



BlueCross BlueShield of Illinois

BLUE REVIEWSM SPECIAL EDITION: COVID-19 (April 2020)

A Message from Our Chief Medical Officer: In the Face of COVID-19, We're Standing by You and Our Members, Your Patients

The novel coronavirus (COVID-19) pandemic has tested our health care delivery system, economy and culture in ways that many of us did not imagine, just a few months ago. Both the heroism and human frailty of health care providers during this pandemic has been undeniable. The tension between personal and family safety while delivering life preserving care has been prominent in our minds. And despite the modern advances of health care, we are reminded of the critical importance of public health and the interwoven nature of our health as one community.

In between the chasms in our health care system, each of you have helped bridge the gap – overcoming fears, innovating in the face of equipment shortages, enduring back-to-back clinical shifts, and comforting patients and families during a time of uncertainty. On behalf of Blue Cross and Blue Shield of Illinois (BCBSIL), thank you for your service to our community.

As we continue to monitor and make changes in response to the rapidly evolving pandemic, I wanted to take a moment to personally let you know how BCBSIL is holding true to our purpose – to do everything in our power to stand with our members in sickness and in health. We took several early actions to complement your efforts to prepare for the surge of COVID-19 patients:

- Relaxed some benefit preauthorization requirements in support of the rapidly evolving protocols for COVID-19
- Rapidly expanded access to telemedicine services to help promote continuity of care for members and mitigate transmission of COVID-19 for some clinical interactions
- Listened to the concerns of hospital providers and worked to facilitate patient transfers to post-acute settings, increasing inpatient bed capacity, and relaxed related prior authorization requirements
- Extended time frames for peer to peers to 90 days and allowed participation of physician advisors

- Extended existing prior authorizations for elective procedures to the end of the year or member benefit period (whichever is sooner), eliminating the need to resubmit the request
- Doubled the availability of care management team members available on the weekends to support providers and members
- Extended our weekday hours and accelerated proactive outreach to certain members at greatest risk for COVID-19 infection to address their social needs

We're also contributing to collaborative community grant funds to help local non-profits in their efforts to further support providers and members with essential needs.

Now more than ever, communication is critical. With this Special Edition of our *Blue Review*, we wanted to pull together some recent COVID-19-related communications, all in one place for your convenience. There's also a [COVID-19 Preparedness page](#) on our Provider website, if you'd like a quick overview of the latest updates. As a reminder, I encourage you to watch the [News and Updates](#) for additional announcements, which will be posted as soon as more information becomes available.

Derek J. Robinson, M.D., MBA, FACEP, CHCQM
Vice President and Chief Medical Officer, BCBSIL

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 Further Expands Telehealth to All In-Network Providers

BCBSIL launched an expanded telehealth program on March 11, 2020, in quick response to the COVID-19 crisis in order to provide greater access and remove potential barriers to medical services for our members during this time. On March 19, Illinois Governor J.B. Pritzker issued an [Executive Order](#) expanding telehealth services across the state as part of the continued effort to mitigate the COVID-19 crisis. In collaboration with these state efforts, BCBSIL has expanded in-network telehealth benefits for all state-regulated, fully-insured members for the duration of the Gubernatorial Disaster Proclamation.

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Credentialing Process Simplified for COVID-19

We are temporarily updating our credentialing policy and processes in response to the COVID-19 emergency. This complies with emergency state and federal regulations and is effective **April 3, 2020**. The temporary modifications are only in place during the COVID-19 emergency and subject to change based upon state and federal action. Otherwise, standard credentialing and processes will apply.

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Making It Easier to Access CT Chest Scans

BCBSIL is temporarily simplifying access to chest computed tomography (CT). As of March 2, 2020, providers that request prior authorization through eviCore healthcare (eviCore) for chest CT scans with a COVID-19 diagnosis will receive an approval without the need for clinical documentation. We are also temporarily waiving the need for members to notify us when they are scheduled to have a chest CT scan.

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BCBSIL is waiving member cost-sharing, including deductibles, copayments and coinsurance related to treatment for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies. The new policy applies to all fully-insured PPO, Blue Choice PPOSM and HMO members, as well as Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Medicare Advantage members. We will work with self-funded employer groups that decide to offer the same waivers.

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BCBSIL is Making It Easier to Transfer Members to Post-Acute Care

We're making it easier to transfer our members from acute-care facilities to in-network, medically necessary alternative post-acute facilities **through June 15, 2020** (previously April 30, 2020). We will no longer require a post-acute care facility to wait for prior authorization to transfer our members from an inpatient hospital to an in-network medically appropriate, post-acute site of care such as long-term acute care hospitals, skilled nursing facilities, rehabilitation facilities and in-patient hospice. The receiving facility must call and inform us of the transfer by the next business day. This will help promote availability of acute care capacity for COVID-19 patients during this Public Health Emergency. It also allows our members to continue to access medically necessary care. If the transfer is for a **behavioral health** facility, it **will** require prior authorization.

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Extending Prior Authorization on Previously-Approved Elective Surgeries, Procedures and Therapies

We're temporarily extending approvals on services with existing prior authorizations until **Dec. 31, 2020**. This applies to services that were originally approved or scheduled between Jan. 1, 2020, and April 1, 2020. The extension is for certain non-emergent, elective surgeries, procedures, therapies and home visits. A member may reschedule an approved procedure to a later date in 2020 without requiring a new prior authorization. This applies only to current members for a benefit that is covered under their plan at the time services are rendered.

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Pharmacy Changes During COVID-19 Pandemic

For members who have BCBSIL pharmacy benefits administered through Prime Therapeutics, BCBSIL will allow members to receive an early fill of their medication for the same quantity as the last prescription filled. All pharmacy safety measures, prior authorization reviews, as well as prescribing and dispensing laws, will remain.

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Alert: COVID-19 Updates for BCCHP Providers

BCBSIL recently expanded services to help provide greater access and remove potential barriers to medical services for our **Blue Cross Community Health Plans (BCCHP) members**, following guidance from the Illinois Department of Healthcare and Family Services (HFS) and Centers for Medicare & Medicaid Services (CMS) during this COVID-19 crisis. *It's important to be aware of telehealth, COVID-19 testing, pharmacy and, benefit preauthorization details that are specific to our BCCHP members.*

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Minority Health Month Spotlights Importance of Physical Activity for Overall Wellbeing

According to the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH), April is [National Minority Health Month](#). The 2020 theme is **Active & Healthy**. However, during this unprecedented time of social distancing and self-isolation efforts related to 2019 Novel Coronavirus (COVID-19), staying active may be harder – and more important – than ever.

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Additional Resources for Providers

Our response to COVID-19 continues to evolve as we work to best serve our members, customers and providers. Please refer our Provider website for more information and helpful resources, such as [answers to frequently asked questions \(FAQs\)](#) about COVID-19 we're hearing from the provider community.

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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

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Alert: Blue Cross and Blue Shield of Illinois Further Expands Telehealth to All In-Network Providers

Print

Posted March 28, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) launched an expanded telehealth program on March 11, 2020, in quick response to the COVID-19 crisis in order to provide greater access and remove potential barriers to medical services for our members during this time.

Members and providers have been sharing their stories of how these telehealth visits are making a positive difference during these unprecedented times.

We are committed to working with providers to inform and provide greater clarity around the expanded telehealth program during this crisis transition time through alerts, answers to frequently asked questions (FAQs) and our member benefit and eligibility call centers and systems.

On March 19, Illinois Governor J.B. Pritzker issued an [Executive Order](#) expanding telehealth services across the state as part of the continued effort to mitigate the COVID-19 crisis. In collaboration with these state efforts, BCBSIL has expanded in-network telehealth benefits for all state-regulated, fully-insured members for the duration of the Gubernatorial Disaster Proclamation. It is important to note that employer group telehealth benefits may differ by plan.

Effective March 19, 2020, BCBSIL began providing benefits to fully-insured members for health care services provided by in-network and out-of-network providers for all medically necessary covered services and treatments consistent with the terms of the member's benefit plan. Providers of telehealth may include, but are not necessarily limited to, physicians, physician assistants, APRNs, licensed behavioral health, applied behavioral analysis, physical therapy, occupational therapy, and speech therapy service providers, as well as nutritionists and dietitians. Any telehealth visit, whether in-network or out-of-network, for services related to COVID-19 will not be subject to benefit preauthorization requirements.

This telehealth delivery method for health care services is available to eligible fully-insured and employee plan participants in BCBSIL's PPO and Blue Choice PPOSM plans. Telehealth benefits for medically necessary services are also available to eligible HMO members from providers in their medical group who offer telehealth (benefit plan requirements still apply, e.g., PCP referral requirements). BCBSIL will reimburse providers for medically necessary services delivered via telehealth billed on claims with appropriate modifiers (95 and GT) in accordance with the member's benefits for covered services.

Telehealth claims for insured members submitted in accordance with appropriate coding guidelines, including appropriate modifiers, for in-network medically necessary health care services beginning March 19, 2020, will be covered without cost-sharing and will be reimbursed at parity with in-person office visits¹ for the duration of the Gubernatorial Disaster Proclamation. As a reminder, employer group telehealth benefits, and therefore cost-sharing may differ by plan.

BCBSIL will continue to follow the applicable guidelines of the Illinois Department of Healthcare and Family Services and Centers for Medicare & Medicaid Services as appropriate for Blue Cross Community Health PlansSM (BCCHPSM) (Medicaid Plans), Blue Cross Community MMAI Plans (Medicare-Medicaid Plan)SM and Blue Cross Medicare Advantage (PPO)SM members.

Furthermore, BCBSIL will continue to evaluate the current telehealth program and

make adjustments to best serve our members as the COVID-19 pandemic evolves.

Available telehealth visits with BCBSIL providers currently include 2-way, live interactive telephone communication and digital video consultations, and other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness. 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](#).²

Need specific member benefit and eligibility assistance?

As a reminder, it's critical to check eligibility and benefits for each member at every visit prior to rendering services. Providers may connect with a Customer Advocate to check eligibility and telehealth benefits via phone by calling our Provider Telecommunication Center (PTC) at 800-972-8088 or verify general coverage by submitting an electronic 270 transaction. This step will help providers determine coverage information, network status, benefit preauthorization/pre-notification requirements and other important details.

Please note that telemedicine is not yet a category offered currently in our automated Interactive Voice Response (IVR) phone system. For telehealth benefits, please call our PTC at 800-972-8088 to request Office Visit benefits and request to speak with an agent for telehealth-specific information.

Continue to watch the [News and Updates](#) section of the BCBSIL Provider website for more information.. For the most up-to-date information about COVID-19, visit the [Centers for Disease Control and Prevention](#) website.

¹ For telehealth providers who do not offer an "in-office" visit option, such as MDLIVE[®], reimbursement will continue to be at the same level as it was prior to the Governor's Executive Order.

² HIPAA-compliant remote technologies may not be required for telehealth services provided to fully-insured members consistent with the terms of the Governor's Executive Order.

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. If you have any questions, call the number on the member's ID card.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE[®] and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Virtual visits, powered by MDLIVE, and telehealth may not be available on all plans. Virtual visits and telehealth are subject to the terms and conditions of the member's benefit plan, including benefits, limitations, and exclusions.

MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. Other state law limitations and requirements may apply.

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Credentialing Process Simplified for COVID-19 [Print](#)

Posted April 8, 2020

Blue Cross and Blue Shield of Illinois is temporarily updating our credentialing policy and processes in response to the COVID-19 emergency. This complies with emergency state and federal regulations and is effective April 3, 2020. The temporary modifications are only in place during the COVID-19 emergency and subject to change based upon state and federal action. Otherwise, standard credentialing and processes will apply*.

What's Changing? We are simplifying the process of joining our network.

Subject to state actions on licensing and practice requirements, we will credential providers who meet the following conditions for the duration of the state-declared emergency or as specified by state requirements:

- ▶ We will accept practitioners who hold a full unrestricted license to practice, granted by any state, subject to the state's emergency provider licensure laws. We will accept temporary licenses.
- ▶ We will waive accreditation requirements, Centers for Medicare & Medicaid Services certification and site visits for institutional providers.
- ▶ We will accept expired documents if they have been inactive or expired for less than six-months and the provider is unable to obtain a current document from the issuer due to the COVID-19 emergency. Licenses, accreditations or certifications that have been revoked for cause will not be accepted.

Credentialing criteria and verification sources may change. Continue to watch the [News and Updates](#) section of the BCBSIL Provider website for more information.

*This does not apply to providers participating in Blue Cross Community Health PlansSM (BCHPSM) (Medicaid Plans) and Blue Cross Community MMAI Plans (Medicare-Medicaid Plan)SM.



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Making It Easier to Access CT Chest Scans

[Print](#)

Posted April 17, 2020

With the rapidly evolving COVID-19 public health crisis, Blue Cross and Blue Shield of Illinois (BCBSIL) is temporarily simplifying access to chest computed tomography (CT). This will allow our members to get access to the care they need for the duration of the public health emergency.

What's New

As of March 2, 2020, providers that request **prior authorization** through eviCore healthcare (eviCore) for chest CT scans with a COVID-19 diagnosis will receive an **approval** without the need for clinical documentation.

We are also **temporarily waiving** the need for members to notify us when they are scheduled to have a chest CT scan.

This applies to chest CT scans rendered from **March 2 to April 30, 2020**. We will evaluate the need to extend the temporary accommodation past April 30, 2020, closer to that date.

Impacted Members

This is for all our members with prior authorization delegated to eviCore. This applies to commercial fully-insured, self-funded group and retail members, as well as Blue Cross Medicare Advantage (PPO)SM, Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. *This does **not** apply to any BCBSIL members with an HMO benefit plan [HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, Blue FocusCareSM, BlueCare DirectSM, Blue Cross Medicare Advantage (HMO)SM].*

Requirements

The prior authorization requests with **Current Procedural Terminology (CPT[®]) codes 71250, 71260 or 71270** and the **associated diagnosis codes for COVID-19** will be approved without clinical documentation.

CPT codes for chest CT scan:

- ▶ 71250
- ▶ 71260
- ▶ 71270

Associated diagnosis codes:

- ▶ U07.1 (COVID-19 acute respiratory disease)
- ▶ 19Z03.818 (possible exposure to COVID-19)
- ▶ Z20.828 (actual exposure to COVID-19)

Please note that 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, contact 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. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

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BCBSIL Waives Member Cost-Sharing for COVID-19 Treatment

Print

Posted April 4, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) is waiving member cost-sharing, including deductibles, copayments and coinsurance related to **treatment** for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies.

Which members are included?

The new policy applies to all fully-insured PPO, Blue Choice PPOSM and HMO members, as well as Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM.and Medicare Advantage members. We will work with self-funded employer groups that decide to offer the same waivers.

How long will cost-sharing be waived?

The policy is effective for treatment received April 1, 2020, through May 31, 2020. We will reassess this policy as circumstances warrant.

How to Submit COVID-19 Treatment Claims

Submit your claims for COVID-19 treatment of confirmed cases of COVID-19 using **ICD-10 code U07.1**.

What else is BCBSIL doing in response to the COVID-19 pandemic?

Other changes announced by BCBSIL in the wake of the novel coronavirus pandemic include:

- ▶ Expanding access to [telehealth coverage](#)
- ▶ Waiving benefit preauthorization and members' cost-sharing for **testing** to diagnose COVID-19
- ▶ Lifting restrictions on early **prescription** fills
- ▶ Lifting cost-sharing for in-network, medically necessary services delivered via **telemedicine**
- ▶ Launching a dedicated COVID-19 [website](#) so members can easily access information and resources around COVID-19
- ▶ Opening a **special-enrollment period** for fully insured commercial group account customers

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Update: BCBSIL is Making it Easier to Transfer Members to Post-Acute Care [Print](#)

Posted April 6, 2020 (Updated April 23, 2020)

This accommodation has been extended from April 30, 2020, to June 15, 2020.

Blue Cross and Blue Shield of Illinois (BCBSIL) is making it easier to transfer our members from acute-care facilities to in-network, medically necessary alternative post-acute facilities **until June 15, 2020** (previously April 30, 2020).

We will no longer require a post-acute care facility to wait for prior authorization to transfer our members from an inpatient hospital to an in-network medically appropriate, post-acute site of care such as long-term acute care hospitals, skilled nursing facilities, rehabilitation facilities and in-patient hospice. The receiving facility must call and inform us of the transfer by the next business day.

This will help promote availability of acute care capacity for COVID-19 patients during this Public Health Emergency. It also allows our members to continue to access medically necessary care.

If the transfer is for a **behavioral health** facility, it **will** require prior authorization.

Which members will benefit?

This applies to the following PPO and Blue Choice PPOSM members:

- ▶ Fully-insured
- ▶ Self-funded group
- ▶ Retail
- ▶ Medicare Advantage
- ▶ Medicaid (subject to approval by local regulators)

It does **not** apply to HMO or Federal Employee Program[®] (FEP[®]) members at this time.

How to Transfer a Member

You can move members who are medically stable for transfer to the safest, most appropriate in-network place of care. You do not need our approval for transfer to any post-acute care facility that is:

- ▶ In-network consistent with the member's plan (e.g. a PPO member could be transferred to an in-network PPO facility)
- ▶ Medically appropriate for the member and medically necessary
- ▶ Available and accepting transferred members

The receiving facility should notify us the following business day. Once our member is transferred, our standard utilization management processes will apply as described in more detail below.

Standard Utilization Management Process

After the post-acute care facility notifies us, our utilization management care manager will **not** review the admission for medical necessity. They **will** work with the post-acute care facility to:

- ▶ Approve the admission without records for seven days
- ▶ Manage the ongoing stay for concurrent review
- ▶ Work with the facility for discharge planning

Post-acute care facilities must notify us of the admission, but they do not have to send records or wait for authorization before admitting our members.

How long is this process in effect?

The utilization management process modification will be in effect through **June 15, 2020** (previously April 30, 2020). We will then determine if it needs to be extended to best serve our members.

Important Reminders

- ▶ State and federal laws and regulatory requirements will supersede these guidelines.
- ▶ We maintain the right to retrospectively review health care services submitted for claims payment for accuracy and appropriateness.
- ▶ This change to member prior authorization requirements is subject to in-network facility access.



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Extending Prior Authorization on Previously-Approved Elective Surgeries, Procedures and Therapies

Print

Posted April 6, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) is temporarily extending approvals on services with existing prior authorizations until Dec. 31, 2020. This applies to services that were originally approved or scheduled between Jan. 1, 2020 and April 1, 2020. The extension is for certain non-emergent, elective surgeries, procedures, therapies and home visits.

A member may reschedule an approved procedure to a later date in 2020 without requiring a new prior authorization. This applies only to current members for a benefit that is covered under their plan at the time services are rendered. Check member eligibility and benefits through Availity® or your preferred vendor web portal prior to the scheduled procedure. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts.

Details

- BCBSIL will honor all prior authorizations on non-emergent surgeries, procedures, therapies and home visits approved or scheduled between Jan. 1, 2020 and April 1, 2020.
- These prior authorizations are approved through December 31, 2020, so approved procedures can be rescheduled any time before Dec. 31, 2020.
- Therapy sessions and home visits authorized for a specific number of occurrences between Jan. 1, 2020 and April 1, 2020 will have the same number of occurrences available through Dec. 31, 2020.
- These rules apply to current members for a benefit that is currently covered under their plan.

Is this for all members?

This extension applies to all group, fully-insured, retail, self-funded (PPO and Blue Choice PPOSM), and Medicare Advantage members. It does **not** apply to HMO members.

BCBSIL will continue to follow guidance from the Illinois Department of Healthcare and Family Services (HFS) and Centers for Medicare & Medicaid Services (CMS) with regard to benefit prior authorizations for Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM plans.

Excluded Prior Authorizations

Prior authorizations for specialty medications are not extended. Providers must submit a new request for specialty medications.

How are prior authorizations extended?

Prior authorizations are automatically extended. Providers do not need to do anything additional.

Additional Services or Sessions

For additional services or sessions, providers must submit a new prior authorization request.

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

number on the member's ID card.

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BLUE REVIEWSM SPECIAL EDITION:

COVID-19 (APRIL 2020)

April 2020

Pharmacy Changes During COVID-19 Pandemic

For members who have BCBSIL pharmacy benefits administered through Prime Therapeutics, BCBSIL will allow members to receive an early fill of their medication for the same quantity as the last prescription filled. All pharmacy practice safety measures, prior authorization reviews, as well as prescribing and dispensing laws, will remain.

- Members can contact their pharmacy directly to ask for an early fill and any delivery options.
- Pharmacists have approval to provide an early fill on most medications.
- Members can also use their 90-day supply benefits for [covered non-specialty medications](#) at select retail pharmacies or [home delivery \(mail order\)](#). Log in to [Prime Therapeutics](#) or call the number on the member's BCBSIL member ID card.

We're also prepared for medication shortages or access issues. Patients will not be responsible for additional charges that may stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues. Members can contact the number on their BCBSIL member ID card to inquire about their pharmacy benefits or if they need help with other benefit questions.

BCBSIL contracts with Prime Therapeutics (Prime) to provide pharmacy benefit management and other related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime.

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Alert: COVID-19 Updates for BCCHP Providers



Posted April 2, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) [recently announced expanded services](#) to help provide greater access and remove potential barriers to medical services for participants in BCBSIL's PPO, Blue Choice PPOSM and HMO plans during the COVID-19 crisis.

We also wanted to provide an update on expanded services for our **Blue Cross Community Health PlansSM (BCCHPSM) members, following guidance from the Illinois Department of Healthcare and Family Services (HFS) and Centers for Medicare & Medicaid Services (CMS) during this COVID-19 crisis.**

Telehealth for BCCHP Members:

Effective March 9, 2020, BCBSIL is covering **telehealth, virtual check-ins** and **portal visits** by qualifying Medicaid providers for BCCHP members. These services do not require benefit preauthorization, co-pays or deductibles.

- ▶ Providers are encouraged to review the billing guidelines and provider qualification requirements posted on the [HFS website](#).
- ▶ **Telehealth** visits are appointments with a qualifying medical professional that are conducted virtually through telephone or video conferencing, or other methods allowed by state and federal law, that typically last for 30 minutes to 1 hour.
- ▶ **Virtual check-ins** are brief 5 to 10 minute discussions with a qualifying medical professional who has an established relationship with the patient.
- ▶ **Portal visits** may be conducted through a provider's patient portal or secure chat messaging with a qualifying medical professional who has an established relationship with the patient.

COVID-19 Testing for BCCHP Members:

- ▶ BCBSIL is covering COVID-19 testing for all BCCHP members. We are reimbursing for codes U0001 and U0002 and 87635 retroactive to Feb. 4, 2020, at the rates published by [HFS](#).

Pharmacy for BCCHP Members:

BCBSIL has put the following measures in place to ensure access to medications for BCCHP members:

- ▶ Allowing early refill overrides. Pharmacists should use clinical judgement to determine when it is appropriate to override the claim.
- ▶ Non-preferred products may become preferred if shortages of preferred agents occur.
- ▶ The edit requiring prescribing practitioners to be enrolled Medicaid providers has been temporarily turned off and will be reinstated after the COVID-19 pandemic has ended.
- ▶ All authorizations for maintenance medications will be appropriately extended.

Benefit Preauthorizations for BCCHP Members:

We have implemented benefit preauthorization flexibilities during the COVID-19

public health emergency and we are committed to working with our providers to facilitate removal of barriers to care for our members:

- ▶ Benefit preauthorizations are not required for medically necessary services and treatment related to COVID-19.
- ▶ Benefit preauthorizations for BCCHP members are being relaxed for certain non-elective care, but we will not cover any services that are not medically necessary and may be determining medical necessity post-service.
- ▶ We are requesting notification of all inpatient admissions so that we can monitor the status of our members and coordinate post-discharge care.
- ▶ Benefit preauthorizations are still in place for elective treatments and procedures.
- ▶ Benefit preauthorizations that were obtained with an expiration date will be extended beyond the expiration date for any services that have been rescheduled so that providers do not need to get new authorizations.
- ▶ Benefit preauthorization is not a guarantee of payment.

Please note that this information does not apply to Blue Cross Community MMAI Plans (Medicare-Medicaid Plan)SM and Blue Cross Medicare Advantage (PPO)SM members. BCBSIL will continue to publish updated information in the [News and Updates](#) section of the BCBSIL Provider website.

Furthermore, BCBSIL will continue to evaluate the current telehealth program and make adjustments to best serve our members as the COVID-19 pandemic evolves.

Need specific member benefit and eligibility assistance?

As a reminder, it's critical to check eligibility and benefits for each member at every visit prior to rendering services. Providers may connect with a Customer Advocate to check eligibility and benefits via phone by calling our Customer Service Center at 877-860-2837 or verify general coverage by submitting an electronic 270 transaction. This step will help providers determine eligibility and other important details.

Continue to watch the [News and Updates](#) section of the BCBSIL Provider website for more information. For the most up-to-date information about COVID-19, visit the [Centers for Disease Control and Prevention](#) website.

This material is for informational and educational purposes only. It is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. This material 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. Prior authorization for health care services is not a guarantee of payment.

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. If you have any questions, call the number on the member's ID card.

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Minority Health Month Spotlights Importance of Physical Activity for Overall Wellbeing

According to the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH), April is [National Minority Health Month](#). The 2020 theme is **Active & Healthy**. As noted on the OMH website, “Simple changes to one’s daily routine can transform lives and reduce the risk of chronic diseases and other conditions that often are more common or severe among racial and ethnic minority groups.”¹ However, during this unprecedented time of social distancing and self-isolation efforts related to 2019 Novel Coronavirus (COVID-19), staying active may be harder – and more important – than ever.

In many Illinois communities, access to local facilities that offer healthy lifestyle activities may be limited. Therefore, individuals may feel distanced from the importance of exercise and how to exercise effectively. The idea of exercising at home may seem daunting amidst other concerns, such as caring for children who are home from school or helping family members with limited mobility.

The Centers for Disease Control and Prevention (CDC) states that the COVID-19 may be stressful for people and communities.² Stress during an infectious disease outbreak may include:

- Fear and worry about your own health and the health of your loved ones;
- Changes in sleep or eating patterns;
- Difficulty sleeping or concentrating;
- Worsening of chronic health problems; and/or
- Increased use of alcohol, tobacco, or other drugs³

Discussing the connection between physical and emotional health may be especially important for some of your patients in minority communities. While you may have limited contact with patients at this time, we wanted to point to some resources that may be helpful in the weeks to come.

The HHS [Physical Activity Guidelines for Americans \(2nd edition\)](#) includes “information that helps Americans make healthy choices for themselves and their families, and discusses evidence-based, community-level interventions that can make being physically active the easy choice in all the places where people live, learn, work, and play.”⁴ This resource offers exercise guidelines for individuals at various stages, from preschool-aged children through older adults, as well as

pregnant/postpartum women and adults with chronic health conditions.

To help encourage people to stick with the recommendations from the Physical Activity Guidelines for Americans in action, the HHS Office of Disease Prevention and Health Promotion (ODPHP) has a [Move Your Way](#) site that offers videos, posters and other easy-to-use resources. There's a fact sheet to help you [Talk to Your Patients About Physical Activity](#). The site also offers materials for your patients and their families, such as a [fact sheet for kids](#). And there are helpful reminders for adults, too, written in plain language, like: "Physical activity can make daily life better. So get more active — and start feeling better right away!"

- Boost your mood
- Sharpen your focus
- Reduce your stress
- Improve your sleep."⁵

Blue Cross and Blue Shield of Illinois (BCBSIL) is acknowledging Minority Health Month too. We encourage our members to visit us online for convenient, secure, complementary resources such as [Well onTarget®](#). This online program offers digital self-management programs, health and wellness articles, an online health assessment, interactive tools and trackers, and more. Behavioral health programs also are offered. If members have questions, they can call the number on their BCBSIL ID card for help finding available resources.

For the health and safety of the community, in accordance with COVID-19 precautionary measures, our [Blue Door Neighborhood CenterSM](#) in Chicago's Pullman community is currently closed for in-person visits, but is tentatively scheduled to reopen in accordance with Illinois' shelter in place guidance. To help community members continue to stay active at home, we added online fitness classes such as yoga and Zumba. We also added health and wellness webinars to focus on topics such as nutrition, mindful breathing and other tools they can use in their homes to cope with the stress of COVID-19. The Center welcomes members and non-members to attend [free wellness classes, workshops and special activities](#) aimed at helping them identify and reach their health goals. If you have patients who may be interested in checking out what the Center has to offer, feel free to refer them to the [Blue Door Neighborhood Center website](#) for more information.

Thank you for directing your patients to available resources to help them get active and stay healthy. By taking a few small steps toward staying active every day, your patients may end up making big changes in how they feel, physically and emotionally.

¹ HHS OMH, National Minority Health Month, OMH Announces Theme for National Minority Health Month 2020. Accessed March 17, 2020, at https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.

² CDC, Taking Care of Your Emotional Health, September 2019, <https://emergency.cdc.gov/coping/selfcare.asp>.

³ CDC, Coronavirus Disease 2019 (COVID-19), Daily Life & Coping, Stress and Coping. Accessed April 1, 2020, at https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html.

⁴ HHS. *Physical Activity Guidelines for Americans, 2nd edition*. Washington, DC: 2018. Accessed March 17, 2020, at <https://health.gov/our-work/physical-activity/current-guidelines>.

⁵ HHS ODPHP. Move Your Way Campaign. Last updated: Feb. 2, 2020. Accessed March 17, 2020, at <https://health.gov/our-work/physical-activity/move-your-way-campaign>.

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Additional Resources for Providers

Our response to COVID-19 continues to evolve as we work to best serve our members, customers and providers. Listed below are links to resources you'll find on our Provider website, such as answers to frequently asked questions (FAQs) about COVID-19 we're hearing from you. Also listed are links to Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) resources.

BCBSIL Provider Website

- [COVID-19 Preparedness page](#)
- [COVID-19: BCBSIL Answers to Provider FAQs](#)
- [News and Updates](#)
- [Blue Review](#)

BCBSIL Announcements

- [Newsroom](#)

CDC

- General: <https://www.cdc.gov/nCoV>
- Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- Information for Laboratories: <https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html>
- Laboratory Biosafety: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html>
- Isolation Precautions in Healthcare Settings: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html#a4>
- Specimen Collection: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

FDA

- General: <https://www.fda.gov/novelcoronavirus>
- Emergency Use Authorizations (EUAs): <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

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