

BLUE REVIEWSM

A Provider Publication

May 2022

■ Electronic Options

Telehealth Information for Provider Directories: What We're Collecting and How to Make Updates

In accordance with Illinois Senate Bill 332, which amends the Illinois Network Adequacy and Transparency Act, we're required to update our printed directory and online Provider Finder® to show telehealth information for each contracted provider.

[Read More](#)

■ Claims and Coding

Telehealth Update: Using Place of Service (POS) Codes on Commercial Claims

Blue Cross and Blue Shield of Illinois (BCBSIL) has updated its telehealth reimbursement guidelines for commercial claims due to recent Centers for Medicare & Medicaid Services (CMS) updates.

[Read More](#)

Coding Update: Breast Augmentation and Removal for Gender Affirming Surgery

The American Medical Association (AMA) recently updated their guidance for the correct Current Procedural Terminology (CPT®) codes to use when filing claims for breast removal and breast augmentation as part of gender reassignment surgeries. BCBSIL has updated its system to align with AMA and American Academy of Professional Coders (AAPC) billing guidance.

[Read More](#)

Postponed: New Lab Policies and Laboratory Benefit Management Program

On [April 28, 2022](#), we announced that BCBSIL has postponed the launch of its new lab policies and laboratory management program associated with Avalon Healthcare Solutions, previously scheduled for May 1, 2022. Watch [News and Updates](#) for future program announcements.

BCCHPSM Billing Update for Manually Priced Durable Medical Equipment (DME) Devices (B4160 and B4161)

Based on the Healthcare Common Procedure Coding System (HCPCS) manual narrative description of billing specification for HCPCS codes B4160 and B4161, every 100 calories of formula dispensed should be reported as 1 unit for both services. [Read more on News and Updates](#).

■ Clinical Updates, Resources and Reminders

Government Programs Prior Authorization (PA) Update: Code Changes, Effective July 1, 2022

BCBSIL is changing prior authorization (PA) requirements for Blue Cross Medicare Advantage (PPO)SM (MA PPO), Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. [Read more on News and Updates](#).

■ What's New

New Medication Delivery Program Offers Dose-packaging for Medicaid Members

We've launched a program with Affinity Patient Coordination (Affinity) to help our eligible BCCHP members follow prescribed medication regimens. [Read more on News and Updates](#).

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective May 1, 2022 – Part 2

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

Pharmacy Program Updates: Prior Authorization Changes Effective June 2022 and July 2022 – Part 2

The 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](#).

■ Wellness and Member Education

Help Your Patients Keep Their Illinois Medicaid Benefits

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time.

[Read More](#)

■ Community Involvement

Free Programs at Blue Door Neighborhood CenterSM for Mother's Day, Mental Health Awareness Month and National Physical Fitness and Sports Month

In May, our Blue Door Neighborhood Center (BDNCSM) locations will provide programming around women's preventive health, mental health and physical fitness.

[Read More](#)

■ Focus on Behavioral Health

Your Patients' Wellness Can't Wait

Regular health screenings, immunizations, and wellness checkups can help detect health issues early, when they may be easier to treat. Your patients' **Wellness Can't Wait**. If your patients have missed annual exams or preventive screenings, you may want to reach out to them to set up an appointment.

[Read More](#)

Follow-Up Care for Substance Abuse Disorders

We encourage providers to talk with our members about the signs of substance abuse disorder and urge them to seek help, if appropriate.

[Read More](#)

■ Quality Improvement and Reporting

Supporting Care During and After Pregnancy

For pregnant and postpartum women, care visits can set the stage for their well-being and the long-term well-being of their infants, according to the American College of Obstetricians and Gynecologists. We encourage you to discuss timely care with our members during and after pregnancy.

[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](#)

■ Notification and Disclosure

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. 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.

[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.](#)

bcbsil.com

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May 2022

Telehealth Information for Provider Directories: What We're Collecting and How to Make Updates

In accordance with Illinois Senate Bill 332, which amends the Illinois Network Adequacy and Transparency Act, we're required to update our printed directory and online Provider Finder[®] to show telehealth information for each contracted provider.

We've started collecting telehealth information from commercial providers contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) in our PPO, HMO, and Blue Choice PPOSM networks. [In previous notices](#), we outlined a roster process to update your telehealth information if you participate in any of these commercial networks.

More Collection Methods

On **April 12, 2022**, we announced the added option to share your telehealth information with BCBSIL using one of our online forms:

- [Demographic Change Form](#) – For **existing providers** to update their information
- [Provider Onboarding Form](#) – For **new providers** (not currently in our network) to add their information

If you **haven't already updated** your telehealth information, please use one of the update methods above **or** complete the following steps to use the roster process:

- Send a request with your Tax ID to the [Illinois Provider Roster Requests team](#) and ask for a current copy of your roster.
- Complete the telehealth fields for each provider on the roster; **and**
- Send the roster back to the [Illinois Provider Roster Requests team](#) as soon as possible.

What telehealth information is being collected?

To help you prepare, here's a list of the 12 fields you'll see in the online form, along with definitions to help clarify how you may want to answer.

The first two fields refer to the modalities your office provides:

1. **Telehealth available audio only (Yes or No)** – *Telehealth appointments that are conducted without video. Examples include appointments conducted by phone discussion.*

	<p>2. Telehealth available audio and video (Yes or No) – <i>Telehealth appointments that are conducted with both audio and video. Examples include appointments done over Skype or Webex or FaceTime.</i></p>
<p>The third field refers to adding a remote family caregiver* to the patient’s telehealth visit, if the patient wishes to, and provides consent to do this:</p>	<p>3. Telehealth w/Family Caregiver in Different Place (Yes or No) –Appointments where the patient, provider, and family caregiver are in separate locations.</p> <p><i>*Note: ‘Family caregiver’ means a relative, partner, friend, or neighbor who has a significant relationship with the patient and administers or assists them with activities of daily living, instrumental activities of daily living, or other medical or nursing tasks for the quality and welfare of that patient.</i></p>
<p>Fields 4 through 12 refer to the types of services your office could offer via telehealth:</p>	<p>4. Telehealth Medical Care (Yes or No) – <i>Types of services typically referred to as ordinary and usual outpatient professional services rendered by a physician or other health care provider during a professional visit for treatment of an illness or injury.</i></p> <p>5. Telehealth Consultation (Yes or No) – <i>Types of services related to the act of seeking assistance via telehealth from one or more other physicians or other health care providers for diagnostic studies, therapeutic interventions, or other services that may benefit the patient.</i></p> <p>6. Telehealth Hospice (Yes or No) – <i>Types of services related to the comprehensive, holistic program of care and support for terminally ill patients and their families that can be done via telehealth.</i></p> <p>7. Telehealth Hearing Items and Services (Yes or No) – <i>Types of services done via telehealth to help improve hearing.</i></p> <p>8. Telehealth Vision Items or Services (Yes or No) – <i>Types of services done via telehealth to help improve vision.</i></p> <p>9. Telehealth Outpatient Mental Health Treatment (Yes or No) – <i>Types of services typically referred to as outpatient mental health services that are done via telehealth. Treatments could include individual or group counseling, outpatient anxiety treatment, depression treatment, stress management skills, and family therapy.</i></p> <p>10. Telehealth Occupational Therapy (Yes or No) – <i>Types of services done via telehealth that help people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations).</i></p> <p>11. Telehealth Physical Therapy (Yes or No) – <i>Types of services related to the evaluation, assessment, and treatment of individuals with limitations in functional mobility.</i></p> <p>12. Telehealth Other Medical Items or Services (Yes or No) – <i>Other services conducted via telehealth when appropriate as determined by a physician or other health care provider.</i></p>

We’re Here to Help

If you have questions on this notice, contact your assigned [Provider Network Consultant \(PNC\)](#).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Telehealth Update: Using Place of Service (POS) Codes on Commercial Claims

Blue Cross and Blue Shield of Illinois (BCBSIL) has updated its **telehealth reimbursement guidelines for commercial claims** due to recent Centers for Medicare & Medicaid Services (CMS) updates.

What's different?

[CMS recently made updates](#) to the telehealth POS codes:

- One code was revised – The POS 02 description was changed from “Telehealth or Telemedicine” to “Telehealth Provided Other than in Patient’s Home.”
- One code was added – POS 10, “Telehealth Provided in Patient’s Home,” is new.

How does this affect commercial claims?

The modified POS 02 description doesn't impact the services covered for commercial members. **BCBSIL will notify you when POS 10 should be used** for commercial telehealth claims, as appropriate.

Follow these guidelines for commercial telehealth claims:*

- **Continue using POS 02**, even when telehealth is provided in a patient's home.
- **Use appropriate modifiers (GT or 95)** if the procedure code isn't inherently telehealth in the description.
- **Don't use POS 10 until instructed to do so.** Commercial claims using POS 10 for telehealth provided in a patient's home may be rejected.

A reminder about POS 11: As of Jan. 1, 2022, telehealth services follow standard benefits, according to details of the member's health benefit plan. If BCBSIL receives a claim that uses POS 11, the claims will **not** be considered as telehealth, regardless of the procedure code, modifier and/or other claim criteria. If you submitted a telehealth claim using POS 11 for dates of service on or after Jan. 1, 2022, please resubmit/send a corrected claim.

*The instructions above apply only to claims for telehealth services provided to commercial BCBSIL members. For Medicare Advantage member claims, continue to follow CMS billing guidelines, including appropriate use of POS 02 and POS 10.

For More Information

Continue to watch the [News and Updates](#) and [Blue Review](#) for future notices on telehealth and other important topics.

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

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Coding Update: Breast Augmentation and Removal for Gender Affirming Surgery

The American Medical Association (AMA) recently updated their guidance for the correct Current Procedural Terminology (CPT®) codes to use when filing claims for breast removal and breast augmentation as part of gender reassignment surgeries. Blue Cross and Blue Shield of Illinois (BCBSIL) has updated its system to align with AMA and American Academy of Professional Coders (AAPC) billing guidance, as summarized below.

What's New

For gender affirming breast reduction and/or removal for transgender male and non-binary members, the AMA and AAPC guidance is to **use CPT code 19318** for breast reduction/reduction mammoplasty. **Claims for gender affirming breast reduction and/or removal for transgender male and non-binary members should *not* be coded with 19303 for complete mastectomy +19350 for nipple/areola reconstruction.**

Background

The AMA recommends the use of **CPT code 19303** for the **treatment or prevention of breast cancer**. It recommends **CPT code 19318** for **reduction mammoplasty** when breast tissue is removed for breast-size reduction and **not for treatment or prevention of breast cancer**.

The AAPC **does not** recommend the use of **CPT code 19350** for nipple reconstruction in **transmasculine gender reassignment**. AAPC advises that **CPT code 19318** may be used to reflect reshaping of the nipple for cosmetic purposes.

BCBSIL Resources

Refer to BCBSIL [Medical Policy SUR717.001 - Gender Assignment Surgery and Gender Reassignment Surgery with Related Services](#) for more information. **Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL [Provider Manual](#).**

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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 2

Posted April 13, 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 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 additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSIL drug lists.

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

Changes effective Sept. 19, 2021 – April 1, 2022 are outlined below.

Drug List Coverage Additions – As of Sept. 19, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
THALITONE (chlorthalidone tab 15 mg)	Hypertension, Edema

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

Drug List Coverage Additions – As of Oct. 3, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
everolimus tab 10 mg (generic for AFINITOR)	Cancer

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

Drug List Coverage Additions – As of Oct. 10, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (generic for AFINITOR DISPERZ)	Cancer
Balanced Drug List	
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg)	Hypercholesterolemia

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

Drug List Coverage Additions – As of Oct. 17, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
azathioprine tab 75 mg, 100 mg	Renal Transplant Rejection, Rheumatoid Arthritis

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

Drug List Coverage Additions – As of Oct. 29, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2 ml)	Covid-19 Prophylaxis
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Prophylaxis

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

Drug List Coverage Additions – As of Oct. 31, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 30 mg, 90 mg)	Hypercholesterolemia

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

Drug List Coverage Additions – As of Nov. 14, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
diclofenac potassium tab 25 mg	Pain/Inflammation

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

Drug List Coverage Additions – As of Nov. 21, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg)	Hypertension

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

Drug List Coverage Additions – As of Nov. 28, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
everolimus tab 1 mg (generic for ZORTRESS)	Cancer

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

Drug List Coverage Additions – As of Dec. 5, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
atropine sulfate ophth soln 1% (generic for ATROPINE SULFATE)	Cycloplegic Refraction, Uveitis
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
carglumic acid soluble tab 200 mg (generic for CARBAGLU)	Hyperammonemia
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml)	Hypoglycemia
Balanced and Performance Select Drug Lists	
adapalene-benzoyl peroxide gel 0.3-2.5% (generic for EPIDUO FORTE)	Acne
Balanced Drug List	
EULEXIN (flutamide cap 125 mg)	Cancer
FLUORIMAX 5000 SENSITIVE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis
naftifine hcl cream 2%	Antifungal (Topical)
OXYCODONE AND ACETAMINOPHEN (oxycodone w/ acetaminophen tab 7.5-300 mg)	Pain

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

Drug List Coverage Additions – As of Dec. 12, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
IMITREX STATDOSE REFILL (sumatriptan succinate solution cartridge 6 mg/0.5 ml)	Migraine

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

Drug List Coverage Additions – As of Jan. 1, 2022

Drug ¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced, Multi-Tier Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 100 mg/0.67 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	Menorrhagia
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
SEMGLEE ² (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
SEMGLEE ² (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
Balanced and Performance Select Drug Lists	
GEMTESA (vibegron tab 75 mg)	Overactive Bladder
Balanced Drug List	
NOCDURNA (desmopressin acetate sublingual tab 55.3 mcg)	Nocturnal Polyuria
zolmitriptan nasal spray 5 mg/spray unit	Migraine
Performance and Performance Annual Drug Lists	
INSULIN GLARGINE ³ (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
INSULIN GLARGINE ³ (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes

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

² SEMGLEE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted SEMGLEE as a coverage tier change.

³ INSULIN GLARGINE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted INSULIN GLARGINE as a coverage tier change.

Drug List Coverage Additions – As of March 1, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
REZUROCK (belumosudil mesylate tab 200 mg)	Graft-versus-host-disease
Balanced and Performance Select Drug Lists	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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

Drug List Coverage Additions – As of March 15, 2022

Drug ¹	Drug Class/Condition Used For
Performance and Performance Annual Drug Lists	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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

Drug List Coverage Additions – As of April 1, 2022

Drug ¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
DIFICID (fidaxomicin for susp 40 mg/ml)	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	Chronic Thrombocytopenia
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
EXKIVITY (mobocertinib succinate cap 40 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 9.5 mg/ml)	Cholestatic Pruritus associated with Alagille Syndrome
WELIREG (belzutifan tab 40 mg)	Von Hippel-Lindau Syndrome
Balanced Drug List	
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	Lupus, Malaria
ibuprofen-famotidine tab 800-26.6 mg (generic for DUEXIS)	Rheumatoid Arthritis, Osteoarthritis
LOREEV XR (lorazepam cap er 24hr sprinkle 1 mg, 2 mg, 3 mg)	Anxiety
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg, 200 mg)	Depression

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

Drug List Updates (Coverage Tier Changes) – As of Nov. 7, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
propranolol hcl oral soln 20 mg/5 ml	Non-Preferred Generic	Hypertension

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

Drug List Updates (Coverage Tier Changes) – As of April 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
DIFICID (fidaxomicin for susp 40 mg/ml)	Preferred Brand	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Preferred Brand	Clostridium difficile

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Clarifications to the Standard Utilization Management (UM) Programs
 - The April Quarterly Pharmacy Changes Part 1 article incorrectly stated the Deferasirox Specialty Prior Authorization (PA) program will change its name to Iron Chelation and add a new target drug, Ferriprox, effective April 1, 2022. **The name change and target drug addition will be effective July 1, 2022.**
 - The January Quarterly Pharmacy Changes Part 2 article mistakenly mentioned the following:
 - The Enzyme Deficiency Specialty PA program changed its name to Phenylketonuria, effective Jan. 1, 2022. **The correct effective date was Feb. 1, 2022.**
 - The standard Insulin Agents PA program changed its name to Rapid to Immediate Acting Insulin, effective Jan. 1, 2022. The correct name change is: **Rapid to Intermediate Acting Insulin.**
 - Cholestasis Pruritus Specialty PA program was misspelled in the January Quarterly Pharmacy Changes Part 2 and April Quarterly Pharmacy Changes Part 1 articles.
- Effective **Jan. 1, 2022**, the Antifungal Agents – Onychomycosis PA program changed its name to Onychomycosis. The program includes the same targeted medication.
- Effective **March 15, 2022**, the Cystic Fibrosis Specialty PA program changed its name to Cystic Fibrosis Transmembrane Conductance Regulator (CFTR). The program includes the same targeted medication.

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 and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Diabetic Test Strips at a Reduced Cost-share

As a reminder, effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips moved to a lower member payment tier from a preferred brand tier to either a non-preferred generic or generic tier, based on plan benefits.

Details: This applies across all drug lists for our group BCBSIL members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits still apply.
- Any additional charges for using a non-preferred or out-of-network pharmacy still apply. Note: Some members' benefit plans may include a Preferred Pharmacy Network, which offers reduced out-of-pocket expenses if members use a preferred pharmacy instead.
- The drug list publications do not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. 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 REVIEWSM

A Provider Publication

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Help Your Patients Keep Their Illinois Medicaid Benefits

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. Unfortunately, your patients may not be familiar with the redetermination process or how it applies to them.

If you provide care and services to our **Blue Cross Community Health PlansSM (BCCHPSM)** members, we're asking for your help to boost awareness.

Please use the talking points below to start a discussion on Illinois Medicaid redetermination, and simple steps your patients can take to stay ahead of the process.

If BCCHP members need more information, they can call the Customer Service number on their BCBSIL member ID card.

Illinois Medicaid Member Alert: Don't Risk Losing Your Health Insurance

Once annually, as an Illinois Medicaid member, you may have to complete a renewal process to keep your benefits. This process is called redetermination, or Rede.

You may have to complete your Rede paperwork once the COVID-19 Public Health Emergency ends, too.

The Illinois Department of Health and Family Services (HFS) needs to be able to send you important information so you can complete your redetermination.

It's important to update your mailing address on file with HFS, using the best address where mail can always reach you.

You can update your address online or by phone. **It's easy, fast, and free!**

- **Online** – Go to the [HFS website](#) and look for the option to [Update Your Medicaid Address](#) under the MY

HEALTHCARE tab.

- **By Phone** – For all Illinois Medicaid members, call the Bureau of All Kids at **877-805-5312** and select option 8 (TTY: 1-877-204-1012), Monday through Friday, 7:45 a.m. to 4:30 p.m.

Watch your mailbox to make sure you don't miss your redetermination paperwork. You'll receive Rede info from HFS.

Don't lose your Illinois Medicaid benefits. Complete your redetermination paperwork on time!

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Free Programs at Blue Door Neighborhood CenterSM for Mother's Day, Mental Health Awareness Month and National Physical Fitness and Sports Month

In May, our Blue Door Neighborhood Center (BDNCSM) locations will provide programming around women's preventive health, mental health and physical fitness.

May includes Mother's Day – join us in celebrating mothers with a special gift when they stop by the BDNC in the South Lawndale community. While they're there, we'd be happy to tell them about our free programming, including our popular yoga, Zumba, Bingo, Bingocize[®] and meditation classes.

According to the National Institute of Mental Health, mental illnesses are common in the U.S., with nearly one in five U.S. adults living with a mental illness.¹ Our BDNC locations in the Morgan Park and Pullman communities of Chicago will be hosting a Mind, Body, Spirit event on **Saturday, May 21**, to educate the community and bring awareness to the importance of mental health.

Each May the President's Council on Sports, Fitness & Nutrition encourages Americans to #MoveinMay in celebration of National Physical Fitness and Sports Month. Our BDNC in South Lawndale is doing their part by inviting the community to events and classes that will get your patients moving.

These are just a few of the programs that will be offered at BDNC in May. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details, dates and to register. They can also visit the [BDNC Facebook page](#) for other events and happenings at all three BDNC locations.

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

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We are also committed to strengthening the health of communities across the state.

¹The National Institute of Mental Health (NIMH), Mental Illness, January 2022. [https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,\(52.9%20million%20in%202020\)](https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,(52.9%20million%20in%202020))

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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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Your Patients' Wellness Can't Wait

Regular health screenings, immunizations, and wellness checkups can help detect health issues early, when they may be easier to treat. Your patients' **Wellness Can't Wait**. Now is the time to make preventive care a priority. If your patients have missed annual exams or preventive screenings, you may want to reach out to them to set up an appointment.

According to the Centers for Disease Control and Prevention (CDC), about 41% of U.S. adults delayed or avoided medical care during the pandemic. With regard to cancer screenings, testing for breast, colorectal, and cervical cancer dropped more than 80% during the pandemic. Screening numbers have improved, but many people are still overdue. Because of these missed screenings, many cancers will be found at a later stage, when they are harder to treat. Experts predict that 10,000 more people will die from breast and colorectal cancer due to screening delays.¹

Through our [Wellness Can't Wait campaign](#), Blue Cross and Blue Shield of Illinois (BCBSIL) is collaborating with the provider community and local organizations to connect those in need with access to tools and resources that empower them to take a proactive approach to their health – with sights set on long-term wellness.

Services provided as a result of [BCBSIL grants](#) to Illinois organizations include COVID-19 and flu vaccinations; routine pediatric and adult vaccinations; access to dental, behavioral, infant and maternal health care; and wellness screenings.

During **May**, our Wellness Can't Wait campaign is spotlighting **Mental Health Month**. Play this [video](#) to hear what our vice president and chief medical officer, Derek Robinson, has to say about the importance of members taking care of their mental health in addition to their physical health.

Check our [Blue Door Neighborhood CenterSM \(BDNCSM\) calendars](#) for virtual and in-person educational opportunities. All programming at BDNC locations is free and available to everyone. In addition, our [Care Van[®] program](#) will be handing out educational and access to care information.

¹ CDC, Cancer Doesn't Wait and Neither Should You, Feb. 8, 2022. <https://blogs.cdc.gov/cancer/2022/02/08/cancer-doesnt-wait-and-neither-should-you/>

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Follow-Up Care for Substance Abuse Disorders

Alcohol-related deaths in the U.S. increased more than 25% during the first year of the COVID-19 pandemic, according to a [recent report in the Journal of the American Medical Association](#). At the same time, more than 40 million people ages 12 and older in the U.S. needed treatment for substance abuse disorder, but only about 2.6 million received it, according to the latest survey by the [Substance Abuse and Mental Health Services Administration](#). We encourage providers to talk with our members about the [signs of substance abuse disorder](#) and urge them to seek help, if appropriate.

Closing Care Gaps

As part of monitoring and improving quality of care, we track **two measures related to substance abuse**:

- [Initiation and Engagement](#) of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- [Follow-up after Emergency Department Visit](#) for Alcohol and Other Drug Abuse or Dependence (FUA)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA).

What IET Measures

IET applies to members ages 13 and older with a new episode of alcohol or other drug abuse or dependence. The measure captures two stages of adequate and timely follow-up treatment:

- **Initiation of treatment**, one treatment within 14 days of the diagnosis
- **Engagement of treatment**, at least two additional treatment sessions within 34 days of the initiation appointment

Treatment may occur in an inpatient, residential, outpatient or telehealth setting or as medication-assisted treatment (MAT).

What FUA Measures

FUA applies to members ages 13 and older with a principal diagnosis of alcohol or other drug abuse or dependence during an emergency department (ED) visit. The measure captures rates for follow-up visits for alcohol or other drug abuse or dependence after an ED visit:

- **Within seven days** of the ED visit (eight total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, both rates are counted for this measure.

Tips to Consider

- Discuss with members the importance of timely follow-up visits.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care physicians. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.
- For FUA, ED providers can help members schedule an in-person or telehealth follow-up visit within seven days. Send ED discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

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HEDIS is a registered trademark of NCQA.

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Supporting Care During and After Pregnancy

For pregnant and postpartum women, care visits can set the stage for their well-being and the long-term well-being of their infants, according to the [American College of Obstetricians and Gynecologists](#). We encourage you to discuss timely care with our members during and after pregnancy. Resources that may help include our [Preventive Care Guidelines](#) and [Perinatal Wellness Guidelines](#).

Closing Care Gaps

[Prenatal and Postpartum Care \(PPC\)](#) is a quality measure developed by the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. We track data from quality measures to help assess and improve our members' care.

PPC measures the percentage of live-birth deliveries on or between October 8 of the year before the measurement year and October 7 of the measurement year. It captures:

- **Timeliness of prenatal care**, or the percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with Blue Cross and Blue Shield of Illinois (BCBSIL).
- **Postpartum care**, or the percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery.

Tips to Consider to Close Care Gaps

- Discuss with members that it's important to attend all visits.
- Schedule initial prenatal visits in the first 12 weeks of pregnancy with an OB/GYN, primary care physician (PCP) or other prenatal practitioner.
- Be aware that post-operative visits after a cesarean section within a couple of days of discharge or during an inpatient stay don't count as a postpartum visit. A postpartum visit must take place on or between seven and 84 days after delivery. It should be scheduled during the cesarean section post-op visit.
- Data for this measure is collected from claims and chart review, with services being performed by an OB/GYN, midwife, family practitioner or other PCP:
 - **When documenting a prenatal visit**, include diagnosis of pregnancy, last menstrual period or estimated date of delivery, prenatal risk assessment, complete obstetrical history, fetal heart tone and screening tests. Telehealth

visits can be considered in meeting this requirement.

- **When documenting a postpartum visit**, notate postpartum care, check or six-week check. Document the pelvic exam and evaluation of weight, blood pressure, breasts and abdomen.

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Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:

Dates:

Session Times:

Availity® Authorizations Tool

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

[May 11, 2022](#)

[May 18, 2022](#)

[May 25, 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.

[May 5, 2022](#)

[May 12, 2022](#)

[May 19, 2022](#)

[May 26, 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.

[May 19, 2022](#)

1 to 2 p.m.

Availity Orientation: Save Time and Go Online

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

[May 10, 2022](#)

[May 17, 2022](#)

11 a.m. to noon

online resources.

[May 24, 2022](#)

[May 31, 2022](#)

Behavioral Health Webinar: Substance Abuse – Coordinating Care and Improving Follow-Up

[May 16, 2022](#)

8 to 9 a.m.

[May 18, 2022](#)

10 to 11 a.m.

This introductory training focuses on addressing substance abuse in the primary care setting, with treatment options across various care settings. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

BCCHPSM and MMAI Required Provider Training Webinars

[May 17, 2022](#)

1 to 3 p.m.

If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

Monthly Provider Hot Topics Webinar

[May 12, 2022](#)

10 to 11:30 a.m.

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.

Orientation Webinars for New Commercial Providers

[May 25, 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

[May 26, 2022](#)

3 to 4:30 p.m.

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.

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.

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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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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