



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

June 2022

## ■ Focus on Behavioral Health

### **Behavioral Health Collaboration Requests**

If you provide behavioral health services to our members, you may receive a request to work with us as part of our Behavioral Health Case Management program.

[Read More](#)

## ■ Community Involvement

### **Free Men's Health Programming at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>)**

Our BDNC locations in the Morgan Park, Pullman and South Lawndale neighborhoods of Chicago are one way we work with you to make a difference in our communities.

[Read More](#)

### **MMAI and BCCHP<sup>SM</sup> Providers: Join Our Community Stakeholder Committee**

Join us as we host quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> and Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members.

[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](#)

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### **We're Collecting Physician Education Information for Local and National Provider Directories**

The Blue Cross and Blue Shield Association now requires that Blue Cross and Blue Shield (BCBS) Plans provide medical school and residency information for all participating in-network physicians (M.D.s and D.O.s).

[Read More](#)

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### **Earn Continuing Education Credit at Webinar on Avoiding Inappropriate Antibiotic Use**

Join us for a free webinar on preventing antibiotics overuse. Physicians (M.D.s and D.O.s), physician assistants and nurse practitioners are welcome.

[Read More](#)

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## **■ Pharmacy Program**

**Pharmacy Prior Authorization Update: New Preferred Drug Recommendation Process Effective Aug. 1, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will begin recommending some preferred drugs over other drugs through our medical policies, when clinically appropriate, to improve access to more affordable care for some of our commercial non-HMO members.

[Read More](#)

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### **Pharmacy Program Updates: Prior Authorization (PA) Changes Effective July 15, 2022**

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

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### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1**

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. **Changes effective on or after July 1, 2022**, are outlined [here](#).

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## ■ What's New

### **Prior Authorization Reform: New Resources on Our Website**

BCBSIL made necessary changes related to the Prior Authorization Reform Act (House Bill 711) as of Jan. 1, 2022. We've made additional updates to ensure adherence with all Illinois-state mandated requirements.

[Read More](#)

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## ■ Clinical Updates, Resources and Reminders

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

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

[Read More](#)

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### **Prior Authorization Code Updates for Commercial Members and Government Programs, Effective July 1, 2022**

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO** members. We're also changing PA requirements for Blue Cross Medicare Advantage (PPO)<sup>SM</sup> (MA PPO), BCCHP and MMAI members. Refer to the News and Updates for [commercial non-HMO](#) and [government programs](#) code changes.

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## ■ Claims and Coding

### **Billing Reminders and Multiple Procedure Reduction for Certain Diagnostic Imaging Procedures**

This is a reminder for physicians and suppliers when billing for diagnostic imaging supplies and services for our PPO, Blue Choice PPO<sup>SM</sup> and Blue High Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>) members.

[Read More](#)

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## ■ Electronic Options

### **Availity® Essentials Claim Status Tool Update**

As of **May 22, 2022**, you must use the "Select a Provider" dropdown list in the Availity Claim Status tool for the National Provider Identifier (NPI) to populate in the Member and Claim Number search options.



[Read More](#)

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### **Submit Multiple Clinical Claim Appeal Requests Online**

As of **May 22, 2022**, you can electronically initiate one clinical claim appeal request for multiple claims, when it's for the same patient and denial reason, using the Availity Claim Status tool.

[Read More](#)

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## **Quality Improvement and Reporting**

### **The 2021 HHS-RADV Initial Validation Audit (IVA) Begins May 2022**

As an insurer participating in the Affordable Care Act's (ACA) HHS-operated Risk Adjustment Data Validation (HHS-RADV) program, Centers for Medicare & Medicaid Services (CMS) is requiring BCBSIL to perform the required HHS-RADV program/Initial Validation Audit (IVA).

[Read More](#)

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## **Wellness and Member Education**

### **Help Close Gaps in Care for Group Medicare Advantage Members**

If we need medical records for Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup> members, you'll receive requests only from BCBSIL or our vendor, Change Healthcare.

[Read More](#)

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## **Notification and Disclosure**

### **Has your information changed? Let us know!**

When seeking health care services, our members often rely upon the information in our online Provider Finder<sup>®</sup>. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan

[Read More](#)

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### **ClaimsXten™ Quarterly Update Reminder**

BCBSIL will implement its third quarter code update for the ClaimsXten auditing tool on or after **Aug. 22, 2022**.

[Read More](#)

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## Quick Reminders

### Stay informed!

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

### Verify and Update Your Information

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

### Provider Training

For dates, times and online registration, visit the [Webinars and Workshops](#) page.



## Contact Us

Questions? Comments? [Send an email to our editorial staff](#).

## bcbsil.com

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## Behavioral Health Collaboration Requests

If you provide behavioral health services to our members, you may receive a request to work with us as part of our Behavioral Health Case Management program.

Certain Blue Cross and Blue Shield of Illinois (BCBSIL) members can participate in this program. BCBSIL case managers – including Licensed Clinical Social Workers, Licensed Professional Counselors and Registered Nurses – help with planning and coordinating these members' care.

### Next Steps

If you receive a Provider Collaboration Fax Form from a BCBSIL case manager requesting clinical information about a member participating in this program:

- Please fill out the form with the most recent clinical data, including diagnoses, medications and collaborations with other providers.
- Return the form as soon as possible to the secure fax number or email listed on the form.

The information you provide helps the case managers close gaps related to our members' care.

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## Free Men's Health Programming at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>)

Our BDNC locations in the Morgan Park, Pullman and South Lawndale neighborhoods of Chicago are one way we work with you to make a difference in our communities.

We created programming in June for **National Men's Health Awareness Month** including an event on **June 4** with **TMH Mancave**, a nonprofit created to eliminate the social stigma with the mental health needs of Black men. Between 11 a.m. and 2 p.m. we'll discuss questions about men's health and have low-impact fitness demonstrations, brunch bites and guest speakers.

We're also planning a **Men's Wellness** event on Saturday, **June 11**, from 11 a.m. to 2 p.m., including food cooked by male chefs, a DJ, physical activity demonstrations and community resources.

We're offering a **yoga class just for men every Monday** at the Pullman location from 5:30 to 6:30 p.m. Yoga is a great way to release tension and to learn how breathing can reduce stress. Join us for a four-part yoga experience tailored for men and rooted in African cultural practices.

You and your patients also are invited to participate in these popular classes offered every month. View the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details on all our programs, events and classes, and to register:

- Zumba®
- Yoga
- Line Dancing
- Latin Fusion Dance
- Bingo for Seniors
- Bingocize
- Low Impact Fitness for Older Adults
- Breathe Well, Live Well®

All programming – in person and virtual – at BDNC locations is free and open to BCBSIL members and non-members. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

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.

BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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## MMAI and BCCHP<sup>SM</sup> Providers: Join Our Community Stakeholder Committee

Help us help our members! Join us as we host quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> and Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members.

It's a great chance to work with faith leaders, advocacy groups and other community-based organizations that support our members' health and well-being. Your feedback is vital to improving the care and services these members receive.

**Sign up in advance to attend.** Watch the [News and Updates](#) for dates, times and early registration. We'll also include reminders in the *Blue Review*.

### Q2 MMAI and BCCHP Community Stakeholder Committee Meeting

Our next meeting is Thursday, **June 16, 2022**, from 1 to 2:30 p.m. Join us in-person at the Illinois Primary Health Care Association, 500 South 9th Street, Springfield, Illinois, 62701. There's also a virtual meeting option. [Register now.](#)

Information provided by BCBSIL is for informational and educational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples or suggestions in this communication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific provider will be reimbursed. In the event of a conflict between the information in this communication and your contract, your contract will control.

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## Provider Learning Opportunities

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

### BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
<p><b>Availity® Authorizations Tool</b>  <i>Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.</i></p>	<p><a href="#">June 8, 2022</a>  <a href="#">June 15, 2022</a>  <a href="#">June 22, 2022</a>  <a href="#">June 29, 2022</a></p>	<p>11 a.m. to noon</p>
<p><b>Availity Claim Status and Clinical Claim Appeals</b>  <i>Learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.</i></p>	<p><a href="#">June 9, 2022</a>  <a href="#">June 16, 2022</a>  <a href="#">June 23, 2022</a>  <a href="#">June 30, 2022</a></p>	<p>11 a.m. to noon</p>
<p><b>Availity Remittance Viewer and Reporting On-Demand</b>  <i>These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.</i></p>	<p><a href="#">June 16, 2022</a></p>	<p>1 to 2 p.m.</p>
<p><b>Availity Orientation: Save Time and Go Online</b></p>	<p><a href="#">June 7, 2022</a></p>	<p>11 a.m. to noon</p>

Join us for a review of electronic transactions, provider tools and helpful online resources.

[June 14, 2022](#)

[June 21, 2022](#)

[June 28, 2022](#)

**Behavioral Health Webinar: Avoidance of Inappropriate Antibiotic Use**

[June 29, 2022](#)

12:15 to 1:15 p.m.

Join us for free webinar on preventing antibiotics overuse. Physicians (M.D.s and D.O.s), physician assistants and nurse practitioners will earn one continuing medical education credit (CME) for attending.

**BCCHP<sup>SM</sup> and MMAI Required Provider Training Webinars**

[June 21, 2022](#)

1 to 3 p.m.

If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup> (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).

**Monthly Provider Hot Topics Webinar**

[June 9, 2022](#)

10 to 11:30 a.m.

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

**Orientation Webinars for New Commercial Providers**

[June 23, 2022](#)

10 to 11:30 a.m.

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

**Orientation Webinars for New MMAI and/or BCCHP Providers**

[June 22, 2022](#)

3 to 4:30 p.m.

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

**Provider Resource Webinar**

[June 15, 2022](#)

1 to 3 p.m.

This webinar will provide additional information and resources to help BCBSIL commercial providers resolve common topics of concern.

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Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

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## We're Collecting Physician Education Information for Local and National Provider Directories

The Blue Cross and Blue Shield Association now requires that Blue Cross and Blue Shield (BCBS) Plans provide medical school and residency information for all participating in-network physicians (M.D.s and D.O.s).

**Why it's important:** You must provide this information to be listed in the BCBS [national provider directory](#). BCBS Plan members nationwide use this directory to find in-network doctors close to home or when traveling.

**Next steps:** Please respond promptly if you receive a request from us about where and when you earned your medical degree and served your residency. This information will be added to the national BCBS directory for out-of-area members. We'll also add it to our local provider directories, including our online Provider Finder<sup>®</sup> for BCBSIL members.

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## Earn Continuing Education Credit at Webinar on Avoiding Inappropriate Antibiotic Use

Join us for a free webinar on preventing antibiotics overuse. Physicians (M.D.s and D.O.s), physician assistants and nurse practitioners are welcome. Those who attend will earn one continuing medical education (CME) credit.

### Avoidance of Inappropriate Antibiotic Use

**June 29, 2022** – 12:15 to 1:15 p.m.

[Register now!](#)

The webinar will be led by Sharon Tsay, M.D., a physician trained in infectious diseases who serves as a medical officer in the Centers for Disease Control and Prevention (CDC) Office of Antibiotic Stewardship. Discussion will include:

- Avoiding antibiotic treatment for acute bronchitis and other viral illnesses
- How antibiotics can do more harm than good when used and not needed
- Alternatives to antibiotics

### About the Speaker

At the CDC, Dr. Tsay focuses on improving antibiotic use in outpatient settings. She trained in internal medicine at Columbia NY Presbyterian Hospital and completed an infectious diseases fellowship at University of Pennsylvania. She joined the CDC in 2016 as an Epidemic Intelligence Service officer, where she worked in fungal diseases. She maintains a clinical practice and serves as an infectious diseases consultant in the Piedmont Healthcare System.

### Learn More About Antibiotics Overuse

As part of monitoring and improving our members' care, we track [the avoidance of antibiotic treatment for acute bronchitis/bronchiolitis \(AAB\)](#). AAB is a Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measure from the National Committee for Quality Assurance (NCQA). It measures the appropriate treatment for acute bronchitis, which means antibiotics weren't prescribed.

To learn more about preventing antibiotics overuse, see the CDC's "[Antibiotic Prescribing and Use – Continuing Education and Training](#)" and [alternatives to antibiotics](#).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to 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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# BLUE REVIEW<sup>SM</sup>

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June 2022

## Pharmacy Prior Authorization Update: New Preferred Drug Recommendation Process

**Effective Aug. 1, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will begin recommending some preferred drugs over other drugs through our medical policies, when clinically appropriate, to improve access to more affordable care for some of our commercial non-HMO members.

***This change doesn't apply to government programs (Medicare Advantage and Illinois Medicaid) or any of our HMO members.***

### What's changing?

Medical policy criteria will indicate clinically appropriate preferred drugs. Before submitting a prior authorization request, you can find out which drugs are included in this process, and which preferred drugs will be recommended, by referring to [BCBSIL's Medical Policies](#).

The categories of drugs and impacted medical policies include:

- **Medical oncology drugs** – See BCBSIL Medical Policy Oncology Medications RX502.061 for more information.
- **Osteoporosis therapies** – See BCBSIL Medical Policy Denosumab (Prolia and Xgeva) RX501.140 for more information.
- **Infliximab and biosimilars** – See BCBSIL Medical Policy Infliximab and Associated Biosimilars RX501.051 (updated April 1, 2022) for more information.
- **Enzyme replacement therapies** – See BCBSIL Medical Policy Enzyme-Replacement Therapy for Lysosomal Storage Disorders RX501.067 (updated April 1, 2022) for more information.

### Reminders and Resources

Always **check eligibility and benefits first** to confirm membership and other important information, including prior authorization requirements and utilization management vendors, if applicable. Regarding the preferred drug recommendation process referenced above, if prior authorization is needed, it will be processed by BCBSIL Medical Management or AIM Specialty Health® (AIM).

Other prior authorization resources are available in the [Utilization Management](#) section of our Provider website. Refer to the [Prior Authorization page](#) for step-by-step instructions on how to submit prior authorization requests. Also see the [Prior](#)



[Authorization Support Materials \(Commercial\) page](#) for prior authorization code lists and links to our digital lookup tool.

**Prescribing drugs using the enhanced prior authorization program referenced above helps to prevent claim denial if an exception does not apply.**

Continue to watch the [Blue Review](#) and [News and Updates](#) for more information and future announcements.

Trademarks are the property of their respective owners.

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.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card. 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.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services offered by them.

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# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1

May 11, 2022

## **IMPORTANT PHARMACY BENEFIT REMINDERS**

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Illinois (BCBSIL) members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsil.com/provider](http://bcbsil.com/provider) for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

## **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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSIL drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective July 1, 2022 are outlined below.**

The July Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 1 effective date.

***Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2023.***

***If you have patients with an HMO Illinois® or Blue Advantage HMO<sup>SM</sup> plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2023.***

## **Drug List Updates (Revisions/Exclusions) – As of July 1, 2022**

Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used For	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1, 2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia		Nivestym, Zarxio
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEULASTA (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
<b>Drug<sup>1</sup></b>			
<b>Drug Class/ Condition Used For</b>			
<b>Generic Alternatives<sup>1,2</sup></b>			
<b>Brand Alternatives<sup>1,2</sup></b>			
<b>Balanced, Performance and Performance Select Drug Lists Revisions</b>			
CEPHALEXIN (cephalexin cap 750 mg)	Bacterial Infections	cephalexin 250 mg capsule, cephalexin 500 mg capsule	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis	sodium fluoride-potassium nitrate gel	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries PRC	sodium fluoride-potassium nitrate gel	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml)	Acromegaly, Carcinoid Syndrome	Generic Sandostatin - octreotide acetate injection	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TRANDOLAPRIL/VERAPAM IL HCL ER (trandolapril- verapamil hcl tab er 2-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Balanced Drug List Revisions</b>			
HYDROCODONE BITARTRATE/ACETAMINO PHEN (hydrocodone- acetaminophen soln 10-325 mg/15 ml)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
<b>Health Insurance Marketplace (HIM) Drug List Revisions [IL PPO]</b>			
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride- potassium nitrate paste 1.1- 5%)	Dental Caries Prophylaxis	sodium fluoride- potassium nitrate gel	
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Bipolar Disorder	lithium carbonate tablets	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUMATRIPTAN INJ (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
TRANDOLAPRIL/VERAPAM IL HCL ER (trandolapril- verapamil hcl tab er 2-180 mg, 2-240 mg, 4-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VANDAZOLE (metronidazole vaginal gel 0.75%)	Bacterial Vaginosis	metronidazole vaginal gel	

Balanced, Performance and Performance Select Drug Lists Exclusions		
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CYSTADANE (betaine powder for oral solution)	Homocystinuria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
DUEXIS (ibuprofen-famotidine tab 800-26.6 mg)	Osteoarthritis, Rheumatoid Arthritis	ibuprofen 800 mg tablets, famotidine 40 mg tablets
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Performance and Performance Select Drug Lists Exclusions</b>			
ergotamine w/caffeine tab 1-100 mg	Headache	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
prednisolone sod phosphate oral soln 10 mg/5 ml, 20 mg/5 ml (base equivalent)	Inflammatory Conditions	prednisolone sod phosphate oral soln 6.7 mg/5 ml, prednisolone sod phosphate oral soln 15 mg/5 ml, prednisolone sod phosphate oral soln 25 mg/5 ml	
<b>Balanced and Performance Select Drug Lists Exclusions</b>			
EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Dry Eye		Restasis single dose vials, Xiidra
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	epinephrine (generic EpiPen), Auvi-Q	
<b>Balanced Drug List Exclusions</b>			
CLODERM (clocortolone pivalate cream 0.1%)	Skin conditions	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PAXIL (paroxetine hcl oral susp 10 mg/5 ml (base equivalent))	Depression, Mood Disorders	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Health Insurance Marketplace (HIM) Drug List Revisions [IL PPO]</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CYSTADANE (betaine powder for oral solution)	Homocystinuria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
DUREZOL (difluprednate emulsion 0.05%)	Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	topiramate tablets	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

### **DISPENSING LIMIT CHANGES**

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below.**

**Please note:** The dispensing limits listed below do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2023. They also may not apply to BCBSIL HMO members on the 2021 or 2022 Health Insurance Marketplace (HIM) Drug Lists until on or after Jan. 1, 2023.

BCBSIL letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

**Effective Jan. 17, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Anti-COVID 19</b>	

molnupiravir 200 mg capsule*	40 capsules per 30 days
Paxlovid 150 mg/100 mg tablet (nirmatrelvir/ritonavir)*	30 tablets per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Effective April 1, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>re-SET</b>	
RESET FOR IOS OR ANDROID APP*	1 per 365 days
RESET-O FOR IOS OR ANDROID APP*	1 per 365 days
<b>2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Opzelura</b>	
Opzelura 1.5% cream (ruxolitinib)*	60 grams per 30 days
<b>Tavneos</b>	
Tavneos 1 mg capsule (avacopan)*	180 capsules per 30 days
<b>Tyrvaya</b>	
Tyrvaya (varenicline) 0.03 mg/actuation spray*	2 bottles per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Effective June 1, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Voxzogo</b>	
Voxzogo (vosoritide)*	30 vials per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Effective July 1, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Acute Migraine Agents</b>	
Elyxyb (celecoxib)*	28.8 mL per 30 days
<b>Therapeutic Alternatives</b>	
diclofenac potassium*	120 tablets per 30 days
Rhofade (oxymetazoline hydrochloride)*	30 grams per 30 days
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Antibiotics</b>	
clarithromycin tablet ER	28 tablets per 180 days
<b>Iron Chelation</b>	
Ferriprox 500 mg tablets (deferiprone)	540 tablets per 30 days
Ferriprox 1000 mg tablets (deferiprone)	270 tablets per 30 days



Ferriprox twice-a-day 1000 mg tablets (deferiprone)	270 tablets per 30 days
Ferriprox 100 mg/mL oral solution (deferiprone)	2700 mL per 30 days
<b>Miscellaneous</b>	
Prednisolone 10 mg per 5 mL solution	900 mL per 30 days
prednisolone 20 mg per 5 mL solution	450 mL per 30 days
<b>Therapeutic Alternatives</b>	
Alinia (nitazoxanide) suspension	150 mL per 30 days**
Edarbi (azilsartan medoxomil)*	30 tablets per 30 days
Edarbyclor (azilsartan medoxomil-chlorthalidone)*	30 tablets per 30 days
Soolantra (ivermectin) Cream*	45 grams per 30 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Opzelura</b>	
Opzelura 1.5% cream (ruxolitinib)	60 grams per 30 days
<b>Tavneos</b>	
Tavneos 1 mg capsule (avacopan)	180 capsules per 30 days
<b>Tyrvaya</b>	
Tyrvaya (varenicline) 0.03 mg/actuation spray	2 bottles per 30 days
<b>2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Vuity</b>	
Vuity (pilocarpine HCL) ophthalmic solution*	2.5 mL per 30 days

<sup>†</sup>Third-party brand names are the property of their respective owner.

\* Not all members may have been notified due to limited utilization.

\*\* The correct dispensing limit for Alinia (nitazoxanide) suspension is 150 mL per 30 days. The 7/1 dispensing limit letter incorrectly listed the dispensing limit as 180 mL per 30 days.

## **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **June 1, 2022**, the new Voxzogo Specialty PA program will be added to all standard pharmacy benefit plans on the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program includes the newly FDA-approved target drug Voxzogo. Members will need a prior authorization approval for coverage consideration.
- Effective **July 1, 2022**, the following changes will be applied:
  - The target drug Elyxyb (celecoxib) will be added to the Acute Migraine Agents PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The target drug testosterone enanthate will be added to the Androgens and Anabolic Steroids PA program. This change applies to the Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The target drug Rhofade (oxymetazoline hydrochloride) will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The target drug diclofenac potassium will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The Colony Stimulating Factors Specialty ST program and target drugs – Granix (tbo-filgrastim), Neulasta (pegfilgrastim), Neupogen (filgrastim), Nyvepria (pegfilgrastim-apgf), Releuko (filgrastim-ayow) and Udenyca (pegfilgrastim-cbqv) – will be

added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. Members will not be notified of this change because auto – continuation of therapy (or auto – grandfathering) for all target drugs is in place.

**PA Required for Select Testosterone Medication**

Starting July 1, 2022, members filling generic intramuscular (IM) testosterone cypionate will be stopped at point-of-sale if they have a pharmacy claim for a commonly used appearance and performance enhancing drug (APED) within the past 90 days. Their provider will need to submit a PA request to Prime Therapeutics for coverage consideration.

**Learn more:**

- This change applies to members with the Androgens and Anabolic Steroids PA program.
- The following medications are viewed as APED –
  - Aromatase Inhibitor: Anastrozole, Letrozole, Exemestane
  - Selective Estrogen Receptor Medication (SERM): Ospemifene, Raloxifene
  - Tamoxifen
  - Toremifene
- BCBSIL has identified significant fraud, waste and abuse from providers prescribing the above medications in combination with testosterone for off-label use in athlete and non-athlete bodybuilders.
- A review will be required to assess clinical appropriateness of the combined medications.

**Member notices:** Based on claims for an APED medication as noted above plus a testosterone medication as listed below, letters were mailed to affected members starting late April 2022.

Drug Category	Sample Drugs*
Androgens and Anabolic Steroids	testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml

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

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

Members were notified about the PA standard program changes listed in the tables below.

**Drug categories added to current pharmacy PA standard programs, effective July 1, 2022:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
Iron Chelation (name change from Deferasirox)	Ferriprox 500 mg tablets (deferiprone)*, Ferriprox 1000 mg tablets (deferiprone)*, Ferriprox twice-a-day 1000 mg tablets (deferiprone)*, Ferriprox 100 mg/mL oral solution (deferiprone)*
<b>Basic and Enhanced Drug Lists</b>	
Cholestasis Pruritus	Bylvay 200 mcg (odevixibat)*, Bylvay 400 mcg (odevixibat)*, Bylvay 600 mcg (odevixibat)*, Bylvay 1200 mcg (odevixibat)*, Livmarli 9.5 mg/mL (maralixibat)*
Opzelura	Opzelura 1.5% cream (ruxolitinib)*
Tavneos	Tavneos 1 mg capsule (avacopan)*

Tyrvaya	Tyrvaya (varenicline)*
<b>Balanced and Performance Select Drug Lists</b>	
Combination NSAID**	Consensi (amlodipine/celecoxib), Duexis (ibuprofen/famotidine), Vimovo (naproxen/esomeprazole), Yosprala (aspirin/omeprazole)

<sup>1</sup>Third-party brand names are the property of their respective owner.

\* Not all members may have been notified due to limited utilization.

\*\* This PA program already applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists.

### Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2022:

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced and Balanced Drug Lists</b>	
Therapeutic Alternatives	diclofenac potassium
<b>Basic and Enhanced Drug Lists</b>	
Acute Migraine Agents	Elyxyb (celecoxib)
Therapeutic Alternatives	Rhofade (oxymetazoline hydrochloride)

<sup>1</sup>Third-party brand names are the property of their respective owner.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. 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 [bcbsil.com](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

### Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective July 1, 2022. Please talk to your patient about other products that may be available.

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

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
PREGEN DHA CAP	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

1 All brand names are the property of their respective owners.

2 This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

† The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
DEXILANT CAP 30 MG and 60 MG DR	ACID REFLUX	DEXILANT
DIPHENHYDRAMINE ELIXIR 12.5 MG/5 ML	ALLERGIES	OTHER MANUFACTURERS
GLYCATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
MULTI-MAC TAB	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

1 All brand names are the property of their respective owners.

2 This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

† The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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.

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

June 2022

## Prior Authorization Reform: New Resources on Our Website

In [December 2021](#), we published an introductory article about the Prior Authorization Reform Act (House Bill 711). We included a summary of the bill and alerted you we'd be making necessary changes to some prior authorization (PA) review processes for services provided to our fully insured commercial non-HMO and Illinois Medicaid [Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid)<sup>SM</sup>] members.

In our December article, we also emphasized what's **not** changing related to HB 711, like the PA review process for members with commercial HMO, Medicare Advantage or self-funded Administrative Services Only (ASO) plans\* and the process for submitting PA requests, which remains the same.

### What's new?

Necessary changes related to HB 711 were implemented as of Jan. 1, 2022; we've made additional updates to ensure adherence with all Illinois-state mandated requirements. These changes are reflected in new resources on two pages in the [Utilization Management section](#) of our Provider website.

### Commercial PA Support Materials

You'll still find PA summaries and code lists on our [Prior Authorization Support Materials \(Commercial\)](#) page. In January 2022, we updated this page with links to our new PA digital lookup tool for fully insured members. More recently, we added these features:

- **Clinical Review Criteria** – View BCBSIL and vendor guidelines that may apply.
- **PA Statistical Data** – View approval and denials stats associated with PA requests for the previous calendar year.

There are reports in four categories: medical, medical drugs, behavioral health, and pharmaceutical drugs.

### Government Programs PA Support Materials

The PA summaries on our [Prior Authorization Support Materials \(Government Programs\)](#) page will look familiar, but, when you view our updated Medicaid code lists, you'll notice some new details, like medical policy information and effective dates. We've also added Clinical Review Criteria so you can view BCBSIL and vendor guidelines that may apply.

### Need more information?

Our Utilization Management section has resources to help you navigate the PA process from start to finish. Go to the [Prior](#)

[Authorization page](#) for an introduction, with links to process overview maps for [commercial](#) and [government programs](#). This page also gives you step-by-step instructions that spotlight online options, like the [Availity® Authorizations tool](#).

We want to make it easier for you to work with us. Continue to watch the [Blue Review](#) and [News and Updates](#) for announcements and related resources. If you have comments, feedback, or questions, [contact your assigned Provider Network Consultant \(PNC\)](#). We're here to help!

***The information in the Utilization Management section doesn't apply to any of our HMO members.***

\*Self-funded health plans are governed by the Employee Retirement Income Security Act of 1974 (ERISA).

Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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# BLUE REVIEW<sup>SM</sup>

A Provider Publication

June 2022

## 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
- Prior authorization or pre-notification requirements and utilization management vendors, if applicable\*

When services may not be covered, you should notify members that they may be billed directly.

### Don't Take Chances

Ask to see the patient's BCBSIL member ID 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 [Availity® Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area BlueCard® and Federal Employee Program® (FEP®) members.

### Learn More

For more information, such as an [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.

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**\*Note:** For **commercial non-HMO** members, even if prior authorization isn't required, you still may want to submit a voluntary predetermination request. This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request predetermination, since it's optional. But there's a [Medical Policy Reference List](#) on our [Predetermination page](#) to help you decide.

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Information provided by BCBSIL is for informational and educational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples or suggestions in this communication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific provider will be reimbursed. In the event of a conflict between the information in this communication and your contract, your contract will control.

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# BLUE REVIEW<sup>SM</sup>

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June 2022

## Billing Reminders and Multiple Procedure Reduction for Certain Diagnostic Imaging Procedures

This is a reminder for physicians and suppliers when billing for diagnostic imaging supplies and services for our PPO, Blue Choice PPO<sup>SM</sup> and Blue High Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>) members.

### Technical Component (TC) Services – Modifier TC

Modifier TC applies to both TC-only services and the TC portion of global services on certain diagnostic imaging services.

- Full payment is made for the service with the highest TC allowable.
- Payment is made at 50 percent for the TC of subsequent services furnished by the same provider to the same patient in the same session on the same day.

### Professional Component (PC) Services – Modifier 26

Modifier 26 applies to both PC-only services and the PC portion of global services.

- Full payment is made for the service with the highest PC allowable.
- Payment is made at 75 percent for subsequent PC services furnished by the same provider to the same patient in the same session on the same day.

### Single vs Multiple Sessions

Blue Cross and Blue Shield of Illinois (BCBSIL) considers a single session to be one encounter where a patient could receive one or more radiological studies.

- If more than one of the imaging services is provided to the patient during one encounter, this would constitute a single session and the lower priced procedure(s) would be reduced.
- If a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging service, then BCBSIL considers these multiple studies on the same day to be provided in separate sessions.
- In the latter case, BCBSIL has established that the physician should use modifier 59 to indicate multiple sessions and that the multiple procedure reduction doesn't apply.

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## Availity<sup>®</sup> Essentials Claim Status Tool Update

As of **May 22, 2022**, you must use the “Select a Provider” dropdown list in the Availity Claim Status tool for the National Provider Identifier (NPI) to populate in the Member and Claim Number search options.

To ensure your provider information is available in the Select a Provider dropdown list, your Availity Administrator must add your NPI by going to **Manage My Organization** (previously known as Express Entry) under **My Account Dashboard** on [Availity Essentials](#).



Refer to the [Claim Status User Guide](#) in the [Provider Tools](#) section of our website for more information. If you have questions or feedback, email our [Provider Education Consultants](#).

If your provider organization is not yet registered with Availity, you can sign up today on [Availity Essentials](#). For help with registration or adding provider information to your Availity account, call Availity Client Services at 800-282-4548.

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## Submit Multiple Clinical Claim Appeal Requests Online

As of **May 22, 2022**, you can electronically initiate one clinical claim appeal request for multiple claims, when it's for the same patient and denial reason, using the Availity<sup>®</sup> Claim Status tool.

As a reminder, a Clinical Appeal is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational, or cosmetic.

By using the online appeal request option, you can:

- Check/manage status
- Upload clinical medical records with submissions
- View and print confirmation and decision letters
- Generate a Dashboard view of appeal-related activity

### Training and Resources

- Refer to the [Webinars and Workshop page](#) to register for the “Claim Status and Clinical Claim Appeals” webinar hosted weekly by Blue Cross and Blue Shield of Illinois (BCBSIL).
- View the [Electronic Clinical Claim Appeals User Guide](#) in the [Provider Tools](#) section of our website for step-by-step instructions.
- Email our [Provider Education Consultants](#) if you have questions or need customized training.

If your provider organization is not yet registered with Availity, you can sign up today on [Availity Essentials](#), at no charge. For registration help, call Availity Client Services at 800-282-4548.

***This information is not applicable to Medicare Advantage, Illinois Medicaid, or BlueCard<sup>®</sup> (out-of-area) claims.***

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## The 2021 HHS-RADV Initial Validation Audit (IVA) Begins May 2022

As an insurer participating in the Affordable Care Act's (ACA) HHS-operated Risk Adjustment Data Validation (HHS-RADV) program, the Centers for Medicare & Medicaid Services (CMS) is requiring Blue Cross and Blue Shield of Illinois (BCBSIL) to perform the required HHS-RADV program/Initial Validation Audit (IVA). As a provider who provides medical services to BCBSIL members enrolled in the ACA, your participation in the IVA is required.

The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the exchange. **BCBSIL is requesting the full year's medical record documentation for clinical hospital inpatient treatment, outpatient treatment and professional medical treatment for the respective audit year.**

A key component of the HHS-RADV program is a calculation based on enrollee risk. Enrollee risk is calculated based on the diagnosis codes submitted on a claim, as well as through supplemental codes captured through medical record review. Through its review, BCBSIL must provide sufficient documentation (documentation of disease process and/or treatment plan of care), to verify the eligible diagnosis. As a provider who provides medical services to BCBSIL members enrolled in the ACA, you may be asked to provide medical records for a member to validate all the diagnosis codes submitted on claims, which are then used in the Risk Adjustment calculation.

### Medical Record Submission Standards for the HHS-RADV Program IVA

You should include the following documents for the audit:

- Progress notes, history and physical, discharge summary, consultation reports and operative/procedure notes.
- Pathology reports, physician orders, medication list and radiology may substantiate a diagnosis and be submitted, but only in conjunction with other medical documentation.
- Records must be signed and credentialed within 180 days of the date of service. (If the credentialed signature is missing, we'll contact you for a Signature Statement Attestation.)

To comply with the precise timeline requirements of the CMS HHS-RADV program IVA, we appreciate your support in submitting the requested medical records as soon as you receive notification letters listing the enrollees selected for the audit. **BCBSIL will begin to mail the letters containing member names for the 2021 HHS-RADV program/IVA in June 2022.**

If you have any questions, please email the [BCBSIL Initial Validation Audit team](#).

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June 2022

## Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup> members, you'll receive requests only from Blue Cross and Blue Shield of Illinois (BCBSIL) or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield (BCBS) National Coordination of Care program so that you won't receive requests from multiple BCBS plans or their vendors. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures. [Read more on News and Updates.](#)

HEDIS is a registered trademark of the National Committee for Quality Assurance.

Change Healthcare is an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors and the products and services they offer.

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June 2022

## Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder<sup>®</sup>. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your information as it appears in our [Provider Finder](#) on a monthly basis.

- Verify your information (name, specialty, address, phone and website URL) for our provider directory every 90 days. This is [required by federal law](#).
- Update your data when it changes, including when you join or leave a network.
- If you leave a network, update your information immediately and according to your contract terms.

Online options are available for most changes you may need to request. See below for some reminders on the different types of changes and how to request them.

### Demographic Changes

We recommend **professional** providers use the [Availity Essentials<sup>®</sup>](#) Provider Data Management feature to request changes to existing demographic information, such as service location, payment address, business website URL, hours of operation and languages spoken.

- If you're unable to use Availity, you may submit a [Demographic Change Form](#).
- You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) National Provider Identifier (NPI). As a participating provider, your NPI(s) should already be on file with BCBSIL. If needed, you can request deactivation of an existing NPI.
- **Facilities** may use only the [Demographic Change Form](#) to verify and update data.

### 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 aren't immediate upon submission of this form. The provider being added to the group won't be considered in-network until they're 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're an existing provider that 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're 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.

\*For status of your professional contract application, application, use the [Case Status Checker](#).

If you have any questions, [contact your assigned Provider Network Consultant](#).

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## ClaimsXten<sup>TM</sup> Quarterly Update Reminder

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its third quarter code update for the ClaimsXten auditing tool on or after **Aug. 22, 2022**.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT<sup>®</sup>) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSIL may also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website. Information also may be included in the *Blue Review*.

Use **Clear Claim Connection<sup>TM</sup> (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that simulates how BCBSIL's code-auditing software works.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

**For more information on C3 and ClaimsXten**, refer to the [Clear Claim Connection page](#). It includes a user guide, rule descriptions and other details.

***This article doesn't apply to government programs (Medicare Advantage and Illinois Medicaid) member claims.***

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