

provider network news

providing health guidance and affordable access to quality care

INSIDE THIS ISSUE

Provider Network

- 2 Provider Experience Survey Results
- 2 Signature Blue Adds Preferred Labs
- 2 Review Your Estimated Treatment Costs
- 2 Accessing Our Provider Manuals Online
- 3 Provider Self-service Is Here
- 3 View Our Recent Webinars and Workshops
- 3 Register for One of Our Professional Workshops

Billing & Coding

- 4 Updated Code Ranges
- 5 Billing for Observation
- 5 New Alpha Numeric Member ID Prefixes
- 5 Telemedicine/Telehealth Services
- 5 Medicare Crossover Claims Provider Tidbit

Credentialing

- 6 New Policy for Credentialing and Provider File Maintenance Requests
- 6 Common Reasons Applications Are Returned

Medical Management

- 6 Hospital Quality Program
- 6 May Is Mental Health Month
- 7 Alcohol Awareness in Seniors

Medical Policy Update

- 8 Recently Updated Medical Policies
- 9 New Medical Policies
- 9 Submitting Research to Evidence Street®

Electronic Services

- 10 Online Provider Resources
- 10 First Time Logging into iLinkBlue
- 10 Need iLinkBlue Training?

BlueCard®

- 11 Are You Familiar with Our Suitcases?

Company News

- 11 CEO Touts Quality Blue in Leadership Stories Video

Pharmacy

- 11 Opioid Prescribing Toolkit Helps Patients in Pain

ABA Authorizations Now Available in WebPass Portal

Blue Cross and Blue Shield of Louisiana partnered with New Directions to manage behavioral health services for our members for authorizations, utilization and case management activities and Applied Behavioral Analysis (ABA) case management.

Providers can request authorizations and submit clinical information electronically using WebPass, a Web-based portal offered by New Directions.

New Directions' WebPass Portal is accessed through iLinkBlue at www.BCBSLA.com/ilinkblue >Authorizations >Behavioral Health Authorizations.

Until recently, authorizations for ABA services were unavailable in WebPass. After recent enhancements to add these services, ABA providers are now able to use the tool to seek authorization of care for our members.

Providers can use WebPass Portal to request ABA assessment, initial treatment or ongoing treatment. ABA providers can also use WebPass Portal to review members' current and historical authorizations, as well as previous request submissions.

We recently held a webinar to educate providers on the ABA functions available in WebPass Portal that gave instructions for signing up to access WebPass. A copy of the webinar presentation is available online at www.BCBSLA.com/providers >Resources >Workshop and Webinar Presentations.



Blue Cross requires an authorization for the following behavioral health services:

- Applied Behavior Analysis (ABA)
- Partial Hospitalization Program (PHP)
- Inpatient Hospital (including detox)
- Residential Treatment Center (RTC)
- Intensive Outpatient Program (IOP)

www.BCBSLA.com/providers
www.BCBSLA.com/ilinkblue



Louisiana

Provider Network

Provider Experience Survey Results

Your feedback is important to us. That is why we commissioned Chadwick Martin Bailey, an independent market research firm, to conduct an online survey of our providers in fall 2017.

Your participation was greatly appreciated. We received approximately 800 responses from providers across Louisiana.

We are using your feedback to set priorities for 2018 and improve our processes, staffing and service levels.

Key Findings:

- Overall provider satisfaction with Blue Cross is strong. Nearly two-thirds of providers said they would likely recommend colleagues to participate in our networks.
- Two-thirds of providers also indicated Blue Cross performs well compared to other health insurance carriers.
- Blue Cross staff was consistently recognized as being courteous and professional.
- Our new iLinkBlue tool is better; meeting the needs of most respondents.
- Respondents also indicated where we have opportunities for improvement:
 1. Our processes, such as with Provider Contracting and Network Operations, are not as easy or timely as they need to be. Response times need to be improved in areas, such as Provider Relations.
 2. Resolving a question or issue in one call to the Customer Care Center is a priority.

In the coming weeks, Blue Cross representatives may reach out to you to discuss these findings further. Please be open and honest about your experiences to help us better understand how we can improve.

Our next Provider Experience Survey is scheduled for fall 2018.

Signature Blue Adds Preferred Labs

Signature Blue, our select network available in Jefferson and Orleans parishes, uses a preferred lab program. Network providers should refer Signature Blue members to the following participating laboratories when lab services are needed that are not performed in the provider's office:

- Clinical Pathology Labs - www.cpllabs.com or 1-800-633-4757
- Quest Diagnostics - www.questdiagnostics.com or 1-866-MYQUEST (1-866-697-8378)

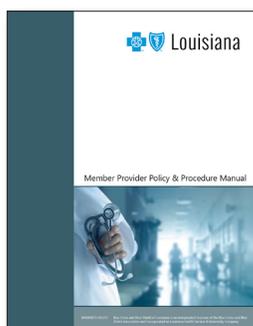
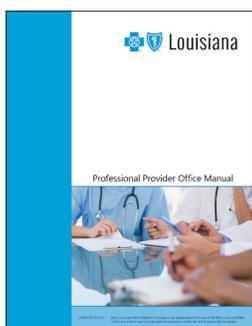
For the In-office Lab List and more on this Preferred Lab Program, refer to our corresponding network speed guides available at www.BCBSLA.com/providers >Resources >Speed Guides.

Review Your Estimated Treatment Costs

Blue Cross refreshes the Estimated Treatment Cost Tool each spring and fall with updated provider costs to allow our members to be more active in making cost-effective choices when it comes to their healthcare. The tool offers Preferred Care PPO members a provider-specific estimate of cost ranges for an episode of care.

Cost estimates for spring 2018 will be posted on iLinkBlue (www.BCBSLA.com/ilinkblue) for review on April 2, 2018. Providers will have until May 11 to review their cost data reports and request any reconsideration.

To view your cost estimates, log onto iLinkBlue, click on the "Quality & Treatment" menu option and then click on "View Cost Reports." To request reconsideration, click on the specific treatment description to access the Estimated Treatment Cost Reconsideration Form.



Accessing Our Provider Manuals Online

Our provider manuals have the information you need as a participating provider, including billing guidelines, authorization requirements and much more.

The *Professional Provider Office Manual* is available online at www.BCBSLA.com/providers >Resources >Manuals and also at www.BCBSLA.com/ilinkblue >Resources >Manuals.

The *Member Provider Policy & Procedure Manual* (our facility manual) is only available through iLinkBlue at www.BCBSLA.com/ilinkblue >Resources >Manuals.

Provider Self-service Is Here

On March 1, 2018, we launched a provider self-service initiative as part of an ongoing effort to improve efficiency and shorten hold times for providers calling our Customer Care Center.

Providers are now required to use our self-service tools for the following services:

- member eligibility (not benefits)
- claim status inquiries
- professional allowable charge searches*
- medical policy searches*

These services are no longer initially handled through our Customer Care Center. The following self-service tools are available for these inquiries:

- iLinkBlue (www.BCBSLA.com/ilinkblue)
- Interactive Voice Recognition (IVR) system (1-800-922-8866)
- HIPAA 27x transactions

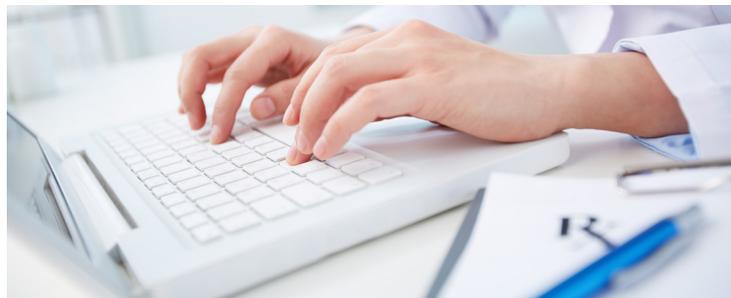
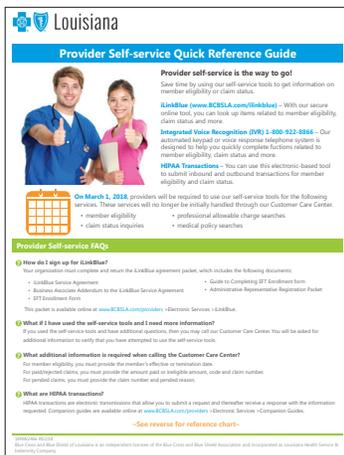
Our Customer Care Center takes more than 870,000 provider calls annually. This initiative is to help increase call time availability for the issues that cannot be resolved through our self-service tools.

Our *Provider Self-Service Quick Reference Guide* and our recent provider self-service webinar are both available online at www.BCBSLA.com/providers >Resources. These documents have more information about Provider Self-service.

**This service is available on iLinkBlue only.*

View Our Recent Webinars and Workshops

If you missed one of our recent webinars or provider workshops, you can view the presentations on our Provider Page at www.BCBSLA.com/providers >Resources >Workshop and Webinar Presentations.



Register for One of Our Professional Workshops

Free Professional Workshops will be conducted in April and May. These workshops offer professional providers training and educational materials on a wide range of topics and registration is required. Seating is limited, so register before all sessions are full.



| | |
|----------------|---|
| April 24, 2018 | Baton Rouge 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| April 25, 2018 | Lake Charles 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| April 26, 2018 | Lafayette 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| May 1, 2018 | Bossier City 9 a.m. to noon 1 p.m. to 4 p.m. |
| May 2, 2018 | West Monroe 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| May 3, 2018 | Pineville 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| May 8, 2018 | Houma 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |
| May 9, 2018 | Metairie 9 a.m. to noon 1 p.m. to 4 p.m. |
| May 10, 2018 | Covington 9 a.m. to noon (Registration Full) 1 p.m. to 4 p.m. |

To Register

If you wish to attend and did not receive an email invitation, please send an email to provider.relations@bcbsla.com to request one.

Billing & Coding

Updated Code Ranges

As a reminder from previous communications, based on reviews of new 2018 CPT® and HCPCS codes, we updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges, as follows:

The following CPT and HCPCS codes were added to the Outpatient Procedure Services code list:

Effective January 1, 2018

| | | | | | |
|-------|-------|---------------|---------------|---------------|-------|
| 15730 | 31253 | 33927 - 33929 | 38573 | 0479T - 0481T | C9738 |
| 15733 | 31257 | 34701 - 34716 | 43286 - 43288 | 0483T - 0484T | C9748 |
| 19294 | 31259 | 36465 - 36466 | 55874 | 0489T - 0492T | |
| 20939 | 31298 | 36482 - 36483 | 58575 | 0494T | |
| 31241 | 32994 | 38222 | 64912 - 64913 | 0499T | |

Effective April 1, 2018

| |
|-------|
| C9749 |
|-------|

The following CPT and HCPCS codes were added to the Diagnostic and Therapeutic Services code range:

Effective January 1, 2018

| | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 71045 - 71048 | 81258 - 81259 | 81541 | 96573 - 96574 | G0513 - G0518 | J2326 | P9073 |
| 74018 - 74019 | 81269 | 81551 | 97127 | J0565 | J2350 | P9100 |
| 74021 | 81283 | 86008 | 97763 | J0604 | J3358 | Q0477 |
| 81105 - 81112 | 81328 | 86794 | 0485T - 0487T | J0606 | J7210 - J7211 | Q2040 |
| 81120 - 81121 | 81334 - 81335 | 87634 | 0495T - 0496T | J1428 | J7296 | Q4176 - Q4182 |
| 81175 - 81176 | 81346 | 87662 | 0500T - 0504T | J1555 | J7345 | |
| 81230 - 81232 | 81361 - 81364 | 90756 | C9014 - C9016 | J1627 | J9022 - J9023 | |
| 81238 | 81448 | 94617 - 94618 | C9024 | J1726 | J9203 | |
| 81247 - 81249 | 81520 - 81521 | 95249 | C9028 - C9029 | J1729 | J9285 | |

Effective April 1, 2018

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| C9462 | C9464 | C9466 | C9468 | Q2041 | Q5104 |
| C9463 | C9465 | C9467 | C9469 | Q5103 | |

These changes do not affect existing codes and allowable charges on the schedules; it simply allows our system to accept these codes appropriately for claims adjudication. The above changes also apply to the HMO Louisiana, Inc. schedules.



Not Getting Our Newsletters Electronically?

Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line.

Please include your:

- Name
- Organization name
- Contact information

Billing for Observation

Use HCPCS code G0378 when billing for observation. Blue Cross will reimburse up to a maximum of 30 hours (excluding Federal Employee Program), regardless if hours are billed on one line or multiple lines on the claim.

The 30-hour count commences when outpatient services begin (when the member arrives at the hospital for treatment), not when the stay in observation begins.

New Alpha Numeric Member ID Prefixes

Beginning April 15, 2018, providers may see prefixes on member ID cards that contain numeric characters.

Until now, prefixes have only been an alpha combination. Due to growth in the number of products being sold by Blue Cross companies nationwide, the Blue Cross Blue Shield Association has determined the need to expand the prefixes to be alpha-numeric.

Prefixes can be alpha only or a combination of alpha and numeric characters in one of the following combinations.

Example:

| | | |
|-----|-----|-----|
| A2A | 2AA | 22A |
| AA2 | 2A2 | A22 |

The prefix is the first three characters of the member number that appears on the member ID card. It is required for claims processing and is critical for member eligibility and benefit inquiries. The prefix identifies which Blue Plan and product the member has.

Blue Cross and Blue Shield of Louisiana currently has 64 prefixes in use. For example, the prefix XUB identifies a member with the BC 65 individual plan.

At this time, we have not issued any alpha-numeric prefixes to our products. However, this change means we will have alpha-numeric prefixes in the future.

Correction: ER Visit Admission and Discharge Time

In our 2017 first quarter *Provider NetworkNews*, we stated that the admission and discharge time was required in Block 13 of the UB-04 form for outpatient emergency room visit claims. These instructions were incorrect. Please continue to file according to the ANSI X12 HIPAA guidelines.

Telemedicine/Telehealth Services

Providers who do not follow proper telemedicine procedures may be subject to lower allowables, network status changes or point-of-sale rejections for prescription drugs ordered or rejection of services performed.

Data analysis is periodically performed to help identify providers who are not establishing bona fide physician/patient relationships or not following necessary guidelines for services to be eligible for reimbursement. Inappropriate prescribing patterns, prescribing select highly reimbursed medications related to pain management and a lack of variety in treatment of members by telemedicine providers have been observed.

Blue Cross defines telemedicine services as the healthcare delivery, diagnosis, consultation, treatment and transfer of medical data by a network physician or nurse practitioner using interactive telecommunication technology that enables the network provider and patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Telemedicine does not include the use of audio-only telephone, fax or email and, as such, are not reimbursable.

Providers practicing telemedicine should use the same standard of care as if the services were rendered in person. Telemedicine encounters must be fully documented and analogous to an in-person, face-to-face encounter. Any deviation from the normal standard of care as a result of this mode of delivery should be adequately documented and addressed in the plan of care. Prescribing controlled substances during a telemedicine encounter is not permitted except as authorized by law. The appropriate place of service is based on where the member is located when the service is performed (typically, POS 12 for home).

To be eligible for reimbursement, the provider rendering the service must be a BCBSLA network provider and follow the guidelines for telemedicine/telehealth as defined by the appropriate licensing board (e.g. LA Board of Medical Examiners).

For a list of eligible coding requirements, refer to the Telehealth/Telemedicine Billing Guidelines section of the *Professional Provider Office Manual*, available online at www.BCBSLA.com/providers >Resources >Manuals.

Medicare Crossover Claims Provider Tidbit

Our *Medicare Crossover Claims* provider tidbit is a resource for understanding how Medicare automatically forwards electronically-filed claims to Blue Cross and how to resubmit claims that did not crossover. It is available online at www.BCBSLA.com/providers >Resources >Tidbits.

Credentialing

New Policy for Credentialing and Provider File Maintenance Requests

Effective April 9, 2018, we are implementing the following new policy for credentialing and provider file maintenance requests to help ensure completed requests are processed in a timely manner:

1. Requests to join our networks or maintain network participation, including the credentialing and recredentialing processes, must be submitted on appropriate applications. We will no longer accept incomplete applications or applications with missing documentation.
2. Requests for provider file maintenance must be submitted on the appropriate Blue Cross form. We will no longer accept notifications on other document types, including provider letterhead.

When we receive requests that are incomplete or missing information, they will be returned and the processing time will start over once all required information is received.

The required credentialing and provider file forms are available online at www.BCBSLA.com/providers >Resources >Forms.

Common Reasons Applications Are Returned

Have we returned a credentialing or recredentialing application to you? Credentialing applications are returned upon receipt for any of the below reasons:

- No original signature on application (*stamped or typed signatures are not accepted*)
- No application signature date (*stamped or typed signature dates are not accepted*)
- Application signature is 180 days old or greater
- No effective date listed
- Professional provider does not submit the current version of the Louisiana Standardized Credentialing Application
- Facility does not submit the Health Delivery Organization (HDO) Information Form
- An alternative application is submitted in place of the credentialing applications identified above (*we do not accept a CAQH application*)

Our credentialing process takes up to 90 days from receipt of the application when we receive all required information. The processing time starts over once a completed application is returned to Blue Cross. Submitting the correct and completed form is key to timely processing.

Medical Management

Hospital Quality Program

The Blue Cross and Blue Shield of Louisiana Hospital Quality Program (HQP) Version 4 is for acute care general hospitals with 50 beds or more.

The HQP recognizes hospitals for improving patient safety, transparency, patient experience, imaging efficiency and outcomes.

Data is obtained from the National Healthcare Safety Network, Hospital Compare, claims and manually submitted data for nationally recognized metrics. Quality achievement in the program is tied to rate increases as indicated in the provider contract.

A copy of the HQP Version 4 program guide and our recent statewide HQP webinar are now available online at www.BCBSLA.com/providers >Programs >Quality Blue >Hospital Quality and Value Program (HQVIP).



May Is Mental Health Month

Approximately one in four people experience a mental health condition in any given year, but fewer than half seek the help they need.

Mental Health Month was established in 1949 to increase awareness of the importance of mental health and wellness in Americans' lives, and to celebrate recovery from mental illness.

New Directions, our behavioral health partner, will launch a free, online toolkit in April to make it easier for providers to spread awareness, educate and help those in need.

Providers can use the articles, posters, tips and resources from the toolkit during May's Mental Health Month as well as any time of year. The goal is to teach and empower people to understand the warning signs of mental health conditions and to get the help they need to live well.

Find the New Directions Mental Health Month toolkit at <https://ndbh.com/mental-health-month-resources>.

Alcohol Awareness in Seniors

Article by New Directions Behavioral Health®

Alcoholism affects one in 10 Americans over the age of 60. While the majority of people with alcoholism are men, women are more likely to become alcoholics late in life, according to the U.S. Department of Health and Human Services.

Why be concerned?

Drinking the same amount of alcohol when older has a different effect on our bodies. Studies show that sensitivity to alcohol increases with age. Our ability to break down the alcohol slows as we get older.

One reason alcohol abuse is dangerous is because it is tough to spot. Sometimes, the symptoms of alcoholism are confused with other conditions, such as depression. They can also be confused with symptoms common to aging, such as sleep problems, falls, unexplained bruises, loss of appetite and failing memory.

What should you do?

To be at lowest risk, advise your patients to drink safely. The National Institute on Alcohol Abuse and Alcoholism recommends that women over 65 have no more than one drink per day; two per day for men.

The good news is that seniors who seek help for a drinking problem have a good chance for recovery. They are likely to stick with treatment programs, according to the National Institute on Aging. Treatment may include medication, therapy, behavior modifications or a combination.

Call New Directions at 1-800-991-5638 to locate the right treatment options for your senior patients.



Providers can use the CAGE and SBIRT tools below to identify and effectively intervene with those senior patients at risk for health care problems related to their substance use.

CAGE Substance Abuse Screening Tool

Ask your patients these four questions and use the scoring method below to determine if substance abuse exists and needs to be addressed:

1. Have you ever felt you ought to cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Scoring: Any "yes" response is equal to 1. A score of two or greater is considered clinically significant.

CAGE is derived from the four questions of the tool "Cut down, Annoyed, Guilty, and Eye-opener." CAGE Source: Ewing 1984

Screening, Brief Intervention & Referral to Treatment

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate to high risk for psychosocial or health care problems related to their substance use.

SBIRT achieves successful behavioral change through three steps:

1. Identifying individuals with substance use problems
2. Motivating them to change through a combination of awareness and empowerment
3. Providing brief treatment that includes education, problem solving and coping mechanisms

In cases of severe use or dependence, a referral to treatment is recommended.

Medical Policy Update

Blue Cross regularly develops and revises medical policies in response to rapidly changing medical technology. Our commitment is to update the provider community as medical policies are adopted and/or revised. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated medical policies, all of which can be found on iLinkBlue at www.BCBSLA.com/ilinkblue.

Recently Updated Medical Policies

Policy No. Policy Name

Effective December 20, 2017

- 00023 **C** Cryosurgery Ablation of Miscellaneous Solid Tumors other than Liver or Prostate Tumors or Breast Fibroadenomas
- 00075 **C** Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee
- 00225 **C** adalimumab (Humira®)
- 00242 **C** ustekinumab (Stelara™)
- 00319 **C** Genetic Testing of CADASIL Syndrome
- 00369 **C** Genetic Testing for Rett Syndrome
- 00452 **C** Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer

Effective January 1, 2018

- 00214 **C** abatacept (Orencia®)
- 00218 **C** rituximab (Rituxan®), rituximab and hyaluronidase, human (Rituxan Hycela™)
- 00252 **C** tocilizumab (Actemra®)
- 00352 **C** tofacitinib (Xeljanz®/Xeljanz® XR)
- 00432 **C** secukinumab (Cosentyx™)
- 00436 **C** apremilast (Otezla®)

Effective January 2, 2018

- 00084 **C** Magnetic Resonance Imaging for Detection and Diagnosis of Breast Cancer
- 00105 **C** Positron Emission Tomography (PET) Oncology Applications

Effective January 17, 2018

- 00142 **C** Electrical Nerve Stimulation Devices
- 00277 **C** C1 Esterase Inhibitor (Cinryze®, Haegarda®)
- 00304 **C** Vesicular Monoamine Transporter Type 2 Inhibitors: deutetrabenazine (Austedo™), tetrabenazine (Xenazine®), valbenazine (Ingrezza™)
- 00328 **C** Medical Management of Obstructive Sleep Apnea Syndrome
- 00395 **C** Insulins (Non-Long Acting Products)
- 00526 **C** Select Inhaled Respiratory Agents
- 00546 **C** Zurampic®, Duzallo® (Ilesinurad Products)

Effective February 21, 2018

- 00012 **C** Botulinum Toxins
- 00091 **C** Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- 00130 **C** Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Fibroids
- 00233 **C** KRAS, NRAS and BRAF Variant Analysis in Metastatic Colorectal Cancer
- 00248 **I** Adoptive Immunotherapy
- 00263 **C** Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy
- 00327 **C** ivacaftor (Kalydeco™)
- 00332 **C** Molecular Markers in Fine Needle Aspirates of the Thyroid
- 00337 **C** Migraine Medications (Oral, Injectable, Transdermal, and Nasal)
- 00501 **C** mepolizumab (Nucala®)
- 00539 **C** infliximab-dyyb (Inflectra™)

Effective March 12, 2018

- 00278 **I** Image-Guided Minimally Invasive Decompression for Spinal Stenosis
- 00558 **C** Sacroiliac Joint Fusion

Medical Policy Coverage Legend

These symbols are referenced next to medical policies listed on this page and indicate Blue Cross' coverage indications as follows:

- I** Investigational
- C** Eligible for coverage with medical criteria
- N** Not medically necessary

Provider inquiries for reconsideration of medical policy coverage, eligibility guidelines or investigational status determinations will be reviewed upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in an established medical policy should be reviewed. Supporting data will be reviewed in accordance with medical policy assessment criteria. If you have questions about our medical policies or if you would like to receive a copy of a specific policy, log on to iLinkBlue at www.BCBSLA.com/ilinkblue.

New Medical Policies

Policy No. Policy Name

Effective December 20, 2017

- 00592 **I** Subtalar Arthroereisis
- 00595 **C** cerliponase alfa (Brineura™)
- 00596 **C** edaravone (Radicava™)

Effective January 1, 2018

- 00577 **I** Miscellaneous Genetic and Molecular Diagnostic Tests
- 00583 **C** Temporomandibular Joint Dysfunction
- 00587 **C** brodalumab (Siliq™)
- 00588 **C** guselkumab (Tremfya™)
- 00589 **C** sarilumab (Kevzara™)

Effective January 2, 2018

- 00590 **C** Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During Treatment

Effective January 17, 2018

- 00571 **I** Transanal Radiofrequency Treatment of Fecal Incontinence
- 00599 **C** Syndros™ (dronabinol)
- 00601 **C** Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00602 **C** Xatmep™ (methotrexate oral solution)
- 00603 **C** Xadago® (safinamide)

Effective February 21, 2018

- 00605 **C** Chimeric Antigen Receptor T cell Therapy (CAR-T)
- 00606 **C** benralizumab (Fasenra™)
- 00607 **C** infliximab-abda (Renflexis™)

Submitting Research to Evidence Street®

Healthcare product manufacturers with new procedures or devices that may impact medical policy development should consider submitting their research to the Blue Cross Blue Shield Association (BCBSA) Evidence Street®.

Blue Cross and Blue Shield of Louisiana determines its own medical policies, and often uses BCBSA research recommendations when developing decisions.

BCBSA collects and analyzes peer-reviewed evidence on devices, diagnostics and pharmaceuticals to evaluate if sufficient evidence is available to determine the effect on health outcomes.

Through the Evidence Street® website (<https://app.evidencestreet.com>), healthcare product manufacturers can monitor when BCBSA is reviewing particular medical categories to learn when to submit their own peer-reviewed evidence for consideration during scheduled submission periods.

Research can be submitted to evidencestreet@bcbsa.com. If outside of a submission period, it is collected for review during the next submission period for that medical category.

A subscription to the platform is not required to submit research. However, reviews published on Evidence Street® are accessible to Blue Cross and Blue Shield companies and subscribing healthcare device, diagnostic and pharmaceutical manufacturers. Medical societies, healthcare associations and academic medical research centers may also subscribe to access the platform.



Accessing Medical Policies Online

Looking for our medical policy index on iLinkBlue (www.BCBSLA.com/ilinkblue)? From the iLinkBlue menu, select "Authorizations."

Our medical policies are available under the "Authorizations-BCBSLA Members."

Medical policies for BlueCard® members are under the "Authorizations – Out of Area Members" section. For these, the member prefix is required.

Louisiana

Home
Coverage
Claims
Payments
Authorizations
Quality & Treatment

Authorizations - BCBSLA Members

Authorization Guidelines – Do I need an authorization?

BCBSLA Authorizations

Behavioral Health Authorizations

AIM Specialty Health Authorizations

Authorization/Pre-certification Inquiry

Medical Policy Guidelines

Authorizations - Out of Area Members

Authorization Guidelines – Do I need an authorization?

Out of Area (Pre Service Review – EPA)

Medical Policy Guidelines

Electronic Services

Online Provider Resources

To assist our network providers, we publish various online resources, information and tools on our Provider page (www.BCBSLA.com/providers).



Provider Networks

Learn more about our network requirements and credentialing program



Electronic Services

Access electronic services including iLinkBlue, online authorizations and more



Newsletters

Stay connected to Blue Cross with our provider newsletters



Resources

Access manuals, speed guides, tidbits, presentations, tutorials and forms



Pharmacy

Find information and requirements to help manage Blue patients' pharmacy benefits



Programs

Learn more about our Quality Blue, Care Management and Specialty Care Insight programs



Provider Support

Our provider-dedicated teams help support our network providers:
www.BCBSLA.com/providers
>Provider Networks



Medical Policy

Available in iLinkBlue:
www.BCBSLA.com/ilinkblue
>Authorizations
(See article on Page 9)

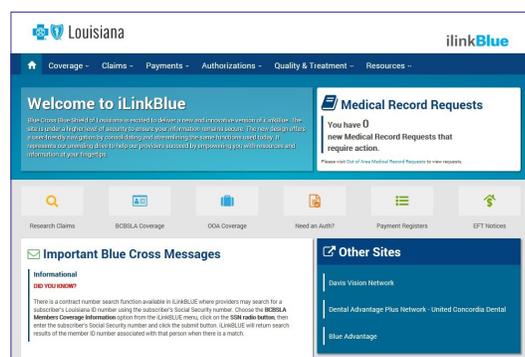
First Time Logging into iLinkBlue

When iLinkBlue users log in for the first time (www.BCBSLA.com/ilinkblue), they must enter their username (the email address your organization's administrative representative used to set up the user) and click on the "Forgot/Reset Password" button to obtain a new password. A temporary password will be emailed to you. Once logged in using your temporary password, you will be prompted to set up a permanent password. User passwords expire every 60 days.

Need iLinkBlue Training?

iLinkBlue (www.BCBSLA.com/ilinkblue) is our secure online tool for healthcare providers. Use this tool for authorizations, eligibility and coverage verification, claims filing and review, and payment queries and transactions.

Our Provider Relations Representatives are available to offer providers and their staff training on how to use iLinkBlue. To request iLinkBlue training, please send an email to provider.relations@bcbsla.com. Please include your name, organization name, contact information and a brief description of the iLinkBlue training you are requesting.



BlueCard® Program

Are You Familiar with Our Suitcases?

BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area.

The main identifiers for BlueCard members are the prefix and the “suitcase” logo on the member ID card. The suitcase logo provides the following information about the member:



The PPO suitcase indicates the member is enrolled in a Blue Plan’s PPO or EPO product.



The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



The empty suitcase indicates the member is enrolled in a Blue Plan’s traditional, HMO, POS or limited benefits product.

Some member ID cards may not have a prefix or suitcase logo, which may indicate that claims are handled outside the BlueCard Program. Please look for instructions or a telephone number on the back of the card for how to file claims. If that information is not available, call the Customer Service number indicated on the member ID card.

Through BlueCard, you can submit claims directly to Blue Cross and Blue Shield of Louisiana (BCBSLA) for Blue members visiting you from other areas.

Pharmacy

Opioid Prescribing Toolkit Helps Patients in Pain

We developed an Opioid Prescribing Toolkit to explain our 2018 opioid drug coverage policy changes. The toolkit is designed to aid providers when treating patients for pain.

The toolkit includes a compilation of best practices you can use to follow the policy, manage your patients’ pain safely and reduce risk.

The toolkit and our opioid drug coverage policy were developed by Blue Cross clinical pharmacists and physicians and approved by our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists who guide coverage decisions.

The opioid epidemic in Louisiana is growing and it is important that we work together to help our members—your patients—avoid the effects of overuse and abuse of opioid drugs. The toolkit is available online at www.BCBSLA.com/providers >Pharmacy.



Company News

CEO Touts Quality Blue in Leadership Stories Video

Dr. I. Steven Udvarhelyi, president and CEO of Blue Cross and Blue Shield of Louisiana, was one of several Blue plan leaders recently featured in a Blue Cross and Blue Shield Association leadership video series.

In his video, Udvarhelyi shares his experiences as a practicing physician and how that influences his current work as a health plan leader. Udvarhelyi cites the Quality Blue Primary Care program as an example of one way the Louisiana Blue plan is making a difference in health outcomes and keeping costs in line.

Quality Blue is a series of innovative healthcare quality improvement programs that recognize those physicians who are working in partnership with Blue Cross to transform healthcare systems and improve the way care is delivered to our members.

You can view the video and learn more about our Quality Blue programs at www.BCBSLA.com/providers >Programs >Quality Blue.

STAY CONNECTED



www.BCBSLA.com/providers



[bluecrossla](https://www.facebook.com/bluecrossla)



[bluecrossla](https://www.youtube.com/bluecrossla)



[@BCBSLA](https://twitter.com/BCBSLA)



Louisiana

networknews

P. O. BOX 98029 • BATON ROUGE, LA 70898-9029

PRST STD
US POSTAGE
PAID
BATON ROUGE, LA
PERMIT NO. 458

What's New on the Web

www.BCBSLA.com/providers

- **UPDATED** provider file maintenance request forms are available under Resources
- **NEW** *Provider Self-Service Quick Reference Guide* available under Resources

Important Contact Information

Authorization

See member's ID card

BlueCard® Eligibility

1-800-676-BLUE
(1-800-676-2583)

FEP

1-800-272-3029

Fraud & Abuse

1-800-392-9249
fraud@bcbsla.com

iLinkBlue & EDI Clearinghouse

1-800-216-BLUE (1-800-216-2583)*
EDIServices@bcbsla.com

Network Administration

1-800-716-2299, Opt. 2 Credentialing,
Opt. 3 Provider File

Provider Services Call Center

1-800-922-8866

Claims Filing Address

P.O. Box 98029
Baton Rouge, LA 70898

**Listen carefully to menu options, as they have been updated*

Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available online at www.BCBSLA.com/providers > Resources > Forms.

Network News

Network News is a quarterly newsletter for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

View this newsletter online at www.BCBSLA.com/providers > Newsletters.

The content in this newsletter may not be applicable for Blue Advantage (HMO), our Medicare Advantage product and provider network. For Blue Advantage, we follow CMS guidelines, which are outlined in the *Blue Advantage (HMO) Provider Administration Manual*, available on the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/ilinkblue).

Get This Newsletter Electronically

Your correspondence email address allows us to electronically keep you abreast of the latest Blue Cross news and some communications that are sent via email only. Email provider.communications@bcbsla.com and please include a contact name, phone number and your provider number.

Please share this newsletter with your insurance and billing staff!