



BLUE REVIEWSM

A Provider Publication

August 2023

■ Community Involvement

MMAI and BCCHPSM Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM (BCCHP) members. Register now to join us in person or via Zoom for our third quarter meeting on **August 17**. [Read more on News and Updates.](#)

■ Wellness and Member Education

Illinois Medicaid Provider Alert: Help Your Patients Get Ready for Redetermination

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. You can help by reminding your patients to update their information and watch for a letter from the Illinois Department of Healthcare and Family Services. [See what you can do to help.](#)

We're Sending In-Home Test Kits to Some Members for Colorectal Cancer Screening

This summer, we're providing in-home test kits to certain Blue Choice Preferred PPOSM members who, based on our data, need a colorectal cancer screening. We're working with vendors to send Fecal Immunochemical Test kits to these members at no extra cost for the member.

[Read More](#)

■ Quality Improvement and Reporting

Statin Therapy for Patients with Cardiovascular Disease and Diabetes

You can help ensure quality care for our members who have cardiovascular disease and diabetes by

following [guidelines on statin therapy](#) from the National Committee for Quality Assurance. It's important that members prescribed statin therapy continue to take their medications during the treatment period to lower cholesterol levels and reduce the risk of heart disease. [Read more on News and Updates.](#)

■ Claims and Coding

Join Us for a Webinar on Coding for Morbid and Severe Obesity

We're hosting a free webinar for providers and coding professionals. Members of our Coding Compliance team will present coding information from the Official ICD-10-CM Coding Guidelines, American Hospital Association Coding Clinic and Centers for Medicare & Medicaid Services.

[Read More](#)

BlueCard® Program: Reminders and Claim Filing Checklist

Through our BlueCard Program, many Blue Cross and Blue Shield members take their coverage with them when they travel. The program is convenient for members, without causing extra work for providers.

[Read More](#)

■ Provider Education

Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (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](#)

■ Electronic Options

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

It's critical 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.

[Read More](#)

■ Clinical Updates, Reminders and Resources

Marking Non-Urgent Prior Authorization Requests as 'Urgent' Only Causes More Delays

We've seen an increase in prior authorization requests marked by submitters as urgent or expedited. Some of these "urgent" requests are for non-urgent situations.

[Read More](#)

Prior Authorization Code Updates for Some Commercial and Government Programs Members, Effective Oct. 1, 2023

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO** and **government programs – Blue Cross Medicare Advantage (PPO)SM (MA PPO), BCCHP and MMAI** – members. Refer to the News and Updates for a summary of [commercial](#) and [government](#) programs changes and code updates.

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Changes Effective July 1, 2023 – 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 July 1, 2023, are outlined [here](#).

Pharmacy Program Updates: Prior Authorization Changes Effective Oct. 1, 2023

The BCBSIL pharmacy PA program encourages safe, cost effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration approved labeling, scientific literature, and nationally recognized guidelines. [Read more on News and Updates.](#)

■ Network Innovation/Product Updates

Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members

If you're a Medicare provider, you may treat Blue Cross Group Medicare Advantage Open Access (PPO)SM and Blue Cross Medicare Advantage Flex (PPO)SM members regardless of your contract or network status with BCBSIL. That means you don't need to participate in BCBSIL Medicare Advantage networks or in any other BCBSIL networks to see these members. The only requirements are that you agree to see the member as a patient, accept Medicare assignment, and will submit claims to BCBSIL. [Read more on News and Updates.](#)



Quick Reminders

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Verify and Update Your Information

Verify your directory information every 90 days. Use the [Availity Essentials Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

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](#).

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We're Sending In-Home Test Kits to Some Members for Colorectal Cancer Screening

This summer, we're providing in-home test kits to certain Blue Choice Preferred PPOSM members who, based on our data, may be due for a colorectal cancer screening. We're working with vendors to send Fecal Immunochemical Test (FIT) kits to these members at no extra cost for the member.

As a trusted provider, you may want to encourage your patients to take advantage of this opportunity to learn more about their health with a FIT kit.

Last year's results show how participation makes a difference.

- In 2022, we provided 17,530 FIT kits to Blue Choice Preferred PPO members.
- 2,845 members returned their kits and closed this gap in their care.
- Test results were sent to the members and their health care providers. 167 kits were abnormal or positive, meaning the sample contained blood when collected.

Why Use FIT

The [U.S. Preventive Services Taskforce](#) recognizes annual FIT testing for colorectal cancer screening starting at age 45.

- FIT testing is appropriate screening for people with an average risk for colorectal cancer. Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.
- When compared to stool DNA tests, FIT kits have fewer false positives, which reduces unnecessary colonoscopies, according to the [National Cancer Institute](#). Unlike stool DNA tests like Cologuard[®], FIT kits require only a swab rather than a stool sample.

How In-Home Testing Works

The in-home testing process is quick and easy for members:

- Vendors send the kits to a sample of eligible members who have a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Members may take medications according to their normal schedule.
- Members complete the test kit at home, provide the name of their health care provider, if available, and **mail the test**

for processing to the vendor by Dec. 31, 2023. An addressed, postage-paid envelope is included with the kit.

- The vendor sends results to the member and their provider in three to four weeks.

How You Can Help

- Consider discussing the importance of colorectal cancer screening and healthy lifestyle choices with your patients. If one of your patients receives a kit and calls your office with questions, discuss their screening options.
- Document any test results in your patient's medical record and discuss the results with your patient.

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

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Join Us for a Webinar on Coding for Morbid and Severe Obesity

We're offering a webinar on coding for morbid and severe obesity. There are two sessions to choose from:

- **Aug. 18, 2023**, from noon to 12:30 p.m. [Register here.](#)
- **Sept. 15, 2023**, from noon to 12:30 p.m. [Register here.](#)

The webinar is free to providers and coding professionals. Members of our Coding Compliance team will present coding information from the Official ICD-10-CM Coding Guidelines, the American Hospital Association Coding Clinic, and the Centers for Medicare & Medicaid Services.

The webinar includes information on:

- Obesity classification levels based on body mass index
- ICD-10-CM guidelines and case studies
- Closing gaps in care for patients

Visit our [Webinars and Workshops page](#) for more training opportunities.

The material presented here and in the webinar is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such resources or organizations. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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BlueCard[®] Program: Reminders and Claim Filing Checklist

Through our BlueCard Program, many Blue Cross and Blue Shield (BCBS) members take their coverage with them when they travel.

The program is convenient for members, without causing extra work for providers. Here's how it works:

- As a Blue Cross and Blue Shield of Illinois (BCBSIL) participating provider, you may see patients from out-of-area BCBS Plans when they need care.
- BCBSIL is the Host Plan for these “guest” members while they’re away from their Home Plans.
- When you welcome these out-of-area members as patients, BCBSIL welcomes your BlueCard claims for their care.

Here's a checklist for your reference:

- **Ask members for their current ID card.** Most BlueCard members have a suitcase logo on the front of their BCBSIL ID card. Also ask for a photo ID to confirm the member's identity.
- **Verify the member's eligibility, benefits and copayments.** For faster results, check coverage electronically through [Availity[®] Essentials](#) or your preferred web vendor.
- **When recording the member ID number, include the three-character prefix.** This prefix indicates the member's group information.
- **Submit BlueCard claims to BCBSIL electronically.** Don't submit duplicate claims.
- **Check claim status online.** Use the [Availity Claim Status Tool](#) to search for claims by member ID or claim number.

For more information, refer to the [BlueCard Program Provider Manual](#).

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

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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[®] Essentials Prior Authorizations and BlueApprovRSM Tools</p> <p><i>Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations and BlueApprovR tools.</i></p>	<p>Aug. 9, 2023 Aug. 16, 2023 Aug. 23, 2023 Aug. 30, 2023</p>	<p>11 a.m. to 12:30 p.m.</p>
<p>Availity Claim Status, Clinical Claim Appeals and Message This Payer</p> <p><i>Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using the Availity Essentials Portal.</i></p>	<p>Aug. 10, 2023 Aug. 17, 2023 Aug. 24, 2023 Aug. 31, 2023</p>	<p>11 a.m. to noon</p>
<p>Availity Essentials Instructor-Led Training</p> <p><i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Aug. 8, 2023 Aug. 15, 2023 Aug. 22, 2023 Aug. 29, 2023</p>	<p>11 a.m. to noon</p>
<p>Availity Remittance Viewer and Provider Claim Summary</p>	<p>Aug. 10, 2023</p>	<p>1 to 2 p.m.</p>

These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice and the Provider Claim Summary. 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.

[Aug. 17, 2023](#)

[Aug. 24, 2023](#)

[Aug. 31, 2023](#)

BlueApprovR: Prior Authorization Process

Learn how to access and use BlueApprovR via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests for many BCBSIL commercial members.

[Aug. 10, 2023](#)

10 to 11 a.m.

[Aug. 17, 2023](#)

[Aug. 24, 2023](#)

[Aug. 31, 2023](#)

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation

Effective Jan. 1, 2023, BCBSIL Medicare Advantage Plan expanded to additional counties within the State of Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants (PNCs) questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.

[Aug. 15, 2023](#)

10 to 11 a.m.

Coding for Severe Obesity

Join our Coding Compliance team for a webinar on coding for morbid and severe obesity.

[Aug. 18, 2023](#)

Noon to 12:30 p.m.

Monthly Provider Hot Topics Webinar

Stay up to date on the latest news from BCBSIL! Engage with our PNCs to learn about upcoming initiatives, program changes and updates, as well as general network announcements.

[Aug. 10, 2023](#)

10 to 11:30 a.m.

Orientation Webinars for New Commercial Providers

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.

[Aug. 17, 2023](#)

10 to 11 a.m.

Orientation Webinars for New Blue Cross Community Health PlansSM (BCCHPSM) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Providers

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[Aug. 24, 2023](#)

10 to 11 a.m.

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Checking eligibility and benefits and/or obtaining prior authorization 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 prior authorization or benefit determination, the final decision regarding

any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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

Is your patient's membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization 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 critical 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 prior authorization or pre-notification 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 [Avality® Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area BlueCard® and Federal Employee Program® (FEP®) members.

Learn More

For more information, such as an [Avality user guide](#), refer to the [Eligibility and Benefits page](#) on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Webinars and Workshops](#) page for upcoming dates, times and registration links to sign up now.

*Note: For commercial non-HMO members, even if prior authorization isn't required, you still may want to submit an

optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. But there's a [Recommended Clinical Review \(Predetermination\) Code List](#) on our [Recommended Clinical Review \(Predetermination\) page](#) to help you decide.

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Marking Non-Urgent Prior Authorization Requests as ‘Urgent’ Only Causes More Delays

We’ve seen an increase in prior authorization requests marked by submitters as urgent or expedited. Some of these “urgent” requests are for non-urgent situations.

When is it appropriate to mark requests urgent or expedited?

An urgent or expedited prior authorization request, for Blue Cross and Blue Shield of Illinois (BCBSIL) members, is appropriate only for a situation that, when delayed:

- Could seriously jeopardize the life and health of the member or the member’s ability to regain maximum function.
- Would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.
- Would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

What happens when non-urgent requests are marked urgent?

When non-urgent requests are marked urgent, they can overburden the review process by taking precedence over standard requests. The resulting backlog can affect response times, causing potential delays for truly urgent requests.

How To Help Prevent Delays

Always check eligibility and benefits first through [Availity® Essentials](#) or your preferred vendor. This step helps you confirm prior authorization requirements and utilization management vendors, if applicable. **When submitting prior authorization requests for BCBSIL members, include the appropriate documentation and level of urgency.**

For more information on prior authorization, including code lists and a digital lookup tool, refer to our [Utilization Management](#) section.

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