

# provider networknews

2023

1ST QUARTER

Providing health guidance and affordable access to quality care

## Blue Cross Geaux Red for Heart Health Awareness

There are significant odds your patients could be affected by heart disease, either personally or through family members and loved ones. Per the U.S. Centers for Disease Control and Prevention, heart disease is the leading cause of death for men and women across most racial and ethnic groups. Certain medical and family history factors increase risks, but people of all ages and health statuses can encounter heart disease in some way.

Blue Cross social media channels have multiple graphics, videos and other messages you can share with members to remind them of how to be stronger than heart disease. Blue Cross is also a proud supporter of the annual Capital Area Heart Walk in March and Go Red events throughout the state.

And remember—screening saves lives. Remind patients that their annual checkup is a great time to know their numbers for blood pressure, cholesterol and other heart health indicators, and to discuss personal risks and history.

If your patients have appointments earlier in the year, work with them for any additional tests and screenings. Encourage patients to make plans now to schedule their 2023 checkup, especially if it has been more than a year since their last one.



# PROVIDER NETWORK

## Denial for Coordination of Benefits

On January 1, 2023, Act No. 166 of the Louisiana Legislature took effect regarding how health plans may handle a member's failure to provide information about additional health benefit plans. Blue Cross and HMO Louisiana, Inc., would like to clarify how this law may affect providers.

In the past, we would periodically and proactively request information from our members about other coverage. If we did not receive the information, we would pend or deny claims. As of January 1, 2023, we no longer pend or deny claims based on the member's response status to other coverage inquiries.

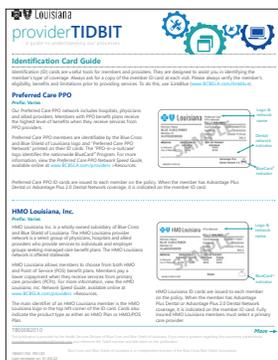
This mandate is strictly based on the member's response to our inquiry. Scenarios in which claims may pend or deny due to coordination of benefits still exist. If Blue Cross or HMO Louisiana is not the primary insurer of a member, providers must submit an explanation of benefits from the primary carrier when filing a claim.

Two common scenarios include (but not limited to):

- A member with Medicare, plus a group policy through Blue Cross.
- A child with coverage from different parents' group plans.

In these cases, claims will deny if we do not receive an explanation of benefits.

This Act does not include Federal Employee Program (FEP) members or BlueCard® claims. Always verify member benefits before rendering services. You may find information about a member's network on their ID card.



More information on member ID cards is available in our Identification Card Guide, available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Tidbits.

## Blue Cross Partners with SymplrCVO for Credentialing and Recredentialing Processes

Blue Cross uses symplrCVO to help verify credentialing and recredentialing applications. They contact providers to verify information submitted on these applications.

SymplrCVO may contact providers in the credentialing and recredentialing process directly to verify application details and supporting documentation. They will direct you on how to submit needed documentation when required to process an application.

Thank you for working with symplrCVO on our behalf to ensure a positive credentialing experience.

If you have additional questions, you may email our Provider Relations Department at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com). We appreciate your understanding as we work to expedite our credentialing processes.

## AIM Specialty Health Rebranded as Carelon Medical Benefits Management

AIM Specialty Health® (AIM), the company we partner with to manage authorizations for high-tech imaging, cardiology services, certain musculoskeletal services and radiation oncology services, is now Carelon Medical Benefits Management.

This creates no process changes for providers, nor does it impact the services offered. The way you submit authorization requests and check case status remains the same.

The **ProviderPortal<sub>SM</sub>**, which includes **OptiNet<sub>®</sub>**, will continue to be accessible through iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) by clicking the "Carelon Authorizations" link, under the "Authorizations" tab.

If you have questions about this name change, please contact your Provider Relations Representative or send an email to [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).

*Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

## PROVIDER NETWORK

### Tips for Blue Cross Authorizations

#### Did You Know?

Fully insured members do not require authorization for the following services: colonoscopy, esophagogastroduodenoscopy (EGD), physical therapy, occupational therapy, speech therapy and low-tech imaging such as X-rays and ultrasounds.

Fully insured members can be identified by the words "Fully Insured" on the member ID card.

#### Online Requests and Priority

For urgent/emergent requests made through the BCBSLA Authorizations application in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), you must generate an activity within the authorization and mark the "Activity Priority" as "High" or "Critical." Any activity generated on a request without a priority of "High" or "Critical" will view as non-urgent and process in the order received. Also, select "Provider Request" in the "Assigned To" field on the activity.

When creating an activity, enter the current date in the "Activity Date" field, not a previous one like the date of the service or the date of creation for the case.



For more information regarding authorizations, our Inpatient/Outpatient Authorization Guide is available online at [www.bcbsla.com/provider](http://www.bcbsla.com/provider) >Resources >Tidbits.

## BILLING & CODING

### New Drug Codes Added to Claims System

Blue Cross conducts a biannual review of its drug and drug administration code pricing. In addition to the biannual review, we also add new drug codes to our system as they come out and apply reimbursement, as applicable. As a result of our most recent review, we are adding the following codes.

Effective Date: January 1, 2023:

90678, C9143, C9144, J0134, J0136, J0173, J0225, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2327, J2401, J2402, J3244, J3371, J3372, J9046, J9048, J9049, J9314, J9393, J9394, Q4262, Q4263, Q4264, Q5126, Q4236

### Reminder on Incident-to Billing

Blue Cross offers network participation to many provider types and specialties. For provider types that are not eligible for network participation, Blue Cross may allow incident-to billing in certain situations.

Providers considered by us to be in-training, such as residents, post-doctoral and other students, or providers with provisional licensure are not eligible to bill incident-to services.

Please carefully review our incident-to billing guidelines in subsection 5.17 of the *Professional Provider Office Manual*, available online at [www.bcbsla.com/provider](http://www.bcbsla.com/provider) >Resources >Manuals.

# BILLING & CODING

## Updated Outpatient Code Ranges

Each quarter, we review new CPT® and HCPCS codes to determine needed updates to 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

Effective Date: January 1, 2023:

76883, 81418, 81441, 81449, 81451, 81456, 84433, 87467, 87468, 87469, 87478, 87484, 90678, 92066, 95919, 96202, 96203, 98978, 99418, 0355U, 0356U, 0357U, 0358U, 0359U, 0360U, 0361U, 0362U, 0363U, 0738T, 0740T, 0741T, 0742T, 0743T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0783T, A4239, C1747, C1826, C1827, C7900, C7901, C7902, C9143, C9144, E2103, G0316, G0317, G0318, G0320, G0321, G0322, G0323, G0330, G3002, G3003, J0134, J0136, J0173, J0225, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2327, J2401, J2402, J3244, J3371, J3372, J9046, J9048, J9049, J9314, J9393, J9394, Q4236, Q4262, Q4263, Q4264, Q5126

### Outpatient Procedure Services Code Range

Effective Date: January 1, 2023:

15778, 15853, 15854, 22860, 30469, 33900, 33901, 33902, 33903, 3904, 36836, 36837, 43290, 43291, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 55867, 69728, 69729, 9730, 93569, 93573, 93574, 93575, 0739T, 0744T, 0745T, 0746T, 0747T, 0748T, 0775T, 0780T, 0781T, 0782T, C7500, C7501, C7502, C7503, C7504, C7505, C7506, C7507, C7508, C7509, C7510, C7511, C7512, C7513, C7514, C7515, C7516, C7517, C7518, C7519, C7520, C7521, C7522, C7523, C7524, C7525, C7526, C7527, C7528, C7529, C7530, C7531, C7532, C7533, C7534, C7535, C7537, C7538, C7539, C7540, C7541, C7542, C7543, C7544, C7545, C7546, C7547, C7548, C7549, C7550, C7551, C7552, C7553, C7554, C7555



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

# BILLING & CODING

## Continuous Glucose Monitoring

To align Blue Cross reimbursement to the equipment provided and its cost, we require modifier(s) on continuous glucose monitoring sensor and transmitter codes A9276 and A9277. These items are for purchase only.

### A9276 – Sensors

- For Dexcom sensors, use code A9276 and Modifier JB in the first position and NU in the second position.
- For Medtronic sensors, use code A9276 and Modifier SC in the first position and NU in the second position.
- For sensors other than Dexcom or Medtronic, use Modifier KD in the first position and NU in the second position.

Coding examples for sensors:

- A9276JBNU – Dexcom sensor purchase
- A9276SCNU – Medtronic sensor purchase
- A9276KDNU – sensor purchase other than Dexcom or Medtronic

### A9277 – Transmitters

- For Dexcom transmitters, use code A9277 and Modifier JB in the first position and NU in the second position.
- For Medtronic transmitters, use code A9277 and Modifier SC in the first position and NU in the second position.
- For transmitters other than Dexcom or Medtronic, use Modifier KD in the first position and NU in the second position.

Coding examples for transmitters:

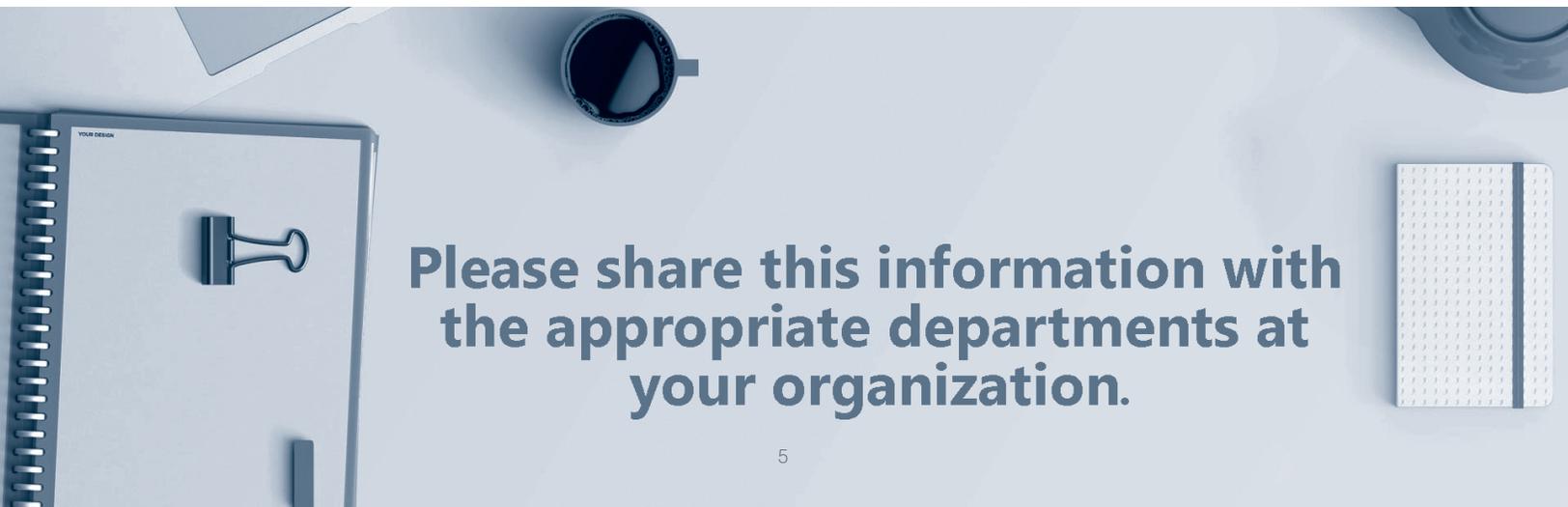
- A9277JBNU – Dexcom transmitter purchase
- A9277SCNU – Medtronic transmitter purchase
- A9277KDNU – transmitter purchase other than Dexcom or Medtronic

More information on billing and reimbursement for durable medical equipment is available in the *Professional Provider Office Manual*, available online at [www.bcbsla.com/provider](http://www.bcbsla.com/provider) >Resources >Manuals.

### Note on E&M Coding

Blue Cross reviewed CPT® codes 99497 and 99498 and acknowledge they are not currently reimbursed separately because they represent an unbundling of E&M work.

When performed by a physician or qualified health care professional, the work of advanced care planning can be captured in the submission of the E&M codes.



**Please share this information with the appropriate departments at your organization.**

# MEDICAL MANAGEMENT

## Colorectal Cancer Screenings are Crucial

The U.S. Preventive Services Task Force now recommends adults at average risk start colorectal cancer screening at age 45.

Blue Cross and other health insurers cover colorectal cancer screening for eligible members at very low or no out-of-pocket cost. Contact Customer Service through the number located on the member's ID card for coverage information on these screenings.

"Rates of colon cancer in people younger than 50 have been increasing for the past several years," said Blue Cross Medical Director Dr. Jeremy Wigginton. "Starting screening at age 45 will help more people lower their risks by catching the disease in its earliest stages, when treatment is more likely to succeed."

Colon cancer is one of the most common cancers diagnosed in the United States, and Louisiana has one of the highest rates of this type of cancer, according to the U.S. Centers for Disease Control & Prevention.

A colonoscopy is the gold standard for colorectal cancer screening because it is very effective at detecting cancer before it spreads. Colonoscopies also detect pre-cancerous growths in the colon and rectum called polyps, which can be removed during the procedure.

"Discuss other screenings and tests for colorectal cancer with your patients as well, so they can know which one is right for them," Dr. Wigginton said.

"Screening saves lives if people take the time to get tested," Dr. Wigginton added. "If you have a patient turning 45 this year, ask them about starting colorectal cancer screening. And people of all ages should have an annual checkup. That's a great opportunity to talk to patients about any preventive screenings, tests or shots they need, depending on age and health or family history."



The Blue Cross YouTube channel features short health and wellness videos. Subscribe to know when new videos are available.

Follow Blue Cross on social media @BCBSLA to see original content, videos and graphic designs about colorectal cancer awareness and prevention.

You can share these messages to your personal social media and encourage your patients to get screened. Blue Cross regularly posts on Facebook, Twitter, LinkedIn, Instagram and TikTok.

### STAY CONNECTED



Visit BCBSLA's Provider page:  
[www.bcbsla.com/providers](http://www.bcbsla.com/providers)



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

# MEDICAL MANAGEMENT

## HEDIS® Spotlight: Colorectal Cancer Screenings

Here are some Healthcare Effectiveness Data and Information Set (HEDIS) measures for colorectal cancer screenings.

In 2022, the age requirement changed from ages 50-75 to 45-75. The measure features the percentage of members in that age bracket who had one or more appropriate colorectal cancer screenings during the measurement year.

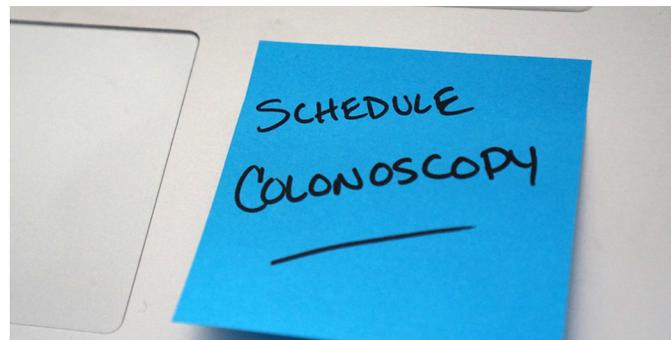
### Appropriate Screenings

Examples of appropriate screenings include:

- Fecal occult blood test (FOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year, or the four years prior to the measurement year.
- Colonoscopy during the measurement year, or the nine years prior to the measurement year.
- CT colonography during the measurement year, or the four years prior to the measurement year.
- Stool DNA (sDNA) with fecal immunochemical (FIT) tests during the measurement year or the two years prior to the measurement year.

### Suggested Best Practices

- Discuss the importance of screenings and ensure your patients schedule them.
- Clearly document past medical and surgical history, as well as all surgical and diagnostic procedures. Include dates and results.
- Provide ongoing outreach to encourage colorectal cancer screenings and follow up on tests that have not occurred.
- Prepare charts to ensure that you order a screening at the next office visit.
- Use standing orders for colonoscopy and FOBT.
- If patient refuses a colonoscopy, order FOBT or sDNA with FIT tests as an alternative.
- Provide at-home FOBT screening kits for use in patient's homes.
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.



### Tips on Documentation

- Documentation in the medical record must include the date of the screening. Results are not necessary if the documentation is clearly part of the member's "medical history." If this is not clear, the result or finding must also be present. This ensures the screening was both ordered and performed.
- Member-reported screenings are acceptable if the patient's medical history (e.g., member reports normal colonoscopy in 2017) documents it.
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date of the screening.
- Numerator compliance requires a certain number of samples, depending on which type of FOBT test is used: guaiac (gFOBT) and immunochemical (FIT).

Documentation of a digital rectal exams (DRE) or FOBT tests performed, either in an office setting from a sample collected via DRE, do not count as evidence of a screening.

### Exclusions

- Colorectal cancer at any time of the member's history through December 31 of the measurement year.
- Total colectomy at any time of the member's history through December 31 of the measurement year.
- Members 66 years and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.
- Members in hospice care or using hospice services during the measurement year.
- Members receiving palliative care during the measurement year.

If you have any questions, please email us at [HedisTeam@bcbsla.com](mailto:HedisTeam@bcbsla.com).

# 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/provider](http://www.bcbsla.com/provider), under the "Medical Management" tab, click "Medical Policies."

## Updated Medical Policies

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Policy No. Policy Name

### Effective February 13, 2023

- 00360 Selective Serotonin Reuptake Inhibitors (SSRIs)/Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
- 00523 Select Antiherpetic Agents (topical, buccal)
- 00532 oxybate Products (Xyrem®, Xywav™)
- 00669 Select Loteprednol Ophthalmic Products
- 00677 risankizumab-rzaa (Skyrizi™)
- 00698 Select Novel Drug Formulations

### Effective March 13, 2023

- 00295 belimumab (Benlysta®)
- 00335 Topical, Nasal, and Oral Testosterone Products
- 00525 Anticoagulant Agents (Pradaxa®, Savaysa®)
- 00583 Temporomandibular Joint Dysfunction
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00632 Urea Cycle Disorder Pharmacologic Agents (Buphenyl®, Ravicti®, Pheburane®, generics)
- 00637 baricitinib (Olumiant®)
- 00707 Select Antipsychotic Drugs
- 00723 Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis
- 00732 Conjupri™ (levamlodipine)
- 00765 Kerendia® (finerenone)
- 00766 Brexafemme® (ibrexafungerp)
- 00805 Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products

### Effective April 1, 2023

- 00572 Bioengineered Skin and Soft Tissue Substitutes

### Effective April 9, 2023

- 00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- 00153 Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation
- 00199 Facet Radiofrequency Denervation
- 00537 Coronary Computed Tomography Angiography With Selective Noninvasive Fractional Flow Reserve

### Effective April 10, 2023

- 00023 Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone
- 00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA1, BRCA2, PALB2)
- 00200 certolizumab pegol (Cimzia®)
- 00223 golimumab (Simponi Aria®, Simponi®)
- 00353 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

### Effective April 10, 2023 (continued)

- 00363 Select Ophthalmic Prostaglandins
- 00513 ixekizumab (Taltz®)
- 00567 dupilumab (Dupixent®)
- 00681 esketamine (Spravato™)
- 00698 Select Novel Drug Formulations
- 00701 Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia
- 00728 Select Long Acting Insulin Products
- 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
- 00733 Sphingosine-1-Phosphate (S1P) Receptor Modulators (Gilenya®, Mayzent®, Zeposia®, Ponvory™, Tascenso ODT™)
- 00779 Laser Interstitial Thermal Therapy for Neurological Conditions
- 00793 Nexiclon™ XR (clonidine extended release tablets)

### Effective May 1, 2023

- 00142 Electrical Nerve Stimulation Devices

## New Medical Policies

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Policy No. Policy Name

### Effective February 13, 2023

- 00821 Transanal Endoscopic Microsurgery
- 00827 Zoryve™ (roflumilast cream)
- 00828 cabotegravir intramuscular injection (Apretude®)

### Effective March 13, 2023

- 00830 Auvelity® (dextromethorphan/bupropion)
- 00831 sodium phenylbutyrate/taurursodiol (Relyvrio™)
- 00832 Furoscix® (furosemide)

### Effective April 1, 2023

- 00829 Non-Invasive Positive Airway Pressure (Including Non-Invasive Home Mechanical Ventilation)

### Effective April 10, 2023

- 00833 Noxafil® PowderMix (posaconazole delayed-release oral suspension)
- 00834 Select External Insulin Infusion Pumps (Omnipod® Pods)

### Effective May 1, 2023

- 00806 Surgical Left Atrial Appendage Occlusion Devices for Stroke Prevention in Atrial Fibrillation
- 00825 Temporarily Implanted Nitinol Device (iTind) for Benign rostatic Hyperplasia
- 00826 Genetic Testing for Fanconi Anemia

# MEDICAL MANAGEMENT

## Blue Cross Opioid Coverage Policy

To avoid disruption in care when prescribing short-acting opioids such as hydrocodone, codeine or oxycodone for postoperative or acute pain, consider the following best practices:

- Prescribe less than seven days of short-acting opioids for severe pain to avoid a delay at the pharmacy due prior authorization requirements. Patients that have had opioids prescribed within the past 60 days may require prior authorization.
- Prescriptions longer than seven days require prior authorization. Please make the patient aware this may cause a delay at the pharmacy.

Patients requiring ongoing pain management with opioids will also require prior authorization. Certain exceptions apply for members with cancer or receiving end-of-life care based on claims history and/or provider information.

Blue Cross implemented an Opioid Overutilization Program with the intent of reducing opioid risks among our members and the community in 2018. As a result of our program and state legislation, opioid prescriptions per 1,000 members decreased 24.2% between January 1, 2019 and January 1, 2023. Additionally, opioid quantities (tablets, capsules, etc.) dispensed per member, per month are down 33.3%.

### Prior authorization for opioids requires the following:

- That the opioid requested is to treat cancer pain OR end-of-life care, OR
- Meeting all of the following criteria:
  1. Prescriber certifies that there is an active treatment plan which includes the use of other pharmacological and non-pharmacological agents for pain relief (as appropriate), in place for the member; AND
  2. Prescriber certifies that there is an agreement between the patient and the prescriber, documented in the medical record, which addresses the issues of prescription management, diversion, doctor/pharmacy shopping and the use of other substances; AND
  3. Prescriber has completed an addiction risk assessment.

For additional information and resources, Blue Cross has an Opioid Prescribing Tool Kit, available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Pharmacy.

## QUALITY BLUE

### Save the Date: 2023 Quality Blue (QB) Statewide Collaborative

Quality Blue providers are invited to attend the Quality Blue (QB) Statewide Collaborative on Wednesday, June 14, 2023, from 5:30-7 p.m. Mark your calendars and be on the lookout for more information to register.

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



# BEHAVIORAL HEALTH

## New Directions Behavioral Health is Now Lucet

Our partner in managing behavioral health authorizations, New Directions, has changed its name to Lucet.

This change does not impact the services offered or change any processes for you as a Blue Cross provider. The way you submit authorization requests and check case status remains the same.

WebPass Portal is still accessible through iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) under the "Authorizations" tab, click "Behavioral Health Authorizations."

If you have questions about this name change, please contact your Provider Relations Representative or send an email to [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).



## Behavioral Health Care Can Begin in the Primary Care Office

Primary care providers are often the main contact for members, including those with mental illness. Lucet is available to help coordinate care for patients with forms of mental illness, such as depression.

Major depression can create problems in how people function day-to-day, such as change in sleep patterns, appetite, concentration, energy and self-esteem.

Early intervention and effective medication treatment are two important keys to preventing serious conditions. These can improve a person's daily functioning and well-being. However, some patients struggle to keep up with their medications.

What are some barriers to medication compliance? Here are some of the challenges patients often face:

- The stigma attached to antidepressants
- Fear of medication dependence
- Unpleasant side effects
- Cost concerns
- Denial of diagnosis
- Failure to understand why a medication regimen is necessary when feeling better

Lucet has resources to address these barriers and offers coordinated care. For more information and to review our clinical practice guidelines for major depression and other mental illness, please visit the Lucet provider website, <https://lucethealth.com/providers/plan/blue-cross-and-blue-shield-of-louisiana/#resources>.

## ONLINE RESOURCES

### Is Your Information Current with Blue Cross?

Our Provider Update Request Form is available for informing Blue Cross of important changes made to your practice.

Use the form for the following:

- Changes in demographic information, including the correspondence information we use for our provider communications
- New elections for EFT
- New Tax ID Number
- A change in practice location under an existing Tax ID Number
- Provider Group information, if you are an existing provider joining a new group
- Terminating participation in Blue Cross networks

Our Provider Update Request Form is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Resources," then "Forms." It is submitted electronically via DocuSign®.

When completing the Provider Update Request Form, remember to only complete the sections appropriate for the type of change requested.

If you are changing a physical address for a provider group or clinic, you must complete a Provider Update Request Form for each individual provider changing locations.

*DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.*



## UPCOMING EVENTS

### Professional Workshops This Spring

Our professional workshops are for providers and their staff who offer services in a practice or group (non-facility setting). Topics include 2023 product enhancements, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth and much more.

Workshops will run from 9 a.m. – noon. Dates and locations are:

<u>Workshop Date</u>	<u>Location</u>
April 18	Bossier City
April 19	Lafayette
April 25	Metairie
April 27	Baton Rouge

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

Invitations are included in our Weekly Digest Notice that is sent each Thursday. If you did not receive an invite to our Professional Provider Workshops, send an email to Provider Relations at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com). Please include the date and location you wish to attend in your email.

### Upcoming Blue Cross Webinars

We host provider webinars throughout the year to keep you informed on information and processes relevant to the work you do for our members. In May we have sessions planned on topics such as our Provider Credentialing and Data Management Department (PCDM), the Quality Blue program and the QB PI Dashboard.

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

You may register for webinars through our Weekly Digest Notice, sent out each Thursday. This email includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

Webinars currently scheduled for the second quarter of 2023 are as follows:

- PCDM – May 10
- New to Quality Blue – May 16
- QB PI Dashboard – May 18



# Louisiana

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## What's New on the Web

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

**Now Online:** updates to our provider manuals, tidbits and provider network speed guides, new and revised medical policies, and 2023 provider webinars.

## 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:** Provider Contracting

**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.