

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

■ Wellness and Member Education

October is Breast Cancer Awareness Month: Help Your Patients Feel Safe About Resuming Elective Screenings

Breast cancer is one of the most common cancers among American women, regardless of race or ethnicity. Early detection and screening allows for a greater range of treatment options and offers better health outcomes.

[Read More](#)

Free Diabetes Program Begins in November, Just in Time for National Diabetes Month

To help your diabetic patients take better care of themselves, our Blue Door Neighborhood CenterSM (BDNCSM) offers a no-cost, virtual six-week Diabetes Empowerment Education Program (DEEP).

[Read More](#)

In-Home Test Kits for Blue Choice Preferred PPOSM Members with Diabetes

Blue Cross and Blue Shield of Illinois (BCBSIL) is working with Home Access Health Corporation to provide **in-home test kits** for some of our PPO members with diabetes.

[Read More](#)

■ CMO Perspective

Colorectal Cancer Risks and Screening: An Emerging Concern for Younger

Patients

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses how colorectal cancer disproportionately affects the Black community and the rising colorectal cancer rates among younger people.

[Read More](#)

■ What's New

Blue Review Readership Survey: We Value Your Feedback

We're conducting a survey to collect your ratings and input on the *Blue Review*. The survey will be available through **Nov. 30, 2020**. Your input will inform plans for enhancements to the *Blue Review* and other provider communications in 2021. [Please take a few minutes to complete our survey now.](#)

'Wellness Can't Wait' Campaign Encourages Members to Go to the Doctor

BCBSIL has launched a campaign called **Wellness Can't Wait** that will help inform, educate and engage members around the necessity to resume needed care.

[Read More](#)

■ Pharmacy Program

2020-2021 Flu Season Reminders and Updates, Including What's Covered for Medicaid

Getting a flu vaccine is more important than ever during 2020-2021 to help protect yourself and the people around you from flu, and to help reduce the strain on health care systems responding to the COVID-19 pandemic.

[Read More](#)

Medicaid Update: Prior Authorization Vendor Change for Select Medical Drug Codes

Effective July 1, 2020, in accordance with Illinois Department of Health and Family Services (HFS) requirements, BCBSIL made changes to the utilization management and claims process for a select group of medical drug service codes when these drugs are requested for our **Blue Cross Community Health PlansSM (BCCHPSM) members**.

[Read More](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 2

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **Oct. 1, 2020**, are outlined [here](#).

■ Electronic Options

Verify Procedure Code Prior Authorization Requirements and Submit Prior Authorization Requests via Availity®

Providers can verify Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code-specific prior authorization requirements and submit prior authorization requests handled by BCBSIL, all within the Availity Provider Portal.

[Read More](#)

Blue Distinction® Message via the Availity Eligibility and Benefits Results

Starting **Sept. 1, 2020**, the Availity Eligibility and Benefits Inquiry results will include informational Blue Distinction® Center (BDC) messaging for the below specialty care categories when the patient's policy has a Blue Distinction component.

[Read More](#)

■ Clinical Updates, Resources and Reminders

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?

[Read More](#)

Prior Authorization for Some Commercial Members Will Transition from eviCore to AIM, Effective Jan. 1, 2021

The **utilization management vendor** that processes prior authorizations for some of our **commercial** members is changing. **Starting Jan. 1, 2021**, prior authorization requests for commercial BCBSIL members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health® (AIM)**.

[Read More](#)

Telehealth Visits – Medicare Advantage

Due to the COVID-19 Public Health Emergency, BCBSIL has expanded access to telehealth at no cost-share for our Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM members through **Dec. 31, 2020**.

[Read More](#)

■ Network Innovation/Product Updates

Blue High Performance NetworkSM (Blue HPNSM) to Launch in January 2021

In January 2021, BCBSIL is launching **Blue HPN**, a new national high-performance network for large commercial employer groups.

[Read More](#)

■ Provider Education

Provider Finder[®] Gets an Upgrade

Our online Provider Finder is there to help when you're looking for in-network specialists and facilities for our members who may need referrals for consultations, procedures and other services. As of **Oct. 1, 2020**, our enhanced online Provider Finder will help make finding care for our members a lot easier.

[Read More](#)

Medication Assisted Treatment Providers: Identify Your Services in Our Online Provider Finder[®]

If you offer **opioid addiction or withdrawal treatment**, we invite you to consider making this information available for our members and other providers to view on our online Provider Finder.

[Read More](#)

Availity Provider Portal Updates Versus CAQH[®] Updates

Providers have the opportunity to update their provider data on the Availity Provider Portal. You can verify your information, make edits and updates, and then simply click the submit button.

[Read More](#)

Provider Learning Opportunities

BCBSIL offers free webinars and workshops for the independently contracted providers who work with us. A preview of upcoming training sessions is included in this month's issue.

[Read More](#)

■ Notification and Disclosure

Procedure Code and Fee Schedule Updates

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

[Read More](#)

Important Dates and Reminders

[Check here](#) each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.



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 [Webinars and Workshops](#) page.



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 2020. Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

October is Breast Cancer Awareness Month: Help Your Patients Feel Safe About Resuming Elective Screenings

At a recent American Association of Cancer Research virtual meeting, experts expressed their concerns about the long-term impact caused by the delays in breast cancer screenings due to the COVID-19 pandemic.¹ Current models predict there will likely be worsened breast cancer outcomes and an increase in deaths due to the delays in breast cancer diagnosis.¹

Breast cancer is one of the most common cancers among American women, regardless of race or ethnicity.² Early detection and screening allows for a greater range of treatment options and offers better health outcomes.

The American Cancer Society recommends women with average risk may begin screening with mammograms at age 40, and women at high risk may begin screening with mammograms as early as age 30.³

With elective procedures resuming, Blue Cross and Blue Shield of Illinois (BCBSIL) encourages providers to weigh the risks and benefits of screening now versus delaying until later for each patient. During this time, it's important your patients feel safe and comfortable returning to your office.

Below are a few actions you may want to take to help patients feel safe:⁴

- Screen all employees and patients for COVID-19 symptoms upon entering the facility
- Ensure proper use of patient protective equipment including universal mask policy for all patients, health care providers and staff
- Add accessible hand sanitizer stations
- Space out appointments to allow time to clean exam rooms and equipment after each patient visit/procedure
- Limit visitors in the office to promote physical distancing
- Optimize telehealth services when available and appropriate

For more information, please refer to the Centers for Disease Control and Prevention (CDC) guidelines on [how to manage operations during the COVID-19 pandemic](#).

¹COVID-19 Pandemic Delayed Breast Cancer Screening in Many Parts of the United States. (2020, July 30). Retrieved from <https://www.breastcancer.org/research-news/covid-19-delayed-screening-in-us>

²Breast Cancer Screening. (2020). Retrieved from <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>

³American Cancer Society, Recommendations for the Early Detection of Breast Cancer, March 5, 2020. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

⁴Healthcare Facilities: Managing Operations during the COVID-19 Pandemic. (n.d.). Retrieved Sept. 2, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

bcbsil.com/provider

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

© Copyright 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Free Diabetes Program Begins in November, Just in Time for National Diabetes Month

To help your diabetic patients take better care of themselves, our Blue Door Neighborhood CenterSM (BDNCSM) offers a no-cost, six-week Diabetes Empowerment Education Program (DEEP). This program is open to everyone, including those who aren't Blue Cross and Blue Shield of Illinois (BCBSIL) members, and is designed for people with pre-diabetes, new onset diabetes, history of diabetes, and their family members and caregivers.

DEEP sessions are taught by a health educator and are designed to help participants gain a better understanding of diabetes and self-care including how to manage:

- Overall health
- Nutrition
- Medication management
- Stress prevention
- Blood sugar
- Exercise options

Educating our members and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. As part of this commitment, our BDNCs are dedicated to helping improve health literacy for residents in Morgan Park, Pullman and surrounding communities of Chicago, and to help empower them to improve their overall health and well-being.

In honor of National Diabetes Month in November, DEEP will begin at both BDNCs in Pullman and Morgan Park. If you have patients who would benefit from this free program, share the [BDNC calendar](#) for more information about DEEP, such as dates, times and locations.

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.

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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

In-Home Test Kits for Blue Choice Preferred PPO Members with Diabetes

Blue Cross and Blue Shield of Illinois (BCBSIL) is working with Home Access Health Corporation to provide **in-home test kits** for some of our PPO members with diabetes. Because of the COVID-19 pandemic, many Americans have delayed getting appropriate care. Home Access Health Corporation is sending out two different kits to members who have not received the recommended testing to help close care gaps: **hemoglobin A1c test kits** and **microalbumin urine test kits**.

Eligible Members

PPO members in our Blue Choice Preferred PPOSM network **may receive one or both** kits, depending on their test history. Eligible members are:

- Between 18 and 75 years old
- Diabetic
- Have not had a hemoglobin A1c or microalbumin urine test in the recommended timeframe stated below

Recommended Testing

According to the [American Diabetes Association](#), people living with diabetes should have the following:¹

- Hemoglobin A1c every three to six months depending on their diabetes treatment and level of control
- Urine microalbumin once a year to detect early signs of kidney damage

In-Home Test Kit Process

The process is quick and easy for members to follow:

- BCBSIL will notify members that they will receive one or both test kits and that completing the kits is **voluntary**.
- Home Access Health Corporation sends the appropriate test kits to eligible members.
- Members **complete the test kit at home**, provide the name of their primary care provider (PCP) and **mail the test** for processing to Home Access Health Corporation. Completed tests are due back to Home Access Health Corporation **by Dec. 18, 2020**. An addressed, postage-paid envelope is included in the kit.
- Home Access Health Corporation sends the **results** to the **member** and their **PCP** in **three to four weeks**.

How You Can Help

As a trusted provider, you can encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of screening and healthy lifestyle choices with our member
- If our member receives a kit and calls your office with questions, discuss their screening options
- Document any test results in the member's medical record and discuss the results with our member

¹American Diabetes Association Diabetes Care 2020; https://care.diabetesjournals.org/content/43/Supplement_1/S66; https://care.diabetesjournals.org/content/43/Supplement_1/S135

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Home Access Health Corporation is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide laboratory testing services for members with coverage through BCBSIL.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Colorectal Cancer Risks and Screening: An Emerging Concern for Younger Patients

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

Last month, news of Black Panther star Chadwick Boseman's untimely death shocked the world. At just 43 years old, Boseman lost his life to colon cancer. As many mourn the loss of this talented actor, his onscreen superhero remains immortal in a new role, helping to shed light on colorectal cancer (CRC) disparities and the importance of preventive screenings and other CRC risk reduction strategies.

Colorectal cancer disproportionately affects the Black community, where CRC rates are higher than any other racial/ethnic group in the U.S. African Americans are about 20% more likely to get colorectal cancer and about 40% are more likely to die from it than most other groups.¹ Additionally, leading all other subpopulations, African American men have the highest incidence and highest death rate from CRC of any subpopulations in the U.S.²

There's also an emerging disparity in CRC risks for younger people in general. While CRC incidence has declined steadily over the past two decades in the population aged 50 years and older, likely due to the combined influence of screening and changes in exposure to risk factors, there's also been about a 51% *increase* in CRC among those younger than 50 years since 1994. Increased incidence rates have been particularly notable for rectal cancer, which doubled between 1991 (2.6 of 100,000) and 2014 (5.2 of 100,000) in individuals aged 20 to 49 years.³

Acknowledging the rising colorectal cancer rates among younger people, the American Cancer Society (ACS) now recommends that people at average risk of colorectal cancer begin regular screening at age 45.⁴

Let's Make Education Our Priority

It may be time to open the discussion with some of your patients to help them decide whether starting screening earlier might be right for them. Also, your patients may not be aware that, while there's no sure way to prevent CRC, there are a number of lifestyle factors that can contribute to CRC risk, so making changes to support colon health is critical.⁵

Patient education during in-office visits or telehealth discussions is vital to help patients understand the importance of

timely CRC screenings, healthy lifestyle habits and recognizing any concerning signs or symptoms that may be associated with CRC.

Talk to Your Patients About Colon Health

Here are some suggested talking points^{6,7} that may be helpful when you are engaging with your patients and counseling them, as appropriate:

- **Consider losing weight.** *Being overweight or obese increases your risk of developing and dying from colorectal cancer.*
- **Eat healthier foods.** *Diets high in vegetables, fruits, and whole grains have been linked with a lower risk of colorectal cancer. A diet that is high in red meats (such as beef, pork, lamb or liver) and processed meats (such as hot dogs and some luncheon meats) can increase your CRC risk.*
- **Limit alcohol use.** *Colorectal cancer has been linked to heavy alcohol use. Limiting alcohol use to no more than two drinks a day for men and one drink a day for women could have many health benefits, including lower CRC risk.*
- **Make time to exercise.** *Being more physically active is important for overall health and wellbeing, including the potential to help lower your CRC risk.*
- **Get help with smoking cessation.** *Smoking is a well-known cause of lung cancer, but it's also linked to colorectal cancer.*
- **Follow screening recommendations.** *CRC screening is important because some CRC risk factors can't be changed, such as aging, a personal history of colon polyps or inflammatory bowel disease, a family history of polyps or CRC, inherited genetic syndromes like Familial Adenomatous Polyposis or Lynch Syndrome and certain racial or ethnic backgrounds.*

CRC Screening Reminders and Resources

Effective communication is essential when making a strong recommendation for CRC screening to eligible patients. Here are some reminders and resources that may help, for your reference purposes:

- Educate your patients about proper preparation associated with certain CRC screenings, especially in terms of realistic expectations for the time involved, proper adherence to preparatory regimens, any activity limitations, etc. To help educate patients on these expectations, the ACS website offers patient-oriented information on [Colorectal Cancer Screening Tests](#), including an overview of common preparation and procedural experiences.
- Consider how patient demographics and potential health equity issues may be influencing your practice's screening rates, and what population-specific educational and other interventions may help improve performance. The following Centers for Disease Control and Prevention (CDC) resource offers a non-exhaustive listing of select demographic contributors and potential interventions to consider: [Use of Evidence-Based Interventions to Address Disparities in Colorectal Cancer Screening](#).
- Provide patient navigation, appointment coordination and appointment reminder services to support patient adherence to CRC screening recommendations. Research shows a significant correlation between patients who completed colorectal cancer screenings and patients who received a recommendation to do so by their health care providers.^{8,9,10}

Screening Options in Light of COVID-19

In the wake of the COVID-19 pandemic, some patients may still be hesitant to schedule in-person wellness visits, including colonoscopies. Please remind eligible patients that there are at-home screening options to consider, such as the fecal immunochemical test (FIT). These options are described in easy-to-understand language in the ACS patient resource listed above.

We understand that COVID-19 presented a number of challenges for our members, but we're working together with our providers and community partners to help find solutions to pressing health care needs. BCBSIL has launched the **Wellness Can't Wait** campaign to encourage members to resume needed care. [See the related article in this month's newsletter for more information.](#)

Colon health may not be a subject your patients are comfortable bringing up. Encourage your patients to talk with you, especially if they're experiencing symptoms that don't seem normal. Remind them it's okay to ask questions. Candid discussions about preventive measures and screening options could help patients see that getting timely screening for CRC is the smart choice to make.

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

^{1,4}[ACS Medical Content and News Staff](https://www.cancer.org/latest-news/colorectal-cancer-rates-higher-in-african-americans-rising-in-younger-people.html). Colorectal Cancer Rates Higher in African Americans, Rising in Younger People. American Cancer Society. Accessed at <https://www.cancer.org/latest-news/colorectal-cancer-rates-higher-in-african-americans-rising-in-younger-people.html>

²American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society; 2017. Accessed at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf>

³Wolf et. al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. 2018. Accessed at <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21457#caac21457-tbl-0001>

^{5,6}Durko L and Malecka-Panas E. Lifestyle Modifications and Colorectal Cancer. *Curr Colorectal Cancer Rep*. 2014; 10(1): 45-54. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3950624/>

⁷Myers EA, et al. Colorectal cancer in patients under 50 years of age: A retrospective analysis of two institutions' experience. *World J Gastroenterol*. 2013 September 2014; 19(34): 5651–5657. Accessed at <https://www.ncbi.nlm.nih.gov/pubmed/24039357>

⁸Sarfaty M, Wender R. How to Increase Colorectal Cancer Screening Rates in Practice. *CA Cancer J Clin*. 2007; 57: 354–366. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4678395/>

⁹Honein-AbouHaidar GN, et al. Systematic review and meta-study synthesis of qualitative studies evaluating facilitators and barriers to participation in colorectal cancer screening. *Cancer Epidemiol Biomarkers Prev*. 2016; 25(6): 907–17. Accessed at <http://cebp.aacrjournals.org/content/25/6/907#>

¹⁰Peterson EB, et al. Impact of provider-patient communication on cancer screening adherence: a systematic review. *Prev Med*. 2016; 93: 96–105. Accessed at <https://www.sciencedirect.com/science/article/pii/S0091743516302912?via%3Dihub>

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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

'Wellness Can't Wait' Campaign Encourages Members to Go to the Doctor

Many of us delayed going to the doctor in the spring as we stayed home to help flatten the COVID-19 curve. But it's time for Illinoisans to get caught up on needed health services including annual exams and cancer screenings. That's why Blue Cross and Blue Shield of Illinois (BCBSIL) has launched a campaign called **Wellness Can't Wait** that will help inform, educate and engage members around the necessity to resume needed care. We also want to work with you to help find solutions to pressing health care needs.

Even as we focus on fighting COVID-19, we know taking care of other health conditions is critical to our member's long-term health. BCBSIL data shows that diagnostic tests – colonoscopies, for example – during March through July 2020, were down 48% from the same period last year. Mammograms were down 36% and immunizations decreased 27%.

In September of this year, we began encouraging BCBSIL members to return to their doctors for annual exams and needed check-ups by creating messaging through our [Wellness Can't Wait](#) webpage. This online resource hosts a number of resources for the community, such as:

- Videos on resuming needed care
- Educational flyers
- Information on where to find our Care Van[®] for immunizations and flu shots

Our hope is that **Wellness Can't Wait** will help improve community health by promoting awareness among patients while continuing collaborations with the provider community.

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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

2020-2021 Flu Season Reminders and Updates, Including What's Covered for Medicaid

Getting a flu vaccine is more important than ever during 2020-2021 to help protect yourself and the people around you from flu, and to help reduce the strain on health care systems responding to the COVID-19 pandemic.

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

- Benefits of the flu vaccine
- Side effects that could occur after receiving the vaccine
- Flu symptoms
- Effectiveness of the flu vaccination
- Patients' concerns/issues regarding this vaccine¹

What's covered for Illinois Medicaid members?

For the 2020-2021 flu season, Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members are covered for all flu vaccines under Medicare Part B, none are excluded. Below is the covered list for Blue Cross Community Health PlansSM (BCCHPSM) members:

- Afluria Quadrivalent
- Flud
- Flulaval Quadrivalent
- Fluzone Quadrivalent
- Fluarix Quadrivalent
- Flucelvax Quadrivalent
- Flublok Quadrivalent

Check the Centers for Disease Control and Prevention (CDC) website for the most recent updates on newly [available products and the approved age ranges](#).²

The CDC recommends people who are 6 months or older and have no contraindications, should receive a yearly flu

vaccine. This is the first and most important step in protecting against influenza and its potentially serious complications.¹

Children 6 months to 8 years, who are receiving their first vaccination, and those who have previously received one dose of vaccine, should get two doses of the vaccine this flu season.³ To prevent missed opportunities, you may want to discuss and offer a flu vaccine during office visit, if applicable.

According to the CDC, flu vaccine is the foremost prevention against seasonal influenza. Antiviral drug may be used to lessen the symptoms of the flu however, educating patients that these drugs are not a substitute for getting a flu vaccine is vital.

¹CDC, National Center for Immunization and Respiratory Disease, Influenza (Flu), April 28, 2020, Retrieved from https://www.cdc.gov/flu/prevent/keyfacts.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fprotect%2Fkeyfacts.htm

²CDC, National Center for immunization and Respiratory Disease, Influenza (Flu), Frequently asked Influenza (Flu) Questions:2020-2021 Season, August 7, 2020. Retrieved from <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

³CDC, National Center for Immunization and Respiratory Disease, Influenza (Flu), Oct. 23, 2019. Retrieved from <https://www.cdc.gov/flu/highrisk/children.htm>

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

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any treatment, medication or vaccination 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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Medicaid Update: Prior Authorization Vendor Change for Select Medical Drug Codes

Effective July 1, 2020, in accordance with Illinois Department of Health and Family Services (HFS) requirements, Blue Cross and Blue Shield of Illinois (BCBSIL) made changes to the utilization management and claims process for a select group of medical drug service codes when these drugs are requested for our **Blue Cross Community Health PlansSM (BCCHPSM) members**.

The list of Current Procedural Terminology (CPT[®]) codes affected by this change is included below.* Previously, for these codes, prior authorization and claim submission through our pharmacy benefit management vendor, Prime Therapeutics, was required. **There are no changes to the list of codes requiring prior authorization, but the utilization management vendor has changed.**

- **Effective immediately**, prior authorization requests and claims for BCCHP members **should no longer be submitted to Prime** for the specified codes.
- For these codes, **prior authorization through *eviCore healthcare (eviCore)* is required** for BCCHP members.
- Upon completion of the prior authorization process, **BCCHP member claims for these codes must be submitted to BCBSIL.**

CPT Code	Description	Prior Authorization Vendor (for BCCHP Members)
90281	HUMAN IG IM	Effective July 1, 2020, prior authorization through <i>eviCore</i> is required for these CPT codes prior to rendering services for BCCHP members. You may submit prior authorization requests online via the eviCore Web Portal, or by calling <i>eviCore</i> at 855-252-1117.
90283	HUMAN IG IV	
90284	HUMAN IG SC	
90378	RSV MAB IM 50MG	
C9257	Injection, bevacizumab, 0.25 mg	

J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxinb, 100 units
J0588	Injection, incobotulinumtoxin a, 1 unit
J0800	Injection, corticotropin, up to 40 units
J0888	Injection, epoetin beta, 1 microgram, (for non ESRD use)
J1602	Injection, golimumab, 1 mg, for intravenous use
J1745	Injection infliximab, 10 mg
J2357	Injection, omalizumab, 5 mg
J2502	Injection, pasireotide long acting, 1 mg

Support and More Information

The [2020 Medicaid Benefit Preauthorization Procedure Code List](#) on our Provider website has been updated to reflect the vendor change referenced above. Please note that updates to some systems are still in progress. For example, when you submit eligibility and benefits requests to BCBSIL (online or by calling our automated phone system), you may continue to be instructed to contact Prime for prior authorization. To assist with the transition, if you contact Prime, they will redirect applicable prior authorization requests to eviCore. If you already have a prior authorization in place with Prime, you don't need to submit another request through eviCore. Extensions to existing requests and new requests should be submitted to eviCore.

Continue to watch the [News and Updates](#) for announcements and related resources. Updates also may be published in the [Blue Review](#). If you have questions, contact your [BCBSIL Provider Network Consultant \(PNC\) team](#).

**This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply.*

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Please note that the fact that a service or treatment has been preauthorized for benefits 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, call the number on the member's ID card.

BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors. 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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Verify Procedure Code Prior Authorization Requirements and Submit Prior Authorization Requests via Availity[®]

Providers can verify Current Procedural Terminology (CPT[®]) or Healthcare Common Procedure Coding System (HCPCS) code-specific prior authorization requirements and submit prior authorization requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL), all within the Availity Provider Portal.

Checking patient eligibility and benefits is an imperative first step to confirm coverage and prior authorization requirements before rendering services. The Availity Eligibility and Benefits Inquiry allows you to quickly confirm prior authorization requirements by procedure code, along with contact information for the utilization management vendor, if applicable.

If prior authorization through BCBSIL is required for the service or CPT/HCPCS code(s), you can easily submit the request online using the [Availity Authorizations tool](#). As a reminder, the procedure code inquiry option is for prior authorization verification only and is not a code-specific quote of benefits.

How to Determine Code-specific Prior Authorization Requirements via Availity

- Complete the eligibility and benefits inquiry entry (ANSI 270) by selecting a benefit/service type and/or enter the valid CPT/HCPCS code(s) and associated place of service. You may enter up to eight CPT/HCPCS codes in the inquiry.
- The eligibility and benefit inquiry response (ANSI 271) displays specific prior authorization requirements in the Pre-Authorization Info tab for the benefit/service type and/or CPT/HCPCS codes entered in the inquiry.

Note: If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. If a CPT/HCPCS code is not entered, the place of service and benefit/service type is required.

Exceptions

CPT/HCPCS code inquiry for prior authorization via Availity is **not yet supported for the following lines of business:**

- Federal Employee Program[®] (FEP[®])
- Blue Cross Medicare Advantage (PPO)SM
- Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM (BCCHPSM)

Also, as a reminder, the prior authorization information in this article **does not apply for our HMO members**. For these members, prior authorization is handled by the Medical Group/Independent Practice Association.

How to Submit Required Prior Authorization Requests Handled by BCBSIL via Availity*

- Select the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
- Select Payer BCBSIL, then select your organization
- Select Inpatient Authorization or Outpatient Authorization
- Enter prior authorization request
- Review and submit

****The above information applies only to prior authorization requests handled by BCBSIL. The process of submitting prior authorization requests through eviCore healthcare (eviCore) or other vendors has not changed.***

For More Information

Refer to the educational [Availity Eligibility and Benefits user guide](#) and [Availity Authorizations user guide](#). These resources and others are located in the [Provider Tools](#) section of our website. Also visit the [Webinars and Workshops](#) page to register for upcoming online training sessions.

Questions? Need customized training? Email our [Provider Education Consultants](#) for assistance.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate or contract of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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. eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and eviCore. 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 2020 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Blue Distinction[®] Message via the Availity[®] Eligibility and Benefits Results

Starting **Sept. 1, 2020**, the Availity Eligibility and Benefits Inquiry results will include informational Blue Distinction[®] Center (BDC) messaging for the below specialty care categories when the patient's policy has a Blue Distinction component. The Availity benefit response will include applicable coverage for the service selected. However, if you need to confirm the specific BDC benefit differential, you will need to call the Customer Service phone number found on the member's Blue Cross and Blue Shield of Illinois (BCBSIL) ID card.*

BDCs offer quality care, treatment expertise and better overall patient results. A Blue Distinction[®] Center+ (BDC+) offers more affordable care in addition to quality, care, cost, treatment expertise and better overall patient results.

Blue Distinction Specialty Care includes the following categories:

- Bariatric (weight-loss) surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Transplants

For More Information

Find facilities recognized for expertise in bariatric surgery, cardiac care, knee and hip replacement, maternity, spine surgery and transplants on the [Blue Distinction[®] Specialty Care page](#).

Refer to the Availity [General Eligibility and Benefits Expanded user guide](#) for navigational help. If you need further help or training, contact our [Provider Education Consultants](#).

***Note: For HMO members, Medical Groups/Primary Care Providers should review BCBSIL's HMO Scope of Benefits for appropriate benefit/referral guidelines for BDC facilities.**

This information in this notice is not applicable to Medicare Advantage or Illinois Medicaid members.

A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction® National criteria for BDC and BDC+ are displayed on bcbs.com. Individual outcomes may vary. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction® or other providers.

Trademarks are the property of their respective owners.

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.

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to 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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

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

Benefits will vary based on the service being rendered and individual and group policy elections. It's imperative to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable benefit preauthorization/pre-remittance requirements. When services may not be covered, you should notify members that they may be billed directly.

Don't Take Chances

Ask to see the member's BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity[®] Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program[®] (FEP[®]) members.

Learn More

For more information, such as an Availity [user guide](#), refer to the [Eligibility and Benefits section](#) of our website. We also offer 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.

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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Prior Authorization for Some Commercial Members Will Transition from eviCore to AIM, Effective Jan. 1, 2021

What's changing?

The **utilization management vendor** that processes prior authorizations for some of our **commercial** members is changing. **Starting Jan. 1, 2021**, prior authorization requests for commercial Blue Cross and Blue Shield of Illinois (BCBSIL) members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health[®] (AIM)**. This change will apply to some BCBSIL members with the commercial PPO products (networks) listed below:

- PPO (PPO)
- Blue Choice Preferred PPOSM (BCE)
- Blue Choice PPOSM (BCS)
- Blue OptionsSM/Blue Choice OptionsSM (BCO)
- Blue High Performance NetworkSM (Blue HPNSM)

What's not changing?

The **care categories** that currently require prior authorization will stay the same:

- Advanced imaging*
- Cardiology
- Sleep medicine
- Pain management
- Joint and spine surgery
- Radiation therapy
- Genetic testing

***Note:** AIM will continue to administer our Radiology Quality Initiative (RQI) program for most members whose benefit plans do not require prior authorization for advanced imaging services.

If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member. Learn more

about prior authorization in BCBSIL [on our website](#), which includes code lists for the services that may require prior authorization. Remember, these code lists are not exhaustive and are updated periodically.

It's important to remember that benefits will vary based on the service being rendered and individual and group policy elections. Always check eligibility and benefits first, through the [Availity® Provider Portal](#) or your preferred web vendor. This step will help you confirm coverage and other important details, such as prior authorization requirements and vendors, if applicable.

How can you prepare for this transition?

Make sure you're registered with **AIM** so you can submit prior authorization requests.

- **Online** – Go to the [AIM ProviderPortal](#) to register; or
- **By Phone** – Call the **AIM Contact Center at 800-859-5299**, Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.

If you're already registered with AIM to submit RQI requests for BCBSIL members, you don't need to register again.

How to Submit Prior Authorization Requests through AIM Starting Jan. 1, 2021

Submit prior authorization requests to AIM in one of the following ways:

- **Online** – Submit requests **via the [AIM ProviderPortal](#)**, 24/7.
- **By Phone** – Call the **AIM Contact Center at 800-859-5299**, Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.

For More Information

Watch the [News and Updates](#) for dates and times of upcoming trainings that will help you transition to submitting prior authorization requests through AIM.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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. **Certain employer groups may require preauthorization/pre-notification for imaging services from other vendors. If you have any questions, please call the number on the member's ID card.**

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. AIM Specialty Health (AIM) is an operating subsidiary of Anthem and an independent third party vendor that is solely responsible for its products and services. 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 eviCore, AIM or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

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

© Copyright 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Telehealth Visits – Medicare Advantage

Telehealth can help provide our members access to the care they need, including routine care, while helping to protect against the spread of viruses. Due to the COVID-19 Public Health Emergency, Blue Cross and Blue Shield of Illinois (BCBSIL) has expanded access to telehealth at no cost-share* for our Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM members through **Dec. 31, 2020**. See our [COVID-19 Provider FAQs](#) for more information.

The Centers for Medicare & Medicaid Services (CMS) is allowing providers to engage in telehealth services with new and established Medicare patients. Visit the CMS website for [telehealth guidance](#) and a [complete list of telehealth codes](#).

Telehealth Visits	Procedure Codes ¹	Modifier/Place of Service (POS)
<p>Telehealth visits offer the same services that would be provided during an in-person visit.</p> <p>They are conducted with an interactive audio and video telecommunications system** that permits two-way, real-time communication,² including:</p> <ul style="list-style-type: none"> • HIPAA-approved telehealth platforms • Non-HIPAA-approved applications such as FaceTime and Skype <p>Telehealth visits for in-network, medically necessary covered health care services are reimbursed at the same rate as in-person visits.</p>	<p>Common services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visit) • G0438, G0439 (Medicare Annual Wellness Visit) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations to beneficiaries in hospitals or skilled nursing facilities) 	<p>Report the POS code that would have been reported had the service been provided in person.</p> <ul style="list-style-type: none"> • Include Current Procedural Terminology (CPT[®]) telehealth modifier 95 • You can also report POS 02 with no modifier

*BCBSIL Medicare (not Part D) and Medicare Supplement members can access in-network telehealth services at no cost-share for medically necessary, covered services and treatments consistent with the terms of the member's benefit plan. Services available for telehealth may vary. Providers may call the number on the member ID card with questions.

**Providers can find the latest guidance on acceptable HIPAA-compliant remote technologies issued by the [U.S. Department of Health and Human Services' Office for Civil Rights in Action](#).

¹CMS interim final rule and comment period (IFC), 136, <https://www.cms.gov/files/document/covid-final-ifc.pdf>

²CMS interim final rule and comment period (IFC), 49, <https://www.cms.gov/files/document/covid-final-ifc.pdf>

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

bcbsil.com/provider

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

© Copyright 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Blue High Performance NetworkSM (Blue HPNSM) to Launch in January 2021

In January 2021, Blue Cross and Blue Shield of Illinois (BCBSIL) is launching **Blue HPN**, a new national high-performance network for large commercial employer groups. Blue HPN will provide additional access to quality and affordable health care in more than 55 major U.S. markets. In Illinois, Blue HPN will be available in Chicago, Naperville-Elgin and East St. Louis.

Blue HPN Value

Provider participation in Blue HPN is based on a range of factors, including:

- Performance on national quality indicators, such as measures to close clinical care gaps and impact members' quality of life
- Performance on local quality indicators, including measures to address local health care challenges and align with community health disparities
- Partnership with BCBSIL to improve affordability, efficiency and health outcomes

Visit the [Network Participation section](#) for details on joining the network.

Treating Blue HPN Members

Blue HPN members have full benefits only when receiving care from in-network Blue HPN providers contracted with BCBSIL and with other Blue Cross and Blue Shield (BCBS) Plans.¹ Members do not need to choose a primary care physician or get referrals for in-network specialists.

- **In Blue HPN service areas:** Blue HPN members have access to emergent care with non-Blue HPN providers in Blue HPN service areas. They do not have out-of-network coverage for non-emergency care in these areas.
- **In non-Blue HPN service areas:** Blue HPN members have access to urgent and emergent care with non-Blue HPN providers in these areas.
- When Blue HPN members need to see a specialist or another health care provider, you can help **ensure members receive the highest level of benefits by recommending other in-network Blue HPN providers**. Check BCBSIL's online [Provider Finder](#)[®] or call the number on the member ID card to identify in-network Blue HPN providers.

How to Recognize Blue HPN Members

You can identify Blue HPN members by their BCBSIL ID card. Look for the Blue High Performance Network name on the front, along with the “HPN in a suitcase” logo. This logo indicates that Blue HPN rates apply.

Reminder: Check eligibility and benefits first. Use the Availity® Provider Portal or your preferred vendor to check eligibility and benefits for all BCBSIL members before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable prior authorization requirements. Ask to see the member’s BCBSIL ID card and a driver’s license or other photo ID to help guard against medical identity theft.

Claim Filing

Blue HPN follows the same claims filing procedures as our BlueCard® PPO. Submit local and out-of-area BCBS member claims to BCBSIL as you typically would. See the [Claim Submission page](#) for more details, including a link to the updated [BlueCard Program Manual](#).

Questions? Call the Customer Service number on the member’s ID card.

¹The only out-of-network coverage available to Blue HPN members in Blue HPN service areas is out-of-network emergency care.

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 the vendor, you should contact the vendor directly.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member’s 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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Provider Finder[®] Gets an Upgrade

Our online [Provider Finder](#) is there to help when you're looking for in-network specialists and facilities for our members who may need referrals for consultations, procedures and other services. As of **Oct. 1, 2020**, our enhanced online Provider Finder will help make finding care for our members a lot easier.

What's new?

The new Provider Finder is visually appealing and easy to navigate with a streamlined menu and filter options. The filter and sort options include:

- Specialty
- Accepting new patients
- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics and awards
- Best match (weighted by quality and accessibility)

What's new for you?

We've created a [step-by-step guide](#) to help you navigate the Provider Finder.

Update Your Info

Please help our members find you by checking your own information on the Provider Finder by visiting our [website](#) and selecting **Search Now** on the Provider Finder tile. Is everything still accurate and up-to-date? If you have any changes, use our [Demographic Change Form](#) to request updates. For more information, refer to the [Update Your Information](#) page.

bcbsil.com/provider



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Medication Assisted Treatment Providers: Identify Your Services in Our Online Provider Finder[®]

If you offer **opioid addiction or withdrawal treatment**, we invite you to consider making this information available for our members and other providers to view on our online [Provider Finder](#).

Update Your Existing Information

Use our [Demographic Change Form](#) to share details on your addiction/withdrawal treatment services. Here's how:

1. Go to the "**Change Existing Demographic Information**" section.
2. Select "**Other Provider Updates**."
3. Enter your medication assisted treatment (MAT) and/or Opioid Treatment Program (OTP) provider information under the "**Medication Assisted Treatment**" section.
4. Indicate on the last question if you prefer to keep your answers private or share with our members via Provider Finder.
5. Specify the "**Effective Date of Change**." You must enter this to submit your updates.

If you choose to share your information, the above process will ensure that a MAT designation is added to your Provider Finder listing. Typically, updates take about **two weeks**. Providing your MAT information is voluntary, can be changed at any time and is unique to each of your locations.

New Providers

New providers can voluntarily provide information on their certified MAT services during the onboarding process using our [Provider Onboarding Form](#).

Opioid Treatment Designations

The Blue Cross and Blue Shield Association has defined four provider types that deliver treatment for opioid use disorder (OUD). The types are based on certification through the Substance Abuse and Mental Health Services Administration (SAMHSA):

- MAT for OUD is provided at a given location
- Provider at a given location is authorized to dispense MAT for OUD
- This location is a certified OTP provider
- Counseling for OUD is provided at this location

Verification of Disclosure

Before posting in our Provider Finder we will verify MAT and OTP provider certifications through [SAMHSA](#).

Details about Provider Types

For more information, [view details about each provider type certification](#).

Provider Finder Upgrade

The Provider Finder underwent a significant upgrade on Oct. 1, 2020. Use our [step-by-step guide](#) for help navigating the new Provider Finder.

[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 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Availity[®] Provider Portal Updates Versus CAQH[®] Updates

Providers have the opportunity to update their provider data on the [Availity Provider Portal](#). You can verify your information, make edits and updates, and then simply click the submit button. Availity automatically sends your updates to the directories within Availity for all payers you have a contract with and who are registered with Availity. This will help save time by eliminating the need to fill out multiple forms and faxing or emailing them to each health plan payer. You can download a report with all your updated information to send to other payers who do not use Availity.

Please note: Availity and the Blue Cross and Blue Shield of Illinois (BCBSIL) [Provider Finder[®]](#) are two different systems. If you need to change existing demographic information with BCBSIL, complete the [Demographic Change Form](#). If you have completed a Demographic Change Form, you can check the status of your request by entering the case number you received in your confirmation email in our [Case Status Checker](#). For more information, visit the [Information Change Request](#) page of our website.

Likewise, any updates you make in Availity, do not transfer over to the Council for Affordable Quality Healthcare, Inc (CAQH), including the CAQH ProView[™]. Neither CAQH nor BCBSIL will contact you to make sure your credentialing information is up to date. It is the responsibility of the provider to check their information on a regular basis.

All providers who require credentialing must complete an [Illinois CAQH file](#). Make sure your CAQH is up-to-date prior to submitting a credentialing application. This will help lessen outstanding billing issues. If your CAQH profile is not complete, your onboarding form will be rejected/returned to the submitter. To check the status of your credentialing process, enter your National Provider Identifier (NPI) or state license number in our [Credentialing Status Checker](#).

CAQH requires you to review and attest to your data once every six months. At the time you are scheduled for recredentialing, BCBSIL will send your name to CAQH to determine if you have already completed the ProView credentialing process. If so, we will be able to obtain current information from the ProView database to complete the recredentialing process without having to contact you. If a provider does not keep their credentialing up-to-date, the provider may be terminated for non-compliance.

CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the ProView database.

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 2020 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#).

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
<p>Availity® Authorizations Tool <i>We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity’s new Authorizations tool.</i></p>	<p>Oct. 14, 2020 Oct. 21, 2020 Oct. 28, 2020</p>	<p>11 a.m. to noon</p>
<p>BCBSIL Back to Basics: ‘Availity 101’ <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Oct. 13, 2020 Oct. 20, 2020 Oct. 27, 2020</p>	<p>11 a.m. to noon</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>Have you heard? These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.</i></p>	<p>Oct. 15, 2020</p>	<p>11 a.m. to noon</p>
<p>Monthly Provider Hot Topics Webinar</p>	<p>Oct. 14, 2020</p>	<p>10 to 11 a.m.</p>

These monthly webinars will be held through December 2020. They are customized for the BCBSIL contracted 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 .

Provider Onboarding Form Training

[Oct. 28, 2020](#)

10 a.m. to noon

These sessions will help providers effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, request addition of provider to group and how to submit demographic changes.

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 for details](#); or call Availity Client Services at 800-AVAILITY (282-4548) for help.

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

bcbsil.com/provider

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

© Copyright 2020 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

October 2020

Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It's important to review this area in our provider newsletter each month.

On Jan. 1, 2021, BCBSIL will implement Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 2021.

Also, effective Jan. 1, 2021, a new reimbursement schedule will be implemented for a select group of musculoskeletal and digestive codes for PPO Area A and Blue Choice PPOSM Area A. Providers that have billed these codes in the past 18 months will receive a letter that describes the program and lists the specific impacted codes.

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 2020 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 2020 Health Care Service Corporation. All Rights Reserved.