



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

March 2022

## ■ Community Involvement

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

Join us as we host quarterly Community Stakeholder Committee meetings to gather feedback on 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](#)

### **Free Events at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>) For You and Your Patients**

Visit our Blue Door Neighborhood Center (BDNC) locations this month in the Morgan Park, Pullman and South Lawndale communities of Chicago, where we partner with you to make a meaningful difference in the communities where we live and work.

[Read More](#)

## ■ Focus on Behavioral Health

### **Online Cognitive Behavioral Therapy Program Can Help Our Members ‘Learn to Live’**

Blue Cross and Blue Shield of Illinois (BCBSIL) has partnered with Digital Mental Health, powered by Learn to Live, to support our members who may need help in 2022.

[Read More](#)

### **Earn CME/CEU Credit at Free Depression Webinar**

Join us for a free one-hour webinar, **Differential Diagnoses of Depression: Assessment and**

## Treatment.

[Read More](#)

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## ■ Claims and Coding

### Updating Telehealth Services For Certain Procedures

BCBSIL is continuing to update services it will provide benefits for when delivered via telehealth.

[Read More](#)

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### Reminder: 2022 Claim Editing Enhancements

BCBSIL will enhance our claims editing and review process with Cotiviti, INC., for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed. [View details in News and Updates.](#)

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### Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA).

[Read More](#)

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## ■ Electronic Options

### Verify and Update Your Information Online via Availity® Provider Data Management

The Availity Provider Data Management (PDM) tool offers professional providers a quick and easy way to update, validate and attest to the accuracy of their information on file with BCBSIL.

[Read More](#)

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## ■ Clinical Updates, Resources and Reminders

### All Contracted Providers Will Now Display in Provider Finder®

In October 2021, we told you about the Consolidated Appropriations Act (CAA) of 2021 and its requirements for provider directory information. One requirement is that **all contracted providers** must be listed in our Provider Finder, including those who chose not to be listed in the past.

[Read More](#)

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## BCBSIL Medical Record Retrieval Summary

BCBSIL or a contracted vendor may be contacting you in the coming months for patient medical records for different audits, Healthcare Effectiveness Data and Information Set (HEDIS®) data collections or other programs.

[Read More](#)

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## Imaging Studies for Low Back Pain: New Age Requirements

Low back pain (LBP) is common, affecting about 75% of Americans at some time in their lives.

[Read More](#)

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## ■ Quality Improvement and Reporting

### Closing Gaps in Care for Group Medicare Advantage Members

Through the Blue Cross and Blue Shield (BCBS) National Coordination of Care program, we can work with you to help close gaps in care for **Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>** (Group MA PPO) members.

[Read More](#)

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## ■ Network Innovation/Product Updates

### Any Provider Accepting Medicare Can See Flex Plan Members

In November, we told you about the new Blue Cross Medicare Advantage Flex (PPO)<sup>SM</sup> Plan. As of Jan. 1, 2022, Flex plan members can see any provider in the U.S. who accepts Medicare.

[Read More](#)

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## ■ Provider Education

### Updated: CMS Payment Adjustments for Medicare and MMAI Providers During Public Health Emergency

In a May 2021 notice, we alerted you that BCBSIL is applying temporary adjustments to claims reimbursements for Medicare Advantage and Medicare-Medicaid Alignment Initiative (MMAI) providers, in alignment with Centers for Medicare & Medicaid Services (CMS) adjustments to certain payments for Medicare providers. On Feb. 15, 2022, **we updated the previously posted notice to alert you that on the Medicare sequester suspension period has been extended through March 31, 2022.** [View details in News and Updates.](#)

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## New Laboratory Management Program To Begin on May 1, 2022

On **May 1, 2022**, BCBSIL will launch its new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members.

[Read More](#)

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### **What to Include When Emailing Our Provider Network Consultant Team**

Our Provider Network Consultants (PNCs) are assigned by region so that you and your staff have a dedicated team to contact via email for help. We've put together some tips and reminders to help expedite your inquiry.

[Read More](#)

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### **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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## **■ Pharmacy Program**

### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 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 **April 1, 2022**, are outlined [here](#).

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## **■ Notification and Disclosure**

### **Procedure Code and Fee Schedule Updates**

As part of our commitment to help inform 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](#)

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### **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](#)

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

On a quarterly basis, we include this reminder on the importance of checking your information as it appears in our Provider Finder. As we've noted in other articles, it's critical to verify and update your information on a regular basis. Online options are available for most changes you may need to request.

[Read More](#)



### 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](#).

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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 gather feedback on 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 collaborate with faith leaders, advocacy groups and other community-based organizations who also support our members' health and well-being.

Your feedback is vital to helping improve the care and services these members receive.

### Save the date!

Our next **MMAI and BCCHP Community Stakeholder Committee Meeting** is scheduled for **March 24, 2022, from 1 to 2 p.m.** [Sign up now to attend.](#)

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## Free Events at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>) For You and Your Patients

Visit our BDNC locations this month in the Morgan Park, Pullman and South Lawndale communities of Chicago, where we partner with you to make a meaningful difference in the communities where we live and work.

For March, we've created programming for **National Nutrition Month** and **National Colorectal Cancer Awareness Month**. On March 12, join us for a **Food as Medicine** event where we'll be providing health education about digestive health and gut microbes.

Each BDNC location will host a **Colorectal Cancer Awareness** event in March that will include cooking demonstrations, cancer prevention and education information, Medicaid and Medicare resources, and nutrition education.

In addition to spicing up our calendars with nutrition programming, you and your patients are invited to participate in these popular classes that are offered throughout 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
- Bingo for Seniors
- Breath Well, Live Well
- Line Dancing
- Latin Fusion Dance
- Low Impact Fitness for Older Adults
- Cope with Stress & Mindful Breathing

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 above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. 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.

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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# BLUE REVIEW<sup>SM</sup>

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## Online Cognitive Behavioral Therapy Program Can Help Our Members ‘Learn to Live’

In today’s environment, it’s crucial for people to have options for accessing mental health support. That’s why Blue Cross and Blue Shield of Illinois (BCBSIL) is working with Digital Mental Health, powered by Learn to Live, to support our members who may need help in 2022.

### Learn to Live Program

Learn to Live is a virtual educational program for members living with stress, depression, substance use, insomnia and/or social anxiety. It’s available at no additional cost to some BCBSIL members (ages 13 and older).\*

### How the Program Works

Learn to Live is a confidential, online program based on cognitive behavioral therapy (CBT) techniques, which focus on problem solving and changing behaviors. Members learn and practice ways to overcome areas of struggle that range from everyday stress and worry to depression and substance use.

After the member completes a comprehensive assessment, a program is customized for that member with lessons, weekly exercises, access to coaching and weekly checkpoints. Members have the option to add teammates to help with accountability. Members can access their programs from anywhere there’s internet access.

Providers can benefit from having an additional resource to offer their patients. Learn to Live introduces patients to behavioral health concepts and promotes health literacy in a user-friendly, non-threatening format. This program is a useful tool for members and also may help strengthen a patient’s engagement with their current provider by offering a way for patients to gain more insight to their mental health and discuss it with their provider.

### Learn More: Take a Tour

For an overview of the program, view the [Learn to Live Program Tour](#) on YouTube. Our members can find the Learn to Live resource by logging on to [Blue Access for Members](#)<sup>SM</sup> and choosing Wellness, then Digital Mental Health. If your patient has questions, please advise them to call the Customer Service number on their BCBSIL member ID card.

***This information does not apply to government programs or any of our members with HMO plans.***

\*Not all plans offer Learn to Live. Some members may not have access to this program. Members should call the Customer Service number on their BCBSIL member ID card to verify coverage.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools 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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## Earn CME/CEU Credit at Free Depression Webinar

Join us for a free one-hour webinar, **Differential Diagnoses of Depression: Assessment and Treatment**. We will offer the webinar twice:

- **Monday, March 7, 2022, at 8 a.m., (CT)**
- **Wednesday, March 9, 2022, at 9 a.m., (CT)**

All providers are welcome. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

Discussion will include a high-level overview of depression and differential diagnoses, assessment and treatment. This introductory training focuses on addressing depression in the primary care setting, with treatment options across various care settings.

### How do I sign up?

**Registration is required.** Visit our [Webinars and Workshops page](#) for more information and online registration. Or, [register now](#).

### Future CME/CEU Offerings

Upcoming free webinars include:

- **Diabetes and Mental Health**, on April 18 and April 20, 2022
- **Substance Abuse: Coordinating Care and Improving Follow-up**, on May 16 and May 18, 2022

Watch [News and Updates](#) and our [Webinars and Workshops page](#) for information on training.

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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.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians, nurses, physician assistants, physical and occupational therapists, and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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# BLUE REVIEW<sup>SM</sup>

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## Updating Telehealth Services For Certain Procedures

Blue Cross and Blue Shield of Illinois (BCBSIL) is continuing to update services it will provide benefits for when delivered via telehealth.

**What's Changing: Effective June 1, 2022**, we are **discontinuing coverage** for some services delivered via telehealth because they **can only be delivered in-person**, such as vaccine administration and radiology procedures. Others are being discontinued because a more appropriate telehealth-specific code for that service is available and should be billed if the service is rendered by telehealth.

This notification applies to our fully insured and self-funded employer group members. Telehealth benefit coverage will be for clinically appropriate and medically necessary services and treatments **consistent with the member's benefit plan**, including copays, coinsurance and deductibles.

**Medicare** members' telehealth coverage is consistent with Centers for Medicare & Medicaid Services (CMS) requirements. Our **Medicaid** members' telehealth benefits are defined by state Medicaid requirements.

**More Information:** Fee schedules will reflect the code change beginning June 1, 2022. Professional providers participating in our PPO and Blue Choice PPO<sup>SM</sup> networks may download our Fee Schedule Request form on the [Forms page](#) of our Provider website.

Continue to visit the [News and Updates](#) and the [Blue Review](#) for any additional updates regarding telehealth.

***This information does not apply to HMO providers.***

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 BCBSIL ID card.

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## Reminder: CPT<sup>®</sup> Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA). Refer to the [AMA website](#) for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services for our members to confirm coverage and other important details, such as which services may require prior authorization.

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Checking eligibility and/or 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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## Verify and Update Your Information Online via Availity<sup>®</sup> Provider Data Management

The Availity Provider Data Management (PDM) tool offers professional providers a quick and easy way to update, validate and attest to the accuracy of their information on file with Blue Cross and Blue Shield of Illinois (BCBSIL). This multi-payer tool in [Availity Essentials](#) also allows you to make updates once and have that information sent to all participating payers.

PDM offers two workflows:

- **Directory Verification** – You must verify and attest to the accuracy of your organization’s directory information **every 90 days** as part of the Consolidated Appropriations Act of 2021. You’ll receive quarterly notifications within Availity when it’s time to verify your directory information.
- **Core PDM** – Update your organization’s demographic data, provider directory and key staff information. The Directory Verification workflow must be completed before accessing the full provider profile in Core PDM.

Below is some helpful guidance on PDM updates for BCBSIL.

| Accepted via PDM   | Not Accepted via PDM   |
|--|--|
| <ul style="list-style-type: none"> <li>• Doing Business As (DBA) name</li> <li>• Business website URL</li> <li>• Provider’s personal information</li> <li>• Service location address change</li> <li>• Service location contact information</li> <li>• Languages spoken</li> <li>• Hours of operation</li> <li>• Payment address change and contact information</li> </ul> | <p>These updates should be requested by completing the appropriate form on the <a href="#">Verify and Update Your Information</a> page of our Provider website:</p> <ul style="list-style-type: none"> <li>• National Provider Identifier (NPI) number or Tax ID number change</li> <li>• Business closure</li> <li>• New provider or new service location</li> <li>• Inactivate a provider or delete a service location</li> <li>• Organization’s business name change</li> <li>• All facility, laboratory, dental and ancillary* provider demographic and other changes</li> </ul> |



PDM is accessible to existing Availity Administrators and users assigned the Provider Data Management role. If you're not an Availity registered user and would like to use this tool, [sign up online](#) today or contact Availity Client Services at 800-282-4548.

For more information, see the [PDM user guide](#) on our [Provider Tools page](#).

\*Ancillary includes Durable Medical Equipment, Orthotics and Prosthetics, Home Health Care, Hospice, Home Infusion, Dialysis, Supportive Living Facilities and Skilled Nursing Facilities.  
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 third party vendors and the products and services they offer.

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## All Contracted Providers Will Now Display in Provider Finder<sup>®</sup>

In [October 2021](#), we told you about the Consolidated Appropriations Act (CAA) of 2021 and its requirements for provider directory information. One requirement is that **all contracted providers** must now be listed in our [Provider Finder](#), including those who chose not to be listed in the past.

- **If you previously chose not to be listed in our Provider Finder, your directory information will now be displayed starting this month.** Directory information includes name, location and office hours, contact information, specialties, languages spoken, credentials, affiliations and whether you're accepting new patients. The address you've provided to Blue Cross and Blue Shield of Illinois (BCBSIL) will be displayed.
- **To verify or update your information,** use the [Availity<sup>®</sup>](#) Provider Data Management feature (preferred) or our [Demographic Change Form](#). Facilities may only use the Demographic Change Form to verify and update information. **Under the CAA, your provider directory information must be verified every 90 days.** Learn more on our [Verify and Update Your Information](#) page.
- To enable BCBSIL to meet the two-day update requirement defined by CAA, **we won't accept changes by email, phone or fax.** Any demographic updates requested through these channels will be rejected and closed.
- If you have questions regarding Illinois HMO, contact your assigned HMO Provider Network Consultant.

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 third party vendors and the products and services they offer.

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## BCBSIL Medical Record Retrieval Summary

Blue Cross and Blue Shield of Illinois (BCBSIL) or a contracted vendor may be contacting you in the coming months for patient medical records for audits, Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) data collections or other programs. To help you keep track of the initiatives and vendors, we've summarized the information below:

| Record Collection Dates | Name of Initiative   | Member Type  | Vendor or BCBSIL               |
|-------------------------|--|--|--------------------------------|
| January – April 2022    | Medicaid HEDIS Medical Record Data Collection  | Medicaid   | Episource and BCBSIL           |
| January – April 2022    | HEDIS Medical Record Data Collection   | Commercial and Retail HMO and Retail PPO                             | BCBSIL                         |
| January – April 2022    | Federal Employee Program <sup>®</sup> (FEP <sup>®</sup> ) HEDIS Medical Record Data Collection           | FEP  | Episource and BCBSIL FEP staff |
| January – May 2022      | Medicare Advantage HEDIS Medical Record Data Collection  | Medicare Advantage   | Episource and BCBSIL           |
| January – October 2022  | Commercial PPO Medical Record Data Collection  | Commercial PPO   | BCBSIL                         |
| May 2022 – January 2023 | 2021 Health and Human Services Risk Adjustment Data Validation (HHS-RADV)/Initial Validation Audit (IVA) | Affordable Care Act (ACA)-compliant individual and small group plans | BCBSIL                         |

|                            |                                  |     |        |
|----------------------------|----------------------------------|-----|--------|
| June –<br>December<br>2022 | Quality Improvement (QI) Project | HMO | BCBSIL |
|----------------------------|----------------------------------|-----|--------|

**Patient authorization for release of medical record data is not required.** These reporting activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160 and 164), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as incorporated in the American Recovery and Reinvestment Act (ARRA) of 2009, and its implementing regulations, each as issued and amended.

We appreciate your time and continued collaboration. If you have any questions about medical record requests, please contact your assigned [Provider Network Consultant \(PNC\)](#).

HEDIS is a registered trademark of NCQA. Use of this resource is subject to NCQA's copyright, found here. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for quality improvement purposes.

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## Imaging Studies for Low Back Pain: New Age Requirements

Low back pain (LBP) is common, affecting about 75% of Americans at some time in their lives. The preferred conservative treatment for uncomplicated LBP is prescription-strength analgesics and physical therapy, according to the [American Association of Neurological Surgeons](#).

**Evidence doesn't support imaging for LBP within the first 28 days of diagnosis**, according to the [National Committee for Quality Assurance \(NCQA\)](#). When not indicated, imaging may expose members unnecessarily to radiation and additional treatment. LBP improves for most people within two weeks of onset.

### Supporting Quality Care

The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) from NCQA measures the appropriate use of diagnostic imaging studies, including X-rays, for LBP. We track data from HEDIS measures to help assess and improve our members' care.

[The LBP measure](#) captures **members ages 18 to 75 with a principal diagnosis of LBP who did not have an imaging study** (plain X-ray, MRI or CT scan) within 28 days of the LBP diagnosis in the following care settings:

- Office visits, outpatient evaluations, telemedicine/telehealth visits, emergency department visits and observation level of care
- Physical therapy and/or osteopathic and/or chiropractic manipulative treatment

A higher score indicates better performance.

### Exclusions for Other Medical Concerns

Imaging within 28 days of diagnosis may be necessary if a member has other medical conditions, such as:

- Cancer
- Recent trauma
- IV drug use
- Neurologic impairment
- Human immunodeficiency virus (HIV)
- Spinal infection

- Major organ transplant
- Prolonged use of corticosteroids

Document the condition and appropriate code, when applicable, to exclude a member with LBP from the HEDIS measure. See [HEDIS Measures and Technical Resources](#) for more details.

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. 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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March 2022

## Closing Gaps in Care for Group Medicare Advantage Members

Through the Blue Cross and Blue Shield (BCBS) [National Coordination of Care program](#), we can work with you to help close gaps in care for **Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>** (Group MA PPO) members. These include Blue Cross and Blue Shield of Illinois (BCBSIL) members with Group MA PPO coverage and Group MA PPO members enrolled in other BCBS plans who are living in Illinois.

### What This Means for Medicare Providers

If we need medical records for Group MA PPO members, you will receive requests only from BCBSIL or our vendor, Change Healthcare. You won't receive requests from multiple BCBS plans or their vendors. We may request medical records for:

- Risk adjustment gaps related to claims submitted to BCBSIL
- Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

### Important Reminders

- Please respond quickly to requests related to risk adjustment, HEDIS and other government-required activities as your contract requires.
- You don't need patient-authorized information releases to fulfill medical records requests and risk adjustment gaps through this program.
- Use [Avality<sup>®</sup> Essentials](#) or your preferred vendor to verify BCBSIL and other BCBS members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:
  - Membership verification
  - Coverage status
  - Prior authorization requirements
  - Provider's network status for the patient's policy
  - Applicable copayment, coinsurance and deductible amounts
- Ask to see the member's ID card and a photo ID to help guard against medical identity theft.
- Notify members that they may be billed directly when services may not be covered.

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

Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification 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.

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. 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 and the products and services they offer.

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# BLUE REVIEW<sup>SM</sup>

A Provider Publication



March 2022



## Any Provider Accepting Medicare Can See Flex Plan Members

In November, we told you about the new [Blue Cross Medicare Advantage Flex \(PPO\)<sup>SM</sup> plan](#). As of Jan. 1, 2022, Flex plan members can see any provider in the U.S. who accepts Medicare. Here are questions and answers about the plan and how it may affect your payments.

### How do I recognize Flex plan members?

You can identify Flex plan members by their Blue Cross and Blue Shield of Illinois (BCBSIL) member ID card. Look for the Flex plan name on the front:

|  |  |   |
|--|--|---|
|  <b>BlueCross BlueShield of Illinois</b> |  | Blue Cross Medicare Advantage (PPO)*  |
| Name: <b>SAMPLECARD</b><br>ID: <b>XOD123456789</b><br>Plan (80840): 9101000211   |  | Office Visit: S<br>Specialist: S<br>Emergency Room: \$                              |
| RxBin: <b>RXBIN</b><br>RxPCN: <b>RXPCN</b><br>RxGrp: <b>RXGROUP</b><br>RxID: <b>RXID</b>                                   |  | Plan: Blue Cross Medicare Advantage Flex (PPO)                                      |
| H8634 014  |  |  |

|   |  |
|---|--|
| <a href="http://www.getblueil.com/mapd">www.getblueil.com/mapd</a>  |  |
|   |  |
| Provider: File medical claims with your local BCBS Plan   | Pharmacy Line: <b>1-877-277-7898</b><br>Customer Service: <b>1-877-774-8592</b><br>TTY/TDD: <b>711</b><br>Nurse Advice Line: <b>1-800-631-7023</b> |
| Medicare Limiting Charges Apply   |  <b>BlueCross BlueShield of Illinois</b>                      |
| PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). | an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.         |

Members may give you information they received with their Flex plan welcome kit that includes a toll-free number for claims questions: **877-774-8592**. Calls are answered between 8 a.m. and 8 p.m. daily.

### Is this a Medicare Supplement plan?

No. This plan is a Medicare Advantage Prescription Drug (MAPD) plan (PPO). It provides access to any provider who accepts Medicare and agrees to bill BCBSIL. It includes medical coverage and prescription drug coverage. All claims are paid by BCBSIL.

## How do Medicare Parts A and B work with the Flex plan?

The Flex plan is a Medicare Advantage PPO plan. It covers the same benefits as Parts A and B as well as additional benefits per plan. Members are required to pay a premium for this plan.

## Who can see Flex plan members?

- Any provider who accepts Medicare assignments and bills BCBSIL can see Flex plan members.
- The Flex plan is an open access plan. Members may access providers contracted with any Blue Cross and Blue Shield (BCBS) plan or non-contracted providers willing to bill BCBSIL.
- Medicare providers don't need to have a Medicare Advantage contract with BCBSIL to see a member under the Flex plan.
- Providers who don't have contracts with Medicare may not accept Flex plan members.

## How do I get reimbursed if my patients are in this plan?

- Follow the billing instructions on the member's ID card and file claims with BCBSIL.
- If you are a Medicare Advantage-contracted provider with any BCBS plan, you will be paid at your contracted rate. You are required to follow utilization management review requirements and guidelines. Learn more about prior authorization below.
- If you are not a Medicare Advantage-contracted provider with BCBS, you will receive the Medicare allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount. You do not need to follow prior authorization guidelines.
- If you have questions about submitting claims or receiving payment, call 877-774-8592 between 8 a.m. and 8 p.m. daily.

## What if I treat a member outside their plan service area?

Follow the billing instructions on the member's ID card and bill BCBSIL.

## Are prior authorizations required for the Flex plan?

Some services require prior authorization. Learn about utilization management and view our [prior authorization summary and code lists](#) on our website. Always check eligibility and benefits first via [Availity Essentials®](#) or your preferred web vendor prior to rendering care to our members. This step will confirm prior authorization requirements and utilization management vendors, if applicable. If you have questions specific to Flex plan members, call 877-774-8592.

**For non-participating providers:** You aren't required to follow utilization management guidelines. However, you may request a review to confirm medical necessity, as is typical for other MAPD PPO plans.

## Can Medicare recipients with pre-existing health conditions enroll in this plan?

Yes. Like all Medicare Advantage plans offered through BCBSIL, there are no pre-existing exclusions with the Flex plan.

Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification 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.

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.

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# BLUE REVIEW<sup>SM</sup>

A Provider Publication

March 2022

## New Laboratory Management Program To Begin on May 1, 2022

You may have seen [the communication](#) about the launch of our new Laboratory Benefit Management program with Avalon Health Solutions. We delayed this launch because we made improvements to the program.

**On May 1, 2022, Blue Cross and Blue Shield of Illinois (BCBSIL)** will launch its new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members.

***This program does not apply to government programs or any of our HMO members.***

### The new program will:

- Help ensure our members have access to the right care at the right time and in the right setting
- Better prepare you to submit claims that support and reflect high quality, affordable care delivery to our members

See below for **key points and provider resources** to help you prepare.

### Policy Updates

Watch for new and revised [Clinical Payment and Coding Policies](#) effective on **May 1, 2022**, related to certain laboratory services, tests and procedures.

### Affected Claims

Our new program may include:

- Outpatient laboratory claims with dates of service beginning **May 1, 2022**
- Claims for services performed in an outpatient setting (typically office, hospital outpatient or independent laboratory)

Note: Laboratory services provided in an emergency room, hospital observation or hospital inpatient setting are **excluded** from this program. Member coverage terms still apply.

### Self-service Trial Claim Advice Tool via Availity® Essentials

Beginning on **May 1, 2022**, registered Availity users can get free access to Avalon's Trial Claim Advice Tool, which is available 24/7. This tool allows you to enter laboratory procedure and diagnosis codes to see – before submitting a claim –

the potential outcome of your claim. **Not registered for Availity?** [Sign up online today](#), at no cost.

**Note:** The Trial Claim Advice Tool does not guarantee approval, coverage, or reimbursement for health care services. Potential claim outcomes provided by Avalon's Trial Claim Advice Tool consider information entered in the tool for the date of service entered and historical claims finalized through the prior business day and may link to applicable policies and/or guidelines.

### **Provider Training**

Attend free webinars on how to use Avalon's Trial Claim Advice Tool and learn more about the Laboratory Benefit Management program. To register, select your preferred date and time from the list below:

- [April 5, 2022 – 1 to 2 p.m., CT](#)
- [April 12, 2022 – 1 to 2 p.m., CT](#)

### **For More Information**

Continue to watch [News and Updates](#) for future program updates.

***This program does not apply to government programs or any of our HMO members.***

Avalon Health Solutions (Avalon) is an independent company that provide claims management services for members with coverage through BCBSIL. 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 third party vendors and the products and services they offer.

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## What to Include When Emailing Our Provider Network Consultant Team

Our Provider Network Consultants (PNCs) serve as the liaison between Blue Cross and Blue Shield of Illinois (BCBSIL) and our independently contracted provider community. Professional PNCs are assigned by region so that you and your staff have a dedicated team to contact via email for help. Among other services, your assigned PNC can help keep you up-to-date on BCBSIL initiatives, alert you of training opportunities and help you adhere to financial requirements and contractual compliance.

**If have questions about credentialing or contracting, you can email the professional PNC team assigned to your region.** For a list of email addresses, refer to our [Professional PNC Assignments list](#).\*

**\*Quick tip: Select only *one* mailbox from the list to help expedite your inquiry. (Copying multiple mailboxes will only delay the response time.)**

So that the assigned PNC team may quickly and efficiently assist you, **include all *applicable* information from the list below** in your email inquiry:

- Group Name
- Group/Provider Tax ID
- Billing National Provider Identifier (NPI)
- Rendering Provider Name:
- Rendering Provider NPI
- Council for Affordable Quality Healthcare (CAQH®) Number:
- Provider License Number
- Case Number
- Full Description of Issue

**Remember: The PNCs *aren't* your first point of contact for claim-related issues.** For inquiries about **commercial claim issues**, contact our Provider Telecommunications Center (PTC) at 800-972-8088 – just follow the prompts to direct your call. **For commercial claims**, registered [Avality® Essentials](#) users can access the [Claim Inquiry Resolution \(CIR\) tool](#) for online assistance with specific inquiries on finalized claims. For **government programs (Medicare Advantage and Illinois Medicaid) claim inquiries**, call the customer service number on the member's ID card.

If you need further help with a claim-related inquiry, you can email your assigned PNC team. Include all of the applicable information from the list above, along with the following additional information:

- Claim Number
- Call Reference Number from the PTC (format will be 1-1xxxxxxx) **or** CIR Number (commercial claims only)

### Monthly Provider Hot Topics Webinar

We appreciate hearing from you via email, and we also hope you'll join us the first week of every month for our Provider Hot Topics webinars. Our PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. This month's Hot Topics webinar is on [March 10, 2022, at 10 a.m. – register now!](#) We look forward to connecting with you.

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

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## Provider Learning Opportunities

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

### 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

*Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.*

[March 9, 2022](#)  
[March 16, 2022](#)  
[March 23, 2022](#)  
[March 30, 2022](#)

11 a.m. to noon

#### Availity Claim Status and Clinical Claim Appeals

*Learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.*

[March 10, 2022](#)  
[March 17, 2022](#)  
[March 24, 2022](#)  
[March 31, 2022](#)

11 a.m. to noon

#### 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.*

[March 17, 2022](#)

1 to 2 p.m.

|   |  |   |
|---|--|---|
| <p><b>Availity Orientation: Save Time and Go Online</b><br/> <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>   | <p><a href="#">March 8, 2022</a><br/> <a href="#">March 15, 2022</a><br/> <a href="#">March 22, 2022</a><br/> <a href="#">March 29, 2022</a></p> | <p>11 a.m. to noon</p>                      |
| <p><b>Behavioral Health Webinar: Differential Diagnoses of Depression: Assessment and Treatment</b><br/> <i>Discussion will include a high-level overview of depression and differential diagnoses, as well as assessment and treatment. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).</i></p>   | <p><a href="#">March 7, 2022</a><br/> <a href="#">March 9, 2022</a></p>  | <p>8 to 9 a.m.<br/> 9 to 10 a.m.</p>        |
| <p><b>BCCHP<sup>SM</sup> and MMAI Required Provider Training Webinars</b><br/> <i>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 &amp; Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).</i></p> | <p><a href="#">March 15, 2022</a></p>  | <p>1 to 3 p.m.</p>                          |
| <p><b>Blue Cross Medicare Advantage PPO<sup>SM</sup> and HMO Provider Orientation</b><br/> <i>For providers who are newly in our Medicare Advantage network. This orientation webinar will give you the opportunity to ask questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review, and additional resources.</i></p>  | <p><a href="#">March 15, 2022</a></p>  | <p>10 to 11:30 a.m.</p>                     |
| <p><b>Monthly Provider Hot Topics Webinar</b><br/> <i>Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants (PNCs) learn about upcoming initiatives, program changes and updates, as well as general network announcements.</i></p>  | <p><a href="#">March 10, 2022</a></p>  | <p>10 to 11:30 a.m.</p>                     |
| <p><b>Orientation Webinars for New Commercial Providers</b><br/> <i>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.</i></p>  | <p><a href="#">March 10, 2022</a><br/> <a href="#">March 23, 2022</a></p>  | <p>3 to 4:30 p.m.<br/> 10 to 11:30 a.m.</p> |
| <p><b>Orientation Webinars for New MMAI and/or BCCHP Providers</b><br/> <i>Learn how we can best work together to improve the health of our member. 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.</i></p>  | <p><a href="#">March 9, 2022</a><br/> <a href="#">March 24, 2022</a></p>   | <p>10 to 11:30 a.m.<br/> 3 to 4:30 p.m.</p> |



provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors and the products and services they offer.

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.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians, nurses, physician assistants, physical and occupational therapists, and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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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## 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.

**Effective March 1, 2022, we will update select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90759 Current Procedural Terminology (CPT<sup>®</sup>) code ranges. Please note that not all CPT codes in this range will be affected.**

### **FEE SCHEDULE UPDATE:**

**Effective June 1, 2022, BCBSIL will launch its annual update of the Schedule of Maximum Allowances (SMA) including Durable Medical Equipment (DME) supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services (CMS) to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2022, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPO<sup>SM</sup> fee schedules for professional providers. Providers may request fee schedules for this update starting May 26, 2022.**

The information above is not intended to be an exhaustive listing of all changes. For more information on the above change(s), use our Fee Schedule Request Form and specifically request the updates on the codes listed in the *Blue Review*. Annual and quarterly fee schedule updates may be requested by using the Fee Schedule Request Form. The downloadable form is available on the [Forms page](#) on our Provider website. Professional providers participating in our Preferred Provider Option (PPO) and Blue Choice PPO<sup>SM</sup> networks may use the [Fee Schedule Listing tool](#) on [Availity<sup>®</sup> Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.

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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 affect 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 also may 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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# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 – Part 1

Posted January 27, 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 April 1, 2022 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the April 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 April 1, 2022**

| Non-Preferred Brand <sup>1</sup>   | Drug Class/<br>Condition Used<br>For | Preferred Generic<br>Alternative(s) <sup>2</sup>  | Preferred Brand<br>Alternative(s) <sup>1, 2</sup> |
|--|--------------------------------------|---|---|
| <b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions</b> |                                      |   |   |
| INTELENCE (etravirine tab 100 mg, 200 mg)  | HIV                                  | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |   |
| KALETRA (lopinavir-ritonavir tab 100-25 mg, 200-50 mg)                               | HIV                                  | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |   |

|  |   |   |   |
|--|---|---|---|
| SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))   | Cancer  | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |   |
| <b>Drug<sup>1</sup></b>  | <b>Drug Class/<br/>Condition Used<br/>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 List Revisions</b>  |   |   |   |
| ALREX (loteprednol etabonate ophth susp 0.2%)  | Allergic Conjunctivitis                       | Prednisolone acetate ophthalmic suspension  |   |
| BENAZEPRIL HCL/<br>HYDROCHLOROTHIAZIDE<br>(benazepril & hydrochlorothiazide tab 5-6.25 mg)                                       | Hypertension                                  | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>                               |   |
| CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg)                                     | Parkinson's Disease                           | carbidopa/levodopa tablets  |   |
| LITHIUM CARBONATE (lithium carbonate cap 300 mg)   | Bipolar Disorder                              | lithium carbonate tablets   |   |
| METHYLDOPA (methyldopa tab 250 mg, 500 mg)   | Hypertension                                  | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>                               |   |
| PEG-PREP (bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit)   | Bowel Prep                                    | peg-3350/Nacl/Na Bicarbonate/Kcl  |   |
| TRANDOLAPRIL/<br>VERAPAMIL HCL ER<br>(trandolapril-verapamil hcl tab er 2-180 mg, er 4-240 mg)                                   | Hypertension                                  | trandolapril tablets, verapamil ER tablets  |   |
| <b>Balanced and Performance Select Drug List Revisions</b>   |   |   |   |
| CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 25-250 mg)  | Parkinson's Disease                           | carbidopa/levodopa tablets  |   |
| HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 12hr 15 mg, 12hr 20 mg, 12hr 30 mg, 12hr 40 mg, 12hr 50 mg) | Pain  | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>                               |   |
| <b>Balanced Drug List Revisions</b>  |   |   |   |
| DAPSONE (dapson gel 7.5%)  | Acne  | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>                               |   |

|  |  |  |  |
|--|--|--|--|
| PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg (base eq)) | Inflammatory Conditions                      | prednisone tablets   |  |
| <b>Balanced, Performance and Performance Select Drug List Exclusions</b>                                     |  |  |  |
| BROVANA (arformoterol tartrate soln nebu 15 mcg/ 2 ml (base equiv))  | Chronic Obstructive Pulmonary Disease (COPD) | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| EPANED (enalapril maleate oral soln 1 mg/ml)   | Hypertension                                 | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| FOLBIC (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)  | Dietary Supplement                           | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.</i> |  |
| INTELENCE (etravirine tab 100 mg, 200 mg)  | HIV  | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| NIVA-FOL (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)  | Dietary Supplement                           | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.</i> |  |
| SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))                               | Cancer                                       | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| <b>Performance and Performance Select Drug List Exclusions</b>   |  |  |  |
| calcipotriene oint 0.005%  | Plaque Psoriasis                             | calcipotriene cream 0.005%   |  |
| isosorbide dinitrate tab 40 mg   | Angina                                       | isosorbide dinitrate 20 mg tablets   |  |
| MYTESI (crofelemer tab delayed release 125 mg)   | HIV/AIDS-associated Diarrhea                 | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| zolpidem tartrate sl tab 1.75 mg, 3.5 mg   | Insomnia                                     | zaleplon tablets, zolpidem tablets   |  |
| <b>Balanced and Performance Select Drug List Exclusions</b>  |  |  |  |
| BYSTOLIC (nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent))                                    | Hypertension                                 | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>  |  |
| <b>Performance Select Drug List Exclusions</b>   |  |  |  |
| brinzolamide ophth susp 1%   | Glaucoma, Ocular Hypertension                | dorzolamide 2% solution  |  |
| imiquimod cream 3.75%  | Actinic Keratosis                            | imiquimod 5% cream   |  |
| pimecrolimus cream 1%  | Atopic Dermatitis                            | tacrolimus cream   |  |

<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.

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. 1, 2022:**

| <b>Drug Class and Medication(s)<sup>1</sup></b>                                    | <b>Dispensing Limit(s)</b> |
|--|----------------------------|
| <b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b> |                            |
| <b>Accrufer</b>  |                            |
| Accrufer 30 mg (ferric maltol)*  | 60 tablets per 30 days     |
| <b>Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend</b>           |                            |
| Brexafemme 150 mg (ibrexafungerp)*   | 4 tablets per 90 days      |
| <b>Elagolix/Relagolix</b>  |                            |
| Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*               | 30 tablets per 30 days     |
| <b>Kerendia</b>  |                            |
| Kerendia 10 mg (finerenone)*   | 30 tablets per 30 days     |
| Kerendia 20 mg (finerenone)*   | 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:**

| <b>Drug Class and Medication(s)<sup>1</sup></b>  | <b>Dispensing Limit(s)</b> |
|--|----------------------------|
| <b>Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists</b> |                            |
| <b>Anti-Influenza Agents</b>   |                            |
| Tamiflu (oseltamivir) 6 mg/mL suspension   | 300 mL per 120 days        |
| <b>Therapeutic Alternatives</b>  |                            |
| Ecoza 1% foam (econazole nitrate)  | 70 grams per 30 days       |
| Ertaczo 2% Cream (sertaconazole nitrate)   | 60 grams per 30 days       |
| Exelderm 1% Cream (sulconazole nitrate)  | 60 grams per 30 days       |
| Exelderm 1% Solution (sulconazole nitrate)   | 30 mL per 30 days          |
| Luzu 1% cream (luliconazole)   | 60 grams per 30 days       |
| naftifine cream 1%   | 60 grams per 30 days       |
| Naftin 2% cream (naftifine)  | 60 grams per 30 days       |
| Oxistat 1% cream (oxiconazole)   | 120 grams per 30 days      |
| Oxistat 1% lotion (oxiconazole)  | 120 mL per 30 days         |
| <b>Basic and Enhanced Drug Lists</b>   |                            |
| <b>Accrufer</b>  |                            |
| Accrufer 30 mg (ferric maltol)   | 60 tablets per 30 days     |
| <b>Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend</b>                         |                            |
| Brexafemme 150 mg (ibrexafungerp)  | 4 tablets per 90 days      |
| <b>Elagolix/Relagolix</b>  |                            |

|   |                        |
|---|------------------------|
| Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate) | 30 tablets per 30 days |
| <b>Kerendia</b>   |                        |
| Kerendia 10 mg (finerenone)   | 30 tablets per 30 days |
| Kerendia 20 mg (finerenone)   | 30 tablets per 30 days |

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

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

Effective **April 1, 2022**, the Deferasirox Specialty PA program will change its name to Iron Chelation. The program includes the same targeted medication, Exjade and Jadenu, and a new one, Ferriprox. This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Please see the tables below for additional changes to the standard PA programs.

| <b>Effective Date</b> | <b>PA Program</b>    | <b>Description of Change</b>               | <b>Target Drug</b> | <b>Drug Lists</b>  | <b>PA or Specialty PA</b> |
|-----------------------|----------------------|--|--------------------|--|---------------------------|
| 4/1/2022              | Cholestasis Pruritis | Adding new target drug to existing program | Livmarli           | 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select | Specialty PA              |
| 4/1/2022              | Opzelura             | New program                                | Opzelura           | 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select | PA                        |
| 4/1/2022              | Tavneos              | New program                                | Tavneos            | 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select | Specialty PA              |
| 4/1/2022              | Tyvaya               | New program                                | Tyvaya             | 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select | PA                        |

| Effective Date | PA Program         | Description of Change     | Drug Lists   | PA or Specialty PA |
|----------------|--------------------|---------------------------|--|--------------------|
| 4/1/2022       | Multiple Sclerosis | New criteria requirements | Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select           | Specialty PA       |
| 4/1/2022       | Ocaliva            | New criteria requirements | Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select | Specialty PA       |

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

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

| Drug Category                        | Targeted Medication(s) <sup>1</sup>                        |
|--------------------------------------|--|
| <b>Basic and Enhanced Drug Lists</b> |  |
| Accrufer                             | Accrufer 30 mg (ferric maltol)*                            |
| Kerendia                             | Kerendia 10 mg (finerenone)*, Kerendia 20 mg (finerenone)* |

<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.

**Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2022:**

| Drug Category   | Targeted Medication(s) <sup>1</sup>  |
|---|--|
| <b>Basic, Enhanced and Balanced Drug Lists</b>                    |  |
| Therapeutic Alternatives  | Denavir Cream 1% (penciclovir)*, econazole nitrate 1% foam*, Ertaczo 2% Cream (sertaconazole nitrate)*, Exelderm 1% Cream (sulconazole nitrate)*, Exelderm 1% Solution (sulconazole nitrate)*, Luzu 1% cream (luliconazole)*, naftifine 1% cream*, Naftin 2% Cream (naftifine)*, Naftin 2% Gel (naftifine)*, Treximet 85-500 mg tablet (sumatriptan-naproxen sodium)*, Zovirax Cream 5% (acyclovir)* |
| <b>Basic and Enhanced Drug Lists</b>                              |  |
| Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend | Brexafemme 150 mg (ibrexafungerp)*   |
| Elagolix/Relagolix  | Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*   |
| Therapeutic Alternatives  | Naftin 1% Gel (naftifine)*   |

<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.

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.

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

March 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](#). It's important to [verify and update your information](#) on a regular basis. 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) 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 only use 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 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're 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'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, use the [Case Status Checker](#).

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

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

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