BlueCross BlueShield of Illinois

2025 Provider Manual – Coordinated Home Care Program

Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's

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

Coordinated Home Care Program

The Coordinated Home Care Program under Blue Cross and Blue Shield of Illinois is a program designed to help members maximize their benefits for home health care, when such benefits are available under the member's health benefit coverage. The program may be initiated by an inpatient facility to facilitate the early discharge of its patients into a program of home care. Such home care should be provided by an independently contracted participating provider which may be a hospital's duly licensed home health department or by other duly licensed home health agencies with which the inpatient facility may have referral arrangements. The covered person must require skilled nursing services on an intermittent basis under the direction of the covered person's physician. The program includes, but is not limited to, skilled nursing services by or under the supervision of a registered professional nurse, the services of physical, occupational and/or speech therapists and necessary medical supplies.

General Benefit Coverage Criteria

In order for services to be eligible for benefits under the CHC program, in most situations, the member must:

- Be under the care of a physician; and,
- Have an active written treatment plan and orders from the physician; and,
- Require skilled nursing services on an intermittent basis; and,
- Receive care from a licensed home health agency; and,
- Be recertified for continued care needed periodically by the attending physician.

Exceptions to the General Benefit Coverage Criteria

- Some benefit plans require a prior hospital or skilled nursing facility stay.
- Benefit plans requiring a prior inpatient facility stay may have different requirements as to the time the first coordinated home care visit must occur.
- Benefits for any Covered Service are limited to that which is set forth in the member's policy certificate and/or benefits booklet and/or summary plan description.

Eligibility and benefits should be determined electronically via Availity® Essentials or the provider's preferred web vendor, or by calling Provider Services at 800-972-8088 to utilize the automated Interactive Voice Response phone system.

Providers may visit the Availity Essentials website to register or learn more about Availity's products and services. Providers also may contact Availity Essentials Client Services at 800-282-4548 for assistance.

Examples of services that are typically considered eligible for CHC benefits:

- Intermittent (one to two hours per visit) skilled nursing services by a registered nurse or a licensed practical nurse. Intermittent visits are not continuous care as rendered in private duty nursing. See Private Duty Nursing Note below.
- Physical, Occupational and Speech therapy.
- Medical Social Services.
- Medical supplies.

Examples of services that are not typically considered eligible for CHC benefits:

- Services of a home health aide.
- Private duty nursing (private duty nursing is defined as follows: Skilled nursing care provided in the patient's home on a one-to-one basis by an actively practicing RN or LPN under the direction of the attending physician.).
- Rental or purchase of Durable Medical Equipment.

- ***PHARMACEUTICALS, including but not limited to Specialty Pharmacy Drugs, Infused Drugs, Total Parenteral Nutrition and Enterals Note:*** all pharmaceuticals, including, but not limited to, specialty pharmacy drugs, infused drugs, total parenteral nutrition and enterals, which are Covered Services pursuant to the Covered Person's Coverage Agreement ("Pharmaceuticals"), must be billed by the dispensing pharmacy to BCBSIL on a CMS-1500 claim form with appropriate Healthcare Common Procedure Coding System, National Drug Codes and units where appropriate.

- ***Private Duty Nursing:*** Private duty nursing is **not** a CHC benefit. However, some BCBSIL members may be eligible for private duty nursing under their benefit plan. Benefit coverage for private duty nursing is subject to the terms, conditions, limitations and exclusions of the member's health benefit plan. The provider must submit an electronic eligibility and benefits request or call the Provider Telecommunications Center at 800-972-8088 to verify if private duty nursing is a benefit. Private duty nursing **must** be billed under a National Provider Identifier number using the CMS-1500 claim form.

- **Custodial care services** (services that do not require the technical skills or professional training of medical and/or nursing personnel in order to be safely and effectively performed) are not covered.

Discharge Planning Guidelines

When a member is discharged from an inpatient setting to coordinated home care setting, the transition of care must comply with the following guidelines:

- Obtain the physician's orders, plan of treatment and other pertinent documentation.
- The agency's utilization review staff should ensure that the member care being received meets the program criteria.
- Confirm eligibility and benefits electronically via a third-party vendor portal, or by calling the BCBSIL PTC.
- Obtain prior authorization/pre-certification as required.

Non-HMO Prior Authorization/Pre-certification

Prior Authorization/Pre-certification for CHC is required by most benefit plans. Since members receiving CHC services have generally been discharged from an inpatient facility hospital, and planning for CHC services is part of inpatient discharge planning, some case management may be performed by the BCBSIL Medical Management Department. Please refer to the Contacts and Resources section of this manual for information and procedures on prior authorization/pre-certification.

Electronic Prior Authorization (Availity® Authorizations) or Request, Verify or Obtain Prior Authorizations

Availity Authorizations tool is our online tool that allows the electronic submission of inpatient admissions and select outpatient services handled by BCBSIL. Additionally, providers can also check status on previously submitted requests and/or update applicable existing requests. For additional details, refer to the Availity Authorizations User Guide Availity Authorizations is accessible to physicians, professional providers and facilities who have established a provider record with BCBSIL. For more information about the Availity Authorizations tool, visit the Education and Reference Center/Provider Tools section of our website.

Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.

HMO Illinois®, Blue Advantage HMO℠, Blue Precision HMO℠, and BlueCare Direct℠ Pre-certification

The HMO member's Primary Care Physician must authorize all home care referrals and must refer the member to a CHC provider within the independently contracted HMO network. A CHC provider that wishes to participate contractually as an HMO provider must have an executed agreement and meet all credentialing requirements which include current accreditation from a nationally recognized accrediting organization (Joint Commission, ACHC or CHAP) and licensed by the state as a Home Health Care Agency.

Billing Requirements

CHC bills must be submitted in the UB-04 format either electronically or on the paper claim form. The following data elements are specific to CHC. For complete details, providers should reference the UB-04 Data Specifications Manual, available from the National Uniform Billing Committee.

Form Locator 4 **Type of Bill**	1st digit: Type of facility (3 = home health) 2nd digit Bill classification (2) 3rd digit: Frequency **Examples:** 321 for admit through discharge cycle billing 322 for 1st claim 323 for continuing claim 324 for last claim 325 for late charges 327 for replacement of prior claim
Form Locator 6 **Statement** **Covers Period**	Date for period of services (Continuing services should be billed at 30-day intervals, i.e., calendar months) **Exceptions:** Submit only one claim if the entire billing cycle is less than 40 days
Form Locator 15 **Source of Admission**	A code indicating the source of this admission (1 = physician referral)
Form Locator 17 **Patient Status**	Status code. Must be consistent with the Bill Type in Form Locator 4 (01 = discharge, 30 = still patient)

Institutional claims may be submitted electronically via the ANSI 837I transaction. Information on electronic Claim Submission is available in the Claims and Eligibility section of the BCBSIL Provider website. Providers may also contact the Electronic Commerce Center at: ecommerceservicesil@bcbsil.com~~800-746-4614~~ for assistance.

Note: This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding guidelines and reference materials.

Mailing Address for Paper

Claims Blue Cross and Blue Shield of Illinois PO Box 660603

Dallas, TX 75266-0603

1	2	3a PAT. CNTL #	09917765	4 TYPE OF BILL
A Home Health Agency	A Home Health Agency	b. MED. REC. #	1234567	322
123 Main Street	P.O. Box 123	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
Anytown, IL 60000	My Town, IL 60000	45123456	020119 / 022919	
312-123-4567				

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe, Jane	a 456 Main Street
b	b Anytown c IL d 60000 e 5999

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
08101961	F	020119			1		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	020119													
b														

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	270	Medical Supplies			5	75 00		
2	551	Skilled Nursing Visit	99341	020119	1	200 00		
3	551	Skilled Nursing Visit	99349	020519	1	150 00		
4	551	Skilled Nursing Visit	99349	020719	1	150 00		
5	551	Skilled Nursing Visit	99349	020919	1	150 00		
6	551	Skilled Nursing Visit	99348	021319	1	150 00		
7	551	Skilled Nursing Visit	99348	021519	1	150 00		
8	551	Skilled Nursing Visit	99348	022019	1	150 00		
9	551	Skilled Nursing Visit	99348	022219	1	150 00		
10	551	Skilled Nursing Visit	99348	022719	1	150 00		
11								
12	001	Total			14	1475 00		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23		PAGE 1 OF 1	CREATION DATE	030119	TOTALS	1475 00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
A	Blue Cross 121		Y	Y			57
B							OTHER
C							PRV ID

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	Doe, Jane	18	XOM123456789	XYZ Company	M90026
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX: E11.622 | I10 | A | B | C | D | E | F | G | H | 68
I | J | K | L | M | N | O | P | Q

69 ADMIT DX: E11.622 | 70 PATIENT REASON DX: a | b | c | 71 PPS CODE | 72 ECI: a | b | c | 73

74 PRINCIPAL PROCEDURE CODE / DATE | a. OTHER PROCEDURE CODE / DATE | b. OTHER PROCEDURE CODE / DATE | 75
c. OTHER PROCEDURE CODE / DATE | d. OTHER PROCEDURE CODE / DATE | e. OTHER PROCEDURE CODE / DATE

76 ATTENDING	NPI 1234567890	QUAL
LAST Black	FIRST Michael	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS | 81CC a | b | c | d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Coordinated Home Care Billing Example

Blue Cross Secondary Billing

On the next page is an example of a claim where Blue Cross is secondary to another insurance carrier. It is a discharge claim, due to the Type of Bill in Form Locator 4 (324), and the Patient Status (01) in Form Locator 17.

Form Locator 39 — Value Code A3 identifies other insurance and the dollar amount paid by the insurance primary to Blue Cross

Form Locator 50 — Identifies payer information by line

item: Line A indicates Aetna is

primary
Line B indicates Blue Cross is secondary

Form Locator 58 — Identifies the insured's name:

Line A indicates the insured's name for Aetna
Line B indicates the insured's name for Blue Cross

1	2	3a PAT. CNTL #	09917765	4 TYPE OF BILL
A Home Health Agency	A Home Health Agency	b. MED. REC. #	1234567	324
123 Main Street	P.O. Box 123	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
Anytown, IL 60000	My Town, IL 60000	45123456	030119 / 031819	
312-123-4567				

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe, Jane	a 456 Main Street
b	b Anytown c IL d 60000 e 5999

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
08101961	F	010518			1		01			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	010519	16	031719	35	010719	17	020519	44	010819					

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a A3	920 00				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	270	Medical Supplies			7	200 00		
2	421	Physical Therapy	97116		3	300 00		
3	431	Occupational Therapy	97535		3	300 00		
4	551	Skilled Nursing	99347	030119	1	100 00		
5	551	Skilled Nursing	99347	030519	1	100 00		
6	551	Skilled Nursing	99347	030819	1	100 00		
7	551	Skilled Nursing	99347	031419	1	100 00		
8	551	Skilled Nursing	99347	031819	1	100 00		
9								
10	001	Total				1300 00		
23		PAGE 1 OF 1	CREATION DATE	031919	TOTALS	1300 00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0345678912
A	Aetna				920 00		57
B	Blue Cross 121		Y	Y		380 00	OTHER
C							PRV ID

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	Doe, Jane	18	123456789	XYZ Company	
B	Doe, John	01	XOC123456789		P12345
C					

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: C85.95 | I66.9

69 ADMIT DX: C85.95 | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE / DATE | a. OTHER PROCEDURE CODE / DATE | b. OTHER PROCEDURE CODE / DATE | c. OTHER PROCEDURE CODE / DATE | d. OTHER PROCEDURE CODE / DATE | e. OTHER PROCEDURE CODE / DATE | 75

76 ATTENDING NPI 1234567890 QUAL
LAST Black FIRST Michael

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS | 81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

CHC Bill - Blue Cross is Secondary Billing Example

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.