

BLUE REVIEWSM

A Provider Publication

August 2021

■ CMO Perspective

Proactively Schedule Wellness and Immunization Visits

It's hard to believe that back-to-school, holiday activities and the flu season are fast approaching. In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, emphasizes reminding patients who canceled or delayed appointments due to COVID-19 to return for wellness exams, screenings and vaccinations – especially for infants and adolescents.

[Read More](#)

■ Wellness and Member Education

Begin Colorectal Cancer Screening for Our Members at Age 45 Years Old, Rather than 50

In line with new U.S. Preventive Services Task Force (USPSTF) recommendations, Blue Cross and Blue Shield of Illinois (BCBSIL) recommends starting colorectal cancer screening for our members at 45 years old, with continued screening through age 75.

[Read More](#)

■ Community Involvement

Blue Door Neighborhood CenterSM Celebrates Physical Opening of Locations

Our Blue Door Neighborhood Center (BDNCSM) locations in Chicago's Morgan Park, Pullman and South Lawndale communities, are just one way we can partner with you to help make a difference in the lives of residents in our communities.

[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](#)

■ What's New

We've Reorganized the Behavioral Health Program Section on Our Website

Wherever possible, we're working toward streamlining information on our Provider website to help you find what you need quickly and easily.

[Read More](#)

■ Focus on Behavioral Health

Supporting Quality Care: Antidepressant Medication Management

We encourage providers to talk with our members about getting help for major depression, if needed. A depression screening tool may help with this conversation.

[Read More](#)

■ Pharmacy Program

Adhere to Human Papillomavirus (HPV) and Shingles Vaccine Guidelines

For patient safety, it's important that you follow the U.S. Food and Drug Administration (FDA) guidelines and the Advisory Committee on Immunization Practices' (ACIP) recommendations and child and adult immunization schedules.

[Read More](#)

■ Clinical Updates, Resources and Reminders

Commercial Prior Authorization Update: Pharmacy Medical Oncology

Starting **Oct. 11, 2021**, AIM Specialty Health® (AIM), rather than BCBSIL, will manage prior authorization requests and post-service medical necessity review for drugs in the Pharmacy Medical Oncology care category for some **commercial, non-HMO** members.

[Read More](#)

Updated: Wheelchair Medical Necessity and Home Evaluation Verification Form

BCBSIL reviews requests for manual wheelchairs (MWCs) and power-operated vehicles (POVs) (i.e., Power Wheelchair, Scooter, Other POV) as required according to details of our members' benefit plans and medical necessity criteria outlined in BCBSIL's Medical Policies.

[Read More](#)

Prior Authorization Code Updates for Some Commercial Members, Effective Oct. 1, 2021

BCBSIL is changing prior authorization requirements for some **commercial, non-HMO** members. Some codes are being added and some codes are being removed, effective **Oct. 1, 2021**.

[Read More](#)

Government Programs Prior Authorization Update: Code Changes, Effective Oct. 1, 2021

BCBSIL is changing prior authorization 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. Some codes are being added, effective **Oct. 1, 2021**.

[Read More](#)

■ Claims and Coding

BCCHP Update for Manually Priced Durable Medical Equipment (DME) Devices

Based on new guidance, as of Dec. 11, 2020, the BCCHP claims system requires a pricing invoice or provider price list for any manually priced item.

[Read More](#)

New Claim Edits for BCCHP

Effective beginning with claims processed as of May 25, 2021, BCBSIL has implemented claim edits for BCCHP in alignment with correct-coding initiatives, the Centers for Medicare & Medicaid Services' (CMS) guidelines, national benchmarks, and industry standards. A [list of claim edits for BCCHP](#) is available on the [Claim Submission](#) page in the Related Resources.

■ Quality Improvement and Reporting

Updated Provider Dispute Process Overview for Government Programs

If you provide care and services to our BCCHP and/or MMAI members, [review the updated information](#) on how to submit claim disputes to BCBSIL.

■ Notifications and Disclosure

Important Dates and Reminders

[Check here](#) each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

[Read More](#)



Quick Reminders

Stay informed!

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

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to [request an information change](#).

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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Proactively Schedule Wellness and Immunization Visits

By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)

For 2020-2021, public sector vaccine ordering data from the Centers for Disease Control and Prevention (CDC) showed a 14% drop overall compared to 2019, with a decrease of more than 20% in measles vaccinations.¹ The CDC designates August as [National Immunization Awareness Month \(NIAM\)](#) and, this year, ramping up vaccine education efforts is critical.

On the heels of the COVID-19 public health emergency, BCBSIL's **Wellness Can't Wait** initiative is designed to shift the focus from reactive to proactive. But that doesn't mean preventive care is any less urgent, especially at this time of year, with back-to-school, holiday activities and flu season fast approaching. It's time to remind patients who canceled or delayed appointments due to COVID-19 to return for wellness exams and vaccinations, especially for infants and adolescents. **We encourage providers to proactively reschedule patient appointments for wellness, screening and immunizations.**

Infants and Adolescents

Protecting infants ages 0 to 2 years old is vital for vaccine-preventable illnesses and ensuring older children can attend daycare or school. The CDC offers guidance for health care providers on a [catch-up immunization schedule](#) for persons age 4 months to 18 years who are more than one month behind.²

As part of the health care team, doctors, nurse practitioners, physician assistants and nurses play a vital role in educating parents on the importance of getting all scheduled immunizations for their children. Below are a few tips you may choose to apply:

- Call parents and remind them about their children's upcoming immunizations.
- Communicate with parents about the benefits of age-appropriate childhood immunizations.
- Discuss office safety precautions during the pandemic.
- To ease parents' hesitation and anxiety to complete in-office visits, schedule well-child visits in the morning and sick visits in the afternoon and delineate well-child visits and sick visits to different areas of the clinic.³
- Allow parents to express their concerns.

As we've discussed in previous communications, **it's important to recognize that some members may face barriers in**

getting to the doctor, such as lack of transportation or childcare, difficulty getting time off from work, health care coverage concerns and other issues. In addition to recommending vaccine locations that may be more convenient for the patient, remember that every visit is a wellness/vaccination opportunity. If patients come in for an acute problem, check their history and promote necessary vaccinations – also take the opportunity to ask about other family members.

COVID-19 Vaccination

Remind your patients that, per CDC guidelines, COVID-19 vaccination is available for everyone ages 12 years and older and can be given with other vaccines.⁴ Monitor the CDC's [U.S. COVID-19 Product Information](#) page for updates and related materials, including a [COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals](#).

Flu Vaccination

Discuss with your patients the need for flu vaccination when the vaccine becomes available in September or October by scheduling a future appointment, or encouraging they get vaccinated at a pharmacy, health department or local flu clinic.

Adult Immunizations

In addition to flu and COVID-19 vaccination, discuss immunizations with adult patients who may need other vaccines, such as Tdap or pneumococcal vaccination, based on their age, career, lifestyle or travel habits.

Quick Reminders and Resources

- [Preventive care guidelines](#) for immunization schedules are available on our Provider website.
- We also encourage you to refer to the [NIAM](#) section of the CDC website for tools and resources you can use year-round, like the [#HowIRecommend Vaccination Video Series](#).
- For many of our members, immunizations and vaccines are covered at no cost share. Always check member eligibility and benefits using the [Availity® Provider Portal](#) or your preferred web vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles.

We know the most trusted source of wellness and immunization information for many patients is typically their own doctor. Our Wellness Can't Wait initiative sets the stage, but we're relying on partnerships with providers to increase the reach to our member audience. How are you engaging your patients in conversations around vaccine necessity, safety and efficacy? What challenges are you facing in discussing the importance of other preventive care measures, like colorectal cancer screenings and mammograms? What additional steps are you taking to encourage patients to adopt healthy lifestyle changes to better manage existing conditions? What can BCBSIL do to help?

If you have thoughts you'd like to share, or topics you'd like us to explore in the Blue Review or other communications or educational outreach initiatives, please [email us](#).

[Learn more about Dr. Derek J. Robinson](#)

¹ <https://www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html>

² <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

⁴ https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F%2Fclinical-considerations.html (Updated July 16, 2021)

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Begin Colorectal Cancer Screening for Our Members at 45 Years Old, Rather than 50

In line with new [U.S. Preventive Services Task Force](#) (USPSTF) recommendations, Blue Cross and Blue Shield of Illinois (BCBSIL) recommends that colorectal cancer screening for our members begin at 45 years old, rather than 50. We've updated our [Preventive Care Guidelines](#) and are updating our claims processing to reflect this change. Screening should continue until age 75.

Why Screening Is Important

Colorectal cancer is the third leading cause of cancer-related deaths in the U.S., according to [USPSTF](#). New cases among adults younger than 50 are increasing. Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective.

Recommended Screening

USPSTF recommends screening with any of the following tests for members ages 45 to 75 years:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT (Stool DNA Test) every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

Providers may want to discuss [earlier screening](#) with members with a family history of colorectal disease or other risk factors. We encourage providers to [discuss colon health](#) with all members.

Checking Eligibility and Benefits

For most of our members, colorectal cancer screening is covered at no cost share.

Check member [eligibility and benefits](#) using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles. Ask to see members' ID card and photo ID to guard against medical

identity theft.

Some screenings involve a member's pharmacy benefits in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than BCBSIL.

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Blue Door Neighborhood CenterSM Celebrates Physical Opening of Locations

Our Blue Door Neighborhood Center (BDNCSM) locations in Chicago's Morgan Park, Pullman and South Lawndale communities, are just one way we can partner with you to help make a difference in the lives of residents in our communities. All programming – in person and virtual – at BDNC locations is free and open to BCBSIL members and non-members.

Now that our BDNC locations are open to the public again, invite your patients to the events below and to view the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details on all our programs, events and classes, and to register. Some popular classes include:

- Bingo
- Zumba[®]
- Yoga
- Low-impact fitness for older adults

Just for the fun of it, invite your patients to the **family-centered block party at the BDNC in Morgan Park on Saturday, Aug. 21, 2021, from 11 a.m. to 3 p.m.** This outdoor event will feature:

- Live DJ
- Food and treats
- School supplies (first come, first served while supplies last)
- South Shore Drill Team and 40+ Double Dutch teams
- Low-impact fitness demos and activities for the entire family
- Community resource fair focusing on primary care
- City of Chicago resources
- Educational resources focused on mental health and financial literacy

In August, we're also planning an **Ask a Lactation Consultant** event in partnership with the March of Dimes during the first week in August to coordinate with **World Breastfeeding Week**, and events to highlight **National Immunization Awareness Month**.

The BDNC locations also offer health education and connections to social support services.

These are just a few of the programs we'll offer at our BDNC sites on multiple dates and times in August. Encourage your patients to visit the [BDNC Facebook page](#) for other events and happenings at all three locations. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

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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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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:
<p>Availity® Authorizations Tool <i>We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's Authorizations tool.</i></p>	<p>Aug. 11, 2021 Aug. 18, 2021 Aug. 25, 2021</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status <i>We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.</i></p>	<p>Aug. 12, 2021 Aug. 19, 2021 Aug. 26, 2021 Aug. 26, 2021</p>	<p>11 to 11:30 a.m.</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.</i></p>	<p>Aug. 26, 2021</p>	<p>1 to 2 p.m.</p>

<p>BCBSIL Back to Basics: ‘Availity 101’ <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Aug. 10, 2021 Aug. 17, 2021 Aug. 24, 2021 Aug. 31, 2021</p>	<p>11 a.m. to noon</p>
<p>Medicaid HEDIS® 101 Training <i>This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.</i></p>	<p>Aug. 11, 2021 Aug. 25, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Medicaid HEDIS 102 Training <i>This training is designed for contracted providers working with new Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. We’ll review HEDIS measure updates, discuss strategies to sharpen your knowledge of HEDIS measures, and cover the measure year (MY) 2020 and MY 2021 HEDIS technical specifications and general guidelines.</i></p>	<p>Aug. 17, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Monthly Provider Hot Topics Webinar <i>These monthly webinars will be held through December 2021. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.</i></p>	<p>Aug. 11, 2021</p>	<p>10 to 11 a.m.</p>
<p>Opioid Use Disorder <i>Join our board-certified psychiatrists and behavioral health medical directors for introductory training. Attendees will earn one continuing medical education (CME) unit or continuing education unit (CEU). All providers are welcome.</i></p>	<p>Aug. 16, 2021</p>	<p>8 to 9 a.m.</p>
<p>Orientation Webinars for New BCCHP and MMAI Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.</i></p>	<p>Aug. 17, 2021 Aug. 24, 2021</p>	<p>10 to 11:30 a.m. 1 to 2 p.m.</p>
<p>Orientation Webinars for New Commercial Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.</i></p>	<p>Aug. 18, 2021</p>	<p>10 to 11:30 a.m.</p>
<p>Provider Onboarding Form Training <i>These sessions will help you effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, adding a provider to a group, and how</i></p>	<p>Aug. 25, 2021</p>	<p>10 to 11 a.m.</p>

to submit demographic changes.

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We've Reorganized the Behavioral Health Program Section on Our Website

Wherever possible, we're working toward streamlining information on our Provider website to help you find what you need quickly and easily.

This month, you'll notice that the [Behavioral Health Program section](#) looks different. It's been reorganized to include the following pages:

- Program Components
- Clinical Practice Guidelines
- Utilization Management Program Overview
- Medical Necessity Criteria
- Prior Authorization Requirements and Process
- Quality Indicators
- Accreditation
- Government Programs
- Contact Information

You'll find general information on each page with links to other sections for more details. We've also updated related resources, like our [Quick Overview of Electronic Options for Behavioral Health Providers](#), to help you navigate our website.

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Supporting Quality Care: Antidepressant Medication Management

Major depressive disorder is one of the most common mental health disorders in the U.S., affecting more than 17 million adults each year, according to the [Substance Abuse and Mental Health Services Administration](#). About a third of those impacted by major depressive disorder aren't receiving behavioral health therapy, medication treatment or both. Major depression can seriously impair everyday functioning and increase suicide risk. We encourage providers to talk with our members about [getting help](#) for major depression, if needed. A [depression screening tool](#) may help with this conversation.

Closing Care Gaps

As part of monitoring and helping improve quality of care, we track [Antidepressant Medication Management](#) (AMM), a Healthcare Effectiveness Data and Information Set (HEDIS[®]) measure from the National Committee for Quality Assurance (NCQA). By managing their patients' antidepressant medication, providers may help increase medication compliance, monitor side effects and improve treatment outcomes, according to [NCQA](#).

AMM applies to our members with major depression who are 18 years of age and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. Providers who prescribe antidepressants should support members in reaching these two phases:

- Effective Acute Treatment Phase: Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Treatment Phase: Adults who remained on antidepressant medication for at least 180 days (six months)

Each phase starts when the prescription is first filled.

Tips to Consider

- Document all the following:
 - Date of service
 - Diagnosis of major depression
 - Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of

discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.

- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

Resources

- [HEDIS tip sheets](#)
- [Documentation and coding resources](#) for major depressive disorder
- [Depression screening tool](#)

HEDIS is a registered trademark of the NCQA

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Adhere to Human Papillomavirus (HPV) and Shingles Vaccine Guidelines

Timely vaccinations can help protect your patients' health. For patient safety, it's important that you follow the U.S. Food and Drug Administration (FDA) guidelines and the Advisory Committee on Immunization Practices' (ACIP) recommendations and child and adult immunization schedules.

How are claims affected?

Blue Cross and Blue Shield of Illinois (BCBSIL) reviews claims to ensure applicable guidelines are met. We've found that two categories of vaccines are often administered outside FDA and ACIP recommendations: those to prevent HPV and those to prevent shingles caused by the herpes zoster virus.

For these categories, if vaccines are administered outside of the FDA and ACIP recommendations, BCBSIL will:

- Consider the services to be experimental, investigational or unproven (EIU), which are not a covered benefit for BCBSIL members; and
- Recover reimbursements as per the claim payment recovery process outlined in our participating provider contracts.

BCBSIL will continue to reimburse medically necessary claims for vaccines administered according to FDA approval guidelines and ACIP recommended schedules.*

Know the Facts: HPV Vaccination

Gardasil 9 (9vHPV) is the vaccine for the prevention of HPV infections and associated diseases, including oropharyngeal and other head and neck cancers.

- As of October 2018, the FDA approved Gardasil 9 for women and men ages 9 to 45 years old.
- In June 2019, ACIP recommended catch-up vaccinations for women and men through age 26 years. ACIP also recommended vaccinating adults older than 26 years old. Involve your patients in the decision to vaccinate.
- For patients between 9 and 14 years old, ACIP recommends two or three doses. For patients between 15 and 45 years old, ACIP recommends three doses.
- As reported by the Centers for Disease Control and Prevention (CDC), as of the [end of 2016](#), Gardasil 9 is the [only HPV vaccine available](#) in the U.S. Please check your systems and processes to avoid using 2vHPV or 4vHPV billing codes.

Know the Facts: Shingles Vaccinations

Shingrix and **Zostavax** help prevent shingles and its complications:

- Shingrix is approved by the FDA. ACIP recommends Shingrix for people age 50 years or older. It requires two doses. The second dose should be two to six months after the first.
- Zostavax is no longer available in the U.S. It was removed from the 2021 ACIP adult immunization schedule.
- In compliance with the FDA approval guidelines, BCBSIL considers Shingrix and Zostavax as medically necessary for anyone age 50 years or older. Note: Zostavax will be considered as medical necessity when rendered prior to the discontinuation of the drug.

More Information

The summary of the ACIP changes to the adult immunization schedule are in the Feb. 12, 2021, [Morbidity and Mortality Weekly Report](#).

ACIP's recommendations include immunization schedules for children and adolescents as well as adults, which can be found on the [CDC website](#).

Also refer to [BCBSIL's Clinical Payment and Coding Policies](#) (CPCPs) for our [Preventive Services Policy \(CPCP006\)](#).**

***Note regarding HMO members:** Vaccines administered/referred by the HMO member's Primary Care Physician (PCP) are covered by the member's assigned HMO medical group. Medical necessity is determined by the member's PCP.

**BCBSIL's CPCPs don't apply to members who have Medicare or Medicaid plans.

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Commercial Prior Authorization Update: Pharmacy Medical Oncology

What's changing?

Blue Cross and Blue Shield of Illinois (BCBSIL) is changing prior authorization requirements that may apply to some **commercial, non-HMO** members.

Starting Oct. 11, 2021, AIM Specialty Health® (AIM), rather than BCBSIL, will manage prior authorization requests and post-service medical necessity review for drugs in the Pharmacy Medical Oncology care category for some BCBSIL members.

Note: AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested isn't associated with an oncology diagnosis, it will be reviewed by BCBSIL.

Predetermination will no longer be offered for the Medical Oncology care category. All requests will be processed as a prior authorization.

Important Reminder: Check Eligibility and Benefits First

Always check eligibility and benefits through the [Availity® Provider Portal](#) or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Key Dates and Scenarios as We Transition to AIM

- Make sure you're registered with AIM, prior to Oct. 11, 2021. You can register online via the [AIM Provider Portal](#), or call the AIM Contact Center at 866-455-8415, Monday through Friday, 7 a.m. to 7 p.m., CT.*
- Continue to submit Pharmacy Medical Oncology prior authorization requests to BCBSIL through Oct. 10, 2021, for dates of service before Oct. 11, 2021.
- A prior authorization request initiated with BCBSIL will remain active with BCBSIL until the request expires, including dates before or after Oct. 11, 2021.
- Contact BCBSIL to extend an active prior authorization for dates of service prior to Oct. 11, 2021.
- Do not submit prior authorization requests for Medical Oncology drug codes to BCBSIL for dates of service on or after Oct. 11, 2021.

[AIM's ProviderPortal](#) and call center will begin accepting prior authorization requests on Sept. 27, 2021, for dates of service on or after Oct. 11, 2021.

- Contact AIM via their [ProviderPortal](#) to extend an active prior authorization for dates of service on or after Oct. 11, 2021.
- Contact AIM for all prior authorizations initiated on and after Oct. 11, 2021. Please use the AIM **ProviderPortal** for any new requests.

For More Information

Refer to the [Utilization Management section](#) of our Provider website for an updated 2021 **Commercial Specialty Pharmacy Prior Authorization Drug List**. This list is posted on the [Support Materials \(Commercial\) page](#). It includes the drugs for Medical Oncology that AIM will review starting Oct. 11, 2021.

Provider Training

AIM will be hosting free webinars on how to use the AIM **ProviderPortal** to enter medical oncology prior authorization requests. **The webinars are conducted by AIM.** To sign up, select your preferred date and time from the list below:

- [Sept. 15, 2021 \(2 to 3 p.m., CT\)](#)
- [Sept. 24, 2021 \(9 to 10 a.m., CT\)](#)
- [Sept. 28, 2021 \(noon to 1 p.m., CT\)](#)
- [Oct. 6, 2021 \(noon to 1 p.m., CT\)](#)
- [Oct. 12, 2021 \(noon to 1 p.m., CT\)](#)

*If you're already registered with AIM to submit Radiology Quality Initiative (RQI) requests for BCBSIL members, you don't need to register again.

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.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as AIM or Availity.

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BLUE REVIEWSM

A Provider Publication

August 2021

Updated: Wheelchair Medical Necessity and Home Evaluation Verification Form

Blue Cross and Blue Shield of Illinois (BCBSIL) reviews requests for manual wheelchairs (MWCs) and power-operated vehicles (POVs) (i.e., Power Wheelchair, Scooter, Other POV) as required according to details of our members' benefit plans and medical necessity criteria outlined in [BCBSIL's Medical Policies](#).

To help ensure we receive all necessary information to support wheelchair review requests, an updated [Wheelchair Medical Necessity and Home Evaluation Verification Form](#) is available on our Provider website. We've reformatted the document to make it easier to use. You can enter your information electronically, tab from field to field and enter as much information as needed to support your request. We've also added brief instructions, suggestions for medical documentation and other important reminders.

As noted in **BCBSIL Medical Policy DME101.010, Wheelchairs and Accessories**, this form or any reasonable substitute with the same wheelchair medical necessity/home evaluation information may be used. Please refer to the medical policy for details.

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August 2021

Prior Authorization Code Updates for Some Commercial Members, Effective Oct. 1, 2021

What's changing?

Blue Cross and Blue Shield of Illinois (BCBSIL) is changing prior authorization requirements that may apply to some **commercial, non-HMO** members. Here's a summary of changes:

- **Oct. 1, 2021** – Adding Genetic Testing Current Procedural Terminology (CPT[®]) codes to be reviewed by AIM Specialty Health[®] (AIM)
- **Oct. 1, 2021** – Removing Nasal and Sinus Surgery codes previously reviewed by BCBSIL
- **Oct. 1, 2021** – Removing a Specialty Pharmacy code previously reviewed by BCBSIL
- **Oct. 1, 2021** – Removing an Orthopedic Musculoskeletal code previously reviewed by BCBSIL

More Information

Refer to the [Utilization Management section](#) of our Provider website. Updated procedure code lists are posted on the [Support Materials \(Commercial\) page](#).

Important Reminders

Always **check eligibility and benefits first** through the [Availity[®] Provider Portal](#) or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

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

Note: Services performed without required prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement and/or balance bill the member.

rendered. If you have any questions, call the number on the member's ID card.

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A Provider Publication

August 2021

Government Programs Prior Authorization Update: Code Changes, Effective Oct. 1, 2021

What's Changing: Blue Cross and Blue Shield of Illinois (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.

As a reminder, for some services/members, prior authorization may be required through BCBSIL. For other services/members, BCBSIL has contracted with [eviCore healthcare \(eviCore\)](#) for utilization management and related services.

A summary of Current Procedural Terminology (CPT[®]) changes, **effective Oct. 1, 2021**, is included below.

MA PPO, BCCHP and MMAI

Code	Change	Effective Date	Send PA requests to:
0250U	Added	Oct. 1, 2021	eviCore
0252U	Added	Oct. 1, 2021	eviCore
0253U	Added	Oct. 1, 2021	eviCore
0254U	Added	Oct. 1, 2021	eviCore
J1427	Added	Oct. 1, 2021	eviCore
J9037	Added	Oct. 1, 2021	eviCore
J9144	Added	Oct. 1, 2021	eviCore

J9223	Added	Oct. 1, 2021	eviCore
J9281	Added	Oct. 1, 2021	eviCore
J9316	Added	Oct. 1, 2021	eviCore
J9317	Added	Oct. 1, 2021	eviCore
J9349	Added	Oct. 1, 2021	eviCore
Q5122	Added	Oct. 1, 2021	eviCore
J7352	Added	Oct. 1, 2021	eviCore
S0013	Added	Oct. 1, 2021	eviCore
J1554	Added	Oct. 1, 2021	eviCore
J1823	Added	Oct. 1, 2021	eviCore

For More Information: For More Information: Refer to the [Utilization Management](#) section. Updated MA PPO and Illinois Medicaid (BCCHP and MMAI) procedure code lists are posted on the [Support Materials \(Government Programs\) page](#).

Important Reminders

Always check eligibility and benefits first through the [Availity® Provider Portal](#) or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management 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 and or balance bill the member. Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services.

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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A Provider Publication

August 2021

BCCHPSM Update for Manually Priced Durable Medical Equipment (DME) Devices

In December 2020, Blue Cross and Blue Shield of Illinois (BCBSIL) received [updated guidance](#) from the Illinois Department of Healthcare and Family Services (HFS) on pricing reimbursements for manually priced DME devices (items not listing an established reimbursement rate on the fee schedule) for non-reusable and reusable, wheelchair and wheelchair accessories as outlined by Illinois General Assembly via the Joint Committee on Administrative Rules (JCAR). This guidance replaced the manual pricing reimbursement methodology previously posted in June 2018.

Based on this new guidance, as of Dec. 11, 2020, the Blue Cross Community Health PlansSM (BCCHP) claims system requires a pricing invoice or provider price list for any manually priced item.

The pricing invoice should contain the following data:

- Member name
- Date of service
- Item name/description/Healthcare Common Procedure Coding System (HCPCS) code
- Number of units provided
- Item wholesale price/manufacturer suggested retail price (MSRP)

Claims received with a manually priced item listed not accompanied with an appropriate pricing invoice will result in denial with reason code **heh** (resubmit with required invoice).

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A Provider Publication

August 2021

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. In particular, potential patients may use this online tool to confirm if you're a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder to refer their patients to your practice.

Is your online information accurate? Check your information in Provider Finder. If changes are needed, please let us know as soon as possible. An overview of types of changes and how to request them is below.

New in 2021: Provider Onboarding Form Training Sessions

Our training schedule now includes a webinar to help you navigate our online Provider Onboarding Form. This training will cover how to request the addition of providers to your currently contracted group. We'll also discuss new group/provider contracting and how to submit demographic changes online. **This month's Provider Onboarding Form Training will be held on [Aug. 25, 2021, from 10 to 11 a.m., CT – register now!](#)**

Types of Information Updates

- **Demographic Changes** – Use the [Demographic Change form](#) to change existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.
- **Request Addition of Provider to Group** – If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group will not be considered in network until they're appointed into the network.

Other Information Changes

The following types of changes are more complex and require special handling:

- **Legal Name Change for Existing Contract** – If you're an existing provider who needs to report a legal name change,

[complete a new contract application](#) to initiate the update process.

- **Medical Group Change for Multiple Providers** – If you're a group (Billing NPI Type 2) and have more than five changes, please email our [Illinois Provider Roster Requests team](#) for a current copy of your roster to initiate your multiple-change request.

Changes aren't immediate upon request submission.

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