

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2021

■ CMO Perspective

Vaccine Confidence: Removing Barriers to Getting Shots in Arms Across Illinois

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, recaps key points from our recent Blue UniversitySM webinars for providers: **What is Vaccine Confidence?** and **Implementation Science: A Discussion on Vaccine Process Improvement.**

[Read More](#)

■ What's New

Prevention is Still Important During the COVID-19 Pandemic

Have your patients put off their office visits during the COVID-19 pandemic? Their wellness can't wait. Download the Wellness Can't Wait Provider Toolkit for resources you can use to help engage your patients today.

[Read More](#)

■ Focus on Behavioral Health

Help Screen for Clinical Depression

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Help Visually Impaired Patients Who May Have Depression

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[Read More](#)

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As of **March 2021**, we've updated our ABA request forms to streamline data required for review of services for **commercial non-HMO** members.

[Read More](#)

■ Claims and Coding

Documentation and Coding Series: Major Depressive Disorder

Our Coding Compliance department has identified resources to help providers accurately code and document patient conditions.

[Read More](#)

Updated Process for Urine Drug Testing (UDT) Claims for Illinois Medicaid Members

Blue Cross and Blue Shield of Illinois (BCBSIL) will soon begin sending letters to providers who submit UDT claims for our Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members without providing the necessary supporting documentation.

[Read More](#)

■ Pharmacy Program

HFS IMPACT File Discrepancies Causing Claim Rejections: Issue Resolved

Effective **May 10, 2021**, the pharmacy override process to bypass the "Prescriber not enrolled in IMPACT" message will no longer be active for providers rendering services to BCCHP members.

[Read More](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021

– 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 **April 1, 2021**, are outlined [here](#).

■ Clinical Updates, Resources and Reminders

Fighting Fraud, Waste and Abuse: Ketamine Infusion Therapy

The BCBSIL Special Investigations Department (SID) has become aware of several cases involving experimental, investigational and/or unproven intravenous ketamine infusions to treat chronic pain and psychiatric disorders.

[Read More](#)

■ Electronic Options

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 prior authorization required for a particular member/service?

[Read More](#)

■ Provider Education

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](#)

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

[Read More](#)

■ Wellness and Member Education

We Need You in June at the Blue Door Neighborhood CenterSM (BDNCSM)

We're excited about summer, warm temperatures and the outdoor events we have lined up in June to celebrate Men's Health Month and Pride Month at our three BDNC locations in the Pullman, Morgan Park and South Lawndale communities.

[Read More](#)

■ Quality Improvement and Reporting

Provider Satisfaction Survey 2021

Our annual Provider Satisfaction Survey measures your satisfaction with BCBSIL and identifies areas where we can improve. SPH Analytics (SPH) will administer this year's survey between **May and August**. SPH will contact you if you're on the list of randomly selected survey recipients.

[Read More](#)

Cervical Cancer Screening May Save a Life

To support quality care, we're providing information to providers and members to encourage discussions on health topics.

[Read More](#)

Caring for the Colon

Colorectal cancer is the third most common cancer in the U.S., and the third leading cause of cancer-related deaths.

[Read More](#)

Member Experience Surveys (CAHPS[®] and EES): We All Play a Role

Every year, some BCBSIL members receive the **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey or the **Enrollee Experience Survey (EES)**. Both of these surveys collect information about our members' health care experiences.

[Read More](#)

■ Notification and Disclosure

Important Dates and Reminders

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

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](#)

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

[Read More](#)



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](#).

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Vaccine Confidence: Removing Barriers to Getting Shots in Arms Across Illinois

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

In March and April, our free Blue UniversitySM events for providers included two webinars hosted by Dr. Suzanne R. White, M.D., MBA, FACEP, FACMT, a Regional Medical Director employed by Merck & Co. These webinars focused on the following topics: **What is Vaccine Confidence?** and **Implementation Science: A Discussion on Vaccine Process Improvement.**

Dr. White presented a wealth of information, with special emphasis on vaccine hesitancy. What's preventing parents from obtaining recommended childhood vaccinations, what's preventing individuals in general from getting the COVID-19 vaccine, and what can providers do to help address patient concerns?

As discussed during the webinars, common barriers affecting vaccination decisions may include lack of awareness or questions around safety and efficacy. Additional barriers for some individuals, such as the Medicaid population, may include issues with access to care.

The [Centers for Disease Control and Prevention \(CDC\) website](#) and other resources are available to help educate your patients on vaccine recommendations and related information. However, as Dr. White noted, **the most trusted source of vaccine information for many patients is typically their own doctor.** So, what can you do to help turn vaccine hesitancy into vaccine confidence?

Dr. White offered some ways to accentuate the positive, like talking about vaccines at every appointment and asking open-ended questions, like "Why is prevention important to you?" She also suggested switching from a "participatory" ("Are we doing some shots today?") to a "presumptive" ("We have some shots to do today!") approach. For patients who remain hesitant, Dr. White emphasized validating the patient's concerns ("You've done a lot of thinking about this...") and then actively listening and summarizing points the patient raised. In this way, the physician and patient can work together toward "change talk" – shifting away from negative perceptions to begin considering vaccines as a safe and sensible option.

Vaccination efforts have achieved uneven success across communities, with some subpopulations lagging behind. Some

members may face barriers in getting to the doctor in the first place, such as lack of transportation, childcare, time off from work or health care coverage concerns. Dr. White offered these suggestions:

- Reach out using whatever information is available to identify individuals who may have vaccines due (electronic health records, immunization registries, health plan data, etc.);
- Encourage patients to make appointments for annual wellness visits;
- Remember that every visit is a wellness/vaccination opportunity: If patients come in for an acute problem, check history and promote necessary vaccinations;
- Also take the opportunity to ask about other family members;
- If administering vaccines that are part of a series, make sure to schedule any follow-ups immediately, before the patient leaves the office; and
- Recommend other vaccine locations that may be more convenient for the patient.

BCBSIL is working to help improve vaccine awareness, confidence and accessibility too, especially among underserved neighborhoods hit hardest during the pandemic. For example, we've teamed up with an existing community resource – a Federally Qualified Health Center (FQHC) – to increase access to COVID-19 vaccines at two of our [Blue Door Neighborhood CenterSM](#) (BDNCSM) locations. The FQHC is scheduling and administering the vaccine on weekends to their patients who reside in our BDNC communities in Chicago's South Lawndale and Morgan Park neighborhoods. These additional COVID-19 vaccination sites give eligible patients in-neighborhood options to make appointments, receive vaccines and learn about other health education and wellness resources.

What ideas do you have to help promote vaccine confidence? What challenges have you faced, especially regarding the Medicaid population? Please feel free to [email us](#) to keep the discussion going on this important topic. Also watch our [News and Updates](#) for information on upcoming Blue University events.

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

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Prevention is Still Important During the COVID-19 Pandemic

WELLNESS CAN'T WAIT

Have your patients put off their office visits during the COVID-19 pandemic? Their wellness can't wait. Now is the time to encourage your patients to get caught up on their health – including needed vaccinations.

[Download the Wellness Can't Wait Provider Toolkit](#) for resources you can use to help engage your patients today.

In this toolkit you'll find:

- Pre-written email, text and letter templates to begin your patient outreach
- Telehealth tips to share with your patients
- Best practices

Other Resources for Your Patients

We also encourage you to direct your patients to the [Connect Community](#) page for more resources.

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Help Screen for Clinical Depression

Although many patients may show up at their provider's office with physical symptoms consistent with depression such as pain, poor sleep or poor appetite, the diagnosis of depression may go unrecognized. Providers may not have the tools, or the time needed to screen or treat such patients. Blue Cross and Blue Shield of Illinois (BCBSIL) understands these challenges and wants to help.

Did you know?

- Major Depressive Disorder (MDD) remains a treatable cause of pain, suffering, disability and death¹
- Many depressed patients go to their primary care physicians (PCP) instead of psychiatrists, and several studies have found that PCPs underdiagnose and undertreat depression²
- Although PCPs are able to accurately diagnose depression when symptoms are recognized, data suggest that depression goes undetected about half the time it's present, with some estimates of recognition as low as 36.4%³

Who should be screened?

- All members who are 18 years of age and older without a current diagnosis of depression, bipolar disorder or other mood symptoms from a qualified physician or behavioral health clinician

Who shouldn't be screened?

- Patients who have had an annual depression screening or refuse to participate
- Patients who are in an urgent or emergent situation where a delay in treatment may jeopardize the patient's health status
- Patients whose functional capacity or motivation to improve may impact the accuracy of results (e.g., certain court-appointed cases or cases of delirium)
- Patients who currently have a confirmed depression or bipolar disorder diagnosis from a qualified physician or behavioral health clinician

Screening Tool and Tips

- Ask patients to complete a depression screener in your office, such as the [nine-question patient health questionnaire \(PHQ-9\)](#) available in [multiple languages](#).

Report results for informational purposes only (not reimbursement) using procedure code G8431 (positive screen with plan) or G8510 (negative screen) from the [Centers for Medicare & Medicaid Services Adult Core Set](#) in conjunction with standard outpatient procedure code(s) for the visit.

- If there's a positive screen, include one or more of these next steps in the follow-up plan:
 - Additional evaluation for depression
 - Suicide risk assessment
 - Referral to a practitioner qualified to diagnose and treat depression
 - Pharmacological interventions
 - Other interventions or follow-up for the diagnosis or treatment of depression

Questions? Contact the BCBSIL [Behavioral Health Quality Improvement](#) team.

¹NIH, National Library of Medicine, Is this patient clinically depressed? March 2002. <https://pubmed.ncbi.nlm.nih.gov/11879114/>

²NIH, National Library of Medicine, The Role of Algorithms in the Detection and Treatment of Depression in Primary Care, 2003. <https://pubmed.ncbi.nlm.nih.gov/12625795/>

³Psychiatry Services, National Rates and Patterns of Depression Screening in Primary Care: Results From 2012 and 2013, July 2017. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201600096>

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Help Visually Impaired Patients Who May Have Depression

In our annual Blue Review readership survey, some readers asked for more articles on specialty areas. In response, we've created a series of articles on vision impairment. Do you have suggestions for other topics? [Email us!](#)

Individuals with low vision or blindness may rely on their personal networks of family members, friends and others to navigate daily life. However, many have lost some of their support system due to quarantining, social distancing and in-person help being suspended due to COVID-19, leaving them alone to try and keep informed and stay in touch with others, which may lead to isolation and depression.

Even without a pandemic, the complete loss or the deterioration of eyesight can feel frightening and overwhelming. Individuals may wonder about their ability to maintain their independence, pay for needed medical care, retain employment, and provide for themselves and their families. Vision loss can affect one's quality of life, independence and mobility, and it's been linked to falls, injury and depression.¹

Patients with visual impairment often say there are three things they need: **practical help, connection to experts and social interaction**. Knowing what resources are available and getting help may lessen anxiety, stress and frustration.

Have you heard about Hadley?

Hadley, a 501(c)(3) non-profit organization – and the nation's largest provider of free distance and online learning for adults with vision loss – has seen an increase in demand in enrollment for workshops, podcasts and discussion groups. These educational resources are designed to help keep the visually impaired connected to expert help and to one another, especially during the pandemic. There are new learning modules for those with vision loss, like how to use Zoom and access special low vision features on their cell phones, smart devices and computers.

Following months of development, guided directly by input from individuals with low vision, blindness and other vision impairments, Hadley has overhauled its [online educational interface](#). Personalized settings, including a wide selection of how-to video and audio workshops, live support from experts and timely discussion groups on a variety of everyday topics are just a few of the components that make [Hadley](#) a useful tool for visually impaired adults.

How You Can Help

- If you're a primary care physician (PCP), use the [Depression Screening](#) checklist especially with your visually impaired patients to help identify depression and help find resources.
- If you're a behavioral health specialist, share results with your patient's PCP to help coordinate care.
- Make sure [Hadley](#) is on your patient's resource list.

What We're Doing

Blue Cross and Blue Shield of Illinois (BCBSIL) also supports our members with ways to connect and take charge of their physical and mental health and wellness. Especially for vision impaired members who may have become isolated during the pandemic, it's important they know that help is just a phone call away. Many members can reach out to a health care advocate that can connect them to available in-person or telehealth resources for their specific needs and help them find ways to access programs to stay active. See the [Behavioral Health Program](#) page on our website for more information.

¹National Institute of Health, Making Eye Health a Population Health Imperative, 2016. <https://www.ncbi.nlm.nih.gov/books/NBK402367/>

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We've Streamlined Data Required for Review of Commercial Applied Behavior Analysis (ABA) Requests

As of **March 2021**, we've updated our ABA request forms to help streamline data required for review of services for **commercial non-HMO** members. The updated documents are available on our [Forms page](#), in the **Behavioral Health (Commercial)** category.*

To request services:

- Download, complete and print out the appropriate form ([Initial Assessment Request](#) or [Clinical Service Request](#) for initial and concurrent treatment requests).
- Be sure to include the contact information and signature of the **rendering Qualified Healthcare Provider (QHP)** who is providing treatment.
- Fax the completed form to us at 877-361-7656 **at least two weeks before the requested start date**.

This form must be received within 30 days of the start date of your assessment with the member. After that date, claims should be submitted through your normal process and you will receive instructions on how to proceed.

Questions? Call our Behavioral Health Unit at 800-851-7498.

**This article doesn't pertain to ABA service requests for our HMO members.*

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Documentation and Coding Series: Major Depressive Disorder

In our annual Blue Review readership survey, many of you asked for more articles on coding. In response, our Coding Compliance department has identified resources to help providers accurately code and document patient conditions. Additional articles in the series will run throughout the year. Let us know what you think. [Email us!](#)

Depression is the most common behavioral health disorder. It carries a high cost in terms of relationship problems, family suffering and lost work productivity, according to the [American Psychiatry Association](#). Accurately and completely documenting and coding Major Depressive Disorder (MDD) can **help our members access needed resources**. Below is information from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Coding for MDD

When coding and documenting for MDD, **it's critical to capture the episode and severity** with the most accurate diagnosis codes.

Documentation should include:

- **Episode** – single or recurrent
- **Severity** – mild, moderate, severe without psychotic features or severe with psychotic features
- **Clinical status of the current episode** – in partial or full remission

The fourth and fifth characters in the ICD-10-CM codes capture the severity and clinical status of the episode.

F32.9 MDD, single episode, unspecified, is equivalent to Depression Not Otherwise Specified (NOS), Depressive Disorder NOS and Major Depression NOS. This code should rarely be used and only when nothing else, such as the severity or episode, is known about the disorder.

Sample ICD-10-CM Codes for Single MDD Episode

F32.0	Single episode, mild
F32.1	Single episode, moderate
F32.2	Single episode, severe without psychotic features
F32.3	Single episode, severe with psychotic feature
F32.4	Single episode, in partial remission
F32.5	Single episode, in full remission
F32.8x	Other depressive disorders
F32.9	Single episode, unspecified

Best Practices

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document all information legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document each diagnosis as having been monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventive exam as an opportunity to capture conditions impacting member care.
- Consider including [Social Determinants of Health \(SDoH\) ICD-10 Z codes](#) on the claims to better track and address the social needs of our members.

Sample ICD-10-CM Codes for Recurrent MDD Episodes	
F33.0	Recurrent, mild
F33.1	Recurrent, moderate
F33.2	Recurrent, severe without psychotic features
F33.3	Recurrent, severe with psychotic symptoms
F33.4x	Recurrent, in remission
F33.8	Other recurrent depressive disorders
F33.9	Recurrent, unspecified

For more details, see the [ICD-10-CM Official Guidelines for Coding and Reporting](#), Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99).

The material presented here 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 and coding guidelines and reference materials. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. 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.

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Updated Process for Urine Drug Testing (UDT) Claims for Illinois Medicaid Members

This notice applies only to providers who submit claims for services rendered to our Blue Cross Community Health PlansSM (BCCHPSM) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members.

Blue Cross and Blue Shield of Illinois (BCBSIL) will soon begin sending letters to providers who submit UDT claims for our BCCHP and MMAI members without providing the necessary supporting documentation. Documentation requirements for UDT claims are outlined in the following [BCBSIL Medical Policy: MED207.154, Drug Testing in Pain Management and Substance Use Disorder Monitoring](#).

Process for Claims Resubmission

If you submit a UDT claim without adequate documentation, the claim will be denied and you'll receive a letter from BCBSIL, as noted above. You must resubmit the denied claim as a **corrected claim** (electronic or paper) along with the patient's medical records to determine benefits for UDT and complete claim processing.

Your letter from BCBSIL will include details (patient information, claim number, date of service) and instructions for resubmitting the corrected claim. Include this letter when faxing or mailing the supporting documentation for your corrected claim.

For more information on submitting [Electronic Replacement/Corrected Claims](#), refer to the Related Resources on the [Claim Submission page](#). If you have any questions, call 877-860-2837 for BCCHP members or 877-723-7702 for MMAI members; or email your [Provider Network Consultant \(PNC\)](#).

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HFS IMPACT File Discrepancies Causing Claim Rejections: Issue Resolved

As mentioned in an October [News and Updates](#) notice, Blue Cross and Blue Shield of Illinois (BCBSIL) became aware of some data discrepancies last fall with the Illinois Department of Healthcare and Family Services (HFS) Illinois Medicaid Program Advanced Cloud Technology (IMPACT) file we receive from HFS. These discrepancies may have caused a provider to be depicted as inactive on the HFS IMPACT file in error. **This issue has been resolved.**

Effective May 10, 2021, the pharmacy override process to bypass the “Prescriber not enrolled in IMPACT” message will no longer be active for providers rendering services to Blue Cross Community Health PlansSM (BCCHPSM) members.

As directed by HFS, our system will reject claims if a provider is listed as inactive for any reason on the HFS IMPACT file. Please validate and confirm the accuracy of your data on the HFS IMPACT portal, including effective dates and other data elements, prior to filing a claim.

Feel free to contact our Customer Service at 877-860-2837 or your assigned BCBSIL Medicaid [Provider Network Consultant](#) with any questions.

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Fighting Fraud, Waste and Abuse: Ketamine Infusion Therapy

The Blue Cross and Blue Shield of Illinois (BCBSIL) Special Investigations Department (SID) has become aware of several cases involving experimental, investigational, and/or unproven intravenous ketamine infusions to treat chronic pain and psychiatric disorders.

The BCBSIL medical policy for intravenous anesthetics for the treatment of pain and psychiatric disorders (SUR702.016) provides specific guidelines surrounding the intravenous infusion of anesthetics (e.g., ketamine or lidocaine) for the treatment of chronic pain and psychiatric disorders. BCBSIL independently contracted providers are encouraged to review this information to help ensure they are submitting claims that are in alignment with the policy.

If you are aware of an instance of potential fraud, we encourage you to [file a report online](#) or call BCBSIL at 877-272-9741 to make a report. All online reports and calls are confidential, and you may remain anonymous.

To view the medical policy for intravenous anesthetics for the treatment of pain and psychiatric disorders, and access the most up-to-date BCBSIL Medical Policy information, refer to the [Medical Policy](#) section of our Provider website. **Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the [BCBSIL Provider Manual](#).**

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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 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 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.

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 their health care provider.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2021

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:

Availity[®] Authorizations Tool

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 Authorizations tool.

[May 5, 2021](#)
[May 12, 2021](#)
[May 19, 2021](#)
[May 26, 2021](#)

11 a.m. to noon

Availity Claim Status

We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.

[May 6, 2021](#)
[May 13, 2021](#)
[May 20, 2021](#)
[May 27, 2021](#)

11 to 11:30 a.m.

Availity Remittance Viewer and Reporting On-Demand

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.

[May 20, 2021](#)

1 to 2 p.m.

<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>May 4, 2021 May 11, 2021 May 18, 2021 May 25, 2021</p>	<p>11 a.m. to noon</p>
<p>BCCHPSM and MMAI Required Provider Training Webinars <i>If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).</i></p>	<p>May 19, 2021</p>	<p>1 to 3 p.m.</p>
<p>Medicaid HEDIS[®] 102 Training <i>This training is designed for contracted providers working with new BCCHP and MMAI members. We’ll review Healthcare Effectiveness Data and Information Set (HEDIS) measure updates, discuss strategies to sharpen your knowledge of HEDIS measures, and cover the measure year (MY) 2020 and MY 2021 HEDIS technical specifications and general guidelines.</i></p>	<p>May 5, 2021 May 13, 2021 May 19, 2021 May 27, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Monthly Provider Hot Topics Webinar <i>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</i></p>	<p>May 12, 2021</p>	<p>10 to 11 a.m.</p>
<p>Orientation Webinars for New BCCHP and MMAI Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.</i></p>	<p>May 11, 2021 May 18, 2021 May 25, 2021</p>	<p>10 to 11 a.m. 1 to 2 p.m. 10 to 11 a.m.</p>
<p>Provider Onboarding Form Training <i>These sessions will help you effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, adding a provider to a group, and how to submit demographic changes.</i></p>	<p>May 26, 2021</p>	<p>10 to 11 a.m.</p>

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.

Association

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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

Is your online information accurate? Check your information in [Provider Finder](#). If changes are needed, please let us know as soon as possible. An overview of types of changes and how to request them is below.

2021 Provider Onboarding Form Training Sessions

Our training schedule now includes a webinar to help you navigate our online Provider Onboarding Form. This training will cover how to request the addition of providers to your currently contracted group. We'll also discuss new group/provider contracting and how to submit demographic changes online. **This month's Provider Onboarding Form Training will be held on [May 26, 2021, from 10 to 11 a.m., CT – register now!](#)**

Types of Information Updates

- **Demographic Changes** – Use the [Demographic Change form](#) to change existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.
- **Request Addition of Provider to Group** – If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in network until they are appointed into the network.

Other Information Changes

The following types of changes are more complex and require special handling:

- **Legal Name Change for Existing Contract** – If you are an existing provider who needs to report a legal name change, [complete a new contract application](#) to initiate the update process.

- **Medical Group Change for Multiple Providers** – If you are a group (Billing NPI Type 2) and have more than five changes, please email our [Illinois Provider Roster Requests team](#) for a current copy of your roster to initiate your multiple-change request.

Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email our [Network Operations Provider Update team](#).

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – Part 2

Posted March 18, 2021

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

DRUG LIST CHANGES

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [Quarterly Pharmacy Changes Part 1 article](#). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective April 1, 2021 are outlined below.

Drug List Coverage Additions – As of April 1, 2021

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv) (generic for SAPHRIS)	Bipolar Disorder, Schizophrenia
CYSTADROPS (cysteamine hcl ophth soln 0.37% (base equivalent))	Cystinosis
deferiprone tab 500 mg (generic for FERRIPROX)	Chronic Iron Overload
DIFICID (fidaxomicin for susp 40 mg/ml)	Infections
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic for TECFIDERA STARTER PACK)	Relapsing Multiple Sclerosis
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic for ATRIPLA)	HIV
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	HIV/HIV Prophylaxis
ENSPRYNG (satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml)	Neuromyelitis Optica Spectrum Disorder (NMOSD)
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
fosfomycin tromethamine powd pack 3 gm (base equivalent) (generic for MONUROL)	Infections
GAVRETO (pralsetinib cap 100 mg)	Cancer
icosapent ethyl cap 1 gm (generic for VASCEPA)	Hypertriglyceridemia
INQOVI (decitabine-cedazuridine tab 35-100 mg)	Cancer
ivermectin lotion 0.5% (generic for SKLICE)	Lice

LAMPIT (nifurtimox tab 30 mg, 120 mg)	Chagas Disease
lapatinib ditosylate tab 250 mg (base equiv) (generic for TYKERB)	Cancer
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg) (authorized generic for TIROSINT)	Hypothyroidism
MENQUADFI (meningococcal (a, c, y, and w-135) conjugate vaccine inj)	Meningococcal Vaccine
MYCAPSSA (octreotide acetate cap delayed release 20 mg)	Acromegaly
nitazoxanide tab 500 mg (generic for ALINIA)	Parasitic Infections
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
ONUREG (azacitidine tab 200 mg, 300 mg)	Cancer
PALFORZIA INITIAL DOSE ESCALATION (peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg)	Peanut Allergy
PALFORZIA LEVEL 1 (peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose))	Peanut Allergy
PALFORZIA LEVEL 2 (peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose))	Peanut Allergy
PALFORZIA LEVEL 3 (peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose))	Peanut Allergy
PALFORZIA LEVEL 4 (peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose))	Peanut Allergy
PALFORZIA LEVEL 5 (peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose))	Peanut Allergy
PALFORZIA LEVEL 6 (peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose))	Peanut Allergy
PALFORZIA LEVEL 7 (peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose))	Peanut Allergy
PALFORZIA LEVEL 8 (peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose))	Peanut Allergy
PALFORZIA LEVEL 9 (peanut powder-dnfp pack 2 x 100 mg (200 mg dose))	Peanut Allergy
PALFORZIA LEVEL 10 (peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose))	Peanut Allergy
PALFORZIA LEVEL 11 (MAINTENANCE) (peanut allergen powder-dnfp maintenance packet 300 mg)	Peanut Allergy
PALFORZIA LEVEL 11 (TITRATION) (peanut allergen powder-dnfp titration packet 300 mg)	Peanut Allergy
PFIZER-BIONTECH COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3 ml)	COVID-19 Vaccine
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Dental Caries Prophylaxis
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
rufinamide susp 40 mg/ml (generic for BANZEL susp)	Seizures
SEVENFACT (coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg))	Hemophilia
tobramycin nebu soln 300 mg/4 ml (generic for BETHKIS)	Cystic Fibrosis
TOLVAPTAN (tolvaptan tab 15 mg) (authorized generic for SAMSCA)	Hyponatremia

TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease
TRULICITY (dulaglutide soln pen-injector 4.5 mg/0.5 ml)	Diabetes
XYWAV (calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml)	Cataplexy/Excessive Daytime Sleepiness
Balanced Drug List	
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg)	Adrenocortical Insufficiency
CONJUPRI (levamlodipine maleate tab 2.5 mg, 5 mg)	Hypertension
diphenhydramine hcl liquid 12.5 mg/5 ml	Allergic Conditions
GIMOTI (metoclopramide hcl nasal spray 15 mg/act)	Diabetic Gastroparesis
HEMADY (dexamethasone tab 20 mg)	Cancer
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic for LAMICTAL ODT KIT)	Seizures
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Nausea/Motion Sickness
NEONATAL 19 (prenatal vitamin-folic acid tab 1 mg)	Prenatal Vitamin
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
NEONATAL FE (prenatal vitamin w/ iron-folic acid tab 90-1 mg)	Prenatal Vitamin
NEONATAL/DHA (prenatal mv w/fe fum-fa tab 29-1 mg & dha cap 200 mg pack)	Prenatal Vitamin
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic for TAYTULLA)	Oral Contraceptive
ONGENTYS (opicapone cap 50 mg)	Parkinson's Disease
timolol maleate preservative free ophth soln 0.5% (generic for TIMOPTIC OCUDOSE)	Glaucoma, Ocular Hypertension
UPNEEQ (oxymetazoline hcl ophth soln 0.1%)	Acquired Blepharoptosis
WESTAB PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
WESTGEL DHA (prenat w/o a w/febn-methylf-fa-dha cap 31-0.6-0.4-200 mg)	Prenatal Vitamin
zileuton tab er 12hr 600 mg, sr 12hr 600 mg	Asthma
ZYFLO (zileuton tab 600 mg)	Asthma

¹Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of April 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
alendronate sodium oral soln 70 mg/75 ml	Non-Preferred Generic	Osteoporosis
diltiazem hcl cap er 24hr 120 mg	Preferred Generic	Hypertension
diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg	Non-Preferred Generic	Hypertension
ferrous sulfate syrup 300 mg/5 ml (60 mg/5 ml elemental fe)	Non-Preferred Generic	Iron Deficiency
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity treatment and prophylaxis, Cancer
oxazepam cap 10 mg, 15 mg, 30 mg	Non-Preferred Generic	Anxiety, alcohol withdrawal
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Preferred Brand	Cancer

Balanced Drug List		
baclofen tab 5 mg	Non-Preferred Generic	Muscle spasms/spasticity
hydrocodone-acetaminophen soln 10-325 mg/15 ml	Non-Preferred Generic	Pain
pseudoephed-bromphen-dm syrup 30-2-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
timolol maleate ophth gel forming soln 0.25%, 0.5% (generic for TIMOPTIC-XE)	Non-Preferred Generic	Glaucoma, ocular hypertension

¹Third-party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Feb. 1, 2021**, the Opioid Antidote Prior Authorization (PA) program retired due to the discontinuation of the product Evzio.
- Effective **April 1, 2021**, the following changes will be applied:
 - The Combination NSAIDs standard PA program will no longer apply to the Performance and Performance Annual Drug Lists.
 - The Somatostatins Specialty PA program will be added to the following drug lists as a standard Specialty PA program.
 - This program will include the target drugs Bynfezia, Mycapssa and Somavert that will apply to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. Please note: Prior to April 1, 2021, members needed a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
 - The target drugs Mycapssa and Somavert will also apply to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. Members will need a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
 - The Sodium Oxybate Specialty PA program will change its name to Oxybate. The targeted medications and the intent of the program criteria remain the same.
 - The target drugs of the Atypical Antipsychotics Step Therapy (ST) program will be recategorized into two separate programs:
 - Abilify Maintena, Aristada, Aristada Initio, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta and Zyprexa Relprevv will be included in the Atypical Antipsychotics – Extended Maintenance Agents ST program. This program will be added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists.
 - Abilify, Abilify Mycite, Caplyta, Clozapine ODT, Clozaril, Fanapt, Geodon, Invega, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Risperidone ODT, Saphris, Secuado, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa and Zyprexa Zydis will be included in the Atypical Antipsychotics ST program. This program will be added to all drug lists as a standard ST program.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [our website](#) and log in to Blue Access for MembersSM (BAMSM) or [MyPrime.com](#) for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our [Provider website](#).

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Updates to the List of Drugs Covered Without Cost Sharing

Starting **April 1, 2021**, BCBSIL will be offering additional single-agent statin and HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. Atorvastatin tablets 10 mg and 20 mg (Lipitor) and emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) will be available at \$0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force recommendation.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other 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 Therapeutics.

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 medication is between the member and their health care provider.



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We Need You in June at the Blue Door Neighborhood CenterSM (BDNCSM)

We're excited about summer, warm temperatures and the outdoor events we have lined up in June for Men's Health Month and Pride Month celebrations at our three BDNC locations in the Pullman, Morgan Park and South Lawndale communities.

And, we'd like to extend an **invitation to you** – the provider community – to share your interests and expertise in June. **Is there a class you'd like to teach or a webinar you'd like to host at one of our BDNC locations?** We're always looking for ways to work with the provider community to help make a difference in the lives of residents in our communities.

Spread the word! [Dr. Obari Adeye Cartman](#) will make an appearance at BDNC in June and discuss how hip-hop music can influence men's mental health. Dr. Cartman is the president of the Chicago Association of Black Psychologists and curator of a directory of Black mental health providers as well as a professor of psychology and inner city studies.

In June, we're also hosting **outdoor events** that will include **free fresh produce and protein boxes**, fun activities for the entire family, low-impact fitness classes and summer treats. Our popular **Ask A Doc** sessions will focus on best practices and tips for men's health including financial wellness, heart health and coping with stress. And, participants will hear from our community partners in June on how to **promote respect and equality** of LGBTQ individuals.

These are just a few of the programs we'll offer at our BDNC sites on multiple dates and times in June. Encourage your patients to check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details and to register. **BDNC events and classes are open to Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members.** They can also visit the [BDNC Facebook page](#) for other events and happenings at all three locations. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

We'd love to hear from you! Would you like more information about BDNC? Are there courses/activities you'd like to see offered at BDNC? Will you encourage your patients to visit BDNC? Would you like to get more involved at BDNC? [Take our short survey](#) and let us know what you think.

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](https://www.bcbsil.com/provider)

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Provider Satisfaction Survey 2021

Building a strong network of providers and working with you to serve our members is important to us. To support this effort, we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with Blue Cross and Blue Shield of Illinois (BCBSIL) and identifies areas where we can improve.

How it works:

SPH Analytics (SPH) will administer this year's survey between **May and August**. If selected, **SPH will contact you**, as noted below.

- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey**.
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.
- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.

SPH Analytics is an independent company that provides technology and analytics services for BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services offered by them.

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Cervical Cancer Screening May Save a Life

To support quality care, we're providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in [News and Updates](#).

Cervical cancer was once one of the most common causes of cancer deaths for women in the U.S. It's now the most preventable gynecological cancer, and the only one with both screening tests and a vaccine. Encourage our members to talk with you about having human papillomavirus (HPV) or Pap tests to [screen for cervical cancer](#).

Why is cervical cancer screening important?

Cervical cancer is a slow-growing cancer that usually starts without symptoms.¹ It's mainly caused by [HPV](#). Regular screenings can detect cancer early, even before symptoms start. When cervical cancer is detected at an early stage, the five-year survival rate is over 90%.² Learn more from the [Centers for Disease Control and Prevention \(CDC\)](#).

Closing care gaps

The [U.S. Preventive Services Task Force](#) recommends screening all women starting at age 21. Screening for cervical cancer is also recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#). The NCQA uses the following criteria for screenings:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had either:
 - Cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years; or
 - Cervical cytology/hrHPV cotesting within the last 5 years

View our [preventive care guidelines](#) on cervical cancer screenings.

Best Practices

Encourage your patients to educate themselves. Our [Connect Community](#) site features articles like [One Simple Test Can Save Your Life](#). You may also want to refer your patients to CDC resources and talk with them about [risk reduction and prevention](#) measures, such as:³

- Having regular screenings starting at age 21

Considering the HPV vaccine through age 45

- Limiting sexual partners
- Using condoms during sex
- Stopping smoking

Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

¹CDC. What Are the Risk Factors for Cervical Cancer? Reviewed Jan. 12, 2021. https://www.cdc.gov/cancer/cervical/basic_info/risk_factors.htm

²American Cancer Society. Survival Rates for Cervical Cancer. Reviewed Feb. 2, 2021. <https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/survival.html>

³CDC. What Can I Do to Reduce My Risk of Cervical Cancer? Reviewed Jan.12, 2021. https://www.cdc.gov/cancer/cervical/basic_info/prevention.htm

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.

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May 2021

Caring for the Colon

To support quality care, we're providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in [News and Updates](#).

Colorectal cancer is the third most common cancer in the U.S., and the third leading cause of cancer-related deaths.¹ Nearly one-third of adults ages 50 to 75 don't get recommended colorectal screenings, according to the [Centers for Disease Control and Prevention \(CDC\)](#).¹ Discuss the importance of [colorectal cancer screenings](#) with your patients and encourage them to ask questions about [colon health and cancer prevention](#).

Why is colorectal cancer screening important?

Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective. The five-year survival rate for treatment of the earliest stage of colorectal cancer is about 90%.²

Closing Care Gaps

Colorectal cancer screening is recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#). The NCQA recommends screening adults ages 50 to 75 with any of the following tests:

- Annual fecal occult blood test (FOBT) or fecal immunochemical testing (FIT)
- Stool DNA (FIT-DNA or Cologuard®) every three years
- Flexible sigmoidoscopy every five years
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

View our [preventive care guidelines](#) on colorectal cancer screenings.

Best Practices

- In your patients' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Discuss with patients why it's important to return for follow-up visits.

- Reach out to patients who cancel appointments and help them reschedule as soon as possible.
- Use the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

Check Eligibility and Benefits

Member [eligibility and benefits](#) should be checked using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles. Ask to see the Blue Cross and Blue Shield of Illinois (BCBSIL) member ID card and a photo ID to guard against medical identity theft.

¹CDC, Colorectal Cancer Statistics. Reviewed June 8, 2020. <https://www.cdc.gov/cancer/colorectal/statistics/>

²American Society of Clinical Oncology (ASCO). Colorectal Cancer: Statistics. Reviewed January 2020. <https://www.cancer.net/cancer-types/colorectal-cancer/statistics>

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.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2021

Member Experience Surveys (CAHPS[®] and EES): We All Play a Role

Every year, some Blue Cross and Blue Shield of Illinois (BCBSIL) members receive the **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey or the **Enrollee Experience Survey (EES)**. Both of these surveys collect information about our members' health care experiences.

The Agency for Healthcare Research and Quality (AHRQ) developed the methodology of these surveys that are utilized by the Centers for Medicare & Medicaid Services (CMS) and the National Center for Quality Assurance (NCQA) to assess the member experience of care provided by their doctors and other health care providers as well as the member services administration of health plans.

Please encourage your patients to respond to the CAHPS survey or EES if they are selected to participate.

Who gets the CAHPS survey and EES?

The surveys are mailed to a random sample of members who are 18+ years of age and enrolled in one of the following lines of business:

- Retail PPO and HMO (EES)
- Commercial PPO and HMO (CAHPS)
- Medicare Advantage PPO and HMO (CAHPS)
- Medicaid (CAHPS)

When do members receive the survey?

The CAHPS survey and EES are conducted from **March through June**. Members are asked to rate their last six months of care.

How are the survey results used?

CAHPS and EES results are used for different purposes based on the line of business.

For Retail PPO and HMO: EES results affect Quality Health Program (QHP) Star Ratings. Star Ratings rank health plans on a scale from one to five stars and are posted on the [healthcare.gov](https://www.healthcare.gov) website. We strive to achieve the highest possible Star Rating for our health plans.

For Commercial PPO and HMO: CAHPS results affect NCQA Star Ratings. Star Ratings rank health plans on a scale from one to five stars and are posted on [NCQA's website](#). We strive to achieve the highest possible Star Rating for our health plans.

For Medicare Advantage (MA): CAHPS results affect CMS' Star Ratings. Star Ratings rank MA plans on a scale from one to five stars and are posted on [CMS' Medicare website](#). We strive to achieve the highest possible Star Rating for our MA plans.

For Medicaid: The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction.

How You Can Help Improve Member Experiences Year-Round

Provide needed care quickly and coordinate care with specialists.

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care
- Provide reasonable timely access to health care staff, customer service, etc., when BCBSIL transfers a member call for assistance to the provider or medical group

Communicate clearly.

- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy.

- Recommend and/or administer the flu shot during flu season
- Screen members for risk factors, including tobacco use, and recommend appropriate lifestyle changes
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home
- Discuss the [COVID-19 vaccine](#)
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year

Learn more about the CAHPS survey on the [AHRQ website](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

HMO, HMO-POS and PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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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.

Effective Aug. 1, 2021, code J1568-Octagam will be updated.

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.

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Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#) the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the [Standards and Requirements](#) section of our website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [Medical Policy](#) page. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the [Standards and Requirements section](#) of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. You'll find a [Medical Policy Reference List](#) in the Related Resources on our [Predetermination page](#); this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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