

# provider networknews

2022

2ND QUARTER

Providing health guidance and affordable access to quality care

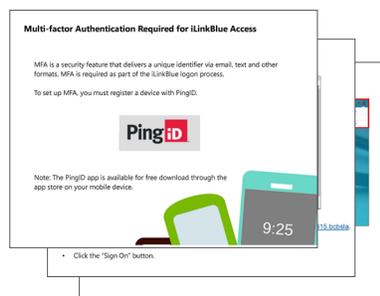
## We are Making Changes to How You Access Our Secure Electronic Resources

Blue Cross and Blue Shield of Louisiana will make two important changes in August that will affect all iLinkBlue users and administrative representatives.

### Multi-factor authentication for iLinkBlue access

Multi-factor authentication (MFA) verification will be required for iLinkBlue users to securely access iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)). MFA is a security feature that authenticates who you are when logging in. This is done through the delivery of a unique identifier, based on your preference of delivery.

Users are encouraged to register at least two methods of verification (email, text, voice call, and/or smartphone app). Our step-by-step instruction guide for MFA registration is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources > Speed Guides.



### New Delegated Access application for user security

We are implementing a new security setup application for administrative representatives called Delegated Access. It will be available through iLinkBlue only.



This application replaces the existing Sigma Security Setup Tool. The new application gives administrative representatives a better user experience with simpler navigation while maximizing functionality.

We recently conducted webinars about the new Delegated Access application and will soon offer additional opportunities to attend. You may also find a copy of the webinar at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources > Workshop and Webinar Presentations.

If you have questions about these changes, please contact our Provider Relations Department at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com) or 1-800-716-2299, option 4.

# PROVIDER NETWORK

## Nurse First Assistants Invited to Join Networks

Certified registered nurse first assistants (CRNFAs) and registered nurse first assistants (RNFAs) now have the option to participate in our provider networks. They must meet the following criteria to participate:

- RN or APRN license and CRNFA or RNFA license.
- Malpractice Insurance \$100,000/\$300,000 with LPCF; or \$1,000,000/\$3,000,000 without LPCF or self-insured (you may supply insurance through the collaborating physician).

- Collaborating physician must participate in the same networks as the certified nurse first assistant. Collaborating physician agreement must be submitted with credentialing application.

To start the process for network participation, you must first complete credentialing. Access our Professional Initial Credentialing Packet online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Provider Networks >Join Our Networks >Professional Providers >Join Our Networks. You can complete, sign and submit the credentialing packet digitally through DocuSign®. The credentialing process takes up to 90 days.

## Availability Standards for Blue Cross Providers

Blue Cross is committed to providing access to high quality health care for all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. To support these commitments, network providers are responsible for meeting the following availability standards:

TYPE	DEFINITION	AVAILABILITY STANDARD	EXAMPLES
Emergency	Medical situations in which a member reasonably believes his/her life to be in danger or that permanent disability might result if the condition is not treated.	Immediate access, 24 hours a day, 7 days a week	<ul style="list-style-type: none"><li>• Loss of consciousness</li><li>• Seizures</li><li>• Chest pain</li><li>• Severe bleeding</li><li>• Trauma</li></ul>
Urgent Care	Medical conditions that could result in serious injury or disability if medical attention is not received.	30 hours or less	<ul style="list-style-type: none"><li>• Severe or acute pain</li><li>• High fever in relation to age and condition</li></ul>
Routine Primary Care	Conditions that could be problematic if untreated but do not substantially restrict a member's normal activity.	5 to 14 days	<ul style="list-style-type: none"><li>• Backache</li><li>• Suspicious mole</li></ul>
Preventive Care	Routine exams.	6 weeks or less	<ul style="list-style-type: none"><li>• Routine physical</li><li>• Well baby exam</li><li>• Annual Pap smear</li></ul>

### Additional Availability Standards

- Physicians are responsible for ensuring access of services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to ensure patient awareness and access after hours to another participating physician.
- All providers must offer services during normal working hours, typically between 9 a.m. and 5 p.m.
- Average office waiting times should be no more than 30 minutes for patients who arrive on time for a scheduled appointment.

- The physician's office should return a patient's call within four to six hours for an urgent/acute medical question and within 24 hours for a non-urgent issue.

### Acute Care Hospital Availability Standards

- All contracted hospitals must maintain emergency or urgent care services on a 24-hour basis and must offer outpatient services during regular business hours, if applicable.
- Acute care hospitals are responsible for ensuring access to services 24 hours a day, 365 days a year.

# PROVIDER NETWORK

## Provider Credentialing and Telehealth

Our credentialing policy includes guidance for the provision of telehealth services to our members in the following scenarios:

- In-network provider (Louisiana-based).
- Out-of-state provider employed/affiliated with an in-state practice.
- Out-of-state provider without in-state practice affiliations.
- National telehealth solution/vendor.

### In-network provider

In this scenario, a telehealth provider must be in the process of, or completed standard credentialing/contracting to become a provider in our network. We require the provider to be employed or affiliated with a physical practice located in Louisiana. Blue Cross and Blue Shield of Louisiana (BCBSLA) will identify in-network providers who offer telehealth services in our online provider directories.

### Out-of-state provider employed/affiliated with an in-state practice

In this scenario, we require out-of-state telehealth providers be employed or affiliated with a Louisiana-based group or entity. The Louisiana group or entity must complete or be in the process of completing standard credentialing/contracting to become a network provider.

BCBSLA will identify out-of-state telehealth providers employed/affiliated with an in-state practice in our online provider directories. Submit the following required documentation to the Provider Credentialing & Data Management Department:

- Louisiana state licensure.
- Louisiana Telehealth Permit. (Required under the Louisiana State Board of Medical Examiners and includes the condition of maintaining affiliation with a Louisiana based practice or entity).



### Out-of-state provider without in-state practice affiliations

In this scenario, we require an out-of-state telehealth provider without a Louisiana-based practice affiliation to be credentialed/contracted with another Blue Plan.

The telehealth provider can be individually credentialed/contracted or part of a group or entity that is credentialed/contracted with the out-of-state Blue Plan. Claims filing is based on where the provider is physically located when rendering the telehealth service.

### National telehealth solution/vendor

In this scenario, a national telehealth solution contracts directly with BCBSLA to offer our members telehealth services accessible in the home plan region and outside of it to ensure access while members are out of their home plan area.

The Blue Cross Blue Shield Association developed guidelines for these telehealth solution/vendor relationships that allows for contracting and claims filing. As the home plan, we initiate a Telehealth Consent Agreement with other Blue Plans in regions where the national telehealth solution/vendor offers providers or services.

## Questions about Provider Contracting?

Blue Cross's Provider Contracting Department has a new email address for questions regarding network participating agreements: [provider.contracting@bcbsla.com](mailto:provider.contracting@bcbsla.com).

# PROVIDER NETWORK

## Is Your Contact Information Up to Date?

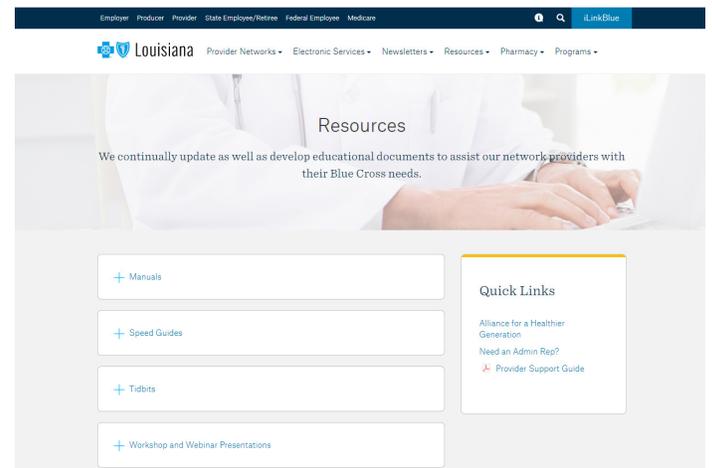
In alignment with the federal Consolidated Appropriation Acts (CAA) 2021, our Provider Credentialing & Data Management Department sends a Provider Attestation Form every 90 days to all providers listed in our online provider directories. Providers are asked to review their information as it appears in our directories.

If any of your information is not correct, there is an option within the Provider Attestation Form to complete and return our Provider Update Request Form. This allows Blue Cross to update the information we publish in our directories.

The form is emailed in a DocuSign format, prepopulated with the information Blue Cross has on file.

The provider (or an authorized representative on behalf of the provider) must verify and attest to the accuracy of the information. Automated reminders are sent every seven days until the form is signed and returned. Providers who do not complete attestation of their information will be removed from our online provider directories.

## Updated Resources on the Provider Page



We have made changes and additions to the resources section of our Provider Page, [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources:

- Our *Professional Provider Office Manual* has updates concerning lab testing policies.
- New webinar and workshop presentations are available, including our professional provider workshop presentation, plus our laboratory benefit management program webinar and our new security setup application webinar.

Additionally, this section includes our provider tidbits, provider forms in both PDF and DocuSign formats and updated medical policies.



# BILLING & CODING

## Outpatient Code Ranges Updated

Based on reviews of the 2022 CPT® and HCPCS codes, Blue Cross updated the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges. As a result of our most recent review, we are adding the following codes:

### Diagnostic and Therapeutic Services Code Range

<u>Effective Date</u>	<u>Codes</u>
April 13, 2021	G0465
October 29, 2021	91305, 0051A, 0052A, 0053A, 0054A
December 8, 2021	M0220, M0221, Q0220
December 23, 2021	J0248
December 28, 2021	C9507
January 1, 2022	A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A4436, A4437, A9595, C1832, C1833, C9085, C9086, C9087, C9088, C9089, E1629, J0172, J1952, J2506, J9021, J9061, J9272, Q2055, Q4199
January 3, 2022	0073A
February 11, 2022	Q0222, M0222, M0223
February 21, 2022	87913
April 1, 2022	0306U, 0307U, 0308U, 0309U, 0310U, 0311U, 0312U, 0313U, 0314U, 0315U, 0316U, 0317U, 0318U, 0319U, 0320U, 0321U, 0322U, A2011, A2012, A2013, A4100, A4238, A9291, A9574, C9090, C9091, C9092, C9093, E2102, H2038, J0219, J0491, J0879, J9071, J9273, J9359, K1028, K1029, K1030, K1031, K1032, K1033, Q4224, Q4225, Q4256, Q4257, Q4258, Q5124, T2050, T2051, V2525

### Outpatient Procedure Services

April 1, 2022	C9781, C9782, C9783
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These changes do not affect existing codes and allowables. They allow our system to accept these codes appropriately for claims adjudication.

## New Drug Codes Added to Claims System

We conduct a biannual review of our drug and drug administration code pricing. In addition to the biannual review, we add newly issued drug codes to our system quarterly and apply reimbursement, as applicable.

As a result of that review the following HCPCS codes were added to our system, effective April 1, 2022:

A2011	C9091	J0491	Q4224	Q4258
A2012	C9092	J0879	Q4225	Q5124
A2013	C9093	J9071	Q4256	
A4100	C9507	J9273	Q4257	
C9090	J0219	J9359		



# BILLING & CODING

## Guidelines for Imaging with Low Back Pain

Are you familiar with Blue Cross' imaging guidelines for uncomplicated low back pain? Approximately 84% of people experience low back pain in their lifetime and seek treatment. Chances are many of your patients have complained of low back pain at some point.

However, organizations such as: the American Chiropractic Association, the American College of Physicians, the American College of Radiology, the American Academy of Family Physicians, the American Association of Neurological Surgeons and Congress of Neurological Surgeons, the American College of Occupational and Environmental Medicine, the North American Spine Society, and the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) all recommend conservative treatment for patients with nonspecific low back pain. Routine imaging or other diagnostic tests are not recommended.

In Louisiana, overuse of imaging is common for patients with acute low back pain. Overuse of medical resources raises costs for everyone, and we need your help.

When coding, please ensure that the primary diagnosis is reflective of the patient's medical issue. An acute low back pain diagnosis may be coded as a secondary or later diagnosis rather than primary when appropriate.

We know that in the first 28 days of acute low back pain diagnosis there are red flags that warrant imaging to provide quality care. There are exclusionary codes that can be used on claims to help supplement that there are extenuating circumstances that require imaging in these earlier stages of treatment.



### Codes

M45.0-M45.9, M48.10,  
M48.13-M48.19

G83.4, K59.2, M48.062,  
R26.2, R29.2

G89.11, S02\*, S92\*,  
S03.00XA-S03.1XXS,  
S73.004A-S73.006S,  
S06.0X0A-S0X.0X9S,  
S06.310A-S06.339S

### Definition

Spondylopathy

Neurological  
impairments

Trauma including  
fractures, dislocations,  
concussions, and  
contusions

As this is a subset of exclusionary codes, if you have a question about the measure specifications for Use of Imaging Studies for Low Back Pain, please go to [www.cms.gov/files/document/2022-qrs-measure-technical-specifications.pdf](http://www.cms.gov/files/document/2022-qrs-measure-technical-specifications.pdf).

For additional codes, visit [www.cms.gov/files/document/2022-qrs-measure-technical-specifications.pdf](http://www.cms.gov/files/document/2022-qrs-measure-technical-specifications.pdf).

**Share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement.**

# MEDICAL MANAGEMENT

## Help Your Patients Get Health Ready for Hurricane Season



Hurricane season runs through the end of November, and the National Oceanic and Atmospheric Administration forecasts an above-average year for named storms. In the past two years Louisiana faced a record number of named storms, including the devastating hurricanes Ida and Laura. As the 2022 season gets under way, Blue Cross wants to remind everyone—members and providers—to prepare before a storm strikes.

Encourage your patients to make plans for themselves and their families in the event of tropical weather. Remind them to consider their health care needs, whether they are sheltering in place or evacuating to another location. Monitor weather alerts for the area to know if a storm is coming. Visit the State of Louisiana's Get a Game Plan site for more information at [www.getagameplan.org](http://www.getagameplan.org).

**Keep health care coverage information handy, including their ID card.** Advise patients to know where their health plan information is at all times, and make sure to take it with them if they leave home. Blue Cross customers can log into their member accounts to get a digital version of their ID cards. Many other health plans offer digital versions of ID cards, which is an easy way to keep this information on hand.

**Remind them to make a list of their family's health information, including any medications with dosages and the names of their health care providers with contact information.** Store this on a phone, or keep a written copy in a wallet or somewhere they will keep with them if they leave home. This will help if they need to get a prescription filled while away.

**Sign up for telehealth services for online treatment if away from home.** Make your patients aware of your telehealth options and how they can use them if needed. If you do not offer telehealth services, Blue Cross customers can have 24/7 online doctor visits with BlueCare, our telehealth platform.

BlueCare works on any device with internet and a camera, like a smartphone, laptop, tablet or computer. It can be a good option to treat routine, non-emergency medical conditions like pink eye, mild stomach viruses, bladder infections, rashes and more.

BlueCare is available in all 50 states, and BlueCare providers can write prescriptions to treat many conditions via telehealth. Just download the BlueCare app from the App Store (iOS devices) or Google Play (Android) and sign up to get started

In the event of a hurricane, Blue Cross will post information about programs and services for our members at [www.bcbsla.com](http://www.bcbsla.com).

# MEDICAL MANAGEMENT

## Blue Cross Retrospective Reviews

When a provider does not obtain authorization for certain services, Blue Cross' Medical Management Department reviews claims if the member's policy allows for retrospective review.

Do not submit a request for retrospective review if you filed a claim. If we require additional medical records, Medical Management will request them using the Medical Records Request for Claim Review form.

Some policies apply penalties for failing to request prior authorization for specific services. Other policies will not cover a service without prior authorization. For urgent inpatient admissions, you must notify Blue Cross of that admission within 48 hours or the next business day, to avoid penalties or non-coverage. Always verify benefits before providing services. If you are unsure if a policy allows for retrospective review, contact Customer Service at 1-800-922-8866.

Retrospective review submissions require a completed Authorization Form for more efficient processing. The Authorization Form is available on the Provider Page, [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Resources," then "Forms." Retrospective review requests have up to a 30-day response time. You may request a retrospective review in one of two ways:

- Fax to the Medical Management toll-free retrospective authorization fax number: 1-800-515-1150 or;
- Upload medical records through iLinkBlue ([www.bcbsla.com/ilinkBlue](http://www.bcbsla.com/ilinkBlue)). Click on the Document Upload link on the home page, then select "Medical Records for Retrospective or Post Claim Review" from the department dropdown.

## AIM's Review Process

Blue Cross has several utilization management programs that require medical necessity review by our partner and vendor AIM Specialty Health®. These programs include cardiac, radiation oncology, and musculoskeletal (MSK), which encompasses spine surgery, large joint surgery and interventional spine pain management.

Here are some reminders for navigating AIM's review process.

If you file a claim for a service that requires prior authorization, and it denies with codes W17, WJA or WJ3, contact AIM to complete a retrospective medical necessity review. Then resubmit the claim.

You can initiate these reviews through the AIM Provider Portal, located in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) under the "Authorizations" tab, or by contacting AIM at 1-866-455-8416.

Provide medical records to AIM during this process. If you send medical records to us, we will not forward them to AIM. We will send them back to you and advise you to contact AIM. This is because Blue Cross does not perform these reviews.

*AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*



# MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on iLinkBlue at [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue), under the "Authorizations" tab.

## Updated Medical Policies

Policy No. Policy Name

### Effective April 11, 2022

- 00009 Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
- 00047 Germline Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers
- 00148 Laboratory Tests Post Transplant
- 00173 Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease
- 00200 certolizumab pegol (Cimzia®)
- 00214 abatacept (Orencia®)
- 00223 golimumab (Simponi Aria®, Simponi®)
- 00342 Topical Retinoids
- 00352 tofacitinib (Xeljanz®/Xeljanz® XR)
- 00452 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
- 00513 ixekizumab (Taltz®)
- 00558 Sacroiliac Joint Fusion
- 00562 Molecular Testing in the Management of Pulmonary Nodules
- 00567 dupilumab (Dupixent®)
- 00597 Circulating Tumor DNA for Management of Non-Small Cell Lung Cancer (Liquid Biopsy)
- 00677 risankizumab-rzaa (Skyrizi™)
- 00692 upadacitinib (Rinvoq™)
- 00730 Novel Medications for the Treatment of Uterine Fibroids
- 00731 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer

### Effective May 9, 2022

- 00144 Percutaneous Electrical Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)
- 00218 rituximab Products
- 00222 omalizumab (Xolair®)
- 00225 adalimumab (Humira®)
- 00353 Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
- 00356 Proton Pump Inhibitors (PPIs)
- 00518 Select Muscle Relaxants
- 00533 Select Naloxone Injectable Products
- 00649 Siklos® (hydroxyurea)
- 00667 Xyosted (testosterone enanthate auto-injection)
- 00669 Select Loteprednol Ophthalmic Products
- 00698 Select Novel Drug Formulations
- 00704 Novel Treatments for Sickle Cell Disease (Adakveo®, Oxbryta™)

### Effective May 9, 2022 (continued)

- 00738 Select Tramadol Products

### Effective June 12, 2022

- 00145 Artificial Intervertebral Disc: Lumbar Spine
- 00558 Sacroiliac Joint Fusion

### Effective June 13, 2022

- 00019 Continuous Glucose Monitoring
- 00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- 00337 Migraine Medications (Oral, Injectable, Transdermal, and Nasal)
- 00458 Amniotic Membrane and Amniotic Fluid
- 00508 sebelipase alfa (Kanuma™)
- 00549 Intravitreal and Suprachoroidal Corticosteroid Implants
- 00692 upadacitinib (Rinvoq™)
- 00768 pegcetacoplan (Empaveli™)

### Effective July 1, 2022

- 00088 Parenteral Nutrition and Enteral Nutrition Therapy in the Home

### Effective August 1, 2022

- 00199 Facet Radiofrequency Denervation

## New Medical Policies

Policy No. Policy Name

### Effective April 11, 2022

- 00779 Laser Interstitial Thermal Therapy for Neurological Conditions
- 00781 Allogeneic thymocyte-depleted thymus tissue-agdc (Rethymic®)

### Effective May 9, 2022

- 00783 Odevixibat (Bylvay™)
- 00784 Livtency™ (maribavir)
- 00785 Dartisla® ODT (glycopyrrolate orally disintegrating tablets)

### Effective June 1, 2022

- 00780 Bioimpedance Devices for Detection and Management of Lymphedema

### Effective June 13, 2022

- 00782 Branded Antivert® Products
- 00786 inclisiran (Leqvio®)
- 00787 vosoritide (Voxzogo™)
- 00788 tezepelumab-ekko (Tezspire™)
- 00789 levoketoconazole (Recorlev®)
- 00791 Dhivy™ (carbidopa/levodopa)

## About the New Quality Blue

The Quality Blue (QB) program at Blue Cross and Blue Shield of Louisiana recently redesigned its value-based programs. The new program expands services for both our members and providers. We simplified participation parameters to align with other value-based programs. This allows providers to treat all patients without regard to the member's health care plan.

The QB contract is structured to have a single point of entry through a QB contracted entity. All reports, direct communications and payments are sent directly to this QB contracted entity. If you have questions about the program, please first contact your QB contracted entity's Program Representative at your organization or ACO if applicable.

On May 31, 2022, QB Provider Functional Representatives received a letter that gave full details about the Quality Blue program. It outlined information about QB communications, operational updates, performance monitoring, educational webinars and other QB resources and information.

This letter is posted on the Performance Insights (PI) Portal under the "Documentation" tab and can be shared with others that work with our QB program.

## Azara Healthcare Contacting You on Behalf of Blue Cross

As part of the QB program redesign, Blue Cross offers enhanced self-service reporting for the Pay for Performance (P4P) and Gain Share modules in our PI Portal.

For continued access to the clinical data needed for this reporting, Azara Healthcare (Azara)—Blue Cross' data acquisition partner—may need to upgrade your EHR connection to a new format. If an upgrade is required, Azara will be contacting your appointed QB Program and IT representative within the next several weeks to begin this work.

Please provide Azara with the necessary information and resources to complete this work as soon as possible.

## The ABCs of Body Mass Index Percentiles

Childhood Obesity is a growing concern. The percentage of children with obesity has substantially grown from 5.5% in the 1970s to 20% in 2020. With this trend continuing to rise, local and national efforts are underway to combat the epidemic. Blue Cross and Blue Shield of Louisiana is teaming up with our providers to be leaders in this effort.

### How does the Body Mass Index (BMI) percentiles relate to the Quality Blue 3.0?

BMI percentile is a new measure in the Quality Blue 3.0. This measure can be improved through ICD-10 code utilization.

### Why should a percentile be used instead of an index?

The body fat of children changes more frequently than adults. It is preferred to measure on a scale where the results are comparable to people of their same age and height.

### Are there any shortcuts to input BMI percentile results into claims since it is a health performance indicator for many payer sources?

Please see the chart below for the codes to input for a shortcut:

<u>Code</u>	<u>Definition</u>
Z68.51	Less than the 5th percentile
Z68.52	The 5th through 85th percentile
Z68.53	The 85th through 95th percentile
Z68.54	Greater than or equal to the 95th percentile

*(story continues on Page 11.)*

**If you have questions about our Quality Blue program, contact Provider Relations at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).**

## The 1-2-3s of Childhood Weight Statuses (continued from Page 10)

### 1. Why should you assess BMI percentiles at children and adolescent visits?

In America, 1 in 5 children are obese. Regular observance of BMI percentiles assists providers in being able to provide early interventions. This could help reduce possible adverse health outcomes or diseases.

### 2. Do you know the four categories that are contributing factors of childhood obesity?

According to the Centers for Disease Control and Prevention (CDC) they are:

- Food, activity and sleep
- Social determinants of health
- Genetics
- Illness and medication

### 3. What are the current recommendations for improving the health status of children in America?

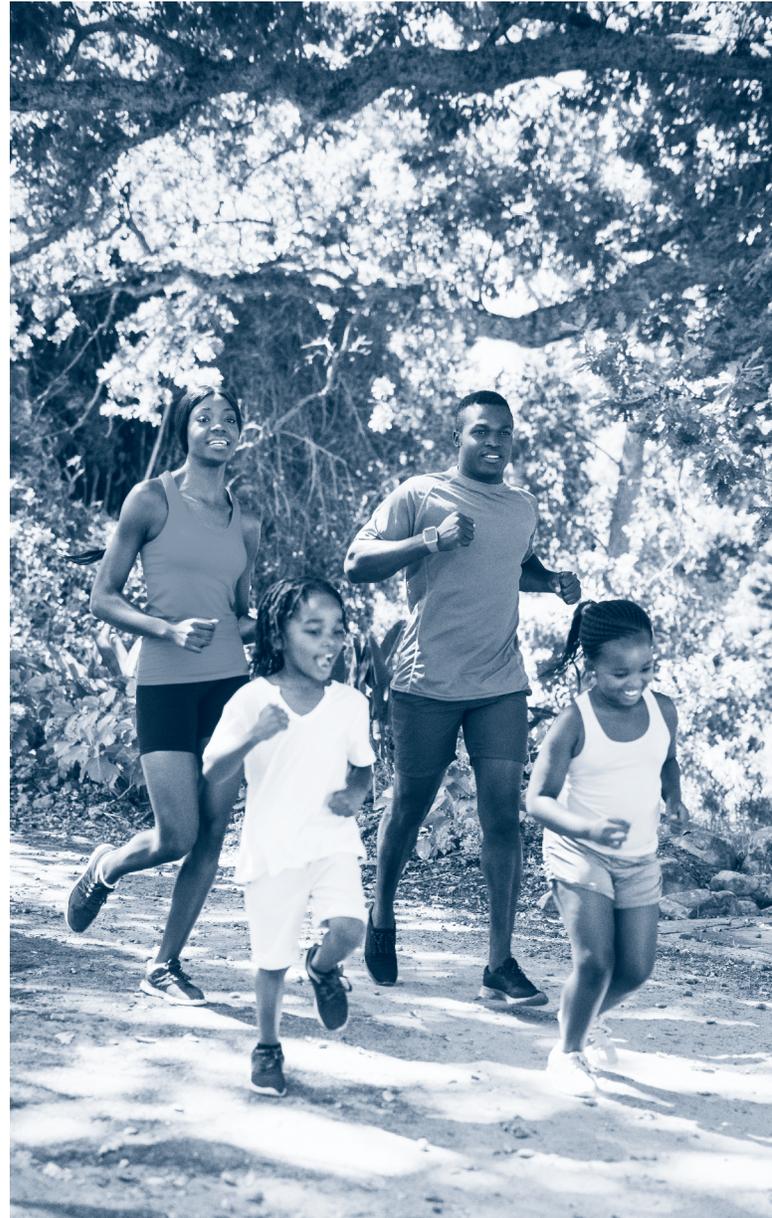
To counteract the increasing prevalence of childhood obesity in America please reference the CDC 2020-2025 Dietary Guidelines for Americans by visiting [www.dietaryguidelines.gov](http://www.dietaryguidelines.gov) and the physical activity guide at <https://health.gov/our-work/physical-activity/current-guidelines>.

Local programs within Louisiana provides recommendations and incentives to assist children and their families to improve health statuses of children in Louisiana. The Baton Rouge Pennington Biomedical, founded the “Greux Healthy” initiative to reduce childhood obesity nationwide.

This initiative is to raise awareness about childhood obesity and provide evidenced-based research to live healthy lifestyles. Visit [www.visitobesity.org](http://www.visitobesity.org) for more information.

Additionally, Louisiana is one of four states that has practices included in the TEAM UP research study that aims to incentivize families to reduce childhood obesity. TEAM UP is a weight management project to focus on children and families to become healthier.

To inquire about qualifications for the study for any of your patients, please visit <https://edc.pbr.edu/surveys/?s=KMACTYRFAM>. To provide family friendly local activities for your patients, please visit [www.batonrougefamfun.com](http://www.batonrougefamfun.com).



As you share these recommendations with your patients, you can input the codes below on claims to demonstrate that you provided activity and nutrition education to your patients. The following codes demonstrate counseling regarding physical activity and nutrition.

<u>Code</u>	<u>Definition</u>
Z71.3	Dietary surveillance & counseling
Z71.82	Exercise counseling

# BEHAVIORAL HEALTH

## Follow-up After Emergency Department Visit for Substance Use

New Directions Behavioral Health® works with network providers to evaluate performance on important care and service through Healthcare Effectiveness Data and Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance (NCQA®). These measures discuss the importance of follow-up visits for members with a principal diagnosis of substance use disorder (SUD). They also apply to any diagnosis of drug overdose after being seen in an emergency department (ED).

In 2016, studies classified 20.1 million Americans over 12 years of age—about 7.5% of the population—as having a substance use disorder. High ED use for individuals with SUD may signal a lack of access to care or issues with continuity of care. Timely follow-up care for individuals with SUD who sought care in the ED is associated with a reduction in the following:

- Substance use
- Future ED use
- Hospital admissions and bed days

### Measurement Year 2022 HEDIS Guidelines

This guideline assesses ED visits for members 13 years of age and older. HEDIS suggests receiving a follow-up visit within seven days, but no later than 30 days of the ED visit. This applies to members with a principal diagnosis of SUD or any diagnosis of drug overdose, who had a follow-up visit or a pharmacotherapy dispensing event regarding the following:

- SUD
- Substance use
- Drug overdose with any health care practitioner

Follow-up visits and pharmacotherapy dispensing events may occur on the same date of the ED visit. New Directions reports two rates:

- ED visits for which member received follow-up within seven days of the ED visit (eight total days)
- ED visits for which member received follow-up within 30 days of the ED visit (31 total days)

The measure does not apply to members admitted to inpatient or residential treatment. It also does not apply to members in hospice or members with a principal diagnosis of mental illness disorder or intentional self-harm.

Per NCQA guidelines, same-day-of-discharge follow-up visits are not compliant after inpatient stays.



Any of the following qualify as a follow-up visit, with the diagnoses listed in this article and the follow-up article on Page 13:

- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Medication assisted treatment
- Community mental health center
- Telehealth
- Telephone
- Online assessment (e-visit or virtual check-in)

If you need to refer a member or receive guidance on appropriate services, please call New Directions at 1-877-206-4865.

*The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.*

*New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

# BEHAVIORAL HEALTH

## Follow-up After Emergency Department Visit for Mental Illness

To evaluate performance on important care and service measures, New Directions uses HEDIS measures similar to the ones previously mentioned for substance use.

The following HEDIS measure discusses the importance of follow-up visits. It pertains to members with a principal diagnosis of mental illness after being seen in the emergency department (ED).

Research links follow-up care for people with mental illness with the following:

- Fewer repeat ED visits.
- Improved physical and mental function.
- Increased compliance with follow-up instructions.

### Measurement Year 2022 HEDIS Guidelines

This guideline assesses ED visits for adults and children 6 years of age and older. HEDIS suggests receiving a follow-up visit within seven days, but no later than 30 days of the ED visit. This applies to members with a principal diagnosis of mental illness or intentional self-harm with a secondary diagnosis of a mental health disorder.

Follow-up visits may occur on the same date of the ED visit. New Directions reports two rates:

- ED visits for which member received follow-up within seven days of the ED visit (eight total days).
- ED visits for which member received follow-up within 30 days of the ED visit (31 total days).

The measure does not apply to members admitted to inpatient or residential treatment. It also does not apply to members in hospice or members with a principal diagnosis of substance use disorder.

Per NCQA guidelines, same-day-of-discharge follow-up

**If you need to refer a member or receive guidance on appropriate services, please call New Directions at 1-877-206-4865.**

## How You Can Help

New Directions, Blue Cross' behavioral health manager, offers the following tips for behavioral health providers:

### Emergency Department (ED)

- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Assist the member with coordination of care to follow-up visit with appropriate referrals and scheduling.
- Ensure the member has appointment scheduled; preferably within seven days but no later than 30 days of ED visit.

Tip: Schedule follow-up visit within five days of ED visit to allow flexibility for rescheduling within seven days of ED visit.

- Before scheduling an appointment, verify with the member that it is a good fit. Consider things like transportation, location and time of the appointment.
- Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.

### Follow-up Provider

- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Provide timely submission of claims with correct service coding and principal diagnosis.
- Follow-up providers maintain appointment availability for members with recent ED visits.
- Reinforce the treatment plan and evaluate the medication regimen considering the presence/absence of side effects.
- If the appointment does not occur within first seven days, schedule it within 30 days of ED visit.

### Both ED and Follow-up Provider

- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Encourage communication between the behavioral health specialist and primary care provider (PCP). Ensure that the member has a PCP and that care transition plans are shared with the PCP.

## COMPANY NEWS

### Blue Cross Hires Vice Presidents for Customer Service and Enrollment & Billing

Blue Cross hired two vice presidents in its Benefit Operations Division. Rochelle Jones is vice president, Benefit Operations – Customer Service. Michael M. Carriere II is vice president, Benefit Operations – Enrollment & Billing.



As vice president of Customer Service, Jones will be accountable for the effective management and performance of Blue Cross' customer service departments in achieving operational and corporate goals. She will work with the company's line-of-business directors to ensure

accurate, timely and efficient service to members and providers.

An experienced health care leader, Jones started her career leading and improving customer service and call centers at IBM. Recently, Jones worked at MultiPlan, where she led the medical reimbursement analysis teams in client, provider and member negotiations. Prior to that, Jones was the director of operations at AIS Healthcare & Pharmacy, where she implemented the first patient-focused Care Coordination Center.

Jones earned her Master of Legal Studies degree in Healthcare Law from Oklahoma University School of Law. She also holds a Master of Arts degree in Human Relations and Business from Amberton University and a Bachelor of Arts from the University of Kansas. She is a LEAN Sigma Black Belt and a certified adjunct faculty member at the University of Phoenix.



Carriere is returning to Blue Cross for a new role as vice president, Benefit Operations – Enrollment & Billing. He previously worked for the company from 2000 to 2008 in a Claims/Edits supervisor and then a Group Accounts manager.

In his new role, Carriere will be responsible for the effective management and performance of the company's Enrollment & Billing services for commercial lines of business.

As part of this role, he will develop departmental strategic objectives, ensuring the execution of enrollment and billing operations in a high-quality, repeatable and efficient manner. He will also lead ongoing efforts to improve processes and systems.

Carriere joins Blue Cross from Amedisys, Inc., where he worked as director of Revenue Recovery for more than 13 years. He earned his Bachelor of Science degree in Finance from Southeastern Louisiana University in Hammond.

For more information on Blue Cross' leadership team, a complete listing is available online at [www.bcbsla.com](http://www.bcbsla.com).

#### STAY CONNECTED



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Watch us on  
YouTube:  
[bluecrossla](https://www.youtube.com/bluecrossla)

## COMPANY NEWS

### Chief Analytics and Data Officer Somesh Nigam Named to Modern Healthcare's Top 25 Innovators List

Somesh Nigam, Chief Analytics and Data Officer at Blue Cross, is among Modern Healthcare's 2022 class of Top Innovators. Modern Healthcare recognizes leaders from around the country instituting innovation and leading transformative programs that improve care by achieving measurable results and contributing to the clinical and financial goals of their organization.

Named the company's first chief analytics and data officer in 2017, Nigam has built a best-in-class analytics and data organization. Using the proprietary analytics platform Pi (Performance Insights) and innovative artificial intelligence, Nigam helps improve members' health and lives.

"Somesh champions cutting-edge data initiatives," said Bryan Camerlinck, Blue Cross' chief operating officer. "His outstanding team and business intelligence tools visualize and deliver timely, actionable information. The team's effort propels provider collaboration, value-based contracting, enhanced clinical management, member engagement and more."

This Modern Healthcare honor focuses on how the essential work Nigam and his team have provided led to innovation and collaboration during the COVID-19 pandemic. Nigam and his team have shared their capabilities and expertise at Blue Cross with the state of Louisiana since March 2020 to inform the state's COVID-19 response.



The Blue Cross-developed COVID-19 Louisiana Outbreak Tracker helped Louisiana project rates of hospitalizations, deaths and health care facilities' capacity. This gave state officials important information to allocate medical resources and implement mitigation measures like school closings and mask mandates.

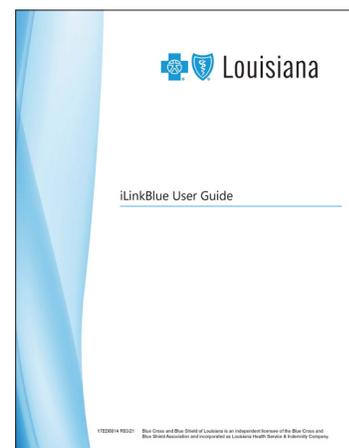
That ongoing work also received a Brand Excellence Award in 2021 from the Blue Cross Blue Shield Association for Brand Innovation, recognizing an innovative program that provides measurable impact to customers and the Blue brand.

## ONLINE RESOURCES

### Questions About Our Online Resources?

If you or members of your staff have any questions about using our secure online resources, reach out to our Provider Relations Department to set up training. You can contact our Provider Relations Department at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).

For step-by-step instructions for using iLinkBlue, check out our iLinkBlue User Guide, available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Manuals.



# UPCOMING EVENTS

## More Workshops and Webinars Coming in 2022

Blue Cross hosts workshops and webinars to keep our network providers informed on new and ongoing processes. Attending these events requires preregistration.

### Webinars

For our webinars, we send Upcoming Provider Training Events emails to providers twice a month. These emails include registration links to upcoming webinars. Once registered, a confirmation email is sent with attendance instructions.

### Workshops

Workshop invitations are sent approximately a month before events to the correspondence email address we have on file. If you do not receive an invite to the upcoming facility workshops by September 15, and you wish to attend in person, contact Provider Relations at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com). Please include the workshop date and location you wish to attend in your email.

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### Behavioral Health Webinars

- August 9 (Applied Behavioral Analysis Providers)
- August 10 (Professional Providers)
- August 11 (Facility Providers)

All three days will feature sessions at 10 a.m. and at 2 p.m. Our Behavioral Health Webinars will offer information on a variety of topics, including credentialing, networks, billing and claims, authorizations, pharmacy, documentation, referrals and navigating our online services and resources. Plus, an overview of services offered by New Directions, our partner in the administration of behavioral health services.

### New to Blue Cross Webinar

- August 23

We are holding webinars for professional providers and facilities that are new to our provider networks or have new personnel. These webinars are designed to offer key information about our credentialing requirements, networks, claims filing options, medical documentation, iLinkBlue and other Blue Cross resources.

### BlueCard Webinar

- August 25

This webinar covers topics under our BlueCard® Program like authorizations and billing guidelines, filing claims, reimbursements and other resources. If you or your practice works under BlueCard, we recommend this webinar for clinical and business office staff members. Additionally, those who work with claims and reimbursement will learn important information about how the BlueCard Program works.

### Provider Credentialing & Data Management Webinar

- September 14

We are hosting a 90-minute webinar to educate network professional and facility providers about our credentialing webpage, provider enrollment requirements and credentialing program.

### Facility Workshops

- September 27
- September 28
- September 29
- October 5

These workshops are for providers and their staff who offer services in a facility setting. Topics include appeals, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth and much more. Workshops run from 9 a.m. – noon on each of the dates listed.



**Preregistration is required to attend our workshops and webinars.**



# Louisiana

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## What's New on the Web

[www.bcbsla.com/providers](http://www.bcbsla.com/providers)

**Now Online:** 2022 provider webinar presentations and updated speed guides, including guides for our new access materials for iLinkBlue users and administrative representatives.

## Important Contact Information

### Authorizations

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](mailto:fraud@bcbsla.com)

### Provider Relations

[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

### iLinkBlue & EDI

[EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com)  
1-800-716-2299, Opt. 3

### PCDM

1-800-716-2299, Opt. 2

### Customer Care Center

1-800-922-8866

### Claims Filing Address

P.O. Box 98029  
Baton Rouge, LA 70809

## 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](http://www.bcbsla.com/providers) >Resources >Forms.

## Our Health Services Division Phone Options Have Changed

When calling our Health Services Division at 1-800-716-2299, our phone options are:

**Option 1:** Network Development

**Option 2:** Provider Credentialing & Data Management

**Option 3:** iLinkBlue and Electronic Data Interchange (EDI)

**Option 4:** Provider Relations

**Option 5:** Provider Identity Management (PIM) Team

## 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 health care professionals and facility providers.

The content of this newsletter may not be applicable for Blue Advantage (HMO) and Blue Advantage (PPO), our Medicare Advantage products and provider networks.

For more on Blue Advantage, go to

[www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Blue Advantage Resources.