



BLUE REVIEWSM

A Provider Publication

October 2022

■ Wellness and Member Education

Discrepancies in Breast Cancer Diagnosis and Mortality Among Racial Groups

Our Wellness Can't Wait campaign is spotlighting Breast Cancer Awareness Month in October. Do your patients know the importance of early detection? Do they have any barriers to getting care?

[Read More](#)

Remind Patients To Get Influenza Vaccination

As this year's flu season approaches, it's important to remind our members to get a flu shot for themselves and their children 6 months of age and older. If they haven't, we encourage you to explain the benefits and develop a plan to help them get one.

[Read More](#)

■ Community Involvement

BCBSIL Care Van[®] Program Goes to Communities in Need

For more than 30 years, our Care Van fleet has canvassed Illinois, partnering with municipal and county health departments, and health organizations to build healthy communities through basic services, educational outreach and health promotion.

[Read More](#)

Blue Door Neighborhood CenterSM Celebrates National Hispanic Heritage Month

Your patients are invited to join us at our Blue Door Neighborhood Center (BDNCSM) locations for

activities that celebrate National Hispanic Heritage Month throughout October.

[Read More](#)

■ Focus on Behavioral Health

Behavioral Health Support Resources: 2022 Maternal Mental Health Needs Assessment

In August 2022, Blue Cross and Blue Shield of Illinois (BCBSIL) sent a short survey to Blue Cross Community Health PlansSM (BCCHPSM) maternal health providers to better understand their perspectives on integrating women with behavioral health and/or substance abuse conditions into their practice settings.

[Read More](#)

We're Reducing Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Some Commercial Members

BCBSIL is using claims data to improve access to care for our members and make the prior authorization process easier for you. Effective **Sept. 1, 2022**, we eliminated the prior authorization requirement for certain ABA assessments for **some commercial members, in some instances**.

[Read More](#)

Earn Continuing Education Credit Through Webinar on Suicide Prevention

Sign up now for a free webinar in early November on **Suicide Prevention Within the Military Community**. This introductory training will focus on clinical considerations when working with veterans, screening for behavioral health conditions, strategies for addressing suicide ideation with veterans and suicide prevention resources.

[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](#)

Join BCBSIL for a Virtual Provider Forum Series

Register today for the **2022 Provider Forum Series** and join us for three forums. All providers are

welcome and there is no limit on the number of attendees. [Read more on News and Updates.](#)

Our 2022 *Blue Review* Readership Survey Is Open for Your Feedback

Is the *Blue Review* delivering timely BCBSIL information that matters to you and your organization? Now's your chance to rate this publication and share your ideas and input. [Take the 2022 survey now!](#)

Provider Hot Topics Summary: Third Quarter 2022

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. Since you may not be able to make it to every webinar, our PNCs have compiled their top three picks for hot topics, reminders and resources.

[Read More](#)

■ Electronic Options

Quick Tips and Reminders for Claim Inquiry Resolution (CIR) Tool Users

As an alternative to phone calls or faxing forms, you can use the CIR tool via Availity® Essentials to submit claim reconsideration requests online for certain commercial finalized claims.

[Read More](#)

New Tool To Verify Credentialing Information

We're using a new tool to streamline credentialing and verify your data. It's called VeriFide™ from the Council for Affordable Quality Healthcare® (CAQH).

[Read More](#)

■ Claims and Coding

BCCHPSM and MMAI Member Claims Must Be Submitted Electronically, Beginning Jan. 1, 2023

If you provide care and services to any of our BCCHP or MMAI members, it's time to switch to electronic claim filing, if you haven't done so already. The last date of service to submit paper claims to us for these members is Dec. 31, 2022.

[Read More](#)

Submitting Unlisted or Miscellaneous Codes: Billing Guidelines and Reminders

When billing with unlisted or miscellaneous codes on claims submitted to BCBSIL, you can avoid additional documentation requests by describing the specific drug, service, supply or procedure provided.

[Read More](#)

Coverage Information for Monkeypox

We're closely monitoring activity around monkeypox. The government is currently supplying the vaccine, so there shouldn't be a need to seek reimbursement. However, if the vaccine is received by means other than government supply, and a claim is submitted, our standard vaccine coverage applies. [Read more on News and Updates.](#)

■ Pharmacy Program

Pharmacy Program Updates: Prior Authorization Changes Effective Nov. 1, 2022

BCBSIL's pharmacy prior authorization (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.](#)

■ Clinical Updates, Reminders and Resources

Are you using these shared decision-making aids?

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients.

[Read More](#)

■ Quality Improvement and Reporting

2022 Annual HMO and PPO HEDIS® Reports

Each year, BCBSIL reports audited Healthcare Effectiveness Data and Information Set (HEDIS) results.

[Read More](#)

■ 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](#)

ClaimsXten™ Quarterly Update Reminder

BCBSIL will implement its fourth quarter code update for the ClaimsXten auditing tool on or after **Dec. 5, 2022**.

[Read More](#)

Provider Rights and Responsibilities

As a participating provider in BCBSIL provider networks, you have certain rights and responsibilities that may affect your practice.

[Read More](#)

Member Rights and Responsibilities

As a participating provider, it's important that you're aware of our members' rights and responsibilities.

[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 [Availity® 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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Discrepancies in Breast Cancer Diagnosis and Mortality Among Racial Groups

During October, our Wellness Can't Wait campaign is spotlighting Breast Cancer Awareness Month.

According to BreastCancer.org, in 2022, over 43,000 U.S. women are expected to die from breast cancer.¹ That includes 1,730 women in Illinois.² The good news is the death rate from breast cancer decreased by 1% per year from 2013 to 2018.³ These decreases are thought to be the result of treatment advances and earlier detection through screening.⁴ In fact, the 5-year breast cancer-specific survival rate is 90-100% when caught early.⁵

Do your patients know that early detection is key?

According to the American Cancer Society, only 69% of Illinois women 45 years and older were up-to-date on their mammogram screening in 2018.⁶ Cancer screening rates plummeted during the pandemic and are still not back to pre-pandemic rates. In June 2022, a study by the American College of Radiology states the use of breast imaging services – including mammography screening – may remain at only 85.3% of pre-pandemic utilization.⁷

Do your patients have any of these barriers to care?

The pandemic also worsened barriers for certain racial groups. Although more white women are diagnosed with breast cancer, more Black and Hispanic women die from breast cancer because of barriers delaying screenings.⁸

- Low income or worry about cost
- Lack of access to care (such as lack of transportation to a mammography center)
- Lack of a usual health care provider
- Lack of a recommendation from a health care provider to get mammography screening
- Low education level
- Lack of knowledge of breast cancer risks and screening methods
- Lack of child or elder care
- Lack of sick leave or unable to miss work
- Fear of bad news or pain from the mammogram
- More recent migration to the U.S. (born outside the U.S. and living in the U.S. for less than 10 years)
- Cultural and language differences

Do your patients know where to go for help?

If your patient is a Blue Cross and Blue Shield of Illinois (BCBSIL) member, mammogram screenings are typically covered at no cost.* If your patient doesn't have health insurance or needs financial help with the cost of a mammogram, the Illinois Department of Health offers [free screenings](#) to eligible people who live in Illinois. The Centers for Disease Control and Prevention (CDC) also offers [free or low-cost mammograms](#) to those who qualify.

What is BCBSIL doing?

You may want to share this [video](#) with your patients. Our vice president and chief medical officer, Derek Robinson, reminds women to talk with their health care provider about breast cancer screenings. Your patients also may learn more about breast cancer and screening from this [flyer](#) and [articles](#).

*Preventive services at no cost applies only to members enrolled in non-grandfathered health plans. Members may have to pay all or part of the cost of preventive care if their health plan is grandfathered. To find out if a member's plan is grandfathered or non-grandfathered, call the customer service number on their BCBSIL member ID card.

^{1,3,4}Breastcancer.org, Breast Cancer Facts and Statistics, July 14, 2022. <https://www.breastcancer.org/facts-statistics>

^{2,6}American Cancer Society, Illinois At A Glance, 2022. <https://cancerstatisticscenter.cancer.org/#!/state/illinois>

⁵CDC, Breast Cancer Stat Bite, June 6, 2022. <https://www.cdc.gov/cancer/uscs/about/stat-bites/stat-bite-breast.htm>

⁷American College of Radiology, Mammography screening and related breast care still rebounding from COVID-19 pandemic, June 8, 2022. <https://www.acr.org/Media-Center/ACR-News-Releases/2022/Mammography-screening-and-related-breast-care-still-rebounding-from-COVID-19-pandemic>

⁸National Library of Medicine, Barriers to breast cancer screening are worsened amidst COVID-19 pandemic: A review, February 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8648670/>

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. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Remind Patients To Get Influenza Vaccination

As this year's flu season approaches, it's important to remind our members to get a flu shot for themselves and their children 6 months of age and older. If they haven't, we encourage you to explain the benefits and develop a plan to help them get one.

Your patients may not realize that the flu vaccine reduces the prevalence of illness caused by the influenza virus and helps to reduce symptoms that may be confused with those of COVID-19.¹ A flu vaccine is the leading prevention against seasonal influenza. Antiviral drugs may be used to lessen flu symptoms; however, educating patients that these drugs are not a substitute for getting a flu vaccine is vital.²

Vaccine hesitancy and misconceptions are more prevalent than ever. Medical providers remain a trusted source of vaccine information and confidence.³ Getting a flu shot is a part of the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measure for Illinois HealthChoice Child (0-2 years) and it's also part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey for the Illinois HealthChoice Adult and the Blue Choice Community MMAI (Medicare-Medicaid Plan)SM population.

Talk to your patients about the risks and benefits of annual flu vaccinations. Consider the following discussion points to help patients feel more informed and aware of their health care:

- Benefits of the flu vaccine
- Side effects that could occur after receiving the vaccine
- Flu symptoms
- Effectiveness of the flu vaccination
- Patients' concerns/issues regarding vaccine hesitancy

What's covered for Illinois Medicaid members?

For the 2022-2023 flu season, below is a list of vaccines that are a covered benefit for Blue Cross Community Health PlansSM (BCCHPSM) and MMAI members.*

- Fluzone high dose PF
- Afluria Quadrivalent

- Flud Quadrivalent
- Flulaval Quadrivalent
- Fluzone Quadrivalent
- Fluarix Quadrivalent
- Flucelvax Quadrivalent
- Flublok Quadrivalent

Review the Centers for Disease Control and Prevention (CDC) website for the most recent updates on 2022 flu [vaccine recommendations](#).

¹<https://www.cdc.gov/flu/professionals/index.htm>

²<https://www.cdc.gov/flu/treatment/whatyoushould.htm#benefits>

³<https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm>

*Trademarks are the property of their respective owners.

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 treatment, medication or vaccination is between the member and their health care provider.

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

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BCBSIL Care Van[®] Program Goes to Communities in Need

For more than 30 years, our Care Van fleet has canvassed Illinois, partnering with municipal and county health departments and health organizations to build healthy communities through basic services, educational outreach, and health promotion. Services include, but are not limited to, no cost immunizations, dental services, HIV testing, COVID-19 testing and wellness checks.

The Care Van program brings public health services and health literacy directly to the communities. Our three vans visit schools, churches, parks, shopping centers, public housing, community events and other locations. They also conduct immunization outreach clinics in communities where at-risk families live, work and play.

Some of the locations we'll be visiting this month include:

- **Oct. 8, 2022** – Goodwill, 1409 W. Pioneer Pkwy, Peoria. The Care Van and Friends of Central Illinois will be providing free vaccines for flu, hepatitis A and B, and sexually transmitted infections (STIs).
- **Oct. 16, 2022** – Malcom X College, 1900 W. Jackson Blvd, Chicago. The Care Van and Chicago Department of Public Health will be providing a flu vaccine clinic.
- **Oct. 29, 2022** - Kennedy King College, 6301 S. Halsted St., Chicago. The Care Van and Chicago Department of Public Health will be providing a flu vaccine clinic.

If you or your organization would like to organize an event with our Care Van program to bring one of our mobile units to a community near you and offer no cost immunizations, dental services, HIV testing, COVID-19 testing and/or wellness checks, email the [Care Van coordinator](#) or visit the [Care Van web page](#).

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Blue Door Neighborhood CenterSM Celebrates National Hispanic Heritage Month

Your patients are invited to join us at our Blue Door Neighborhood Center (BDNCSM) locations to celebrate **National Hispanic Heritage Month** throughout October. Visitors can awaken their inner Picasso by picking up an art bag with activities honoring Hispanic Heritage Month.

October is also **Breast Cancer Awareness Month**, so encourage your patients to visit the **Breast Cancer Resource Fair** at the South Lawndale center on October 21 from 11:30 a.m. to 1:30 p.m.

We're also hosting Dr. Edwin McDonald as part of the **Ask a Doc** series. He'll answer questions on cancer prevention and education at the Morgan Park BDNC location on October 27 from 6 to 7 p.m.

Join our BDNC in Morgan Park on October 12 and our BDNC in South Lawndale on October 13 to find out how your patients can lower their colorectal cancer risk. According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the fourth most common cancer in men and women in the U.S. Health screenings can help detect cancer early when it's easiest to treat.

New! Your patients can receive a gift card by attending three condition management or health education classes a month. They can use their gift card to purchase personal and health-related items to assist them in reaching their wellness goals.

These are a few programs that will be offered at our BDNC locations in October. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) the [BDNC Facebook page](#) for details, dates and online registration. They can visit any time to find out about other events and happenings at all three BDNC locations.

All programming – in person and virtual – at our 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're committed to strengthening the health of communities across the state.

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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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Behavioral Health Support Resources: 2022 Maternal Mental Health Needs Assessment

This is the third article in our series to raise awareness of behavioral health resources we make available to our members. Last month's article focused on [New Videos to Share With Your Patients](#).

Mental health conditions are the most common complication of pregnancy and childbirth. An estimated one in five pregnant or postpartum women are diagnosed with a mood or anxiety disorder during the perinatal period.¹ Untreated mental health conditions can lead to increased morbidity and mortality as well as “long-term, multigenerational negative consequences.” Although awareness is increasing, unequal screening and treatment continue to be a problem², especially in minority communities with high economic hardship.³

In August 2022, Blue Cross and Blue Shield of Illinois (BCBSIL) sent a short needs assessment to Blue Cross Community Health PlansSM (BCCHPSM) maternal health providers to better understand their challenges, as well as their comfort level with integrating women with behavioral health and/or substance abuse conditions into their practice settings. Our hope is this input can provide valuable information to help BCBSIL develop interventions to support our members. If you're a BCCHP or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM maternal health provider and haven't already responded, please take this opportunity to [complete our brief survey](#).

To request additional clinical information regarding postpartum depression, please contact your BCBSIL Provider Network Consultant. A patient-focused flyer addressing the signs of postpartum depression and resources is available for providers to share with their BCCHP patients. Outside of BCBSIL, the Illinois DocAssist Program⁴ can provide phone consultation and training for Illinois Department of Healthcare and Family Services (HFS) enrolled primary care providers to screen, diagnose and treat mental health disorders for women during the perinatal period. This free service for non-emergent situations is funded by HFS.

While we know there are a myriad of challenges facing pregnant members with mental health and substance abuse disorders, we remain committed to addressing these challenges.

Thank you for helping us help our members by encouraging them to talk about behavioral health and by directing them to educational materials and programs.

¹Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions. Moore JE, McLemore MR, Glenn N, and Zivin K. Health Affairs 2021 40:10, 1534-1542.

²Perinatal Mental Health Care In The United States: An Overview Of Policies And Programs. Griffen A, McIntyre L, Belsito JZ, Burkhard J, Davis W, Kimmel M, Stuebe A, Clark C, and Meltzer-Brody S. Health Affairs 2021 40:10, 1543-1550.

³Racial And Ethnic Disparities In Postpartum Depression Care Among Low-Income Women. Kozhimannil KB, Trinacty CM, Busch AB, Huskamp HA and Adams AS. Psychiatry Serv. 2011 62:6, 619–25.

⁴Illinois DocAssist, docassistillinois.org

All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan. The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. 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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We're Reducing Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Some Commercial Members

Blue Cross and Blue Shield of Illinois (BCBSIL) is using claims data to improve access to care for our members and make the prior authorization process easier for you. **Effective Sept. 1, 2022**, we eliminated the prior authorization requirement for certain ABA assessments for **some commercial members, in some instances**.

What's Different

Based on your specific claim history, going forward, you may not have to request prior authorization for Current Procedural Terminology (CPT[®]) codes 97151 and 97152.* **Prior authorization for these two codes still may be required, however, when:**

- The member's benefit plan specifically requires prior authorization of these codes.
- Use of these codes isn't consistent with the presenting clinical issue, related medical policy or benefit plan design (in these cases, we'll ask for more information).
- Claim analysis shows billing patterns that vary significantly from your peers.

Prior Authorization Verification

To find out if prior authorization for codes 97151 and 97152 is required for your patient, call the customer service number on the member's BCBSIL ID card. Ask to speak to a behavioral health customer advocate. Refer to the [Behavioral Health Program section](#) of our Provider website for other reminders and resources.

Medical Policy and Billing Guidelines

For more information, please refer to [BCBSIL's Medical Policy](#) PSY301.021, Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis. **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.** Also see our [Clinical Payment and Coding Policies](#) (CPCPs) for CPCP011, Applied Behavioral Analysis.

**Only CPT codes 97151 and 97152 are subject to this new ABA assessment prior authorization process.*

This information doesn't apply to behavioral health services provided to any of our government programs (Medicare Advantage or Illinois Medicaid) members.

All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan. The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through BCBSIL. Some members may not have outpatient behavioral health management. All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan.

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Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Earn Continuing Education Credit Through Webinar on Suicide Prevention

Join us for a webinar, **Suicide Prevention with the Military Community**, on **Thursday, Nov. 3, 2022**, from **9 to 10:30 a.m. CT**. It's free to providers.

Those who attend will earn 1.5 continuing medical education credits (CME) or continuing education units (CEU). [Register here to attend](#).

Psychologist R. Blake Chaffee, PhD, and psychiatrist and internist Brooke Parish, M.D., will lead the webinar. They'll provide a high-level overview of suicide within the military community. They'll also discuss behavioral health conditions affecting veterans, and strategies for intervention and treatment.

This introductory training will focus on:

- Clinical considerations when working with veterans
- Screening for behavioral health conditions
- Strategies for addressing suicide ideation with veterans
- Suicide prevention resources

Other Continuing Education Credits

Recordings of our previous 2022 webinars are available online. [Sign in](#) (registration required) to view the following free webinars and earn CME/CEU credit:

- Differential Diagnoses of Depression: Assessment and Treatment
- Diabetes and Behavioral Health
- Substance Abuse: Coordinating Care and Improving Follow-Up

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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 1.5 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 1.5 CEUs.

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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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:
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Availity® Essentials Authorizations Tool

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

[Oct. 12, 2022](#)
[Oct. 19, 2022](#)
[Oct. 26, 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.

[Oct. 6, 2022](#)
[Oct. 13, 2022](#)
[Oct. 20, 2022](#)
[Oct. 27, 2022](#)

11 a.m. to noon

Availity Orientation: Save Time and Go Online

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

[Oct. 11, 2022](#)
[Oct. 18, 2022](#)
[Oct. 25, 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

[Oct. 20, 2022](#)

1 to 2 p.m.

learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.

BCCHPSM and MMAI Required Provider Training Webinars

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 Services (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

[Oct. 11, 2022](#)

1 to 3 p.m.

[Oct. 18, 2022](#)

Low Back Pain Webinar

Join us for a free webinar, "To X-ray or Not to X-ray? Getting the Lowdown on Low Back Pain." Physicians (M.D.s and D.O.s), physician assistants and nurse practitioners will earn one continuing medical education credit (CME) for attending.

[Oct. 18, 2022](#)

Noon to 1 p.m.

Monthly Provider Hot Topics Webinar

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

[Oct. 13, 2022](#)

10 to 11:30 a.m.

Orientation Webinars for New Commercial Providers

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.

[Oct. 20, 2022](#)

10 to 11:30 a.m.

Orientation Webinars for New MMAI and/or BCCHP Providers

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

[Oct. 27, 2022](#)

10 to 11:30 a.m.

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HEDIS is a registered trademark of NCQA.

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

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1.5 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 1.5 CEUs.

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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Provider Hot Topics Summary: Third Quarter 2022

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. They also review recent communications – like *Blue Review* articles and News and Updates notices – to call out important details and address provider questions.

PNC ‘Top Three’ Picks for Q3 2022

We know you may not be able to make it to every Hot Topics webinar, so our PNCs have compiled a list of the top hot topics from the previous quarter. If you don’t want to miss what was top of mind this summer, we hope you enjoy and find this snapshot useful.

1. Here’s the most frequently asked question we received from providers (and our answer):

Q – I completed a [Provider Onboarding Form](#) and initiated credentialing. How can I check to see if all of the providers in my group are listed as in-network with BCBSIL?

A – You need to make sure your application was received. Here’s how to proceed:

- **Step 1** – Check the status of your Onboarding Form by entering the case number (received in your confirmation email) into our [Case Status Checker](#).
- **Step 2** – Confirm credentialing status by entering the National Provider Identifier (NPI) or license number into our [Credentialing Status Checker](#).
- **Step 3** – Once the onboarding and credentialing processes are completed, you can request your current roster to review recently added providers. Email our [Illinois Provider Roster Requests](#) team and include your Tax ID and billing NPI in the request.
- **Quick Tip:** Another way to check contracted/in-network status is by conducting a search on our on [Provider Finder](#)[®].
- **Reminder:** The “netops_provider_update@bcbsil.com” is no longer in service (Fall 2021), so the steps above must be followed to obtain status.

2. Here’s the top *Blue Review* article we think you should go back and read again:

[Check Eligibility and Benefits: Don’t skip this important first step!](#) (August 2022)

3. **Here's one of the most important News and Updates, in case you missed it:**

[New Laboratory Management Program to Begin Nov. 1, 2022](#) (Posted Aug. 1, 2022)

Let's Keep the Conversation Going

The next Provider Hot Topics webinar is scheduled for **Oct. 13, 2022, from 10 to 11:30 a.m.** There's still time to sign up for the October session. [Register now to attend this month's Hot Topics webinar.](#)

Planning ahead for the coming months? Go to our [Webinars and Workshops page](#) to view dates and register now for November and December.

Our PNCs look forward to connecting with you.

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Quick Tips and Reminders for Claim Inquiry Resolution (CIR) Tool Users

As an alternative to phone calls or faxing forms, you can use the Claim Inquiry Resolution (CIR) tool via [Availity[®] Essentials](#) to submit claim reconsideration requests online for certain commercial finalized claims. You'll find the CIR tool in the Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces section on Availity.

Quick Tips for CIR Submissions

Here are some reminders to help you submit claim inquiries using the CIR tool:

- If your claim was processed within the last 18 months, select "Look Up Claim" on the inquiry screen to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.
- If your claim processed prior to 18 months ago, select "Show More Fields" to manually enter this information on the next screen.
- Only include medical records when they're requested or required.

Required: Claim Number or Document Control Number

We'll soon be rejecting inquiries that don't include an appropriate claim number – also known as a document control number (DCN) – and we'll ask for a correct claim number. To avoid a rejected inquiry, please ensure your request includes an appropriate claim number/DCN.

CIR Limitations

You can use the CIR tool for certain commercial finalized claims that require review relating to reasons outlined in the [CIR user guide](#). The CIR tool **cannot** be used to:

- Obtain eligibility and benefits information
- Check claim status
- Submit formal claim appeals
- Submit predetermination requests

More Information: Refer to the [CIR page](#) in the Provider Tools section of our website for the [CIR user guide](#) and other details to help you submit claim inquiries online.

Not registered for Availity? You must be a registered Availity user to gain access to the CIR tool. [Sign up online today](#)

via the [Availity website](#), at no cost.

The CIR tool is not available for government programs (Medicare Advantage and/or Illinois Medicaid) claim inquiries.

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New Tool To Verify Credentialing Information

We're using a new tool to streamline credentialing and verify your data. It's called [VeriFide™](#) from the Council for Affordable Quality Healthcare® (CAQH).

Streamlined process: As part of the credentialing process, we work with VeriFide to verify data after you enter it into [CAQH ProView™](#). ProView is the free online service we require providers to use for credentialing and recredentialing. Learn more on our [Credentialing](#) webpage.

What this means for you: CAQH VeriFide may contact you on behalf of Blue Cross and Blue Shield of Illinois (BCBSIL) and request that you:

- Re-attest to your data's accuracy; **or**
- Complete your credentialing application by entering or attaching missing information in CAQH ProView.

Please respond as soon as possible to help complete the credentialing process. You'll receive written notification of your status when the credentialing process is completed.

Reminder: Verify Separately for the Provider Directory

Entering and attesting to data in CAQH ProView for the credentialing process doesn't verify the information that's needed for the federal [Consolidated Appropriations Act \(CAA\)](#). **You must verify your provider directory information separately to meet CAA requirements.**

- The CAA requires that certain directory information be verified every 90 days, even if your data hasn't changed since you last verified it.
- We recommend that professional providers use the [Avality® Essentials Provider Data Management](#) feature to quickly verify their directory information with us and other insurers every 90 days. Facilities must use the [Demographic Change Form](#) to verify their data.
- Learn more on our [Verify and Update Your Information](#) page.

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BCCHPSM and MMAI Member Claims Must Be Submitted Electronically, Beginning Jan. 1, 2023

If you provide care and services to any of our Blue Cross Community Health PlansSM (BCCHP) or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members, it's time to switch to electronic claim filing, if you haven't done so already. The last date of service to submit paper claims for BCCHP and MMAI members is Dec. 31, 2022.

Effective Jan. 1, 2023, Blue Cross and Blue Shield of Illinois (BCBSIL) will require electronic submission of all claims for services provided to BCCHP and MMAI members. This change aligns with the Illinois Department of Healthcare and Family Services (HFS) transition toward paperless claim filing last year, as outlined in this [HFS provider notice](#) from November 2021.

Electronic claim filing offers greater security and accuracy of data, with faster processing and payment. Refer to our [Claim Submission page](#) for tips on how to get started with electronic claim filing. Also see the [Electronic Commerce page](#) for an overview of other electronic options and visit the [Webinars and Workshops page](#) to sign up for a webinar. All of our trainings emphasize using electronic options before, during and after the claim submission process.

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Submitting Unlisted or Miscellaneous Codes: Billing Guidelines and Reminders

When billing with unlisted or miscellaneous codes on claims submitted to Blue Cross and Blue Shield of Illinois (BCBSIL), you can avoid additional documentation requests by describing the specific drug, service, supply or procedure provided. This will help avoid processing delays or denials, and unnecessary requests for medical records and/or supporting documentation.

What are unlisted or miscellaneous codes?

These are codes labeled as Non-Specified, Not Listed, Not Elsewhere Specified (NEC), Not Otherwise Classified (NOC), Not Otherwise Specified (NOS), Unclassified, Unlisted, or Unspecified.

Pre-service Review

Some unlisted or miscellaneous codes could require prior authorization to determine coverage and benefits. Be sure to check eligibility and benefits via [Availity® Essentials](#) or your preferred vendor to confirm prior authorization requirements and vendors, if applicable. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

For commercial non-HMO members, even if prior authorization isn't required, some procedures/services not specifically defined or classified may be subject to contract/clinical review. Refer to the [Medical Policy Reference List](#) on our [Predetermination page](#) for details.

If you submit a prior authorization or predetermination request that includes an unlisted or miscellaneous code, be sure to include a detailed description of the service, along with any documentation to support your request. This step helps avoid the need for post-service medical necessity review.

Refer to our [Utilization Management](#) section for more information, such as how to submit electronic requests for [prior authorization](#) and [predetermination](#).

Claim Filing

Claims submitted with an unlisted or miscellaneous code without a description are typically denied for lack of supporting

documentation. Get your claims processed faster by submitting a pre-service request as noted above and/or including a description of the specific drug, service, supply or procedure on your claim.

When using unlisted or miscellaneous codes on claims for BCBSIL members:

- Use the most specific unlisted code that's available if a code doesn't exist that accurately describes the drug, service, supply or procedure.
- Describe the service and include documentation when submitting claims with codes that are identified as "unlisted" or "miscellaneous."

For More Information

Refer to [BCBSIL's Clinical Payment and Coding Policies](#) (CPCPs) page to view **CPCP035, Unlisted/Not Otherwise Classified Coding**. CPCP035 includes examples of supporting documentation that should be included. For general claim-related information, refer to our [Claim Submission](#) page.

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. 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.

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Are you using these shared decision-making aids?

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients. Below are resources to help you involve your patients in shared decision-making.

These evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with patients.

Why it's important: When patients help make decisions about their health care, it can lead to improved patient experience, better outcomes, and quality of life.

Mayo Clinic Knowledge and Evaluation Research Unit [Care That Fits Tools:](#)

- [Acute Myocardial Infarction Choice](#)
- [Anticoagulation Choice](#)
- [Cardiovascular Primary Prevention Choice](#)
- [Chest Pain Choice](#)
- [Depression Medication Choice](#)
- [Diabetes Medication Choice](#)
- [Graves' Disease Treatment Choice](#)
- [Head CT Choice](#)
- [Osteoporosis Choice](#)
- [Percutaneous Coronary Intervention Choice](#)
- [Rheumatoid Arthritis Choice](#)
- [Smoking Cessation Around the Time of Surgery](#)
- [Statin Choice](#)

This information is also on our [Clinical Practice Guidelines webpage](#).

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. 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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2022 Annual HMO and PPO HEDIS[®] Reports

Each year, Blue Cross and Blue Shield of Illinois (BCBSIL) reports audited Healthcare Effectiveness Data and Information Set (HEDIS) results. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the National Committee for Quality Assurance (NCQA), it is one of the most widely used set of health care performance measures in the U.S.

The 2022 BCBSIL HMO and PPO HEDIS Reports, which are based on 2021 data using HEDIS 2022 specifications, include measures across domains of care that reflect: effectiveness of care, access/availability of care and utilization.

The 2022 Quality Compass National Averages are provided to compare the commercial HMO and PPO's performance to the performance of other health care organizations submitting data to NCQA.

Audited HMO HEDIS results are reported for HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM combined. The complete HMO and PPO HEDIS Reports are available in the [HEDIS Commercial](#) page of our Provider website.

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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.

On Jan. 1, 2023, BCBSIL will implement Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 2023.

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), Blue High Performance NetworkSM (BlueHPNSM) and Blue Choice PPOSM networks may use the [Fee Schedule Listing tool](#) on [Availity[®] Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.

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ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its fourth quarter code update for the ClaimsXten auditing tool on or after **Dec. 5, 2022**.

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

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

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

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

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

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

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

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Provider Rights and Responsibilities

As a participating provider in Blue Cross and Blue Shield of Illinois (BCBSIL) provider networks, you have certain rights and responsibilities that may affect your practice. Some of these are noted below. We publish this information for providers annually.

Your Credentialing Rights

If you're applying or reapplying to participate in our networks, you have the right to:

- Review information submitted to support your credentialing application
- Update incorrect and/or conflicting information
- Receive the status of your credentialing or recredentialing application upon request

To learn more about these rights: Visit the [Credentialing page on our Provider website](#).

Case Management Programs

You can help our members maintain or improve their health by encouraging them to participate in relevant case management programs. These may include:

- Condition management programs to support members with specific conditions like asthma or diabetes
- Complex case management services for members facing multiple or complicated medical or behavioral health conditions
- Programs to help members transition home after a hospital stay or navigate the health care system
- Wellness and prevention programs for members of all ages

Members can access applicable services for complex and condition case management by:

- Asking to enroll, or having their caregiver ask to enroll
- Referral from a primary care physician, practitioner, hospital or other discharge planner
- Referral through utilization management programs

To refer members to any case management programs: Call the number on the member's BCBSIL ID card. Our clinicians will collaborate with you to provide our members with available resources and additional support.

Utilization Management Decisions

It's BCBSIL's policy that licensed clinical personnel make all utilization management decisions according to the benefit coverage of a member's health plan, evidence-based medical policies, and medical necessity criteria. Decisions are based on appropriateness of care and service, and existence of coverage.

BCBSIL prohibits decisions based on financial incentives. We don't reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers don't encourage decisions that result in underutilization.

To obtain the criteria used for utilization management decisions: Call the number on the member's BCBSIL ID card. You can also refer to [BCBSIL's medical policies](#), which are available for review online. Prior authorization support materials and links to view BCBSIL and vendor guidelines that may apply for some [commercial](#) and [government programs](#) members can be found in our Utilization Management section. Although medical policies can be used as a guide, providers serving our HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual.

Blue Cross and Blue Shield Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members. Call 800-227-6591 for questions regarding FEP prior authorizations. For FEP expedited appeals only, the fax number is 972-766-9776.

Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members: You can search for prior authorization requirements for MMAI and BCCHP members using our [digital lookup tool](#).

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Member Rights and Responsibilities

As a participating provider, it's important that you're aware of our members' rights and responsibilities. A summary is provided below. Additional information can be found in the members' benefit booklet and on our [Member website](#).

Member rights include the right to:

- Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL), our services, participating providers and facilities, and member rights and responsibilities
- Be treated with respect and dignity with recognition of their right to privacy
- Participate with providers in making decisions about their health care
- Have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- Voice complaints or appeals about BCBSIL or the services we provide
- Make recommendations regarding our member rights and responsibilities policy

Member responsibilities include a responsibility to:

- Provide, to the extent possible, information that BCBSIL and the provider and facility need to provide care
- Follow the plans and instructions for care that the member has agreed to with their provider
- Understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible

Blue Cross and Blue Shield Federal Employee Program[®] (FEP[®]) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members.

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