

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

June 2021

■ CMO Perspective

Utilization Management: Let's Talk About It

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, announces a new, interactive resource in the Utilization Management section of our Provider website. It's a video that features an introduction by Dr. Robinson, four topics presented by other members of our medical director team and an online survey for your feedback.

[Read More](#)

■ What's New

Catch Up Now on Child and Adolescent Vaccinations

Due to COVID-19, children and adolescents have fallen behind on receiving recommended vaccines. The Centers for Disease Control and Prevention (CDC) recommends that children get caught up now with vaccinations so that they're protected as they return to in-person learning.

[Read More](#)

■ Community Involvement

Making an Impact: Read Our Corporate Social Responsibility Report

2020 was unprecedented in more ways than one. From the COVID-19 pandemic, to addressing racism and social unrest, and for too many, losing loved ones to illness, the events of 2020 challenged us all. Read the Blue Cross and Blue Shield of Illinois (BCBSIL) [2020 Corporate Social Responsibility Report](#), which highlights BCBSIL's commitment to our communities and focuses on our environmental impact.

Free Virtual Camp for Kids with Diabetes and Their Families

We'd like to encourage you to share the summer 2021 dates for the **American Diabetes Association (ADA) Imagine Camp** with your young patients who have diabetes and their families.

[Read More](#)

■ **Wellness and Member Education**

Vision Loss May be Decreased by Focusing on Social Determinants of Health

Did you know that identifying your patients' social determinants of health (SDoH) may help them avoid vision loss or impairment?

[Read More](#)

We're Offering Programs to Help Address Social Determinants of Health

Community members who live, learn, work, worship and play near the Blue Door Neighborhood CenterSM (BDNCSM) locations may not be able to reach their full health potential due to SDoH – conditions in the environment that affect a wide range of health, functioning and quality-of-life outcomes and risks.

[Read More](#)

■ **Network Innovation/Product Updates**

Update: Medicare Medicaid Alignment Initiative Expansion

Per the Illinois Department of Healthcare and Family Services (HFS), effective **July 1, 2021**, the Medicare Medicaid Alignment Initiative (MMAI) Program will be expanding.

[Read More](#)

■ **Focus on Behavioral Health**

Supporting Quality Care: Alcohol and Other Drug Abuse or Dependence

More than 20 million people ages 12 and older in the U.S. struggle with a substance use disorder each year.

[Read More](#)

[Earn CME/CEU Credit at Free Depression Webinar](#)

Join our board-certified psychiatrists and behavioral health medical directors on **June 14, 2021**, for a one-hour webinar, **Depression in a Primary Care Setting**.

[Read More](#)

■ Clinical Updates, Resources and Reminders

Current Procedural Terminology (CPT®) Code Updates for Prior Authorization for Some Commercial Members

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO members**. An updated code list and other Utilization Management resources are available on our website for reference purposes.

[Read More](#)

Updated: Prior Authorization Requirements for Advocate Aurora Health Members

Earlier this year, the **Advocate Aurora Health Employee Benefit Plan** made some utilization management changes for its employees and covered dependents with BCBSIL coverage. A list of care categories for procedures that may require prior authorization was implemented April 1, 2021. **One care category has been added to the prior authorization list for Advocate Aurora Health members, effective Sept. 1, 2021.**

[Read More](#)

Government Programs Prior Authorization Requirement Updates: Code Changes, Effective July 1, 2021

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

■ Claims and Coding

Medicaid Billing Reminders for Home and Community Based Services (HCBS) Waiver Providers

BCBSIL has aligned its claim coding with HFS managed care billing guidelines for HCBS waiver providers who submit Medicaid claims to Managed Care Organizations (MCOs). [Read more on News and Updates](#).

Reminder: Hospital 30-day Readmission Review Process for BCCHP and MMAI Members

BCBSIL conducts readmission review of hospital services provided to our **BCCHP and MMAI**

members. If it's determined that a subsequent admission is a readmission, BCBSIL will deny the claim for the subsequent admission unless specific exception criteria are met.

[Read More](#)

EXL Health to Review Complex Claims July 1, 2021

Our **post-payment reviewer of complex claims is changing.** Starting **July 1, 2021**, EXL Health will conduct post-payment reviews of complex claims from providers and facilities on behalf of BCBSIL.

[Read More](#)

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 1

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **July 1, 2021**, are outlined [here](#).

■ Provider Education

Provider Learning Opportunities

Provider Learning Opportunities BCBSIL offers free webinars and workshops for the independently contracted providers who work with us. A preview of upcoming training sessions is included in this month's issue.

[Read More](#)

■ Notification and Disclosure

Important Dates and Reminders

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

Procedure Code and Fee Schedule Updates

As part of our commitment to informing 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

The ClaimsXten code auditing tool is updated quarterly. On or after **Aug. 24, 2021**, BCBSIL will implement the second quarter code update in the ClaimsXten tool.

[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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Utilization Management: Let's Talk About It

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

Our members, your patients, are top priority at BCBSIL. We're committed to raising awareness of wellness initiatives, like the importance of preventive health screenings, exercise, nutrition and keeping up with recommended immunizations. We do this through communication campaigns that spotlight online tools and other educational resources our members can use to help themselves and their families take a more active role in matters concerning their health.

The care and services you provide to our members is essential and it's our goal to provide you with exemplary support. We know you're busy and we value your time. We understand that navigating administrative operations can be challenging, when you need to focus first on caring for patients. As I've mentioned in previous articles, based on your feedback, we've been evaluating our provider tools and resources to identify areas for improvement.

One area we're targeting is utilization management. We know prior authorization and related processes can seem complex, so we're taking steps to help clarify them. You may be familiar with the Utilization Management section of our Provider website. We reorganized this section in late 2020, but we're continuing to refine and enhance it to help ensure the information is useful.

This month, I'm pleased to announce that we've added a new resource to our website. It's our [Utilization Management: Medical Director Video](#). It features four short videos on key utilization management topics: Terminology Overview, Intake Process, Peer-to-Peer Process and Appeals. Each topic is narrated by a member of our medical director team. You can view one or all of the videos in any order. And there's a survey you can complete to rate our utilization management resources, provide feedback or ask questions.

With utilization management and other important processes and initiatives, sometimes, it helps to talk it through. I hope you'll find our new tutorial interesting and informative.

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

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Catch Up Now on Child and Adolescent Vaccinations

Due to COVID-19, children and adolescents have fallen behind on receiving recommended vaccines. The Centers for Disease Control and Prevention (CDC) recommends that [children get caught up now with vaccinations](#) so that they're protected as they return to in-person learning. **We encourage providers to schedule catch-up vaccinations as soon as possible and prepare for COVID-19 vaccine protocols.**

What You Need to Know About COVID-19 Vaccine Protocols

The Pfizer COVID-19 vaccine has received emergency use authorization for people ages 12 and older. By fall, COVID-19 vaccines may be approved for younger children. The CDC recommends the COVID-19 vaccine for [everyone ages 12 and older](#).

In [updated clinical guidance](#), the CDC says that **other vaccines may be given with the COVID-19 vaccine**. It's no longer necessary to wait 14 days between the COVID-19 vaccine and other vaccines as a precaution, according to the CDC. The [American Academy of Pediatrics](#) supports giving COVID-19 vaccines with other vaccines to those 12 and older who are behind on or due for routine immunizations.

To help children and adolescents catch up on all needed vaccines, the CDC recommends that providers:

- Identify families whose children have missed vaccinations and contact them to schedule appointments
- Check at each visit for any missing immunizations and deliver vaccines that are due
- Let families know what precautions are in place for safe delivery of in-person services

Why Catching Up on Vaccinations Is Crucial

Vaccines protect children from serious and potentially life-threatening diseases. According to the [National Committee for Quality Assurance](#), as of Feb. 14, 2021:

- Overall adolescent vaccination rates are down as much as 22% due to the pandemic
- Overall provider orders (other than flu) from the federally funded Vaccines for Children Program are down by almost 10.9 million doses
- This decline includes MMR/MMRV vaccines for measles, mumps, rubella and varicella, which are down by 1.4 million doses

BCBSIL Resources

- [COVID-19 coverage and related information](#)
- [Preventive care guidelines](#) on immunization schedules

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Free Virtual Camp for Kids with Diabetes and Their Families

We'd like to encourage you to share the summer 2021 dates for the **American Diabetes Association (ADA) Imagine Camp** with your patients age 5 to 17 years old who have diabetes and their families. ADA Imagine Camp is **free, virtual** and connects kids to adventure, education, mentors and fun. It's designed to facilitate an at-home experience connecting kids and their families.

During the summer program, families can expect:

- Small group and all-camp interactive online discussions and activities with the camp counselors who have been doing this for years.
- Camp boxes complete with an ADA camp shirt, ready-to-go activities, and so much more.
- Age-appropriate diabetes education and games to enhance knowledge and confidence.
- And, of course, FUN!

All Imagine Camp experiences are developed to provide opportunities for children with diabetes to forge life-long, sustainable relationships, overcome feelings of isolation, and gain self-confidence. ADA Imagine Camp invites kids and their families to become part of a community where they can thrive together.

ADA Imagine Camp – Summer 2021

ADA Imagine Camp is offered this summer during four, one-week sessions, Monday through Friday, starting **June 7 through July 26** and features online and offline activities. Each week is designed to engage youth **ages 5-17**, empower their confidence, and create lifelong friendships. **Camp is free** for all participants and **campers may attend as many sessions as they would like**.

- Session 2: June 21 - 25, 2021
- Session 3: July 12 - 16, 2021
- Session 4: July 26 - 30, 2021

Please share this information and the [registration link](#) with your young patients who have diabetes and their families to encourage camp participation.

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.

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Vision Loss May be Decreased by Focusing on Social Determinants of Health

In our annual Blue Review readership survey, some readers asked for more articles on specialty areas. In response, we've created a series of articles on vision impairment. Do you have suggestions for other topics? [Email us!](#)

Did you know that identifying your patients' Social Determinants of Health (SDoH) may help them avoid vision loss or impairment? The leading causes of vision loss and impairment include cataract, diabetic retinopathy, glaucoma, age-related macular degeneration (AMD), strabismus, amblyopia, and refractive errors.¹ Access to timely eye care can often reduce or prevent the vision loss associated with these diseases, leading to improved vision.¹

According to an article on the [National Center for Biotechnology Information, U.S. National Library of Medicine](#), SDoH may be a guiding factor when it comes to identifying high-risk populations for certain types of vision loss and vision impairment. Studying pockets of SDoH may help target limited resources, tailor effective interventions, and promote policies that better achieve eye and vision health and improve population health equity.²

According to the [Centers for Disease Control and Prevention \(CDC\)](#):³

- U.S. adults at high risk for vision loss increased from 65 million to 93 million between 2002 and 2017
- 40% of adults at high risk for vision loss didn't receive an eye exam in the past year
- Over 8 million adults who said they need glasses can't afford them

SDoH such as unhealthy living conditions, little access to healthy food and health care services, and transportation and employment limitations – which may prevent people from getting to the eye doctor annually – may all contribute to individuals being at higher risk for vision loss or impairment. The promotion of, and access to, eye and vision health may positively influence many other social ailments, including poverty, increasing health care costs, and avoidable mortality and morbidity.²

How We Can Work Together

Blue Cross and Blue Shield of Illinois (BCBSIL) wants to work with you to help our members reach their full health potential by addressing the SDoH that may limit their quality of life. Help us identify members who may need additional resources by including [ICD-10 Z codes for social determinants of health](#) on claims.

Encourage your patients to check out the **free, virtual programming** at the [Blue Door Neighborhood CenterSM \(BDNCSM\)](#). Courses such as the six-week Diabetes Empowerment Education Program (DEEP), Hip Hop Wellness series, Stroke Prevention webinar, and Black Women & Obesity webinar are **available to BCBSIL members and non-members**.

In addition to vision benefits that vary by plan, BCBSIL, offers members discounts on laser eye surgery, eye exams, contacts and frames through [Blue365[®]](#). No referral is necessary and there's no limit to the number of times members can receive discounts on purchases.

BCBSIL is also working with [Esperanza Health Centers](#) and five other clinics in the Chicago area to help improve screening rates for diabetic retinopathy. **The clinics offer free diabetic retinopathy screenings to BCBSIL members and non-members**.

Provide community resources like [Hadley](#) to help members with vision loss so they have the skills necessary to work, live independently and continue some of the activities they've always enjoyed, such as gardening, traveling and going out to eat. Experts from the field of vision loss teach all Hadley on-demand workshops and are available to readily address personalized questions, whether received online, on the phone or in the mail. As a privately funded nonprofit, **Hadley provides workshops completely free of charge**. For more information about Hadley, [visit their website](#), call 800-323-4238 or [email](#) them.

¹ U.S. Department of Health and Human Services, Healthy People 2030 Vision Workgroup, <https://health.gov/healthypeople/about/workgroups/vision-workgroup>

² NCBI, Making Eye Health a Population Health Imperative: Vision for Tomorrow, 2016. https://www.ncbi.nlm.nih.gov/books/NBK402375/#sec_000022

³ CDC, Four in 10 US Adults Are at High Risk for Vision Loss, May 12, 2020. <https://www.nei.nih.gov/about/news-and-events/news/four-10-us-adults-are-high-risk-vision-loss>

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Blue365 is a discount-only program for BCBSIL members. This is NOT insurance. Discounts are only given through vendors that take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. BCBSIL reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSIL is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services they offer.

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We're Offering Programs to Help Address Social Determinants of Health

Community members who live, learn, work, worship and play near the Blue Door Neighborhood CenterSM (BDNCSM) locations may not be able to reach their full health potential due to **social determinants of health (SDoH)** – conditions in the environment that affect a wide range of health, functioning and quality-of-life outcomes and risks.

Blue Cross and Blue Shield of Illinois (BCBSIL) wants to help address SDoH, so we host monthly programming at our BDNC locations, including:

- Navigating local food resources (food insecurity)
- Navigating local COVID-19 vaccine resources (health care access)
- Job club (economic stability)
- Low-impact physical activity (health care access)

As with all BDNC programming, events and classes are free and open to BCBSIL members and non-members.

In June, we're also hosting **outdoor events** that will include **free fresh produce and protein boxes**, fun activities for the entire family, low-impact fitness classes and summer treats. Our popular **Ask A Doc** session will focus on best practices and tips for men's health including financial wellness, heart health and coping with stress.* And, participants will hear from our community partners in June on how to **promote respect and equality** for LGBTQ individuals.

Spread the word! [Dr. Obari Adeye Cartman](#) will make an appearance at BDNC from 6 to 7:30 p.m. on Wednesday, **June 16, 2021**, for an upbeat conversation about the intersection of hip hop and spiritual health. Dr. Cartman is the president of the Chicago Association of Black Psychologists and curator of a directory of Black mental health providers as well as a professor of psychology and inner-city studies.

From 11 to 11:30 a.m. on Thursday, **June 17, 2021**, we'll provide information about where to get the **COVID-19 vaccination** and other local resources in the community.

In recognition of **Men's Health Month**, join us from 6:30 to 7:30 p.m., Thursday, **June 24, 2021**, for an interactive **virtual men's health conference**, which will showcase a distinguished panel of men's health experts and advocates, discussing topics around men's nutrition, fitness, behavioral health, employment and economic development, and highlighting

resources available to support and improve the quality of life of men everywhere.

These are just a few of the programs we'll offer at our BDNC sites throughout June. Encourage your patients to check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details and information on how to register. They can also 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.

*BDNC does not provide medical care.

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Update: Medicare Medicaid Alignment Initiative Expansion

Per the Illinois Department of Healthcare and Family Services (HFS), effective **July 1, 2021**, the Medicare Medicaid Alignment Initiative (MMAI) Program will be expanding. Currently, Blue Cross and Blue Shield of Illinois (BCBSIL) offers its Blue Cross Community MMAI (Medicare-Medicaid Plan)SM plan in the following counties: Cook, DuPage, Kankakee, Kane, Lake and Will.

Beginning **July 1, 2021**, MMAI will be available in the following 74 counties for BCBSIL:

Boone	Douglas	Jackson	Menard	Sangamon
Bond	DuPage	Jefferson	Mercer	Schuyler
Brown	Edgar	Johnson	Montgomery	Scott
Bureau	Fayette	Kane	Morgan	Shelby
Calhoun	Ford	Kankakee	Moultrie	Stark
Carroll	Franklin	Kendall	Ogle	Tazewell
Christian	Fulton	Knox	Peoria	Union
Clark	Gallatin	La Salle	Perry	Warren
Clay	Greene	Lake	Piatt	Washington
Clinton	Grundy	Lee	Pike	Wayne
Coles	Hamilton	Livingston	Pope	White

Cook	Hardin	Logan	Pulaski	Will
Cumberland	Hardin	Macoupin	Putnam	Williamson
De Witt	Henderson	Mason	Randolph	Woodford
Dekalb	Iroquois	McHenry	Saline	

MMAI is a demonstration plan of HFS and the Centers for Medicare & Medicaid Services (CMS) designed to improve health care for seniors and persons with disabilities.

For every county in Illinois, BCBSIL and other participating health plans will begin managing members who have full Medicare and Medicaid benefits and aren't enrolled in the Managed Long Term Services and Supports (MLTSS) program.

For more information, please [refer to this HFS Provider Notice](#).

Join us for a webinar!

BCBSIL is offering MMAI Orientation webinars to help providers learn more about the MMAI program. The webinars will also cover how to navigate BCBSIL requirements, electronic options and online resources.

These online orientations offer you the flexibility to join live via your desktop. Providers, billers, clinical and administrative staff are encouraged to take advantage of this important educational opportunity. Agenda topics will include, but aren't limited to the following:

- MMAI definition
- Eligibility and enrollment criteria and key dates
- Key support areas for MMAI

Participating providers may select a date and time from the list below to enroll in any of the available sessions:

- [June 15, 2021 – 1 to 2 p.m.](#)
- [June 22, 2021 – 10 to 11 a.m.](#)
- [July 6, 2021 – 10 to 11 a.m.](#)
- [July 13, 2021 – 1 to 2 p.m.](#)
- [July 20, 2021 – 10 to 11 a.m.](#)

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Supporting Quality Care: Alcohol and Other Drug Abuse or Dependence

More than 20 million people ages 12 and older in the U.S. struggle with a substance use disorder each year. Fewer than 20% of them receive treatment, according to the [Substance Abuse and Mental Health Services Administration](#).

We encourage you to talk with our members about the [signs of substance abuse disorder](#) and how [alcohol can affect their body](#). Consider urging the member to seek help, if appropriate.

Treatment, including medication-assisted treatment (MAT) with counseling or other behavioral therapies, can help reduce substance abuse mortality, according to the [National Committee for Quality Assurance \(NCQA\)](#). Treatment may also help improve health, productivity and social outcomes.

Closing Care Gaps

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

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

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the NCQA.

What IET Measures

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

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

Treatment may occur in an inpatient, residential, outpatient or telehealth setting or as MAT.

What FUA Measures

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

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

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

Tips to Consider

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

For more information, see our [HEDIS tip sheets](#).

HEDIS is a registered trademark of the NCQA.

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Earn CME/CEU Credit at Free Depression Webinar

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar, **Depression in a Primary Care Setting**. The webinar is **Monday, June 14, 2021, at 8 a.m., CT**. It's free to all providers. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

Discussion will include a high-level overview of depression and measurement-based care in a primary care setting. This introductory training will focus on behavioral health in the primary care setting, with treatment options across settings.

How do I attend?

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

Future CME/CEU Offerings

Upcoming free webinars include:

- [Opioid Use Disorder](#) on **Aug. 16, 2021**
- [Comorbid Behavioral Health and Physical Health Conditions](#) on **Oct. 25, 2021**

Watch the [News and Updates](#) and our [Webinars and Workshops](#) page for details on these and other trainings.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

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

Physicians (M.D.s) and nurses can use AOA Cat 1-4 credit toward licensure. Psychologists, social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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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**.

A summary of changes is as follows:

- **April 16, 2021** – Removed Sleep Medicine/Durable Medical Equipment (DME) CPT code previously reviewed by AIM Specialty Health® (AIM)
- **July 1, 2021** – Adding Select Outpatient Services code to be reviewed by BCBSIL
- **July 1, 2021** – Removing Advanced Imaging code previously reviewed by AIM
- **July 1, 2021** – Removing Advanced Imaging code previously reviewed by AIM
- **July 1, 2021** – Removing Genetic Testing codes previously reviewed by AIM

More Information

Refer to the [Utilization Management](#) section of our Provider website for the updated [Commercial Outpatient Medical Surgical Prior Authorization Code List](#). It's available 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.

Services performed without required prior authorization or that don't meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

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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.

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. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

June 2021

Updated: Prior Authorization Requirements for Advocate Aurora Health Members

Earlier this year, the **Advocate Aurora Health Employee Benefit Plan** made some prior authorization-related changes for its employees and covered dependents with Blue Cross and Blue Shield of Illinois (BCBSIL) coverage. The BCBSIL ID card for Advocate Aurora Health members shows three-character prefix **EAD** and group numbers **PI3844, PI3845, PI3846**. To alert you of changes affecting these members, previous communications included information on utilization management vendor changes (effective Jan. 1, 2021) and a list of care categories for procedures that may require prior authorization (effective April 1, 2021).

Please note that, for Advocate Aurora Health members, the list of care categories for procedures that may require prior authorization has been updated. **One new prior authorization care category (Infertility) has been added, with an effective date of Sept. 1, 2021.** See below for the updated list and related information.

Advocate Aurora Health Prior Authorization Requirements (Summary)

Prior authorization for the following care categories/procedures may be required for BCBSIL members with ID prefix **EAD** and group numbers **PI3844, PI3845 and PI3846**:

- Advanced Imaging
- Ambulatory/Outpatient Surgery
- Ambulance/Transportation
- Behavioral Health Services
- Durable Medical Equipment (DME)/Disposable Supplies
- Elective Inpatient Medical/Surgical
- Infertility (**effective Sept. 1, 2021**)
- Joint/Spine Surgery
- Molecular and Genetic Lab
- Orthotic/Prosthetic
- Outpatient Rehab Services
- Outpatient Services
- Pain Management
- Post-acute Care

- Radiation Oncology
- Sleep Medicine/Sleep Surgery
- Specialty Pharmacy

How to Submit Prior Authorization Requests for Advocate Aurora Health Members

- **For inpatient, outpatient and specialty pharmacy services**, required prior authorization requests must be submitted **through Advocate Aurora Health**. The phone number for prior authorization requests is 312-808-5509.
- **For outpatient behavioral health disorders, behavioral illness and substance abuse services**, required prior authorization requests must be submitted **through AXCES Behavioral Health Advisor** instead of BCBSIL. The phone number for outpatient behavioral health prior authorization requests is 800-454-6455.

Other Important Reminders

Prior authorization requirements are specific to the patient's policy type and procedure(s) being rendered. **Always check eligibility and benefits for each member prior to rendering services, through the [Availity® Provider Portal](#) or your preferred web vendor.** This step will confirm membership and other important details, such as prior authorization requirements and utilization management vendors, if applicable. Services performed with required prior authorization may be denied for payment and providers may not seek reimbursement from BCBSIL members. If you have any questions, call the number on the member's ID card.

Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment. Payment 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 your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, call the number on the member's ID card.

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BLUE REVIEWSM

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Reminder: Hospital 30-day Readmission Review Process for BCCHPSM and MMAI Members

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts readmission review of hospital services provided to our **Blue Cross Community Health PlansSM (BCCHP) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members**. If you submit claims to BCBSIL for these members, please review the important reminder information below.

BCBSIL reviews all subsequent hospital admission claims within the specified timeframe governed by Illinois law, the applicable regulations, and/or requirements set forth in Illinois Medicaid contracts. This process consists of assessing all subsequent hospital admissions that occurred within 30 days of the previous discharge date and determining whether each individual subsequent hospital admission is to be classified as a readmission for the same facility or hospital system.

30-day Readmission Review Process Exception Criteria

If BCBSIL receives a claim for a subsequent hospital admission that BCBSIL determines is a readmission, BCBSIL will deny such claim unless one of the exception criteria on the list below, established by the Illinois Department of Healthcare and Family Services (HFS), is met:

- The readmission is determined to be due to an unrelated condition from the first inpatient admission and there is no evidence that premature discharge or inadequate discharge planning in the first admission necessitated the second admission;
- The readmission is part of a planned medically necessary, prior authorized or staged treatment plan;
- There is clear medical record documentation that the patient left the hospital against medical advice during the first hospitalization prior to completion of treatment and discharge planning;
- Long term care and/or skilled nursing facility (SNF) for custodial stays;
- Psychiatric and rehabilitation hospital care;
- Metastatic malignancy;
- Multiple traumas;
- Burns;
- Neonatal and obstetrical services;
- Sickle cell anemia;
- Certain HIV Diagnosis Related Groupers (DRGs);
- Alcohol or drug detoxification;
- Behavioral health-related primary diagnosis at discharge;

- Post-acute admission to a SNF, Inpatient Rehabilitation Facility (IRF) or Long-Term Acute Care Hospital (LTACH); or
- Transfer from one acute care hospital to another.

Always check eligibility and benefits through the [Availity® Provider Portal](#) or your preferred web vendor prior to rendering care and services to BCBSIL members. This step will confirm membership status, coverage details and prior authorization requirements.¹

How to request prior authorization: Prior authorization requests may be made by phone (call 877-860-2837 for BCCHP members, call 877-723-7702 for MMAI members) or by fax to 312-233-4060 (same fax number for BCCHP and MMAI). Prior authorization requests for administrative days (ADs) may not be submitted online at this time.

¹Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized 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 applicable on the date services were rendered. If you have questions, call the number on the member's ID card.

Disclaimer: The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. 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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EXL Health to Review Complex Claims July 1, 2021

Our **post-payment reviewer of complex claims is changing**. Starting **July 1, 2021**, EXL Health will conduct post-payment reviews of complex claims from providers and facilities on behalf of Blue Cross and Blue Shield of Illinois (BCBSIL). EquiClaim, a Change Healthcare Solution, won't conduct reviews of complex claims filed after June 30, 2021.

This means that for claims filed after June 30, 2021, **EXL Health will contact you if your claim was incorrectly paid.**

EXL Health will review claims for:

- Compliance with the provider agreement
- Compliance with [clinical payment and coding policies](#)
- Accuracy of payment

If a claim is determined to be reimbursed incorrectly, EXL Health will tell you how to repay the funds or appeal the decision. BCBSIL may recoup payment for any claim that doesn't meet our policies. For more information, refer to our [Provider Manuals](#).

Questions? Contact your [BCBSIL Provider Network Consultant](#).

EXL Health is an independent company that has contracted with BCBSIL to provide medical claim audits for members with coverage through BCBSIL.

EquiClaim, a Change Healthcare Solution, is an independent company contracted with BCBSIL to provide medical claim audits for members with coverage through BCBSIL.

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Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
Availity® Authorizations Tool <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>	June 16, 2021 June 23, 2021 June 30, 2021	11 a.m. to noon
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>	June 10, 2021 June 17, 2021 June 24, 2021	11 to 11:30 a.m.
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>	June 17, 2021	1 to 2 p.m.

<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>June 15, 2021 June 22, 2021 June 29, 2021</p>	<p>11 a.m. to noon</p>
<p>Depression in a Primary Care Setting <i>Join our board-certified psychiatrists and behavioral health medical directors for introductory training. Attendees will earn one continuing medical education credit (CME) or continuing education unit (CEU).</i></p>	<p>June 14, 2021</p>	<p>8 to 9 a.m.</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>June 15, 2021 June 29, 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 BCCHP and MMAI 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>June 9, 2021 June 23, 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>June 9, 2021</p>	<p>10 to 11 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>June 15, 2021 June 22, 2021</p>	<p>1 to 2 p.m. 10 to 11 a.m.</p>

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The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

Physicians (MDs) and nurses can use AOA Cat 1-4 credit toward licensure. Psychologists, social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

Material presented 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.

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BLUE REVIEWSM

Procedure Code and Fee Schedule Updates

June 2021

Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

Effective Sept. 1, 2021, the following drugs/therapies will be updated: ABECMA, J9999; BREYANZI, J9999; KYMRIAH, Q2402; LUXTURNA, J3398, J3590; TECARTUS, Q2053; YESCARTA, Q2041; and ZOLGENSMA, J3399.

Effective Sept. 1, 2021, the following Current Procedural Terminology (CPT[®]) code ranges will be updated: 90630-90756 and Q2034-Q2039. Please note that not all CPT codes in these ranges will be updated.

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

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 1

Posted May 4, 2021

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective July 1, 2021 are outlined below.

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 1 effective date.

Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2022.

If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.

Drug List Updates (Revisions/Exclusions) – As of July 1, 2021

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions			
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced, Performance and Performance Select Drug List Revisions			
Drug ¹	Drug Class/Condition Used For	Generic Alternatives ^{1,2}	Brand Alternatives ^{1,2}
FLURBIPROFEN (flurbiprofen tab 50 mg)	Pain/Inflammation	ibuprofen, naproxen	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	desonide lotion 0.05%, hydrocortisone valerate cream 0.2%	
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Tuberculosis	<i>Members should talk to their doctor or pharmacist about other medication(s)</i>	

		<i>available for their condition.</i>
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TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Oral Contraceptive	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
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Balanced Drug List Revisions

NALOCET (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PRIMLEV (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PROLATE (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	

Balanced, Performance and Performance Select Drug List Exclusions

ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BANZEL (rufinamide susp 40 mg/ml)	Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BETHKIS (tobramycin nebu soln 300 mg/4 ml)	Cystic Fibrosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FERRIPROX (deferiprone tab 500 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml)	Cough	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
KUVAN (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Phenylketonuria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
KUVAN (sapropterin dihydrochloride soluble tab 100)	Phenylketonuria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist</i>	

mg)		<i>about other medication(s) available for their condition.</i>
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MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SKLICE (ivermectin lotion 0.5%)	Lice	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

Performance and Performance Select Drug List Exclusions

amantadine hcl tab 100 mg	Parkinson's Disease	amantadine capsule	
benzonatate cap 150 mg	Cough	benzonatate 100 mg capsule, benzonatate 200 mg capsule	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Acne	clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel	
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasm/Spasticity	cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet	
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	Depression	imipramine tablet	
temazepam cap 7.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule	
temazepam cap 22.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule, temazepam 30 mg capsule	
tretinoin gel 0.05%	Acne	tretinoin 0.05% cream	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Cancer, Rheumatoid Arthritis, Psoriasis	methotrexate 2.5 mg tablet	

Performance Select Drug List Exclusions

azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray),	
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		fluticasone nasal spray 50 mcg/act	
Balanced and Performance Select Drug List Exclusions			
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX)	Psoriasis		Enstilar
doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Insomnia	zolpidem tablet	Belsomra
DYMISTA (azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act	
KERYDIN (tavaborole soln 5%)	Fungal Infections	ciclopirox	Jublia
naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg (generic for VIMOVO)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
TACLONEX (calcipotriene-betamethasone dipropionate susp 0.005-0.064%)	Psoriasis		Enstilar
tavaborole soln 5% (generic for KERYDIN)	Fungal Infections	ciclopirox	Jublia
VIMOVO (naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
Balanced Drug List Exclusions			
TAYTULLA (norethindrone acethinyl estradiol-fe cap 1 mg-20 mcg (24))	Oral Contraceptive	Aurovela FE 1/20, Junel FE 1/20, norethindrone acethinyl estradiol-fe tablet 1 mg-20 mcg	
TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	

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

²This list is not all inclusive. Other medicines may be available in this drug class.

DISPENSING LIMIT CHANGES

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2022.

BCBSIL letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective July 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	
Indomethacin suspension 25 mg / 5 mL	40 mL per day
Sucraid	
Sucraid 8500 units/mL	236 mL per 28 days
Therapeutic Alternatives	
Adapalene pads 0.1%	28 swabs per 28 days
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
Topical Corticosteroid	
Amcinonide 0.01% cream, lotion and ointment	100 grams per 30 days
Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO)	240 mL per 90 days
Betamethasone dipropionate 0.05% cream	100 grams per 30 days
Betamethasone dipropionate 0.05% lotion	100 grams per 30 days
Betamethasone dipropionate 0.05% ointment	100 grams per 30 days
calcipotriene-betamethasone dipropionate 0.005-0.064% foam (ENSTILAR), ointment and suspension (TACLONEX), cream (WYNZORA)	120 grams per 30 days
clobetasol 0.05% aerosolized foam (OLUX)	180 grams per 90 days
Clobetasol Propionate Cream 0.025% (IMPOYZ)	100 grams per 30 days
clobetasol propionate foam 0.05%	180 grams per 90 days
desoximetasone 0.25% cream, ointment, spray and gel	100 grams per 30 days
diflorasone diacetate cream and ointment 0.05%	100 grams per 30 days
diflorasone diacetate emollient base cream and ointment 0.05%	100 grams per 30 days
fluocinonide cream 0.5%	100 grams per 30 days
fluocinonide emulsified base (cream) 0.05%	100 grams per 30 days
fluocinonide gel 0.05%	100 grams per 30 days
fluocinonide ointment 0.05%	100 grams per 30 days
fluocinonide solution 0.05%	100 grams per 30 days
halcinonide cream 0.025% and 0.1%	100 grams per 30 days
halcinonide ointment 0.1%	100 grams per 30 days
Halcinonide Soln 0.1% (HALOG)	120 grams per 30 days
halobetasol 0.01% lotion (BRYHALI)	100 grams per 30 days
halobetasol 0.05% aerosolized foam (LEXETTE)	180 grams per 90 days
halobetasol-tazarotene 0.01-0.45% lotion (DUOBRIL)	100 grams per 30 days
mometasone furoate 0.1% ointment	100 grams per 30 days
Xhance	
XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*	2 bottles per 30 days

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

* Not all members may have been notified due to limited utilization.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **July 1, 2021**, the Xhance PA program and target drug Xhance (fluticasone propionate) nasal exhaler suspension 93 mcg/act will be added to the Performance, Performance Annual and Performance Select Drug Lists.*

* Not all members may have been notified due to limited utilization.

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

Drug categories added to current pharmacy PA standard programs, effective July 1, 2021:

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Sucraid	SUCRAID (sacrosidase) 8,500 unit/mL oral solution
Basic, Enhanced and Balanced Drug Lists	
Xhance	XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*
Basic and Enhanced Drug Lists	
Somatostatins	BYFENZIA (octreotide acetate) 2500 mcg/mL solution pen-injector*

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

* Not all members may have been notified due to limited utilization.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2021:

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	INDOCIN (indomethacin) 25 mg/mL oral suspension
Therapeutic Alternatives	ADAPALENE (adapalene) pads 0.1%, ADRENACLICK (epinephrine) 0.15 mg injection, ADRENACLICK (epinephrine) 0.3 mg injection, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 80 mg, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 120 mg, XERESE (acyclovir-hydrocortisone) 5-1% cream

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

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HDHP-HSA Preventive Drug Program Reminder

Select BCBSIL members’ High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes. *Please note:* If coverage of the member’s medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective July 1, 2021. Please talk to your patient about other products that may be available.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	HEADACHE	BUTALBITAL-ACETAMINOPHEN 50-325 MG TABS
INDOMETHACIN CAP 20 MG	INFLAMMATION AND PAIN	INDOMETHACIN 25 MG
NABUMETONE TAB 1000 MG	INFLAMMATION AND PAIN	NABUMETONE 500 MG or 750 MG TAB

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member’s prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 50-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
PNV TAB 1-20 [†]	PRENATAL VITAMINS	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

¹ All brand names are the property of their respective owners.

² This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

[†] The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

Starting July 1, 2021, BCBSIL will be changing HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance, Performance Select and IL Health Insurance Marketplace. The brand Truvada 200-300 mg will no longer be covered under the HIV PrEP ACA category and may not be covered on the member's drug list. Members who are affected by this change will be notified prior to the effective date. ***If you have patients with an HMO Illinois[®] or Blue Advantage HMOSM plan, this change may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.***

As a reminder, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

June 2021

ClaimsXtenTM Quarterly Update Reminder

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement the second and third quarter code updates for the ClaimsXten auditing tool on or after **Aug. 24, 2021**.

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 also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website and the *Blue Review* monthly newsletter.

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

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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