BlueCross BlueShield of Illinois

# BLUE REVIEW℠

For Providers

June 2024

## Wellness and Member Education

### Helping Our Members Manage Diabetes

About 38 million Americans have diabetes, according to the Centers for Disease Control and Prevention. Because symptoms can develop slowly, one in five people don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

**Learn More**

## Clinical Updates, Reminders and Resources

### Reminder: Transition of Care for Blue Cross Community Health Plans℠

BCCHP℠ members are eligible for Transition of Care services when they're scheduled for a planned inpatient surgical procedure or when they have an unplanned admission to an acute inpatient hospital or skilled nursing facility.

**Learn More**

## What's New

## Join Us on June 5 for Our Second Quarter Professional Provider Forum

Each quarter, our Provider Network Consultant team hosts a virtual Provider Forum to encourage discussion on health care delivery topics affecting our members and your patients. All professional providers and/or their office staff are welcome. Read more on News and Updates.

## Updated PEAQ℠ Methodology Is Now Available

The updated methodology for our Physician Efficiency, Appropriateness, and Quality℠ program is posted on our Provider website. The methodology explains how PEAQ evaluates physician performance.

Learn More

# Electronic Options

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

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

Learn More

# Pharmacy Program

## Medicaid Update: Pharmacy Appeals Transition Reminder

Pharmacy prior authorization appeals for BCCHP members are now handled through Prime Therapeutics.

Learn More

## Pharmacy Program Quarterly Update Changes Effective July 1, 2024 – Part 1

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions,

revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to our drug lists. Changes effective on or after July 1, 2024, are outlined here.

### Pharmacy Program Updates: Prior Authorization Changes Effective Aug. 1, 2024

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

## Provider Education

### Provider Hot Topics Summary: Second Quarter 2024

Our PNCs host Provider Hot Topics webinars at the beginning of each month. Since you may not be able to attend every month, our PNCs compile a quarterly article to share the most frequent questions they've received from providers and other important reminders.

Learn More

### 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.

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## Claims and Coding

### Electronic Claim Reconsideration Requests and Tips for Correct Use of Claim Review Forms

Electronic claim reconsideration requests are available for review and/or reevaluation of situational finalized claim denials online (including BlueCard® out-of-area claims). This method of inquiry submission is preferred over faxed/mailed claim disputes.

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## Reminder: Use New Mailing Address for Paper Commercial Claims to Avoid Mail Delays

Starting **Oct. 1, 2024**, mail sent to our previous address will be forwarded through the postal service to the new address. To avoid delays, update your contact information for us if you haven't done so and submit paper commercial claims to the new address.

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## Focus on Behavioral Health

## Behavioral Health Consultations During Hospitalization Can Improve Outcomes

We encourage hospital staff/attending providers to discuss behavioral health with our members during a hospital stay and to consider consultations and follow-up care coordination when appropriate.

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## Quality Improvement and Reporting

## Medical Records Reminder for Group Medicare Advantage (PPO) Members

If we need medical records for members of Blue Cross Group Medicare Advantage (PPO)$^{SM}$, you may receive requests from BCBSIL or our vendor, Advantmed, as part of the Blue Cross and Blue Shield National Coordination of Care program. Read more on News and Updates.

### Reminders

**Stay informed!**

Watch 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® Essentials** **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.

## Print

Print this month's newsletter in its entirety.

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## Helping Our Members Manage Diabetes

About 38 million Americans have diabetes, according to the Centers for Disease Control and Prevention. Because symptoms can develop slowly, one in five of them don't know they have it. You may play an important role in supporting our members through **regular screenings, tests and office visits**.

### Monitoring Our Members' Care

We track Healthcare Effectiveness Data and Information Set measures from the National Committee for Quality Assurance related to diabetes care, including:

**Hemoglobin A1c Control for Patients with Diabetes** captures the percentage of our members ages 18 to 75 with diabetes (type 1 and type 2) whose HbA1c level during the measurement year is:

- Less than 8.0%, indicating controlled.
- Greater than 9.0%, indicating uncontrolled. A lower rate on this measure indicates better performance.

**Eye Exam for Patients with Diabetes** tracks members ages 18 to 75 with diabetes (type 1 and type 2) who have a retinal eye exam by an eye care professional to screen or monitor for diabetic retinal disease.

**Blood Pressure Control for Patients with Diabetes** captures members ages 18 to 75 with diabetes (type 1 and type 2) whose blood pressure was controlled (<140/90 mm Hg).

**Kidney Health Evaluation for Patients with Diabetes** tracks members ages 18 to 85 with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year. An evaluation

includes a blood test for kidney function (estimated glomerular filtration rate) and a urine test for kidney damage (urine albumin-creatinine ratio).

**Statin Therapy for Patients with Diabetes** tracks members ages 40 to 75 who have diabetes and do not have clinical atherosclerotic cardiovascular disease, and who received and adhered to statin therapy.

### Tips To Close Gaps in Care

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Monitor blood pressure status at each visit and adjust medications as needed for control.
- Document medication adherence to angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers when applicable.
- **Repeat abnormal lab tests later in the year** to document improvement.
- Encourage members with diabetes to have annual retinal or dilated eye exams by an eye care specialist.
- For our members on statin therapy, discuss the proper dose, frequency and the importance of staying on the medication.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.

### Resources

Information on **Current Procedural Terminology (CPT®) Category II codes** is available in Availity® Essentials in Payer Spaces in the Resources section. It includes information on coding for HbA1c Control for Patients with Diabetes and Blood Pressure Control for Patients with Diabetes.

We've created information that may help you discuss diabetes with our members. Also see our preventive care and clinical practice guidelines.

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# BLUE REVIEW[SM] for Providers

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## Reminder: Transition of Care for Blue Cross Community Health Plans[SM]

***If you provide care and services to our BCCHP[SM] members, please share this information with social workers or discharge planners at your facility.***

BCCHP members are eligible for Transition of Care services when they're scheduled for a planned inpatient surgical procedure or when they have an unplanned admission to an acute inpatient hospital or skilled nursing facility.

Our TOC care coordinators are available to work with the inpatient facility to help ensure members have a safe transition back to their home or the next level of care.

For help with care coordination and discharge planning for BCCHP members, contact Member Services at 877-860-2837, TTY: 711.

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BLUE REVIEW℠
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## Updated PEAQ℠ Methodology Is Now Available

The updated methodology for our Physician Efficiency, Appropriateness, and Quality℠ program is now available on our PEAQ page. The methodology explains how PEAQ evaluates physician performance.

### What's New

We regularly evaluate PEAQ's three components (efficiency, appropriateness and quality) and refine the methodology based on new clinical data and input from practicing physicians. The updated methodology includes:

- New details on efficiency measurements
- New specialties (general surgery and otolaryngology)

### How It's Used

The updated methodology is the foundation for future **Physician Performance Insights** reports. PPI reports show how physicians compare to their peers and include information on improving performance. Provider Finder® includes summaries of performance ratings from PPI reports to **help our members make informed care decisions**.

PPI reports are available in Availity® Essentials. If you don't yet have an Availity account, register here.

For more details about PEAQ, visit our PEAQ page or email our PEAQ Inquiries team.

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

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

### Get Answers Up Front

*Benefits will vary based on the service being rendered and individual and group policy elections.* It's critical to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable prior authorization or pre-notification requirements.* When services may not be covered, you should notify members that they may be billed directly.

### Don't Take Chances

Ask to see the member's BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their card if they have questions about their benefits.

### Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through Availity® Essentials or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local members of BCBSIL, out-of-area BlueCard® and Federal Employee Program® members.

## Learn More

For more information, refer to the Eligibility and Benefits page on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the Webinars and Workshops page for upcoming dates, times and registration links to sign up now.

*Note: For **commercial non-HMO members**, even if prior authorization isn't required, you still may want to submit an optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. There's a Recommended Clinical Review (Predetermination) Code List on our Recommended Clinical Review (Predetermination) page to help you decide.

download. One option is Adobe Reader which has a built-in reader. You can download other tools and learn more about accessibility at adobe.com ☐.

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## Medicaid Update: Pharmacy Appeals Transition Reminder

As previously communicated in News and Updates, pharmacy prior authorization appeals for Blue Cross Community Health Plans℠ members are now handled through Prime Therapeutics. The appeal requests can be initiated through Prime as noted below.

**Online:** CoverMyMeds® or MyPrime
**Fax:** 855-212-8110
**Phone:** 855-457-0173
**Mail:** Prime Therapeutics Appeals Department
2900 Ames Crossing Road
Eagan, MN 55121

The Authorized Representative Designation Form, signed by the member, must be submitted with the appeal. The ARD form at the link above is only valid for one year.

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## Provider Hot Topics Summary: Second Quarter 2024

Our Provider Network Consultants 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 Q2 2024

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 for this quarter. If you don't want to miss what was top of mind this spring, we hope you enjoy this snapshot and find it useful.

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

   **Q –** *How do I update my bank information for our direct deposit?*

   **A –** To make changes to your bank information for the 835 Electronic Funds Transfer transaction:

   - Sign in to Availity® Essentials.
   - Select *My Providers* from the navigation menu; then *Enrollments Center*.
   - Within the Enrollments Center, select *Transaction Enrollment*.
   - Next, click *Enroll* and choose *Enroll a Provider* from the dropdown list.
   - Select the appropriate Provider and Health Plan, then select *EFT* as the transaction type.
   - If changing your financial institution, enter the original account information in the *Provider's Account Number with Financial Institution* field.
   - Continue to the next screen to enter your new financial information and choose *Change*

*Enrollment*.
- *Submit* your changes.

For more information, refer to our Claim Payment and Remittance page.

2. **Here's the top *Blue Review* article you might want to read again:**

Changes Coming to Claim Inquiry Resolution – Itemized Bill Review Only (*March* 2024)

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

Important Updates to Manage My Organization in Availity Essentials *(April 18, 2024)*

**Let's Keep the Conversation Going**
Our next Provider Hot Topics webinar is **June 13, 2024, from 10 to 11:30 a.m.** There's still time to sign up! **Register now to attend this month's webinar.**

**Planning ahead?** Watch our Webinars and Workshops page for other upcoming dates and online registration.

**New provider?** Check out this page for helpful tips: Welcome to Our Network!

Our PNCs look forward to connecting with you.

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois 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.

**Webinars Hosted by BCBSIL**

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

| Descriptions: | Dates: | Session Times: |
|---|---|---|
| **Availity® Essentials, BlueApprovR℠ Prior Authorization and Recommended Clinical Review Tools**<br>*Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations tool. You'll also learn how to access and submit inpatient and/or outpatient medical/surgical, behavioral health and specialty pharmacy drug prior authorization requests, as well as recommended clinical review, through BlueApprovR.* | June 5, 2024<br>June 12, 2024<br>June 26, 2024 | 11 a.m. to 12:30 p.m. |

| | | |
|---|---|---|
| **Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer**<br>*Learn how to verify enhanced claim status, submit clinical claim appeals reconsiderations requests and Message This Payer online using the Availity Claim Status tool.* | June 6, 2024<br>June 13, 2024<br>June 20, 2024<br>June 27, 2024 | 11 a.m. to 12:30 p.m. |
| **Availity Essentials Instructor-Led Training**<br>*Register for this session to better understand how electronic transactions can work for your organization. You'll learn the importance of Manage My Organization, how to use the Patient ID Finder, instruction on how to verify patients' Eligibility and Benefits and more online options.* | June 18, 2024 | 11 a.m. to noon |
| **Availity Remittance Viewer and Provider Claim Summary**<br>*These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice and the Provider Claim Summary. 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.* | June 20, 2024 | 1 to 2 p.m. |
| **BlueApprovR: Prior Authorization Process and RCR Process**<br>*Learn how to access via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests, as well as recommended clinical review, for many of our commercial members.* | June 4, 2024<br>June 11, 2024<br>June 18, 2024<br>June 25, 2024 | 3 to 4 p.m. |
| **Provider Orientation for Blue Cross Medicare Advantage (PPO)℠ and Blue Cross Medicare Advantage℠** | June 18, 2024 | 10 to 11 a.m. |

| | | |
|---|---|---|
| **(HMO)**<br>*BCBSIL's Medicare Advantage Plan expanded to additional counties within Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.* | | |
| **Coding for Arrhythmia**<br>*Join our Coding Compliance team for a free webinar to discuss ICD-10-CM documentation and guidelines, sample coding case studies and closing gaps in care.* | June 21, 2024 | Noon to 12:30 p.m. |
| **Coding for Rheumatoid Arthritis**<br>*Join our Coding Compliance team for a free webinar to discuss ICD-10-CM documentation and guidelines, sample coding case studies and closing gaps in care.* | June 28, 2024 | Noon to 12:30 p.m. |
| **Monthly Provider Hot Topics Webinar**<br>*Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants to learn about upcoming initiatives, program changes and updates, as well as general network announcements.* | June 13, 2024 | 10 to 11:30 a.m. |
| **Orientation Webinars for New BCCHP℠ and/or MMAI Providers**<br>*Learn how we can best work together to support the health of our Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ 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.* | June 20, 2024 | 1 to 2 p.m. |

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## Electronic Claim Reconsideration Requests and Tips for Correct Use of Claim Review Forms

**Electronic claim reconsideration** requests are available for review and/or reevaluation of situational finalized claim denials online (including BlueCard® out-of-area claims). This method of inquiry submission is **preferred over faxed/mailed claim disputes**, as it allows you to upload supporting documentation and monitor the status via Availity® Essentials.

**If you're unable to submit electronic transactions,** you can submit paper claim review requests by using the appropriate form on our website. Blue Cross and Blue Shield of Illinois must have all requested information to complete a proper claim review. **Effective Aug. 1, 2024, we'll return any incomplete form without conducting the claim review.**

Here are some **helpful tips** when submitting **paper** requests for commercial claim reviews:

- To request a **review of a previously adjudicated claim**, use our Claim Review Form.
- Reference the claim number in the appropriate field on the form. **Don't attach original claims to your form.**
- If you submit a Claim Review Form as a request for a second review, you must provide information not previously submitted to be eligible for review.
- To submit a corrected claim, use our Corrected Claim Form.
- To respond to an additional information request, use the Additional Information Form.
- For more information, refer to our Claim Review and Appeal page.

**Remember,** electronic options are available via Availity Essentials for faster, easier, more efficient claim

review requests. Be sure to provide all required information as we won't review electronic inquiries received with incomplete information.

**Submit a Claim Review Request Online, Fast**

To submit an online claim review request via Availity Essentials:

- Perform a **Claim Status** search utilizing the Member or Claim tab.
- Use the **Dispute Claim** or **Message This Payer** option to request a claim review.*
- Complete all needed information.

***Message This Payer** is applicable for certain claim processing scenarios. Message This Payer will not be present in the claim status response if Dispute Claim is available for the finalized claim.*

For more information on these electronic options, refer to our Claim Reconsideration Requests and Message This Payer pages.

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## Reminder: Use New Mailing Address for Paper Commercial Claims to Avoid Mail Delays

We announced a new mailing address in September 2023 for faster claims processing and responses. **Starting Oct. 1, 2024**, mail sent to our previous address will be forwarded through the postal service to the new address. This could result in claims processing and payment delays. To avoid delays, update your contact information for us if you haven't done so and **submit paper commercial claims to the new address:**

Blue Cross and Blue Shield of Illinois
PO Box 660603
Dallas, TX 75266-0603

Please only submit paper claims if necessary. **Electronic claim submission is preferred**. See our Claim Submission page for more information.

Forms updated with the new address are available to download, including the Claim Review, Corrected Claim, Additional Information and Requests for Recommended Clinical Review forms.

The address for **dental claims** also has changed:

Blue Cross and Blue Shield of Illinois
PO Box 660247
Dallas, TX 75266-0247

The dental claim form is updated with the new address.

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## Behavioral Health Consultations During Hospitalization Can Improve Outcomes

Coexisting physical and behavioral health conditions can be difficult to manage. Studies have found that people hospitalized for physical health conditions who also have mental illness are more likely to be readmitted than people who don't have mental illness. Proper follow-up care for behavioral health after a hospitalization is often lacking, according to the National Committee for Quality Assurance.

Behavioral health consultations during a hospital stay can help our members who have physical and behavioral health conditions. Addressing behavioral health care with timely follow-ups can help **reduce hospital readmissions** and improve health outcomes, according to NCQA.

We encourage hospital staff/attending providers to discuss behavioral health with our members during a hospital stay and to **consider consultations and follow-up care coordination** when appropriate.

### Tips for Behavioral Health Consultations and Follow-up Care

To help improve outcomes for our members receiving inpatient care, we encourage hospital staff/attending providers to consider the following:

- Discuss with our members and their medical teams how medical and behavioral health diagnoses are important and **can be intertwined.**
- Facilitate **behavioral health consultations** for our members when they're admitted to a medical unit for a medical concern and also exhibiting behavioral health symptoms.
- Coordinate care with our members' medical and behavioral health providers and social support to help ensure **timely follow-ups**. A behavioral health follow-up within 30 days after discharge can be in

the form of:

- Behavioral health inpatient admission
- Partial hospitalization program
- Intensive outpatient program
- Behavioral health outpatient appointment

**Coding for Behavioral Health Consultations**

When a member receives a psychiatric consultation while medically inpatient and receives a secondary behavioral health diagnosis, include the following on claims:

- The behavioral health diagnosis
- The correct Current Procedural Terminology (CPT®) codes for a psychiatric consult

Below is information from the American Medical Association about coding for behavioral health consultations (pages 24 and 28). Total time for reporting these services includes face-to-face and non-face-to-face time personally spent by the physician or other qualified health care professional on the date of the encounter.

| CPT code | Threshold Time | Description |
|---|---|---|
| **99221** | At least 40 minutes of total time on the date of the encounter | **Initial hospital inpatient or observation care,** per day, for the evaluation/management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making |
| **99222** | At least 55 minutes of total time on the date of the encounter | **Initial hospital inpatient or observation care,** per day, for the E/M of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making |
| **99223** | At least 75 minutes of total time on the date of the encounter | **Initial hospital inpatient or observation care, per day,** for the E/M of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making |

| | | |
|---|---|---|
| **99231** | At least 25 minutes of total time on the date of the encounter | **Subsequent hospital inpatient or observation care,** per day, for the E/M of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making |
| **99232** | At least 35 minutes of total time on the encounter on a single date | **Subsequent hospital inpatient or observation care,** per day, for the E/M of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making |
| **99233** | At least 50 minutes of total time on the date of the encounter | **Subsequent hospital inpatient or observation care,** per day, for the E/M of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making |

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