

provider network news

providing health guidance and affordable access to quality care

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MSK Utilization Management Program Expanding

On November 1, 2017, Blue Cross and Blue Shield of Louisiana implemented a musculoskeletal (MSK) utilization management program for spine surgery and interventional pain management. We are expanding the program to include joint surgery for large joint replacement and arthroscopy of the hip, knee and shoulder.

AIM Specialty Health[®] (AIM) will begin accepting pre-service authorization reviews for MSK joint surgery services on August 27, 2018, for dates of service on and after September 1, 2018.

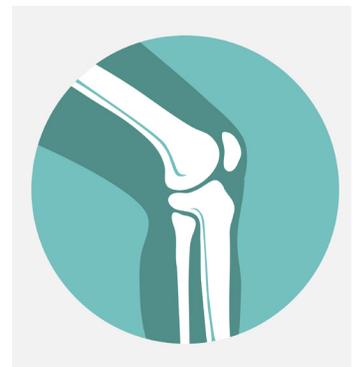
Claims received without a preservice authorization will be denied for a post-claim review.

Between August 27 and October 26, 2018, authorization requests will be approved even when medical necessity is not met. During this period, peer-to-peer discussions will be offered on cases that do not meet criteria. Then beginning October 27, 2018, MSK joint surgery services that do not meet criteria will be denied as not medically necessary, and are not billable to the member.

In 2017, we also implemented the Radiation Oncology Program, effective for dates of service on and after December 1, 2017.

To initiate a request for medical necessity review for MSK and radiation oncology services, use the AIM **ProviderPortalSM** through iLinkBlue (www.BCBSLA.com/ilinkblue). It is available under the "Authorizations" menu option. You may also contact AIM directly at 1-866-455-8416.

The AIM clinical guidelines for these programs are available online at www.aimspecialtyhealth.com, then click the "Download Now" button.



For Facility Workshop dates and locations, see Page 4

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



Louisiana

Provider Network

Blue Cross AIM Specialty Care Shopper Program Expands

We have partnered with AIM Specialty Health® (AIM) to deliver a shopper program that allows members to choose, based on quality and cost, the diagnostic imaging facility where their services are rendered. Today, nearly 5 million members nationwide, including many BlueCard® members in Louisiana, already use this program.

Beginning August 1, 2018, Blue Cross is expanding the AIM Specialty Care Shopper program to include all of our fully insured businesses, in addition to our Blue Cross employee group, 46210. Products such as Community Blue, Blue Connect, Signature Blue and Blue Advantage (HMO) are still excluded.



Updated Opioid Information on the Web

The Rx Drug Resources page has been updated with member information about Safer Pain Care. This includes information on:

- Other ways to treat pain
- Safely storing pain medicine
- How/when to stop taking a drug
- Safely disposing of leftover drugs
- Getting help for opioid dependency
- Blue Cross policy on opioids

Please share this information with your patients—our members. To view the updated page, go to www.BCBSLA.com >Find a Doctor or Drug >Rx Drug Resources >Safer Pain Care.

Provider Page Resources

The Provider Page is the online home to many useful and educational resources for our provider network.

Previous Presentations and Webinars

Missed a workshop presentation or webinar? Our Resources Page gives you access to the presentations for past webinars and workshops.

Tidbits

We recently updated numerous tidbits to provide the most accurate and up-to-date information. The updated tidbits now available on the Resources Page include:

- Automated Benefits & Claim Status
- Medical Record Guidelines for BlueCard®
- Refund Request Guidelines for BlueCard®
- Inpatient/Outpatient Authorization Guide
- Availability Standards for Blue Cross Providers
- A Guide for Disputing Claims
- A Guide for Understanding APTC Grace Periods
- Submitting Corrected Claims

In addition, the Resources Page is home to manuals, speed guides, forms and new/revised medical policies.

www.BCBSLA.com/providers >Resources

Upcoming Provider Survey

Later this summer, we will conduct the second annual Provider Experience Survey designed to help us understand your experience and satisfaction with Blue Cross. The survey will cover various types of interactions that you may have had with us throughout the past year.



Our goal is to identify areas for improvement and work toward making your interactions with us as efficient and easy as possible. Invitations to take the survey will be emailed in August. Your participation and feedback are valued and appreciated.

Provider Availability Standards

Blue Cross is committed to providing high quality healthcare to all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. Within this context and with input and approval from various network providers who serve on our Medical Quality Management Committee, we developed the following Provider Availability Standards and Acute Care Hospital Availability Standards.

TYPE	DEFINITION	ACCESS STANDARD	EXAMPLES
Emergency	Medical situations in which a member would reasonably believe 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"> • Loss of consciousness • Seizures • Chest pain • Severe bleeding • Trauma
Urgent	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"> • Severe or acute pain • High fever in relation to age and condition
Routine Primary Care	Problems that could develop if untreated but do not substantially restrict a member's normal activity	5 to 14 days	<ul style="list-style-type: none"> • Backache • Suspicious mole
Preventive Care	Routine exams	6 weeks or less	<ul style="list-style-type: none"> • Routine physical • Well-baby exam • Annual Pap smear

Additional Availability Standards

- Network physicians are responsible for assuring access to services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to assure patient awareness and access after hours to another participating physician.
- All network 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

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

Provider Network

Save the Date for Our Facility Workshops

Free Facility Workshops are coming to cities near you in September and October 2018. These workshops offer training and educational materials on a wide range of facility-related topics.

Sept. 18, 2018 Baton Rouge • 9 a.m. to noon
Blue Cross Campus

Sept. 19, 2018 Bossier City • 9 a.m. to noon
Hilton Garden Inn

Sept. 20, 2018 Monroe • 9 a.m. to noon
Hilton Garden Inn

Sept. 25, 2018 Lake Charles • 9 a.m. to noon
Holiday Inn Lake Charles

Sept. 26, 2018 Lafayette • 9 a.m. to noon
Home2 Suites

Oct. 2, 2018 Houma • 9 a.m. to noon
Ellendale Country Club

Oct. 3, 2018 Metairie • 9 a.m. to noon
Sheraton Metairie

We send email invitations to the correspondence email address we have on file for facility providers, and the invitation will be the only way to RSVP your attendance.

If you currently do not get communications via email or need to update your correspondence email address, please use the Provider Update Request Form available at www.BCBSLA.com/providers >Resources >Forms.



New Credentialing and Provider Data Policy

In April 2018, we implemented a new policy for credentialing and provider data maintenance requests to help ensure completed requests are processed in a timely manner. Providers are required to complete and submit documentation to start the process of network participation or to obtain just a provider record. To help with the efficiency of this new policy, we updated the Credentialing page with packets of all forms that are needed during the credentialing and recredentialing processes.

Credentialing

Go to www.BCBSLA.com/providers, and visit the Join Our Networks page to find:

- Credentialing packets for professional and facility providers
- Recredentialing packets for professional and facility providers
- Checklists with all required documents for participating or non-participating providers (submit the applicable completed checklist with all indicated documents)
- Quick Links to provider update forms
- Credentialing Criteria for professional, facility and hospital-based providers

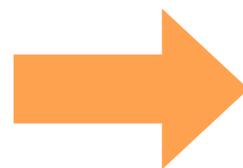
Provider Data

Requests for provider data maintenance must be submitted on the appropriate Blue Cross form. We will no longer accept notifications on other document types, including provider letterhead. The following forms are available online at www.BCBSLA.com/providers >Resources >Forms:

- Provider Update Request Form
- Link to Group or Clinic Request Form
- Notice of Tax Identification Number (TIN) Change Form
- Request for Termination Form
- Add Practice Location Form
- Remove Practice Location Form

Need to Dispute a Claim?

We have a form for that! This form must be submitted with your request. The second page of the form includes the reason for review, necessary documentation, time allowed after submission and where to send the request.





Claims Dispute Form

Complete this form to dispute a claim. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to return the proper information (based on your reason for review) and that it is sent to the appropriate mailing address.

Please submit only one form per patient, per dispute.

PROVIDER INFORMATION			
TYPE OF PROVIDER:			
<input type="checkbox"/> Professional <input type="checkbox"/> Facility <input type="checkbox"/> Other:			
Provider Name			
National Provider Identifier (NPI)		Provider Tax ID	
Name of Person Completing Form			
Contact Email Address		Contact Phone Number	
PATIENT INFORMATION			
Member ID		Policyholder Name	
Patient Name		Patient Date of Birth	
Claim Number	Date(s) of Service	Amount Charged	
GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION			
SURGERY, ASSISTANT SURGERY OR ANESTHESIA 1. Operative Report 2. Anesthesia Report 3. Pre-Op History and Physical 4. Asst. Surgeon Credential (If not M.D.)	DOCTOR'S HOSPITAL VISITS 1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	DOCTOR'S OFFICE/CLINIC VISITS 1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	OTHER SERVICE X-RAYS, LAB, PHYSICAL THERAPY 1. Physical Therapy Notes and Radiology/Lab Report

Page 2 of this form contains the list of reasons for your claims dispute. Please check only one reason per form. In order for us to review your claim dispute, we must receive the entire form.

A printable PDF of this form is available online at www.BCBSLA.com/providers, then click on Resources >Forms.


PLEASE REVIEW MY CLAIM FOR THE FOLLOWING REASON
(Check only one reason per form)

REASON FOR REVIEW		MUST INCLUDE	TIME TO ALLOW FROM DATE SUBMITTED	WHERE TO SEND
<input type="checkbox"/>	Claim rejected as duplicate	<ul style="list-style-type: none"> Supporting medical documentation 	30 days	<u>HARDCOPY:</u> BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
<input type="checkbox"/>	Claim denied for bundling	<ul style="list-style-type: none"> Reason why current bundling logic is incorrect Supporting medical documentation 	14 days	
<input type="checkbox"/>	Claim denied for medical records	<ul style="list-style-type: none"> Copy of our letter of request for medical records Supporting medical documentation 	30 days	<u>HARDCOPY:</u> BCBSLA Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
<input type="checkbox"/>	Claim denied as investigational or not medically necessary	<ul style="list-style-type: none"> Formal letter of appeal including reason Supporting medical documentation 	30 days	<u>HARDCOPY:</u> BCBSLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022
<input type="checkbox"/>	Claim payment/denial affects the provider's reimbursement <ul style="list-style-type: none"> Timely filing Reimbursement Authorization penalty Other 	<ul style="list-style-type: none"> Formal letter of dispute including reason Supporting medical documentation Proof of timely filing (only if denied for timely filing) 	60 days	<u>HARDCOPY:</u> BCBSLA Provider Disputes P.O. Box 98021 Baton Rouge, LA 70898-9021
<input type="checkbox"/>	Claim payment affects the member's cost share <i>(deductible, coinsurance, copayment)</i>	<ul style="list-style-type: none"> Formal letter of appeal including reason along with signed authorization from the member Supporting medical documentation 	30 days	<u>HARDCOPY:</u> BCBSLA Appeals and Grievances P.O. Box 98045 Baton Rouge, LA 70898-9045
<input type="checkbox"/>	Claim denied for a BlueCard [®] member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none"> Formal letter of appeal including reason Supporting medical documentation 	20 days	<u>HARDCOPY:</u> BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9045 or FAX: 225-297-2727

Billing & Coding

Updated Outpatient Code Ranges

We recently completed reviews of new 2018 CPT® and HCPCS codes. As a result, we have updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges.

Effective July 1, 2018, the following CPT codes are being added to the Outpatient Procedure Services code list:

0505T

Effective July 1, 2018, the following CPT and HCPCS codes are being added to the Diagnostic and Therapeutic Services code range list:

0506T	C9030	Q5105	Q9992	Q9994
0507T	C9031	Q5106	Q9993	Q9995
0508T	C9032	Q9991		

These changes do not affect existing codes and allowables. It simply allows our system to accept these codes appropriately for claims adjudication.

Updated Drug Allowables

We updated the reimbursement schedule for drug and drug administration codes, effective for claims with dates of service on and after September 1, 2018. These allowables are available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Payments" section.

Professional providers can use the Professional Provider Allowable Charges Search application to access the allowable charges by entering "2018-09-01" in the "Select a Date" field. Facility providers can access these drug allowable charges under the "Facility Allowables" link.

Updated HCPCS and DME Allowables

The new schedule of HCPCS allowable charges will be effective for claims with dates of service on and after July 1, 2018.

To find a new allowable charge, log into iLinkBlue (www.BCBSLA.com/ilinkblue), select "Payments" on the menu bar to access the Professional Provider Allowable Charges Search tool. In the "Select a date" field, enter "2018-07-01" and enter a HCPCS code in the code field.

Updated Billing Guidelines: Chiropractic and Physical Medicine Services

We recently completed a review of chiropractic and therapy services billing guidelines that were published in the December 2017 revision of the *Professional Provider Office Manual*.

Based on provider discussions and feedback, we renamed these billing guidelines to Chiropractic and Physical Medicine Services, and have made policy clarifications.

We encourage you to fully review the updated guidelines in Addendum II of the *Professional Provider Office Manual* (www.BCBSLA.com/providers > Resources > Manuals) to determine if the changes affect your practice and/or patients.

New Claims Editing System

We are in the process of implementing a new claims editing system, targeting completion by the end of November 2018. As with our current editing system, the new system utilizes edits based on a combination of national coding edits, CPT® guidelines, specialty society guidelines and clinically derived edits. This tool will enable us to effectively manage healthcare delivery and reimbursement by identifying potentially incorrect coding relationships on submitted claims.

Additional information about the new editing system will be posted on iLinkBlue (www.BCBSLA.com/ilinkblue) and included in provider communication.



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.

New Medical Policies

Policy No. Policy Name

Effective March 21, 2018

- 00597 **C** Circulating Tumor DNA Management of Non-Small Cell Lung Cancer (Liquid Biopsy)
- 00608 **C** Gene Therapy for Inherited Retinal Dystrophy
- 00609 **C** CaroSpir® (spironolactone oral suspension)
- 00610 **C** Gocovri™ (amantadine extended release)
- 00612 **C** triamcinolone extended release intra-articular injection (Zilretta™)

Effective April 1, 2018

- 00598 **I** Plugs for Anal Fistula Repair

Effective April 18, 2018

- 00611 **C** Symproic® (naldemedine)
- 00614 **C** emicizumab (Hemlibra®)
- 00615 **I** Naltrexone Implants/Pellets

Effective May 16, 2018

- 00604 **C** L-Glutamine (Endari™)
- 00613 **I** Balloon Dilation of the Eustachian Tube
- 00616 **C** Trimpex® (trimethoprim oral solution)
- 00617 **C** Lyrica CR® (pregabalin)
- 00618 **C** vestronidase alfa-vjbc (Mepsevii™)
- 00619 **C** desmopressin acetate (Noctiva™)
- 00620 **C** tezacaftor/ivacaftor (Symdeko™)

Effective June 1, 2018

- 00149 **I** Synthetic Cartilage Implants for Joint Pain

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

Recently Updated Medical Policies

Policy No. Policy Name

Effective March 21, 2018

- 00217 **C** infliximab (Remicade®)
- 00301 **C** Nasal Allergy Medications
- 00343 **C** Topical Acne Products
- 00405 **C** cysteamine Delayed Release Capsules (Procysbi®)
- 00411 **C** Liver Transplant and Combined Liver-Kidney Transplant

Effective April 18, 2018

- 00016 **C** Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
- 00127 **C** Treatment of Tinnitus
- 00132 **C** Vacuum-Assisted Closure of Chronic Wounds (Negative Pressure Wound Therapy)
- 00191 **C** zoledronic acid (Zometa®, Reclast®)
- 00209 **C** Treatment of IGF-1 Deficiency
- 00265 **C** denosumab (Prolia®)
- 00283 **C** denosumab (Xgeva®)
- 00341 **C** Tetracyclines (oral)
- 00352 **C** tofacitinib (Xeljanz®/Xeljanz® XR)
- 00355 **C** Select buprenorphine/naloxone Combination Products
- 00513 **C** ixekizumab (Taltz®)
- 00557 **C** Trulance™ (plecanatide)

Effective May 1, 2018

- 00281 **I** Multimarker Serum Testing Related to Ovarian Cancer
- 00488 **C** Identification of Microorganisms Using Nucleic Acid Probes
- 00588 **C** guselkumab (Tremfya™)

Effective May 16, 2018

- 00083 **C** Meniscal Allografts and Other Meniscal Implants
- 00227 **C** Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
- 00295 **C** belimumab (Benlysta®)
- 00302 **C** hydroxyprogesterone caproate Injection (Makena®)
- 00363 **C** Ophthalmic Prostaglandins
- 00458 **C** Amniotic Membrane and Amniotic Fluid
- 00472 **C** Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
- 00550 **C** nusinersen (Spinraza™)
- 00572 **C** Bioengineered Skin and Soft Tissue Substitutes

Effective June 1, 2018

- 00200 **C** certolizumab pegol (Cimzia®)

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 or call Provider Services at 1-800-922-8866.

Medical Management

Antibiotic Stewardship Training

The Centers for Disease Control (CDC) recently announced new training on Antibiotic Stewardship. There will be four modules released throughout 2018, offering eight units of free continuing medical education (CME). These modules target prescribers (physicians, nurse practitioners and physician assistants), but pharmacists, nurses, certified health educators and public health practitioners with a Master of Public Health degree may also find the modules helpful. It also fulfills PSPA_23 and PSPS_24 merit-based incentive payment system (MIPS) improvement activities.

Please share this information with your medical staff. Success will be accelerated if several prescribers attend.

Register at www.train.org/cdctrain >Course Catalog >type in "1075730" in the Search bar.

Follow-Up After Hospitalization for Mental Illness

Blue Cross and Blue Shield of Louisiana continues to partner with New Directions to manage behavioral health services, promote quality care for our members and increase the rates for the Follow-Up After Hospitalization for Mental Illness Healthcare Effectiveness Data and Information Set (HEDIS) measure.

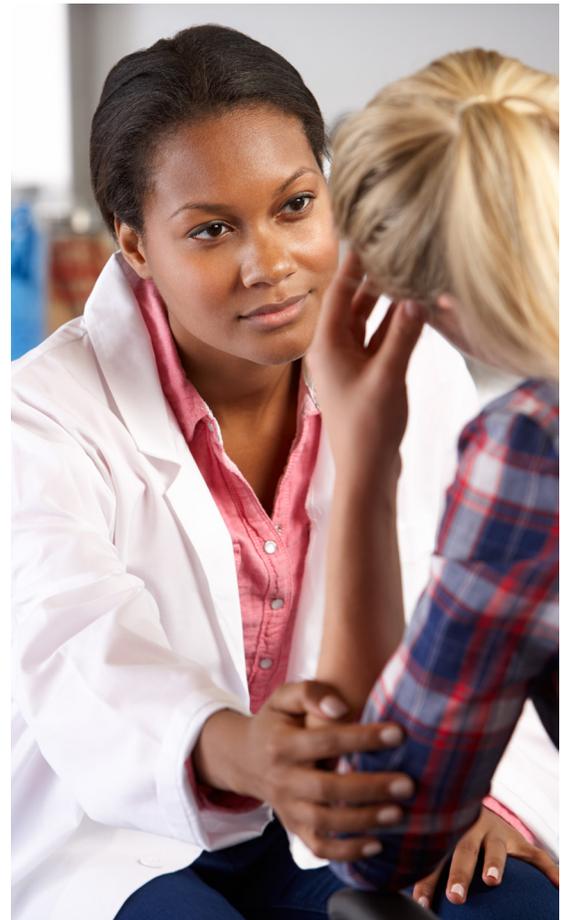
For members in acute inpatient settings, post-discharge management is crucial. Members must have a follow-up appointment scheduled at the time of discharge. This follow-up appointment should be within seven days of discharge.

Inpatient facilities are encouraged to use the Rainmaker list for assistance with follow-up appointments, or reach out directly to the New Directions dedicated discharge assistance line for help at 1-877-300-5909. If you do not have the Rainmaker list, please email LouisianaPR@ndbh.com.

Often times, these members require a referral to outpatient service providers to manage their medications. Without the proper care, these members are likely to be readmitted.

At this time, New Directions is seeking outpatient psychiatrists, psychiatric nurse practitioners and prescribing psychologists who provide medication management and are able to accept new patients. If you are an interested professional who is able to provide medication management, please email LouisianaPR@ndbh.com to discuss how we can work together to ensure our members' medication management needs are met. A New Directions Provider Relations representative will contact you.

Facilities and outpatient providers play a key role in helping us raise our HEDIS rates for the Follow-Up After Hospitalization for Mental Illness measure and keep our members healthy. For more information, please refer to the "HEDIS - Follow-Up After Hospitalization for Mental Illness" Tidbit found on the Provider Page (www.BCBSLA.com/providers >Resources >Tidbits).



Medical Management

Medical Record Requests

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf.

- Per your Blue Cross network agreement, providers are not to charge a fee for providing medical records to Blue Cross or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee.

Some of the vendors Blue Cross is currently partnered with to assist in conducting medical record reviews include:

- Centauri
- Health Data Vision, Inc. (HDVI)
- Inovalon
- Varis



CPAP FEP Appeals

A large portion of our Federal Employee Program (FEP) appeals for Continuous Positive Airway Pressure (CPAP) machines were overturned. When submitting a CPAP claim, a letter of medical necessity for the CPAP, as well as a sleep study report, are required. Providing this supporting documentation helps the initial review run smoother and prevents delays in determining medical necessity review.

Please note: Pre-authorization is not required for CPCs (E0601).



Do you need to update your contact information?

Use the [Provider Update Request Form](#) to update or correct your practice's contact information, including the correspondence email address.

It is available online at www.BCBSLA.com/providers >Resources >Forms.

Get this newsletter emailed to you quarterly. Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line.

USPSTF Recommends Skin Cancer Counseling

On March 20, 2018, the United States Preventive Services Task Force (USPSTF) finalized a Grade B Recommendation that requires first dollar coverage on behavioral counseling to prevent skin cancer.

Because well-child checkups or visits are already covered at no cost to the member when the member sees a network provider, this counseling should be done as part of those annual visits. This recommendation is supported by the substantial body of observational evidence, which indicates the strongest connection between ultraviolet (UV) radiation exposure and skin cancer results from exposure in childhood and adolescence.

Specifically, the USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to UV radiation for persons



aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. Counseling should include the benefits of sun protection behaviors such as:

- the use of broad-spectrum sunscreen with a sun-protection factor of 15 or greater
- wearing hats, sunglasses or sun-protective clothing
- avoiding sun exposure; seeking shade during midday hours (10 a.m. to 4 p.m.)
- avoiding indoor tanning bed use

To view the recommendation and the evidence on which it is based, please go to www.uspreventiveservicestaskforce.org >Recommendations >Published Final Recommendations >Skin Cancer Prevention: Behavioral Counseling >Read the Full Recommendation Statement.

STAY CONNECTED



Visit BCBSLA's Provider Page:
www.BCBSLA.com/providers



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



Follow us on Instagram:
[bcbsla](https://www.instagram.com/bcbsla)

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



Louisiana

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What's New on the Web

www.BCBSLA.com/providers

- **NEW** credentialing and recredentialing packets
- **UPDATED** Tidbits
- **NEW** Manual Addendums

Important Contact Information

Authorization

See member 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

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 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!