lead to processing delays and patient dissatisfaction.
**Coming Soon: Provider Claim Summaries to be Generated on All Adjustments**

Currently, when a claim is adjusted and no additional payment is made, a Provider Claim Summary (PCS), or Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) are not generated. We are pleased to report that, beginning in November, a PCS or ERA/EPS will now be issued in all instances when a claim is adjusted.*

This enhancement is the result of feedback received from the provider community. Your comments helped make us aware of situations where our members could be responsible for deductible, coinsurance or non-covered services if claim adjustments resulted in patient/member liability changes. These instances were previously not communicated to the provider, as no PCS or ERA/EPS was issued.

Once the new functionality is implemented in November, you will be able to identify revised Patient Share amounts resulting from adjusted claims. This change should help avoid member inquiries, in addition to assisting your staff with patient account reconciliation.

Your feedback helps us to identify ways to improve the service we provide, and we encourage you to continue to share your ideas with us via e-mail at provider_relations@bcbsil.com. If you have questions on a specific claim, please contact our Provider Telecommunications Center (PTC) at (800) 972-8088.

*Exception: A PCS or ERA/EPS will not be generated in Request for Claim Refund (RFCR) situations.

**Fairness in Contracting**

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the Blue Review to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

**Effective Sept. 1, 2009, the following codes were updated:** A6530, A6531, A6533, A6534, A6539, A6540, B4088, B4155, B4157, B4161 and B4162.

**Effective Oct. 1, 2009, codes 58563 and 58565 were updated.**

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm. 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.

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**The ‘Red Flags’ Rule**

**New Requirements for Fighting Identity Theft**

Medical identity theft happens when a person seeks health care using someone else's name or insurance information. The Red Flags Rule is a law the Federal Trade Commission (FTC) began enforcing on Aug. 1, 2009, requiring certain businesses and organizations — including many doctors' offices, hospitals, and other health care providers — to develop a written program to spot the warning signs — or “red flags” — of identity theft.

**Who Must Comply**

As a health care provider, you may be subject to the Rule if you are a “creditor.” You are a creditor if you regularly bill patients after the completion of services, including the remainder of medical fees not reimbursed by insurance. Health care providers who require payment before or at the time of service are not creditors under the Red Flags Rule.

The second key term — “covered account” — is defined as a consumer account that allows multiple payments or transactions. If your organization or practice is a “creditor” with “covered accounts,” you must develop a written Identity Theft Prevention Program to identify and address the red flags that could indicate identity theft in those accounts.

**Spotting Red Flags**

If you're covered by the Rule, your program must:

1. Identify the kinds of red flags that are relevant to your practice;
2. Explain your process for detecting them;
3. Describe how you'll respond to red flags to prevent and mitigate identity theft; and
4. Spell out how you'll keep your program current.

What red flags signal identity theft? Here are a few warning signs to watch out for:

- **Suspicious documents.** Has a new patient given you identification documents that look altered or forged, or a photograph or physical description on the ID that is inconsistent with what the patient looks like? If so, you may need to ask for additional information from that patient.
- **Suspicious personal identifying information.** If a patient gives you information that doesn't match what you've learned from other sources, it may be a red flag of identity theft.
- **Suspicious activities.** Does a patient complain about receiving a bill for a service that he or she didn't get? Is there an inconsistency between a physical examination or medical history reported by the patient and the treatment records? These questionable activities may be red flags of identity theft.

**Setting Up Your Identity Theft Prevention Program**

Once you've identified the red flags that are relevant to your practice, your program should include the procedures you've put in place to detect them in your day-to-day operations. Your program also should describe how you plan to prevent and mitigate identity theft.

According to the Red Flags Rule, all members of your staff must be familiar with the Rule and your new compliance procedures.

**For more information**

The FTC has published Fighting Fraud with the Red Flags Rule: A How-To Guide for Business, a plain-language handbook on developing an Identity Theft Prevention Program. For a free copy of the Guide and for more information about compliance, visit: http://ftc.gov/redflagrule.

In addition, the FTC has released a fill-in-the-blank form for businesses and organizations at low risk for identity theft. The online form offers step-by-step instructions for creating your own written Identity Theft Prevention Program. The do-it-yourself form is available at: http://ftc.gov/redflagsrule.

If you have questions about the Rule, you may send an e-mail to RedFlags@ftc.gov.


This material is for informational purposes only, and is not the provision of legal advice. If you have any questions regarding this law, you should consult with your legal advisor.
Seasonal Influenza Vaccination Reminder

Seasonal influenza vaccination is cost-effective, but under-utilized. According to the Centers for Disease Control and Prevention (CDC), “An annual average of approximately 36,000 deaths during 1990-1999 and 226,000 hospitalizations during 1979-2001 have been associated with influenza epidemics.” Since seasonal influenza vaccination has been shown to be highly effective in reducing the morbidity and mortality of influenza in most instances, improving the influenza vaccination rate should have a positive impact on your patients.

The CDC currently forecasts an adequate supply of the seasonal influenza vaccine for the 2009-2010 influenza season. You may want to consider actions that you can take to improve influenza vaccination, such as standing orders, computerized record reminders, chart reminders, mailed/telephoned reminders, expanding access and patient education. Detailed Advisory Committee on Immunization Practices (ACIP) recommendations regarding seasonal influenza vaccination are available at the CDC website (http://www.cdc.gov/flu/).

The Centers for Disease Control and Prevention (CDC) encourages practitioners to recommend flu shots for people in the following groups who do not have a contraindication to seasonal influenza vaccine:

- Children aged 6 months to 18 years
- People 50 years of age and older
- Pregnant women
- Persons who have immunosuppression
- People who live in nursing homes and other long-term care facilities
- People of any age with certain chronic medical conditions including pulmonary, cardiovascular (except hypertension), renal, hepatic, cognitive, neurological/neuromuscular, hematological or metabolic disorders (including diabetes)
- People who live with or care for those at high risk for complications from flu, including: health care workers and household contacts and caregivers of children less than 5 years of age or adults age 50 or older and household contacts of persons with medical conditions that put them at higher risk of severe complications of influenza

*Statistics cited from article appearing in CDC’s Morbidity and Mortality Weekly Report, July 31, 2009, “Prevention and Control of Seasonal Influenza with Vaccines”

This material is provided for informational purposes only and is not a substitute for the medical judgment of a doctor. The final decision about the appropriate course of treatment for a patient is between the patient and the doctor.
Description of the image:

The image consists of two distinct sections. On the left side, there is a section titled "Cholesterol Medication Adherence Program Update." This section contains information about a program aimed at improving medication adherence for cholesterol management. It includes a description of the program, its goals, and how it operates. The program uses pharmacy data and lab values to identify patients who need assistance in keeping up with their cholesterol medication. The program is designed to educate both patients and healthcare providers about medication adherence.

On the right side, there is a section titled "Prescription Drug Program Changes Effective Jan. 1, 2010." This section discusses changes to the BCBSIL prescription drug benefit program effective January 1, 2010. It covers topics such as step therapy and prior authorization policies, changes to the medical policy, and the addition of new drugs to the PA program. The text also discusses the implementation of the adherence program and its benefits for ensuring safe and effective medication use.

Both sections contain informative text that is likely to be of interest to healthcare professionals and insurance providers. The text is detailed and provides specific guidelines and requirements for managing medication adherence and changes to the prescription drug benefit program.
Drugs Moving to Non-formulary Status as of Oct. 1, 2009

The following revisions to the BCBSIL formulary are now in effect:

<table>
<thead>
<tr>
<th>Non-Formulary Brand* (Tier 3 copayment/coinsurance)</th>
<th>Non-Formulary Brand* (Tier 3 copayment/coinsurance)</th>
<th>Non-Formulary Brand* (Tier 3 copayment/coinsurance)</th>
<th>Non-Formulary Brand* (Tier 3 copayment/coinsurance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xopenex HFA</td>
<td>Asthma</td>
<td>albuterol sulfate inhalation solution, syrup, tabs</td>
<td>Proair HFA</td>
</tr>
<tr>
<td>Zomig tabs, Zomig nasal spray, Zomig ZMT</td>
<td>Migraine Headache</td>
<td>sumatriptan tabs, injection</td>
<td>Maxalt, Maxalt MLT</td>
</tr>
</tbody>
</table>

These formulary changes were made based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market.

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

In the Know...

This Month’s Topic: BCBSIL Claim Numbers May Look Different...

... but it's Business as Usual When Referencing a Claim

Each claim coming in to BCBSIL is assigned a claim number which allows us to track and manage inventory as the claim is processed. When you call BCBSIL with questions on a particular claim, it is important to reference this claim number so that we can research and assist with any inquiries you may have.

In June we enhanced the claim number sequence for electronic claims (claims with an “X” at the end of the number). Previously, all claims were assigned a 17-digit numerical sequence. Going forward, claim number assignments will include a combination of 17 alpha and numeric characters, with the alpha character appearing within the 11th through 15th positions of the number sequence. (Letters such as “I” and “O” will not be used, since they look similar to numbers.)

You will see the new claim number sequence on your Provider Claim Summary (PCS), Electronic Payment Summary (EPS) and Electronic Remittance Advice (ERA), ANSI X12 835. If you are currently receiving a Daily Payer Report (DPR), you will see the new claim number sequence on this report as well.

Here are some examples to give you an idea of how the new claim number will appear:

PCS/EPS Old Claim Number Sequence:
0000123456789100X

PCS/EPS New Claim Number Sequence:
0000123456A89100X

ERA/835 Old Claim Number Sequence:
CLP*607223X001B*1*14473.55*5746.88*100*15*0000123456789100X**1**065

ERA/835 New Claim Number Sequence:
CLP*607223X001B*1*14473.55*5746.88*100*15*0000123456A89100X**1**065

Some claims submitted electronically to BCBSIL that may still be assigned the old number sequence. By year end, the new claim number sequence will appear on all claims.

Be Smart. Be Well.® Addresses High-Risk Pregnancy

Because one in five pregnancies is considered high risk, it’s important that educational resources are available to our female members who are pregnant or thinking about becoming pregnant. Pregnancy can be an exciting time, but some patients may not be aware that a woman’s age, lifestyle, ethnicity, weight, health and family history can be factors that may put her at risk for complications.

Blue Cross and Blue Shield developed Be Smart. Be Well. to help build consumer awareness of preventable health and safety issues. Managing Pregnancy Risks is the newest topic to be brought to the forefront. Together with your patients, you can access online resources and explore video stories as told by women who have experienced a high-risk pregnancy, as well as their families and physicians.

We encourage you to tell your patients to visit BeSmartBeWell.com for information and resources to help guard against pregnancy complications and premature delivery. Additional topics include traumatic brain injury, caregiving, drug safety and mental health.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a doctor. Members are instructed to talk to their doctor if they have any questions or concerns regarding their health.

Expansion of Magellan Behavioral Health Services for BCBSIL Members

Effective Jan. 1, 2010, we are expanding our contract with Magellan Behavioral Health Services to include coordination of outpatient mental health/chemical dependency services for members who currently have Magellan for their behavioral health benefits. This expansion will affect all BCBSIL PPO members.

In line with the Mental Health Parity Act, we intend to provide a comprehensive and unified approach for the management of all behavioral health services offered to affected members. We encourage you to identify members who should utilize these benefits.

Magellan currently manages mental health for inpatient services only, and outpatient services for some groups. The extension of outpatient management will cover all new insured Illinois accounts and all existing accounts upon renewal.

Watch for more detailed information on behavioral health benefit changes, including new pre-certification/prenotification requirements, in next month’s Blue Review.
New Pre-certification Requirements
for City of Chicago Members

Effective Oct. 1, 2009, pre-certification (prior authorization) through ENCOMPASS Health Management Systems is now required for the following outpatient, non-emergency imaging tests when performed for BCBSIL members with City of Chicago group coverage:

- CAT Scans
- MRI Scans
- PET Scans

Claims submitted for these services without prior authorization through ENCOMPASS may be denied. To identify City of Chicago members, look for the CTY alpha prefix on the member’s ID card. Group numbers are P17600, P18600, P18601, P20600, P16628, P16642 and P16643.

To pre-certify, physicians or City of Chicago members may contact ENCOMPASS at (800) 373-3727. The “Request for Prior Authorization Review” process also may be completed via the ENCOMPASS Web site at www.ENCOMPASSonline.com.

Note: The American Imaging Management (AIM) Radiology Quality Initiative (RQI) process in no way will substitute for the pre-certification requirement through ENCOMPASS. These pre-certifications apply to all active City of Chicago members. If you have any questions on this program, please contact ENCOMPASS directly.

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 Web site at www.bcbsil.com/provider.

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