



Blue REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

FEBRUARY 2013

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ICD-10 Updates and Resources

The October 2012 *Blue Review* called for volunteer panelists for an upcoming discussion regarding the transition to ICD-10. The panel discussion may take place later in 2013, rather than in the first quarter of 2013, as previously reported.

We continue our efforts to provide you with educational resources to help you plan your transition to ICD-10. Turn to pages 4 and 5 of this month's *Blue Review* for an illustration of the potential impact of ICD-10 on your practice.

A Letter from Wes Chick, Our New Senior Director of Provider Relations

Dear Provider:

I want to introduce myself to you as the new leader of Provider Relations at Blue Cross and Blue Shield of Illinois (BCBSIL). I am replacing Gail Larsen, who served in this capacity for over 20 years and recently retired in December 2012. While Gail will be sorely missed, I am assuming this important role with the vigor and attention you have come to expect from our organization over the years regarding issues that are important to the provider community.

With the anticipated reductions in Medicare and Medicaid fee-for-service unit prices, the pressures providers and health care delivery systems are facing are higher than I have seen in my 20 years working in managed care, large provider organizations, Blue Cross and Blue Shield of Texas (BCBSTX) and now BCBSIL.

Additionally, the complexity of the Affordable Care Act (ACA) and the delivery channels of health insurance through public health insurance exchanges have created a tremendous "unknown" for the provider community. All industries within the health care continuum are being affected as we move to this new and evolving environment.

At BCBSIL, we will be the organization standing right beside you, as we face the many challenges ahead together. We intend to help lead the way with our innovative approaches to compensation models for the delivery of quality, affordable health care for our members, your patients.

I am looking forward to supporting the great tradition of excellent provider relations you have experienced to date with our incredible team of Provider Network Consultants. My goal is to continue to foster and enhance your experience with BCBSIL by building on the relationships and service we have developed with you and your teams over the last 75 years.



Manipulation Procedures Performed under Anesthesia

BCBSIL periodically performs audits of provider-submitted claims to determine if there may be a need for provider outreach or training. Recent claim audits have revealed an upward trend in the submission of claims to BCBSIL with the following Current Procedural Terminology (CPT®) codes for manipulation procedures performed under anesthesia:

22505	Manipulation of Spine
24300	Manipulation of Elbow (Left & Right)
25259	Manipulation of the Wrist (Left & Right)
27275	Manipulation of the Hip Joint (Left & Right)
27570	Manipulation of Knee Joint (Left & Right)
27860	Manipulation of Ankle (Left & Right)
27194	Closed Treatment of Pelvic Ring

The BCBSIL Medical Policy for Spinal Manipulation under Anesthesia (THE803.016) states: “Spinal manipulation under any kind of anesthesia, with or without manipulation of other joints (e.g., hip joint), is considered experimental, investigational and unproven.”

These procedures are therefore ineligible for benefit coverage for PPO Members. If a Primary Care Physician (PCP)/ Participating Specialist Provider (PSP) deems such procedures to be medically necessary for an HMO member, it may be a covered benefit, with a referral.

Active and pending medical policies can be viewed in the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. While medical policies may be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, available in the Standards and Requirements section of our Provider website.

CPT copyright 2010 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

IN THE KNOW ✓

Taxonomy Code Reminders for Providers with Multiple Specialties

The Health Care Provider Taxonomy Code set is intended to identify the provider’s type and specialization in HIPAA-standard transactions. The code set comprises unique 10-character alphanumeric codes structured into three levels—provider type, classification and area of specialization—to enable individual, group or institutional providers to clearly identify their specialty category or categories.

Specification of your taxonomy code(s) was required when you completed the National Provider Identifier (NPI) application process with the National Plan and Provider Enumeration System (NPPES). If you have more than one taxonomy code, you should have indicated one primary code as part of the self-reporting process.

Use of taxonomy codes on claims will assist BCBSIL in selecting the appropriate provider record during the claims adjudication process.

If you have obtained a unique Organization (Type 2) NPI number for each of your specialties, you should bill with the appropriate Individual (Type 1) and Organization (Type 2) NPI number combination. If you do not have a unique Organization (Type 2) NPI number for each specialty, you are strongly encouraged to include the applicable taxonomy code when submitting claims.

- **If you submit electronic professional or institutional claims (ANSI 837P or 837I):** Taxonomy codes should be placed in segment PRV03, Loop 2000A at the billing level; segment PRV03, Loop 2310B at the claim/rendering level; and if applicable, segment PRV03, Loop 2420A at the service line level, if the rendering information is different than data given at the 2310B Level.
- **If you submit paper CMS-1500 professional claims:** The taxonomy code for the rendering provider should be placed in the shaded portion of field 24j, with the qualifier “ZZ” in the shaded portion of field 24i. The taxonomy code for the billing provider should be placed in field 33b, preceded by the “ZZ” qualifier.
- **If you submit paper UB-04 institutional claims:** The taxonomy code should be placed in Form Locator 81, along with the “B3” qualifier.

You may conduct a search for registered taxonomy codes and assigned NPIs via the online NPI Registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

Additional information about taxonomy codes, along with the entire Health Care Provider Taxonomy Code set, can be found within the HIPAA-related Code Lists section of the Washington Publishing Company (WPC) website at wpc-edi.com. Providers without online access may contact the WPC at 425-562-2245 to find out how to purchase a printed code list.



Administrative Simplification Operating Rules Update



Administrative Simplification is a provision of the Affordable Care Act (ACA). Under ACA, new Operating Rules for HIPAA-standard transactions must be implemented to promote greater uniformity in the delivery of electronic health care data from a health plan to a provider. These Operating Rules also apply to software vendors and any other electronic business entities that provide transaction-related services, such as billing services and third party administrators.

In December 2012, BCBSIL successfully deployed the mandated Operating Rules for Eligibility and Benefits (ANSI 270/271) and Claim Status (ANSI 276/277) transactions for health information technology vendors such as Availity®, Passport/Nebo Systems and RealMed®. Online Eligibility and Benefits and Claim Status options are now available continuously Monday through Saturday, with the exception of 8 p.m. to midnight on Sunday, for providers who are conducting administrative transactions for local and BlueCard®/out-of-area members. This includes the Claim Research Tool (CRT), which providers may access on the Availity portal.

In addition to extended hours of operation for electronic administrative transactions, enhancements include:

- Capability to obtain eligibility and benefit information for past and future dates of service
- Additional parameters when searching by name that will return more comprehensive data meeting the search criteria
- A new notification process to help ensure that users are aware of any scheduled or unscheduled outages

Functionality changes are reflected in the Availity Eligibility and Benefits tip sheet in the Education and Reference/Provider Tools section of our Provider website at bcbsil.com/provider. Companion Guides for each administrative transaction are available in the Standards and Requirements/ Government Regulations section of our Provider website under HIPAA Regulations and Implementation Guidelines. Additional updates will be included in upcoming issues of the *Blue Review*.

Availity is a registered trademark of Availity, L.L.C., RealMed is a registered trademark of RealMed Corporation, an Availity Company. Availity, L.L.C. Passport/Nebo Systems, RealMed Corporation and Availity, L.L.C. are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

Effective Feb. 1, 2013, the following code will be updated: J9355.

Effective March 1, 2013, the following code ranges will be updated:

A9576-A9586, A9604, J0000-J9999, P9041-P9048, Q0138-Q0181, Q0515, Q2009-Q2027, Q2043, Q3025-Q3026, Q4074-Q4136, Q9951-Q9968 and S0012-S0191. Please note that not all codes in these ranges will be updated.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our Provider website at bcbsil.com/provider.



ICD-10 will change ever

Physicians

- **Documentation:**
The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:**
Codes increase from 17,000 to 140,000. Physicians must be trained.

Clinical Area

- **Patient Coverage:**
Health plan policies will require new ABN¹ for certain services.
- **Superbills:**
Revisions required for certain services will be impossible.
- **ABNs:**
Health plans will require ABNs or NCD³s, etc. for certain services and patients.

Nurses

- **Forms:**
Every order must be revised or recreated.
- **Documentation:**
Must use increased specificity.
- **Prior Authorizations:**
Policies may change, requiring training and updates.

Lab

- **Documentation:**
Must use increased specificity.
- **Reporting:**
Health plans will have new requirements for the ordering and reporting of services.

Billing

- **Policies and Procedures:**
All payer reimbursement policies may be revised.
- **Training:**
Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

Coding

- **Code Set:**
Codes will increase from 10,000 to 140,000 and styles will change.
- **Clinical Knowledge:**
More detailed knowledge of clinical coding will be required with ICD-10.
- **Concurrent Use:**
Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time.

1. Advance Beneficiary Notice of Non-coverage
2. Local Coverage Determination
3. National Coverage Determination
4. Physician Quality Reporting Initiative

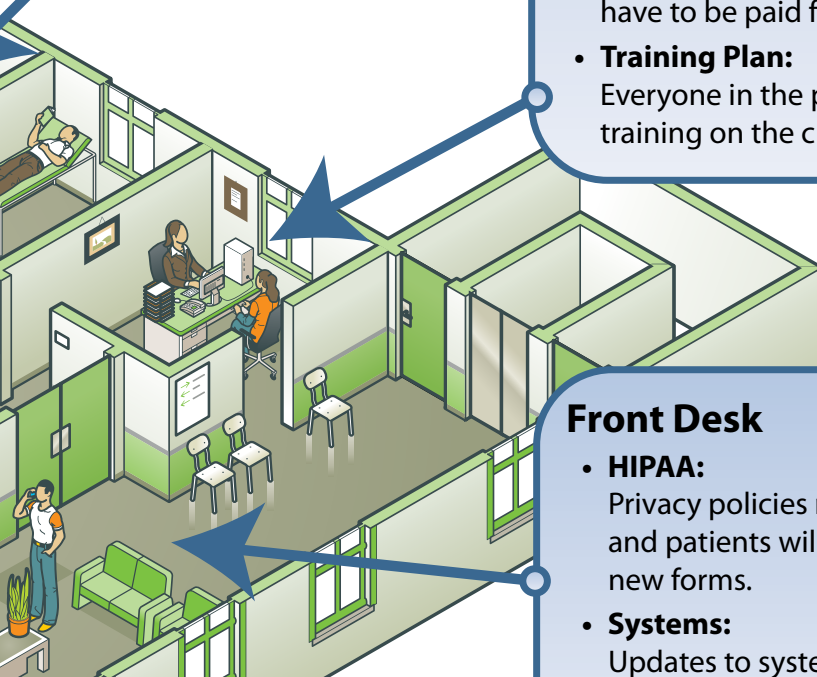
Office graphics ©2012 AAPC. All rights reserved. Used with permission of AAPC.

Everything.

Coverage:
Policies, coverage limitations, and terms are likely to change.

Required and paper superbills may be affected.

Providers will revise all policies linked to LCD's, ABN forms must be reformatted and will require education.



17,000 to 140,000. As a result, code sets will completely change.

Changes in anatomy and medical terminology will result in increased specificity and more codes.

Providers will use ICD-9-CM and ICD-10-CM concurrently until all claims are resolved.

Managers

- **New Policies and Procedures:**
Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI⁴ must be revised.
- **Vendor and Payer Contracts:**
All contracts must be evaluated and updated.
- **Budgets:**
Changes to software, training, new contracts, new paperwork will have to be paid for.
- **Training Plan:**
Everyone in the practice will need training on the changes.

Front Desk

- **HIPAA:**
Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:**
Updates to systems are likely required and may impact patient encounters.



BlueCross BlueShield
of Illinois

Here's the where and how.

Check out the Blue Cross and Blue Shield of Illinois ICD-10 Provider Resource Center for ideas and tools to get you started, and take our Readiness Survey, at bcbsil.com/provider.

Will you be ready?

AAPC can help. For assistance in transitioning your office to every aspect of ICD-10, go to www.AAPC.com/ICD-10



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Provider Learning Opportunities

BCBSIL WEBINARS

Below is a list of complimentary training sessions sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.

Electronic Refund Management (eRM) (All sessions: 2 to 3 p.m.)

Feb. 6, 2013
Feb. 13, 2013
Feb. 20, 2013
Feb. 27, 2013

iEXCHANGE® Webinars

iEXCHANGE is a Web-based application that can be used to submit transaction requests for inpatient admissions and extensions, treatment searches, provider/member searches and select outpatient services and extensions. Customized training is available upon request.

To request training, contact us at iexchange_helpdesk@bcbsil.com and include your name, telephone number and the topics of interest.

To view available topics, visit the Workshops/Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal—the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at availity.com for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

2012 HMO Member Survey Results

The 2012 HMO Member Survey was conducted in July and August of 2012. The primary purpose of this survey was to assess member satisfaction in a variety of areas at the MG/IPA* site level, including medical care and services rendered by PCPs and Specialists, access to care and overall MG/IPA service. A random sampling of adult patients who have been BCBSIL HMO members for at least one year was surveyed. The overall response rate for this year was 22 percent.

In the past, BCBSIL used the Top 3 Box scores (Excellent, Very Good and Good) as positive responses in the HMO Member Survey analysis. Starting with the 2011 survey, Top 2 Box scores (Excellent and Very Good) were counted as positive responses. This change was made to recognize top-performing MGs/IPAs and to encourage all MGs/IPAs to improve the service provided to HMO members. The 2012 results below are based on the revised methodology implemented in 2011.

2012 ACCOLADES

Many items in the 2012 survey received a score of 80 percent or better, including the following:

PCP Management/Coordination of the Member's Care	
Overall member rating of PCP (percent of "Excellent" or "Very Good" responses)	80%
Members' rating of PCP for thoroughness of examinations (Percent of "Excellent" or "Very Good" responses)	80%
Members' rating of PCP for respect shown and attention to privacy (Percent of "Excellent" or "Very Good" responses)	85%
Members' rating of PCP for medical care received (Percent of "Excellent" or "Very Good" responses)	81%
Length of time waited for a routine appointment (within 2 weeks) <i>Results are based on respondents who had appointments</i>	82%
Length of time waited for an urgent appointment (within 24 hours)	85%
PCP's office contacted the member about test results (Percent of "Yes" responses) <i>Results are based on respondents who had tests performed</i>	82%
PCP gave the member clear instructions on health problems or symptoms bothering the member (Percent of "Always" and "Usually" responses)	89%
PCP's office reminded the member about getting preventive care (Percent of "Yes" responses)	83%
PCP talked with the member about different medicines he or she is using, including ones prescribed by a specialist (Percent of "Yes" responses)	82%
PCP gave the member easy-to-understand instructions about taking his or her medicines (Percent of "Always" and "Usually" responses)	88%

Referral Process

Satisfaction with MG's/IPA's referral process (percent of "Yes" responses)	85%
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Specialist-related Questions

Members' rating of Specialist for thoroughness of examinations (Percent of "Excellent" or "Very Good" responses)	82%
Members' rating of Specialist for explanation of medical tests and treatments (Percent of "Excellent" or "Very Good" responses)	81%
Members' rating of Specialist for respect shown and attention to privacy (Percent of "Excellent" or "Very Good" responses)	84%
Members' rating of Specialist for medical care received (Percent of "Excellent" or "Very Good" responses)	81%

Reports

Usefulness of information contained in the Blue Star MG/IPA Report SM (percent of "Yes" responses)	88%
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OPPORTUNITIES FOR IMPROVEMENT

Select items that received a score of less than 80 percent including the following:

- PCP and Specialist response time to an emergency phone call (within 30 minutes)
- PCP talking with member about eating habits and exercise or physical activity (percent “Yes”)
- PCP explaining possible side effects or medicine in an easy-to-understand way (percent “Always” and “Usually”)
- PCP suggesting ways to help member remember to take medicines (percent “Always” and “Usually”)
- Length of time waited for a routine (less than two weeks) or urgent (less than 24 hours) exam appointment from a Specialist
- Specialist’s office contacted member about test results (percent “Yes”)

‘BLUE RIBBON’ STATUS

The Blue Ribbon designation (🏆) recognizes MGs/IPAs that received a Top 2 Box score of at least 75 percent for 21 specified survey questions. Of the 96 MGs/IPAs analyzed in 2012, for a Blue Ribbon Directory Indicator:

- Forty-four MGs/IPA sites received a Blue Ribbon
- Forty-two MGs/IPA sites did not receive Blue Ribbon status
- Ten MGs/IPA sites received an “Insufficient Responses” designation

*Medical Group/Independent Practice Association

Medicare Part D Pharmacy Update

Ranbaxy Pharmaceuticals Atorvastatin Recall

On Nov. 9, 2012, Ranbaxy Pharmaceuticals announced that it was initiating a voluntary recall of its popular cholesterol lowering medication atorvastatin, which is the generic version of Pfizer’s Lipitor. The reason for Ranbaxy’s recall was due to the possibility of small (less than 1 mm) glass particles in its product. It also reported that the probability of an adverse event is low, but that it could not be ruled out. Presently, Ranbaxy has not received any reports of adverse events.¹

The recall only affects the 10, 20 and 40 mg strengths of atorvastatin calcium (i.e., it does NOT include the 80 mg strength). In addition, Ranbaxy reported that the recall includes 41 specific lots of atorvastatin. A list of the recalled lot numbers can be found at <http://www.ranbaxyusa.com/newsdisp281112.aspx>. Ranbaxy has notified its distributors and retailers of the recall, and affected lots are no longer being distributed.²

Generic Lipitor is currently manufactured by five other pharmaceutical companies: Apotex Inc., Dr. Reddys Labs, Mylan Pharmaceuticals, Sandoz Inc. and Teva Pharmaceuticals.³ There is no anticipated drug shortage for the 10, 20, 40 mg strengths of atorvastatin. Patients taking affected Ranbaxy atorvastatin should have their medication substituted by their pharmacist. The substituted medication may look different, and patients with questions about product identification should contact their pharmacist for clarification.

References

1. Food and Drug Administration. Ranbaxy Issues Voluntary Nationwide Recall of 41 Lots of Atorvastatin Calcium Tablets 10 Mg, 20 Mg and 40 Mg Due to Potential Presence of Foreign Substance. Available at <http://www.fda.gov/Safety/Recalls/ucm329866.htm>. Accessed Nov. 29, 2012.
2. Ranbaxy Pharmaceuticals. Ranbaxy Issues Voluntary Nationwide Recall of 41 lots of Atorvastatin Calcium Tablets 10 mg, 20 mg and 40 mg Due to Potential Presence of Foreign Substance. Available at: <http://www.ranbaxyusa.com/newsdisp281112.aspx>. Accessed Nov. 28, 2012.
3. Food and Drug Administration. Approved Drug Products with Therapeutic Equivalence Evaluations 32nd Edition. Cumulative Supplement 10 October 2012. Available from: Food and Drug Administration. Accessed Dec. 7, 2012.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are instructed 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.

New Account Groups

Group Name: **Addus Healthcare, Inc.**
Group Number: **P40964**
Alpha Prefix: **NZY**
Product Type: **BlueEdge PPO/HSA (Portable)**

Group Number: **B19174**
Alpha Prefix: **XOH**
Product Type: **BlueAdvantage HMO**
Effective Date: **Jan. 1, 2013**

Group Name: **Ferrara Pan Candy**
Group Numbers: **P40994, P40996**
Alpha Prefix: **XOF**
Product Type: **PPO (Portable)**
Group Number: **P41003**
Alpha Prefix: **XOF**
Product Type: **BlueEdge PPO/HSA (Portable)**
Effective Date: **Jan. 1, 2013**

Group Name: **Laborers Local 231 Health & Welfare Trust Fund**
Group Number: **P36874**
Alpha Prefix: **LLB**
Product Type: **PPO (Portable)**
Effective Date: **Jan. 1, 2013**

Group Name: **Metropolitan Bank Group**
Group Number: **P41882**
Alpha Prefix: **XOF**
Product Type: **PPO (Portable)**
Group Number: **P41120, P411225**
Alpha Prefix: **XOF**
Product Type: **BlueEdge PPO/HSA (Portable)**
Group Number: **B41764**
Alpha Prefix: **XOH**
Product Type: **BlueAdvantage HMO**
Group Number: **H41737**
Alpha Prefix: **XOH**
Product Type: **HMO Illinois**
Effective Date: **Jan. 1, 2013**

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member’s certificate of coverage.

Be Smart. Be Well.®: Discussing Sexual Health

Be Smart. Be Well. is the BCBSIL website that features a variety of health and wellness topics and is available to members and the general public at BeSmartBeWell.com. The current spotlight topic is sexual health, which features a new video, produced as part of a public/private collaboration between the Centers for Disease Control and Prevention (CDC) and *Be Smart. Be Well.*

Sexual health may be a difficult subject for patients to proactively discuss with their physicians. The *Be Smart. Be Well.* sexual health series is a great way to introduce this subject to patients to help initiate frank discussions about sexual health and testing for sexually transmitted diseases.

Be Smart. Be Well. is a valuable tool for anyone interested in learning about making healthy lifestyle choices. Past topics have included food safety, traumatic brain injuries, teen driving, caregiving, childhood asthma, drug safety and domestic violence. Please encourage your patients to take advantage of the information and resources on BeSmartBeWell.com.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a health care professional. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.



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The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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