BlueCross BlueShield of Illinois

BLUE REVIEW[SM]

A Provider Publication

September 2021

■ CMO Perspective

Rethinking Race Modifiers

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses the prevalence of chronic kidney disease in the Black community and the importance of eliminating race modifiers in equations to estimate kidney function.

Read More

■ Wellness and Member Education

Blue Door Neighborhood Center[SM] Educates Communities About Childhood Obesity

According to the Centers for Disease Control and Prevention (CDC), about 1 in 5 children in the U.S. has obesity. During September – **National Childhood Obesity Awareness Month** – we want to work with you to help educate the community about this serious health condition.

Read More

■ Pharmacy Program

Remind Patients to Get Influenza Vaccination

As this year's flu season approaches, it's important to ask our members if they, and their children 6 months of age and older, received a flu shot this year.

Read More

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 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 Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Changes effective on or after **Oct. 1, 2021**, are outlined here.

National Prescription Drug Take Back Day is October 23

Our members look to you for guidance in matters concerning their health, so we need your help spreading the word on safe disposal of prescription medications.

Read More

■ Electronic Options

Voluntary Predetermination Requests: Use the Availity® Attachments Tool and Other Helpful Resources

If you've checked eligibility and benefits, and prior authorization or pre-notification aren't required, your next step for **commercial, non-HMO** members is to consider if you'd like to submit a voluntary predetermination request.

Read More

Availity® Claim Status Response Enhancement for Government Programs Claims

The Availity Claim Status response now provides **Additional Action(s)** for specific ineligible reason codes on finalized Medicare Advantage and Illinois Medicaid claim denials.

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

■ Claims and Coding

Documentation and Coding Series: Obesity and Morbid Obesity

Accurately and completely coding and documenting obesity and morbid obesity can help identify and address related comorbidities that may impact our members' overall health status.

Read More

■ Quality Improvement and Reporting

HEDIS® Measure: Annual Dental Visit (ADV) for Children and Adolescents

The National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) measures as a tool for performance improvement.

Read More

Updates to Clinical Practice and Preventive Care Guidelines

We've updated our Clinical Practice Guidelines and Preventive Care Guidelines. The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help direct our quality and health management programs and help improve member care.

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.

ClaimsXten™ Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **Dec. 13, 2021**, BCBSIL will implement the fourth quarter code update in the ClaimsXten tool.

Read More

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

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.

September 2021

Rethinking Race Modifiers

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

I vividly recall getting excited about the construction of a new set of commercial buildings on the corner of a busy intersection in my Bronzeville neighborhood in Chicago nearly 10 years ago. Thirsty for signs of a new neighborhood restaurant, I soon found myself disappointed to learn that the location would be a new hemodialysis center.

As a physician, I appreciated how important it was to have access to care in all neighborhoods, but this was also a visible sign of the prevalence of chronic kidney disease in the community. Yet the multitude of dialysis centers that I had observed in similar urban centers reflected the reality of the many young patients I've cared for in the emergency room (ER), whose lives were tied to regular hemodialysis. Kidney specialists practicing in the community have often lamented that Black patients with chronic kidney disease aren't referred to them earlier in the course of illness, too often presenting with advanced disease.

Over the course of my career, I've probably ordered thousands of blood tests for patients, including the ubiquitously used "basic metabolic panel." Among several lab values, this test routinely includes a special calculation that estimates kidney function called the estimated glomerular filtration rate (eGFR). Until recently, I didn't ask "Why?" or question the science behind the race modifier, which is frequently applied in practice to the eGFR for Black patients. As you may recall from your own experience, use of the race modifier increases the eGFR for Black patients relative to that of non-Black patients. The consequences of its use may range from differences in access to medications or the use of IV contrast with advanced imaging to the timing of referral to a nephrologist or eligibility for the kidney transplant waitlist.

Developers of these algorithms have reported higher serum creatinine levels in Black patients across various study populations.[1] The explanation of these findings is based upon past studies that noted that Black individuals have higher muscle mass, higher lean body mass and differences in renal clearance of creatine kinase. One such study, performed in the 1970s, examined children in Bogalusa, Louisiana, where the authors noted that "race was determined visually." Another was a very small study of 30 white and 30 Black participants from a local hospital.[2,3,4]

Race is a complex social construct and we know from a medical standpoint that, across phenotypes, we all have more in common than the ways in which we differ. Yet we have struggled in medical training and practice with myths regarding

race and biology.[5] And in society, laws have taken a tortuous journey in reflecting society's view on how race is defined ("trace", 1/32 rule, etc.) and its implications.[6] In this era, we have come to appreciate the importance of physicians being aware of race in the context of how racism operates in our society and within health care. However, when integrating race into clinical care protocols our best efforts are fraught with challenges; we have an obligation to ensure that there's more benefit to the patient than harm when doing so.

As one author poignantly noted: *Using race to guide clinical care is justified only if 1) the use confers substantial benefit; 2) the benefit cannot be achieved through other feasible approaches; 3) patients who reject race categorization are accommodated fairly; and 4) the use of race is transparent. Kidney function equations fail this test.*[7]

For patients who live with End Stage Renal Disease, a kidney transplant offers a new lease on life and it's less expensive over time. The use of race modifiers in eGFR calculation means that Black patients do not become eligible to be listed for a kidney transplant until their kidney function is worse than that of non-Black patients. This is one example of how structural racism may operate in plain sight, embedded in lab results from our hospitals and major lab companies across the U.S.

Recently, BCBSIL's Medical Policy SUR703.007, **Kidney Transplant** was updated with the following note: ***Per a joint statement by the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN), race modifiers should not be included in equations to estimate kidney function***. This addition to our medical policy, which is used in determination of medical necessity, reflects the broader statement shared earlier this year by ASN regarding its joint effort with NKF: ***The leaders of NKF and ASN agree that 1) race modifiers should not be included in equations to estimate kidney function, and 2) current race-based equations should be replaced by a suitable approach that is accurate, inclusive, and standardized in every laboratory in the United States.*** *Any such approach must not differentially introduce bias, inaccuracy, or inequalities.*[8]

The use of race modifiers is not limited to eGFR and can be found in other calculations and algorithms, contributing to inequities in care. Recently, BCBSIL's Medical Policies for some asthma medications (**RX501.058, Omalizumab** and **RX501.095, Edaravone**) were updated with the following note: ***Spirometry results (particularly % predicted values) should not be adjusted for race or, if race was included in the calculations, results should be recalculated without the race-based adjustment***. We have made updates in similar areas and will continue to evaluate opportunities to address how the use of race modifiers in clinical algorithms may impact access to care and equity. If you're interested in learning more about this topic, I encourage you to read a primer article from The New England Journal of Medicine, Hidden in Plain Sight – Reconsidering the Use of Race Correction in Clinical Algorithms by Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

Patients and their families should become educated on the eGFR and similar race-based clinical care processes so they can be advocates for equitable care.

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] National Library of Medicine, A more accurate method to estimate glomerular filtration rate from serum creatinine: a new prediction equation. Modification of Diet in Renal Disease Study Group, March 16, 1999. https://pubmed.ncbi.nlm.nih.gov/10075613/

[2] National Library of Medicine, Body elemental composition: comparison between black and white adults, April 1977. https://pubmed.ncbi.nlm.nih.gov/851185/

[3] Human Biology, Densitometry and Anthropometry of Black and White Children, 1978. https://digitalcommons.wayne.edu/humbiol/vol50/iss3/6/

[4] National Library of Medicine, Racial variation in serum creatine kinase unrelated to lean body mass, October 1990. https://pubmed.ncbi.nlm.nih.gov/2224407/

[5] Proceedings of the National Academy of Sciences (PNAS), Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, April 19, 2016. https://www.pnas.org/content/113/16/4296

[6] The Washington Post, Louisiana Court Sees No Shades of Gray In Woman's Request, May 21, 1983. https://www.washingtonpost.com/archive/politics/1983/05/21/louisiana-court-sees-no-shades-of-gray-in-womans-request/ddb0f1df-ba5d-4141-9aa0-6347e60ce52d/

[7] JAMA Network, Reconsidering the Consequences of Using Race to Estimate Kidney Function, June 6, 2019. https://jamanetwork.com/journals/jama/article-abstract/2735726?utm_source=twitter&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=062720#.XvdYBSEKmMo.twitter

[8] National Kidney Foundation, Removing Race from Estimates of Kidney Function, March 9, 2021. https://www.kidney.org/news/removing-race-estimates-kidney-function

bcbsil.com/provider

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

September 2021

Blue Door Neighborhood Center℠ Educates Communities About Childhood Obesity

According to the Centers for Disease Control and Prevention (CDC), about 1 in 5 (19%) of children in the U.S. has obesity.[1] During September – **National Childhood Obesity Awareness Month** – we want to work with you to help educate the community about this serious health condition.

This month, our Blue Door Neighborhood Center (BDNC℠) locations in Chicago's Morgan Park, Pullman and South Lawndale communities are providing programming aimed at fighting obesity – **free to all community members.**

General programs offered throughout September include:
- **Let's Get Moving!** – Physical activity opportunities
- **Rethink Your Drink** – Education on sugary beverages
- **Nutrition Education** – Featuring veggie taste tests

We're also offering some programs on specific dates, as noted below.

Jumpstart Your Heart, Friday, September 24 from 5:30 to 8 p.m. – A fun-filled event to coincide with the American Heart Association (AHA) Heart Walk. Highlights include:
- AHA Heart Walk – when registering, tell patients to join the Blue Door Neighborhood Center team
- Games and activities
- Food and music
- Chef demonstrations
- Health and wellness giveaways
- Community resources

Farmer's Markets
- South Lawndale: **Thursday, September 9 from 1 to 3 p.m.**
- Pullman: **Monday, September 13 from noon to 2 p.m.**
- Morgan Park: **Thursday, September 16 from noon to 2 p.m.**

The BDNC in South Lawndale is hosting a **family-centered block party on Saturday, September 18 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)
- 40+ Double Dutch teams
- Low-impact fitness demos and activities for the entire family
- Community resource fair
- Farmer's market
- Cooking demonstrations

These are just a few of the programs we'll offer at our BDNC sites in September. The BDNC locations also offer health education and connections to social support services.

All programming – in person and virtual – at BDNC locations is **free and open to BCBSIL members and non-members**. 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.

[1] CDC, September is National Childhood Obesity Month, Aug. 13, 2020. https://www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html

bcbsil.com/provider

September 2021

Remind Patients to Get Influenza Vaccination

Every year, our members receive the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to collect information about their health care experiences. One of the questions asked on the survey is, "**Have you had either a flu shot or flu spray in the nose since July 1 of the previous year?**"

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

According to the Centers for Disease Control and Prevention (CDC), seasonal flu is a serious disease that causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths every year in the U.S.[1] The CDC encourages you to remind your patients of the following benefits:[2]

- Flu vaccination can keep you from getting sick with flu.
- Flu vaccination can reduce the risk of flu-associated hospitalization for children, working age adults, and older adults.
- Flu vaccination is an important preventive tool for people with chronic health conditions.
- Flu vaccination helps protect women during and after pregnancy.
- Flu vaccination has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.
- Getting vaccinated yourself may also help protect people around you.

[1] CDC, Why CDC Estimates the Burden of Season Influenza in the U.S., Oct. 25, 2018. https://www.cdc.gov/flu/about/burden/why-cdc-estimates.htm

[2] CDC, What are the benefits of flu vaccination? June 8, 2021. https://www.cdc.gov/flu/prevent/vaccine-benefits.htm

CAHPS is a registered trademark of Agency for Healthcare Research and Quality (AHRQ)

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield

Association

BLUE REVIEW℠

A Provider Publication

September 2021

National Prescription Drug Take Back Day is October 23

Our members look to you for guidance in matters concerning their health, so we need your help spreading the word on safe disposal of prescription medications. When you talk to your patients about prescription medications, we encourage you to discuss what to do with unused medications once treatment has concluded.

Take advantage of National Prescription Drug Take Back Day. Twice each year, the U.S. Drug Enforcement Administration (DEA) sponsors National Prescription Drug Take Back Day to offer a safe and convenient way to dispose of prescription drugs. Your patients may use the DEA's search tool to find a nearby collection site. The next National Prescription Drug Take Back Day is Saturday, **Oct. 23, 2021**.

Know what medications may be discarded safely at home. Patients can visit the U.S. Food and Drug Administration (FDA) site for details on Where and How to Dispose of Unused Medicines. In addition to tips on safe disposal of fentanyl patches and inhalers, the FDA site also includes information on the Best Way to Get Rid of Used Needles and Other Sharps.

Safe medication disposal offers a preventive measure to help ensure medications aren't accidently used, or intentionally misused, by someone other than the patient for whom the medication was originally prescribed. We appreciate your efforts to increase awareness among your patients and promote proper storage and disposal of prescription medications.

bcbsil.com/provider

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

September 2021

Voluntary Predetermination Requests: Use the Availity® Attachments Tool and Other Helpful Resources

The Utilization Management section of our Provider website outlines three types of pre-service review: Prior Authorization, Pre-notification and Predetermination. There's a page with more information to help you navigate when and how to submit a request for each type of review. For a quick summary, see our Utilization Management Process Overview (Commercial) – it offers a high-level decision tree specific to requests for **commercial, non-HMO** Blue Cross and Blue Shield of Illinois (BCBSIL) members.

Checking eligibility and benefits is an important first step before providing care and services to any BCBSIL members. This step helps you determine if prior authorization or pre-notification may be required for our non-HMO members. **If prior authorization or pre-notification aren't required,** your next step for **commercial, non-HMO** members is to consider if you'd like to submit a **voluntary predetermination** request.

Why submit a voluntary predetermination request?
Submitting a request for predetermination can help confirm coverage and medical necessity criteria. Is there a medical policy for the service/procedure? Check our Medical Policy Reference List – it shows procedure codes for services that are subject to medical necessity review, based on our medical policies. To help avoid post-service review for these codes/procedures, submit a voluntary predetermination request prior to rendering services.

How to Submit Online Predetermination Requests
If you've decided to request a predetermination, remember you can submit it to us online by using the Attachments Tool on the Availity Provider Portal. Here's how:
1. Log in to Availity
2. Select **Claims & Payments** from the navigation menu
3. Select **Attachments – New**
4. Select **Send Attachment**; then select **Predetermination Attachment**
5. **Within the tool**, download, complete and save the **Predetermination Request Form**
6. **Upload** the completed form and attach supporting documentation
7. Select **Send Attachment(s)**
8. Use Availity's **Attachments Dashboard** to confirm your online submission was received by BCBSIL

For more details, see our [Electronic Predetermination of Benefits User Guide](#). If you need further help or customized training, email our [Provider Education Consultants](#). Be sure to include your name, direct contact information, Tax ID and/or billing National Provider Identifier (NPI).

Reminders
- You must be registered with Availity to use the Attachments tool. You can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at 800-282-4548.
- If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed [Predetermination Request Form](#) (available in the Forms section of our Provider website) and pertinent medical documentation.
- Per [BCBSIL's Medical Policies](#), if photos and/or X-rays are required for review, email this information to [Photo Handling](#). The body of the email should include the patient's first name and last name, group number, subscriber ID and date of birth.
- Urgent care requests include any request for a predetermination with respect to which: The application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function; or, in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

This information does not apply to requests for government programs (Medicare Advantage, Illinois Medicaid) or any of our HMO members.

bcbsil.com/provider

BLUE REVIEW℠

A Provider Publication

September 2021

Availity® Claim Status Response Enhancement for Government Programs Claims

The Availity Claim Status tool provides enhanced, real-time claim status details to help you manage and resolve your Blue Cross and Blue Shield of Illinois (BCBSIL) claims online. You can search for claims by using the BCBSIL member ID number or specific claim number and the results provide more detailed information than the HIPAA-standard claim status 276/277 transaction.

What's new?
The Availity Claim Status response now provides **Additional Action(s)** for specific ineligible reason codes on finalized Medicare Advantage and Illinois Medicaid claim denials. This information provides the same instruction as our Customer Advocates and will help you understand what further step(s) may be taken for certain denial scenarios.

For More Information…
- Join a weekly webinar hosted by BCBSIL to learn how to use the Availity Claim Status offering. Visit the Webinars and Workshops page to register for an upcoming session.
- View the Claim Status Tool User Guide located on the Provider Tools page for step-by-step navigation and helpful tips.
- Email our Provider Education Consultants if you have questions or would like customized training.

bcbsil.com/provider

![BlueCross BlueShield of Illinois]

BLUE REVIEW^{SM}

A Provider Publication

September 2021

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 *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.*	Sept. 8, 2021 Sept. 15, 2021 Sept. 22, 2021 Sept. 29, 2021	11 a.m. to noon
Availity Claim Status *We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.*	Sept. 2, 2021 Sept. 9, 2021 Sept. 16, 2021 Sept. 23, 2021 Sept. 30, 2021	11 to 11:30 a.m.
Availity Remittance Viewer and Reporting On-Demand *These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.*	Sept. 23, 2021	1 to 2 p.m.

BCBSIL Back to Basics: 'Availity 101' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Sept. 7, 2021 Sept. 14, 2021 Sept. 21, 2021 Sept. 28, 2021	11 a.m. to noon
BCCHP^{SM} and MMAI Required Provider Training Webinars *If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)^{SM} and/or Blue Cross Community Health Plans^{SM} (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).*	Sept. 15, 2021 Sept. 22, 2021	9 to 11 a.m. 1 to 3 p.m.
2021 Commercial Prior Authorization Reminders and Updates *2021 Commercial Prior Authorization Reminders and Updates Join our Provider Network Consultant team for an overview of how to navigate **commercial, non-HMO** prior authorization and related requests for review. We'll cover key dates, reminders and resources, with an emphasis on helping you prepare for a utilization management vendor change for Pharmacy Medical Oncology, effective Oct. 11, 2021.*	Sept. 21, 2021 Sept. 23, 2021	10 a.m to noon 1 to 3 p.m.
Medicaid HEDIS® 101 Training *This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.*	Sept. 7, 2021 Sept. 21, 2021	Noon to 1 p.m.
Medicaid HEDIS 102 Training *This training is designed for contracted providers working with new Blue Cross Community Health Plans^{SM} (BCCHP^{SM}) 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.*	Sept. 15, 2021	Noon to 1 p.m.
Monthly Provider Hot Topics Webinar *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.*	Sept. 8, 2021	10 to 11 a.m.
Orientation Webinars for New BCCHP and MMAI Providers *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*	Sept. 14, 2021 Sept. 21, 2021	10 to 11 a.m. 1 to 2 p.m.

provider training.

bcbsil.com/provider

BLUE REVIEW℠

A Provider Publication

September 2021

Documentation and Coding Series: Obesity and Morbid Obesity

Obesity is a chronic, progressive disease. Accurately and completely coding and documenting obesity and morbid obesity can help identify and address related comorbidities that may impact our members' overall health status.

According to the Centers for Disease Control and Prevention:
- More than 40% of U.S. adults have obesity
- Morbid obesity, or a body mass index (BMI) of 40 or more, affects 9% of adults
- Adults with obesity have higher risk for developing conditions including heart disease, type 2 diabetes, stroke and some types of cancer

Below is information from the ICD-10-CM Official Guidelines for Coding and Reporting.

Coding Obesity and Morbid Obesity
An obesity diagnosis is based on the clinician's diagnostic statement that the member has the condition. An additional code should be used to identify BMI, if known.

According to ICD-10-CM guidelines, **the clinician should document that the member is overweight, obese or morbidly obese.** Coders must use the clinician's statement to assign the corresponding E66 code. A coder can't code a weight diagnosis based on BMI calculations, lab values or other measurements.

Coders should use BMI codes only when there is an associated, reportable weight diagnosis, such as obesity. A clinician other than the patient's provider, such as a nurse or dietician, may record BMI.

Sample ICD-10-CM Codes for Overweight and Obesity	
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9*	Obesity, unspecified

However, BMI shouldn't be coded unless the clinician documents the associated weight diagnosis.

BMI is a screening tool and not an indicator of health.
- BMI adult codes are for people age 20 years and older
- BMI pediatric codes are for people ages 2 to 19 years
- Don't code BMI in pregnancy

Tips to Consider
- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment or other yearly preventative exam as an opportunity to capture conditions impacting member care.
- Use ICD-10 Z codes for social determinants of health on the claims you submit to Blue Cross and Blue Shield of Illinois (BCBSIL) so we may better understand the unique social needs of our members and help connect them with available resources.

Sample ICD-10-CM Codes for BMI	
Z68.2_	BMI 20-29, adult
Z68.3_	BMI 30-39, adult
Z68.4_	BMI 40 or greater, adult
Z68.5_	BMI, Pediatric

Resources
- ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89)
- American Hospital Association Coding Clinic (subscription required), Fourth Quarter 2018, Body Mass Index

*E66.9 Obesity unspecified is equivalent to Obesity Not Otherwise Specified (NOS). This code should rarely be used and only when nothing else, such as the reason for obesity, is known about the disorder.

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.

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

Posted August 10, 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 Oct. 1, 2021 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the October 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 HMO℠ 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 Oct. 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			
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Basic and Multi-Tier Basic Drug List Revisions			
AZOPT (brinzolamide ophth susp 1%)	Ocular Hypertension, Glaucoma	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ALPHAGAN P (brimonidine ophth soln 0.1%)	Ocular Hypertension, Glaucoma	brimonidine tartrate 0.15%, brimonidine tartrate 0.2%, apraclonidine 0.5%, Iopidine 1%, Simbrinza	
CARAC (fluorouracil cream 0.5%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	

CELLCEPT (mycophenolate mofetil cap 250 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CELLCEPT (mycophenolate mofetil tab 500 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CELONTIN (methsuximide cap 300 mg)	Seizures	ethosuximide capsules, ethosuximide solution	
DEXAMETHASONE (dexamethasone soln 0.5 mg/5 ml)	Inflammatory Conditions	dexamethasone tablets, dexamethasone elixir 0.5 mg/5 ml	
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle Cell Anemia	hydroxyurea capsule 500 mg	
EPOGEN (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml)	Anemia		Procrit, Retacrit
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
INNOPRAN XL (propranolol hcl sustained-release beads cap er 24hr 80 mg, 24hr 120 mg)	Hypertension	propranolol hcl cap ER 24hr	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ocular Hypertension, Glaucoma	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions	prednisone 5 mg/5 ml solution, prednisolone sodium phosphate 10 mg/5 ml,15 mg/5 ml, 20 mg/5 ml	
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis	tacrolimus capsules	
SIVEXTRO (tedizolid phosphate for iv soln 200 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SIVEXTRO (tedizolid phosphate tab 200 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis,	methotrexate 2.5 mg tablet	

	Cancer		
ZORTRESS (everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis, Warts	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 3.75%	
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis, Warts	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Enhanced and Multi-Tier Enhanced Drug List Revisions			
CEREZYME (imiglucerase for inj 400 unit)	Gaucher Disease	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
NAGLAZYME (galsulfase soln for iv infusion 1 mg/ml)	Mucopolysaccharidosis VI (MPS VI)	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

Drug[1]	Drug Class/Condition Used For	Generic Alternatives[1,2]	Brand Alternatives[1,2]
Balanced, Performance and Performance Select Drug List Revisions			
CEFACLOR (cefaclor cap 250 mg, 500 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CEFADROXIL (cefadroxil tab 1 gm)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CYCLOSERINE (cycloserine cap 250 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SPS (sodium polystyrene sulfonate oral susp 15 gm/60 ml)	Hyperkalemia		Lokelma, Veltassa
VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Contraceptive		Encare, Options Glynol Vaginal, VCF Vaginal Contraceptive foam
Balanced Drug List Revisions			
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	acetaminophen W/codeine tablet	
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl (pmdd) tab 10 mg, 20 mg)	Premenstrual dysphoric disorder	fluoxetine capsule	
MORPHINE SULFATE ER (morphine sulfate cap er 24hr 40 mg)	Pain	morphine sulfate cap er 24hr 20 mg	Xtampza ER
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric	

		coated)	
VTOL LQ (butalbital-acetaminophen-caffeine soln 50-325-40 mg/15 ml)	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	

Balanced, Performance and Performance Select Drug List Exclusions			
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	estradiol patches, estradiol tablets	Estring, Premarin
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ophthalmic Conditions	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SAPHRIS (asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv))	Bipolar Disorder, Schizophrenia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

Performance and Performance Select Drug List Exclusions			
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate 48 mg tablet	
fenofibrate micronized cap 43 mg	Hypercholesterolemia	fenofibrate 48 mg tablet	
methamphetamine hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)	methylphenidate tablet	
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)	
trazodone hcl tab 300 mg	Depression	trazodone 150 mg tablet	
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	

Balanced and Performance Select Drug List Exclusions		
ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*

Balanced Drug List Exclusions		
ACZONE (dapsone gel 7.5%)	Acne, Skin infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
HYSINGLA ER (hydrocodone bitartrate tab er 24hr deter 20 mg, 24hr deter 30 mg, 24hr deter 40 mg, 24hr deter 60 mg, 24hr deter 80 mg, 24hr deter 100 mg, 24hr deter 120 mg)	Pain	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 2%)	Fungal Infections (Topical)	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Neurogenic Orthostatic Hypotension	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
VELTIN (clindamycin phosphate-tretinoin gel 1.2-0.025%)	Acne	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*

[1]*Third-party brand names are the property of their respective owner.*
[2]*This list is not all inclusive. Other medicines may be available in this drug class.*

<u>DISPENSING LIMIT CHANGES</u>

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 June 1, 2021:

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Imcivree	
setmelanotide solution (IMCIVREE)*	10 mL per 30 days

[1]Third-party brand names are the property of their respective owner.
* Not all members may have been notified due to limited utilization.

Effective July 1, 2021:

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)*	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)*	30 tablets per 30 days
Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)*	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)*	120 capsules per 30 days

[1]Third-party brand names are the property of their respective owner.
* Not all members may have been notified due to limited utilization.

Effective Oct. 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	
colesevelam hcl packet for suspension 3.75 gm (WELCHOL)	30 packets per 30 days
diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)	1200 mL per 30 days
SA Oncology	
ponatinib hcl tab 15 mg (ICLUSIG)	30 tablets per 30 days
Therapeutic Alternatives	
mefenamic acid capsule (PONSTEL) 250 mg	120 capsules per 30 days
oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE)	900 mL per 30 days

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

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Basic and Enhanced Drug Lists	
Eysuvis	
loteprednol etabonate ophth susp 0.25% (Eysuvis)	2 bottles per 90 days
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)	30 tablets per 30 days

Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)	120 capsules per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **May 1, 2021**, the Diabetes (GLP-1 Receptor Agonists) Step Therapy (ST) program was updated to include generic drugs when available. This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

- Effective **July 1, 2021**, the target drug relugolix tablet 120 mg (ORGOVYX) was added to the Self-administered (SA) Oncology Specialty Prior Authorization (PA) program. This change applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

    o Effective **Oct. 1, 2021**, this change will apply to the Basic and Enhanced Drug Lists.

- Effective **Oct. 1, 2021**, the following changes will be applied:
    o Generic targets fenofibrate micronized capsule 130 mg (ANTARA), fenofibrate tablet 40 mg (FENOGLIDE) and fenofibrate tablet 120 mg (FENOGLIDE) will be added to the Fibrates ST program. This change applies to the Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

    o Targets butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL (VANATOL LQ) and spironolactone suspension 25 mg/5 mL (CAROSPIR) will be removed from the Therapeutic Alternatives PA program and added to the Alternative Dosage Form PA program. This change applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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

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

Drug Category	Targeted Medication(s)[1]
Basic and Enhanced Drug Lists	
Eysuvis	loteprednol etabonate ophth susp 0.25% (Eysuvis)
Zokinvy	lonafarnib capsule 50 mg (ZOKINVY), lonafarnib capsule 75 mg (ZOKINVY)

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

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

Drug Category	Targeted Medication(s)[1]
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	colesevelam hcl packet for suspension 3.75 gm (WELCHOL), diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)
Therapeutic Alternatives	mefenamic acid capsule (PONSTEL) 250 mg, oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE), ursodiol capsule 200 mg (RELTONE), ursodiol capsule 400 mg (RELTONE)
Basic and Enhanced Drug Lists	
Lupus (formerly Benlysta)	voclosporin capsule (LUPKYNIS)

[1]Third-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 Members[SM] (BAM[SM]) 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.

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 Oct. 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]
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	MUSCLE PAIN	CYCLOBENZAPRINE 5 MG or 10 MG, ORPHENADRINE ER 100 MG

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]
CLEMASTINE FUMARATE SYRUP 0.67 MG/5 ML	ALLERGIES	CLEMASTINE TAB, CYPROHEPTADINE SYRP
CLINDAGEL GEL 1%	ACNE	OTHER MANUFACTURERS
ivermectin cream 1%	ROSACEA	SOOLANTRA
Symbicort AG (BUDES/FORMOT AER 80; BUDES/FORMOT AER 16)	LUNG DISEASES	SYMBICORT

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.

Effective May 21, 2021, the drugs listed below are no longer considered high cost products and may be covered on the member's drug list. If the drug is covered on the drug list, members will pay the applicable cost share, based on their benefit plan. If the drug is not covered on the drug list, members can submit a coverage exception.
- CHLORZOXAZONE TAB 500 MG
- PROAIR DIGIHALER

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

Bowel Preparation Coverage Updates
Starting Aug. 1, 2021, BCBSIL will cover bowel preparation products at $0 for members 45 years of age and older with an ACA-compliant plan. This change is based on the United States Preventive Services Task Force's recommendation to lower the age for colorectal cancer screening from 50 years of age to 45 years of age.

Currently, two generic products are covered under the Bowel Preparation ACA $0 preventive benefit:
- PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM (NULYTELY)
- PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM (GOLYTELY)

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

![BlueCross BlueShield of Illinois]

BLUE REVIEW^{SM}

A Provider Publication

September 2021

HEDIS® Measure: Annual Dental Visit (ADV) for Children and Adolescents

The National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) measures as a tool for performance improvement. We collect HEDIS data from our contracted providers to measure and improve the quality of care our members receive.

The NCQA recommends tracking **annual dental visits with a dental practitioner**, a HEDIS measure, for our members between the **ages of 2 and 20 years of age**, as of December 31 of the measurement year.

Please refer our members to a participating, qualifying dental provider, if they don't already have one. Once the dental provider submits our member's claim, the HEDIS annual dental visit will be documented.

HEDIS measure requirements:
- A dental visit must be completed by December 31 of the measurement year
- Chart documentation should include the date of services for the annual dental visit
- Dental visit must be completed by a dental practitioner, which is defined as:
  - Doctor of Dental Surgery (DDS)
  - Doctor of Dental Medicine (DMD)
  - Certified & Licensed Dental Hygienist

According to the American Academy of Pediatric Dentistry (AAPD), tooth decay can be prevented and even reversed. The AAPD makes the following recommendations you can share with patients:
- Establish a dental home; have an ongoing relationship between a pediatric dentist, if available, and patient family that includes all aspects of oral health[1]
- Find your dental home no later than your child's first birthday or when their first tooth appears and no later than 12 months of age[1]
- Brush your child's teeth for two minutes, two times a day, and floss as soon as the teeth start touching[1]
- Supervise your young child's toothbrushing[2]

---

[1] American Academy of Pediatric Dentistry. (n.d.) A National Children's Dental Health Month Letter from AAPD President Dr. Donly. https://mouthmonsters.mychildrensteeth.org/a-national-childrens-dental-health-month-letter-from-aapd-president-dr-donly/

[2]

U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research, National Call To Action To Promote Oral Health, 2003. https://www.ncbi.nlm.nih.gov/books/NBK47472/

HEDIS is a registered trademark of the NCQA.

bcbsil.com/provider

![BlueCross BlueShield of Illinois]

BLUE REVIEW℠

A Provider Publication

September 2021

Updates to Clinical Practice and Preventive Care Guidelines

We've updated our Clinical Practice Guidelines and Preventive Care Guidelines. The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help direct our quality and health management programs and help improve member care. They may help guide your decision-making as you care for our members.

What's New

Updated Clinical Practice Guidelines:
- Asthma – Management and Prevention
- COPD – Diagnosis, Management and Prevention
- Comprehensive Human Immunodeficiency Virus (HIV)
- Diabetes Mellitus – Standards of Care
- Management of Overweight and Obesity in Adults

Updated Preventive Care Guidelines include important changes to:
- Cholesterol Screening
- Colorectal Cancer Screening
- Dental visit must be completed by a dental practitioner, which is defined as:

New Preventive Care Guidelines:
- Hypertension Screening
- Lung Cancer Screening
- Unhealthy Drug Use Screening

We update them no less than every two years or when new significant findings or major advancements in evidence-based care are established.

bcbsil.com/provider

September 2021

ClaimsXten™ Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **Dec. 13, 2021**, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement the fourth quarter code update in the ClaimsXten tool.

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. Information also may be included in the *Blue Review*.

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

Please note that C3 doesn't contain all 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.

bcbsil.com/provider

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

September 2021

Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

> **Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the Standards and Requirements section of our website.**

You may view active, new, and revised policies, along with policies pending implementation, by visiting the Medical Policy page. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the Standards and Requirements section of our website for access to the most complete and up-to-date BCBSIL Medical Policy information. You'll find a Medical Policy Reference List in the Related Resources on our Predetermination page; this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the Clinical Payment and Coding Policies page.

bcbsil.com/provider