

provider networknews

2021
2ND QUARTER

Providing health guidance and affordable access to quality care

Blue Cross Encourages Parents to Talk to Doctors About COVID-19 Vaccine for Children

Recently, the U.S. Food and Drug Administration (FDA) expanded its authorization for Pfizer's COVID-19 vaccine to ages 12-15. U.S. Centers for Disease Control & Prevention (CDC) recommends everyone age 12 and older get the vaccine, and appointments in this age range are now available in Louisiana.

"Clinical trials for adolescent children showed the Pfizer vaccine was safe and effective at preventing COVID-19. I'd encourage parents of children in this age group to make appointments for the vaccine to lower their risk of getting or spreading the virus," said Dr. Tracy Lemelle, a pediatrician who is one of Blue Cross' medical directors. "That's especially important if you are planning to travel this summer or if your children will be attending camps, playing sports or doing other group activities. The more people who get vaccinated, the more immunity we're building in our community."

The other two COVID-19 vaccines available in the U.S., Moderna and Johnson & Johnson, are currently available to people ages 18 and older. "If parents have concerns about the COVID-19 vaccine, their pediatrician is a great resource to answer questions and give them guidance," said Dr. Lemelle.

"I would much rather my patients came to me with their questions about vaccines than avoiding them out of fear or going by things they see posted on social media that may not be true," she said.



"Your pediatrician is here to be a trusted information source for you and let you know how to lower your child's risks."

Moderna and Johnson & Johnson are conducting clinical trials of their vaccines in children. These vaccines may become available to younger age groups soon, depending on the results of those trials.

"While children may not be as high risk for COVID-19 as adults, there have been cases of severe illness and even deaths among children," Dr. Lemelle said. "And, children can spread the virus to others. By having everyone who qualifies get the vaccine, you're lowering the whole family's risks from COVID-19."

(story continues on Page 6)

COMING SOON: Beginning later this year, our Provider Network News will be sent exclusively via electronic format. If you would like to receive this newsletter in your inbox, send an email to provider.communications@bcbsla.com with "Newsletter" in the subject line.

www.bcbsla.com/providers
www.bcbsla.com/ilinkblue

PROVIDER NETWORK

Submitting Forms Online

Blue Cross offers more than a dozen forms online at www.BCBSLA.com/provider, click the “Resources” section, and look under “Forms.” Our Provider Update Request Form, iLinkBlue Agreement Packet and professional and facility credentialing packets are available in DocuSign® format. Our PCDM Department does not accept forms by mail, email or fax when the form is available in DocuSign format. Submitting these forms through DocuSign ensures a more efficient process for your requests.

Use the Provider Update Request Form When Joining a New Clinic

Credentialed providers joining a clinic or provider group must complete the Provider Update Request Form’s Existing Provider Joining a New Group section.

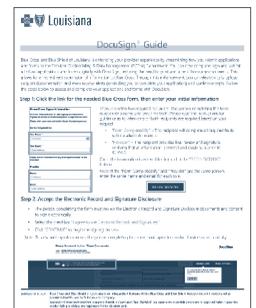
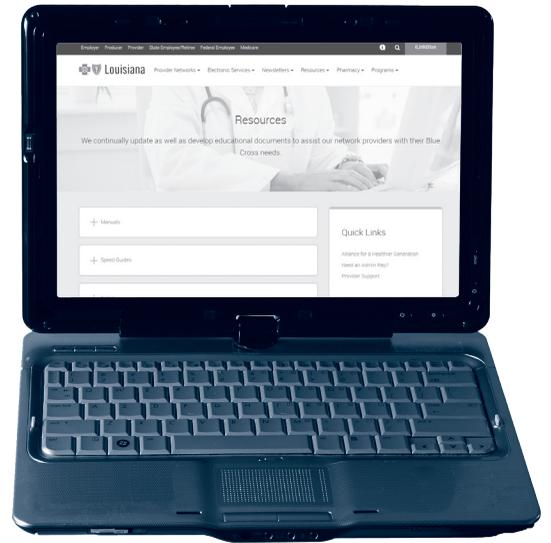
If you are setting up a new clinic or provider group, check the box marked “new group or clinic not already on file with Blue Cross,” on the bottom of the second page of the Existing Provider Joining a New Group Section, under “Checklist.” Additionally, remember to attach a W9, EIN letter and a copy of the malpractice liability insurance certificate and LPCF (if applicable). Also complete the iLinkBlue Agreement Packet and include a voided check or bank letter. Please complete all of these forms with the group name/group NPI, and not your individual NPI.

Quick Tips for Working in DocuSign

Here are tips for navigating some aspects of Blue Cross forms in the DocuSign format:

- When completing the “Practice Hours,” portion of a form: if you are out of the office, or your office is closed on certain days of the regular work week, enter your hours as “12 A – 12 A.”
- When initiating a DocuSign form you will be asked to enter names and email addresses for the provider in question and the person filling out the form on their behalf (when applicable) in the Power Signer Information Form. Please verify that you are entering the correct names and email addresses. This will dictate who is responsible for completing the form and who is responsible for signing as the provider.
- If you include a provider’s name and email address in the Power Signer Information Form, DocuSign will require that provider’s signature.
- On DocuSign forms that do not require a provider signature, the name of the person completing the form will populate in signature fields. This signature confirms that the person completing the form has entered information that is correct to the best of their knowledge.
- When completing the provider portion of the Power Signer Information Form, DocuSign will send a link to the email address provided after the person completing the form selects “Submit.” If a new link is needed, the Power Signer form will have to be resubmitted, and a new email will be generated. If you need to update an email address for a provider, our DocuSign Guide has detailed instructions.
- Changing a Tax ID with the Provider Update Request Form requires a provider’s signature.
- The iLinkBlue Agreement Packet also requires a provider’s signature.

For more details on completing any of our DocuSign forms, see our DocuSign Guide, available online at www.BCBSLA.com/provider >Resources >Forms.



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.

PROVIDER NETWORK



Our Provider Engagement Survey Is Coming

Be on the lookout in early August for your invitation to complete our annual Provider Engagement Survey.

We use this survey to better understand your experience, gauge your satisfaction and identify areas for improvement. Your participation and feedback are valued and appreciated.

To show our appreciation, we will once again award gift cards with the top amount of \$500 to 26 eligible participants who fully complete the survey.

BILLING & CODING

Updated Outpatient Code Ranges

We updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges based on reviews of the 2021 CPT® and HCPCS codes.

Effective for April 1, 2021, the following codes have been added to the Diagnostic and Therapeutic Services code range list:

0242U	0031A	G2020	J9349	K1018
0243U	91303	G2172	K1013	K1019
0244U	A9592	J1427	K1014	K1020
0245U	C9074	J1554	K1015	Q2053
0246U	C9776	J7402	K1016	S1091
0247U	C9777	J9037	K1017	

These changes do not affect existing codes and allowables. They allow our system to accept these codes appropriately for claims adjudication.

Updated Facility Drug Allowable Supplemental Listing

We conduct a biannual review of our 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 that review the following HCPCS codes were added to our system, effective April 1, 2021:

C9074	J1554	J9037
J1427	J7402	J9349

Thank you for working with us to provide our members—your patients—with access to the best possible services and benefits.

BILLING & CODING

Physical Therapy and Chiropractic Billing Guidelines Reminders

Blue Cross does not follow CMS “incident-to” reimbursement rules for any provider eligible to contract with us. Therefore, if the provider is eligible to contract with Blue Cross, then the provider must file claims under their own provider number for services rendered. This rule applies even when the provider is in the process of applying for their own provider number.

Physical Therapy Services

To bill physical therapy services, a licensed provider must perform them within the scope of their license. For example, technicians, exercise physiologists, aides, chiropractic assistants, RNs, LPNs, etc. are not licensed to provide physical therapy and therefore, should not bill these services. A physician or chiropractor should not bill for physical therapy services unless they are also licensed to provide physical therapy. Physical therapy assistants must practice under the direction and supervision of a licensed PT, and not a physician or a chiropractor. Services performed by a PTA should be billed under the supervising PT’s provider number.

Direct Patient Contact Requirement for Therapy Services

CPT codes 97032-97039, 97110-97160 and 97530-97546 require direct patient contact. Base time billed on direct, one-on-one contact by the provider. Patient and medical records should indicate start and stop times for all timed codes billed.

Observation Policy Limit Increasing

Effective July 1, 2021, we are increasing the 30-hour payment limit for our observation policy to a maximum of 48 hours.

The 48-hour count will commence when outpatient services begin, which is when the member arrives at the hospital for treatment, not when the observation status begins.

We added this policy revision to the *Member Provider Policy & Procedure Manual*, which is available online at www.BCBSLA.com/ilinkblue, by clicking the “Resources” tab, then “Manuals.”

If you have any questions about this policy change, please contact our Provider Contracting Department at provider.contracting@bcbsla.com.

Chiropractic Manipulative Treatment (CMT) Services

All CMT services should bill with the CPT code that best describes the services rendered. The codes that best describe CMT services are 98940-98943. Do not use manual therapy (CPT 97140) and E&M codes to bill for CMT services.

Since CMT codes (98940-98943) include a pre-manipulation patient assessment, do not report a separate E&M code with a CMT service unless performing a significant, separately identifiable E&M service.

Bill Dry Needling with CPT Code 97140

Currently there is no specific CPT code for dry needling (intramuscular manual therapy), so this service should be billed to Blue Cross with CPT code 97140. Unlisted CPT codes should not be used to bill for this service.

Treatment Session Documentation

As a reminder, the medical records should include the name of the licensed provider providing the services. It should also include the start and total time supporting the service rendered, and clearly differentiate each service. The Chiropractic and Therapy Billing Guidelines section of the *Professional Provider Office Manual* includes a full list of the documentation requirements. The manual is available online at www.BCBSLA.com/provider >Resources >Manuals.

AIM Updates Cardiac Utilization Management Program

We added the following codes to the AIM Specialty Health[®] (AIM) cardiac program, effective June 12, 2021:

C9603 C9605 C9608

The services represented by these HCPCS codes are currently in the AIM cardiac program, represented by their corresponding CPT codes. This change will streamline the coding process.

For authorization requests or medical necessity review, please access the AIM **ProviderPortal_{SM}** through iLinkBlue (www.BCBSLA.com/ilinkblue) under the “Authorizations” menu option. You may also contact AIM at 1-866-455-8416.

AUTHORIZATIONS

Tips for Online Authorizations in iLinkBlue

Blue Cross requires providers to request prior authorizations through our BCBSLA Authorizations tool. It is available online in iLinkBlue (www.BCBSLA.com/ilinkblue). Here are some trouble-shooting tips for navigating aspects of the tool:

- Recurrent/Ongoing Services: Use the initial authorization when the requested service code (CPT/HCPC) and provider(s) are the same, even if a break in service has occurred. Do NOT create a new authorization. New authorizations will be voided in the system and moved to the initial authorization. Please add a note with documentation of what you are requesting and create an activity on the initial authorization request.
- Member Search: When searching for a member, enter the numbers following the alpha prefix. Do not enter the three letters in front of the member number on the ID card. The only instance where you would enter a letter in front of member ID number is if the member number starts with an "R." The member ID number should be entered in the "Subscriber ID" field, not the "Member ID" field.
- Overdue Tasks: These tasks will not be visible on the "My Tasks" tab. To see your overdue tasks/activities, click on the "Overdue" tab.
- Provider Access: Users should use their own individual iLinkBlue login information to view authorizations. Provider groups with multiple iLinkBlue users should not log in with the same user information.
- Provider Attachment to Authorizations: To view an existing authorization, a user must log in under the provider that is attached to the authorization. Otherwise, they will not be able to view the authorization in the tool. If a user removes the provider and attaches a different provider to an existing authorization they will receive a "no results found" when searching for that authorization.
- Members Accessible Via the BCBSLA Online Tool: Only Blue Cross and Blue Shield of Louisiana members will display. Blue Advantage members will not display in the online tool.
- Copy & Paste: When using copy/paste in the search fields make sure there is no space before or after the information in the field, or the search will not yield a result.

- Activity Assignment: All activities that require action on Blue Cross' part should be assigned to "Provider Requests." Do not assign these activities to yourself. The date on these activities should be the date they did the activity, not a future date.
- Closed Episodes: Once an authorization request has been closed, providers do not have the ability to re-open it themselves. They must generate an activity to Blue Cross within the closed request, with a note explaining the action being requested to the health plan.
- Authorization Requirements & Services Affiliated with Medical Policy: View a member's specific schedule of benefits to determine if a prior authorization is required for a specific service. The medical policy database should be used to determine if a service is affiliated with a medical policy.

Extending Services for Inpatient Cases when the Case is Closed

When it is necessary to extend services listed under an inpatient authorization request through our online BCBSLA Authorizations tool, the status of the case will determine the process.

If the episode status on the authorization is listed as "Open Request," then the "Extension" and "Discharge" buttons remain available under the "UM Service" tab, and you may press Extension.

Once a request is closed, the extension button for concurrent review is no longer available. If a request is closed but the member did not discharge, take the following steps to access the extension button:

- Under the UM Service tab, under the "Actions," section, click on the discharge icon.
- Under the "Discharge section," change "Yes" to "No" and then click save.
- On the UM Services line, the extension button will now be available, and you may perform the concurrent review. Once you submit the extension, the concurrent review activity will generate on the Provider Requests worklist. However, the case will remain in closed status until Blue Cross re-opens the case to review the concurrent request.

COVID-19

Discuss the COVID-19 Vaccine with Your Doctor

(continued from Page 1)

In June, a group of leading doctors, nurses and U.S. public health officials issued a statement encouraging everyone 12 and older to get vaccinated if they have not already because any potential risks from vaccination are low while the risks from getting COVID-19 are high, and vaccines are effective protection against the virus. A statement from this group was issued after a CDC Advisory Committee on Immunization Practices meeting to review cases of heart inflammation (called myocarditis or pericarditis) reported in younger people after they got the COVID-19 vaccine



“Especially with the troubling Delta variant increasingly circulating, and more readily impacting younger people, the risks of being unvaccinated are far greater than any rare side effects from the vaccines,” said the statement. “If you get COVID-19, you could get severely ill and be hospitalized or even die. Even if your infection is mild, you or your child could face long-term symptoms following COVID-19 infection such as neurological problems or diminished lung function.”

As a reminder, there is no cost to members for COVID-19 vaccines. This no-cost coverage was included in the Coronavirus Aid, Relief and Economic Security (CARES) Act, which also allows uninsured patients to get the vaccine for \$0. Blue Cross will cover the vaccine’s administration without any member cost share (deductible, copay or coinsurance) on most health plans. If your patients have questions about vaccine coverage on their family’s health plan, they can contact customer service at the number on their member ID card.

For more information, visit our Provider COVID-19 Resources page, www.BCBSLA.com/providers, then click the link at the top of the page. Here, you can find the latest provider communications on COVID-19.



When you get the COVID-19 vaccine, share a picture on your personal social channels using the hashtag **#COVIDSAFE** to show how you are protecting the community.

COVID-19 Provider Updates

Since March 2020, we have been making provisions to help our providers as they work tirelessly to treat patients for COVID-19. If you have any questions regarding coverage information for treatments related to the virus, visit www.BCBSLA.com/providers, then click the link at the top of the page to visit our COVID-19 Provider Resources page. There, you can read our latest communications. Our most recent updates include:

- How to Help Build COVID-19 Vaccine Confidence
- FDA Guidance
- Vaccination Billing and Outreach

Check this page often, as we keep it updated with new information. Blue Cross continually monitors new developments so we can best meet the needs of our members and providers.



COMPANY NEWS

Blue Cross Receives Prestigious Brand Innovation Award

Blue Cross and Blue Shield of Louisiana has received a Brand Excellence Award from the Blue Cross Blue Shield Association (BCBSA) for Brand Innovation.

The annual Brand Excellence awards honor Blue Cross and Blue Shield companies that excel in developing and enhancing the overall Blue brand image.

This award recognizes an innovative program that provides measurable impact to customers and the Blue brand. The award recognized Blue Cross for our partnership with the State of Louisiana on the COVID-19 Louisiana Outbreak Tracker over the past year.

Blue Cross' Analytics & Data team developed the tracker using their proprietary Pi (Performance Insights) platform. In early March 2020, around the time the first COVID-19 case was announced in Louisiana, Blue Cross and state officials were using the tracker to monitor the virus' spread. They aggregated, analyzed and modeled diverse data for both Blue Cross and state Medicaid member plans.

These populations represent approximately two thirds of Louisianians. Data feeds were in near-real time and exchanged through secure use agreements to protect privacy.

The COVID-19 tracker allowed the state to project rates of hospitalizations, deaths and the capacities of healthcare facilities. This gave state officials important information needed to allocate medical resources, implement mitigation measures like school closings and mask mandates, and save lives.

The partnership continues today, as Blue Cross works with the Louisiana Department of Health (LDH) to provide analysis that can assist with COVID-19 vaccine prioritization.

"Nearly one in three Americans trust the Blue Cross and Blue Shield brand to provide affordable, accessible and high-quality healthcare coverage to them and their families," said Kim Keck, BCBSA President and CEO.

"We are proud to recognize Blue Cross and Blue Shield of Louisiana and their innovative COVID-19 Louisiana Outbreak tracker for the depth and impact of the solution, especially during the pandemic, along with its broad impact on the communities they serve."

"We are proud that at such a critical time for the state, our team was able to support the COVID-19 response through our analytics and data capabilities and technology," said Blue Cross and Blue Shield of Louisiana Chief Analytics & Data Officer Somesh Nigam.



"Public-private partnerships like this one are an example of how success can happen through collaboration," Nigam added. "And, we continue supporting the state's COVID-19 response in other ways, including with our clinical resources and community outreach to encourage people to get the COVID-19 vaccine."

"Blue Cross' insights and expertise on this COVID-19 data project have helped the Louisiana Department of Health (LDH) and our state during a time of unprecedented need and uncertainty," said LDH Secretary Dr. Courtney Phillips. "The additional data visualization, analytics and statistical modeling capacity that the Blue Cross team contributed have informed many of the difficult decisions that state leaders have made throughout the pandemic."

"The working partnership between LDH and Blue Cross was established very early in the pandemic and it has evolved and grown over the course of the last year," said Jeanie Donovan, former Policy Director at LDH. "I'm deeply grateful for the time and talent the Blue Cross team has devoted to this partnership and appreciate their willingness to work hand-in-hand with us."

MEDICAL MANAGEMENT

HEDIS® Spotlight: Controlling High Blood Pressure



The Controlling High Blood Pressure (CBP) HEDIS measure is for members 18-85 years of age with a diagnosis of hypertension (HTN) and Blood Pressure (BP) adequately controlled (<140/90 mm Hg) during the measurement year.

Members must have least two visits on different dates of service and a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

Documentation Requirements:

The managing physician of a patient's HTN must document the most recent BP reading during the measurement year, on or after the second diagnosis of HTN.

The most recent reading may be taken during an outpatient visit, telephone visit, telehealth visit, virtual check-in, a non-acute inpatient encounter, or a remote monitoring event during the measurement year.

Digital BP readings reported or taken by the member are eligible for reporting.

Please recheck and record all BP readings if not below 140/90.

Use the following CPT II Codes for documenting BP readings: 3074F, 3075F, 3077F, 3078F, 3079F and 3080F.

The following BP readings DO NOT meet the criteria:

- Readings taken during an acute inpatient or an emergency room visit.
- Readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication, on or one day before the test or procedure except for fasting blood tests.
- Readings taken by the member using a non-digital device, such as a manual blood pressure cuff and a stethoscope.

If you have any HEDIS-related questions for the BCBSLA Health and Quality Management Team, please email us at HEDISTeam@bcbsla.com. For more information on this topic, please refer to www.ncqa.org.

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, under the "Authorizations" menu option.

Updated Medical Policies

Policy No. Policy Name

Effective April 12, 2021

- 00411 Liver Transplant and Combined Kidney Transplant
- 00452 Molecular Analysis for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
- 00524 Topical Immunomodulators (Elidel®, Protopic®, generics)
- 00541 Select Anti-Epileptic Drugs
- 00542 Exon Skipping Therapies for Duchenne Muscular Dystrophy
- 00597 Circulating Tumor DNA for Management of Non-Small Cell Lung Cancer (Liquid Biopsy)
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00613 Balloon Dilation of the Eustachian Tube
- 00656 Next Generation Sequencing for the Assessment of Measurable Residual Disease
- 00711 Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis
- 00719 diroximel fumarate (Vumerity®) and monomethyl fumarate (Bafiertam™)

Effective May 1, 2021

- 00681 esketamine (Spravato™)

Effective May 10, 2021

- 00132 Vacuum-Assisted Closure of Chronic Wounds (Negative Pressure Wound Therapy)
- 00170 Immune Globulin Therapy
- 00218 rituximab products
- 00225 adalimumab (Humira®)
- 00318 Topical Corticosteroids
- 00343 Topical Acne Products
- 00345 Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions, and Twin Zygosity Using Cell-Free Fetal DNA
- 00353 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- 00357 Overactive Bladder Medications (Branded)
- 00419 Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) With Indium-111 Capromab Pendetide for Prostate Cancer
- 00458 Amniotic Membrane and Amniotic Fluid
- 00503 Ablation of Peripheral Nerves to Treat Pain
- 00519 Inhaled Antibiotics for Cystic Fibrosis (tobramycin, Tobi®, Tobi Podhaler™, Bethkis®, Cayston®)
- 00579 Topical Actinic Keratosis Products
- 00662 Hydrogel Spacer use During Radiotherapy for Prostate Cancer
- 00669 Select Loteprednol Ophthalmic Products

Effective May 10, 2021 (cont.)

- 00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
- 00722 selumetinib (Koselugo™)

Effective June 1, 2021

- 00047 Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers

Effective June 14, 2021

- 00053 Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia
- 00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- 00295 belimumab (Benlysta®)
- 00325 Corneal Collagen Cross-linking
- 00520 Auto-injectable/Pre-filled Syringe Methotrexate (Otrexup™, Reditrex™)
- 00531 penicillamine (Cuprimine®)/trientine (Syprine®), generics
- 00610 Extended Release Amantadine Products
- 00616 Trimpex® (trimethoprim oral solution)
- 00643 Gender Reassignment Surgery
- 00693 Levothyroxine Oral Solution Products

New Medical Policies

Policy No. Policy Name

Effective April 12, 2021

- 00738 Select Tramadol Products
- 00739 fostemsavir (Rukobia®)
- 00740 Ortikos™ (budesonide extended release capsules 6 mg, 9 mg)
- 00741 Gimoti™ (metoclopramide nasal spray)
- 00742 Alkindi® Sprinkle (hydrocortisone oral granules)
- 00743 berotralstat (Orladeyo™)
- 00744 Hemady™ (dexamethasone)

Effective May 1, 2021

- 00723 Cryotherapy for the Treatment of Chronic Rhinitis
- 00724 Nasal Swell Body Ablation Reduction in the Treatment of Nasal Obstruction

Effective May 10, 2021

- 00745 Helidac® (bismuth subsalicylate, metronidazole, tetracycline)
- 00746 lumasiran (Oxlumo™)

Effective June 14, 2021

- 00747 naxitamab (Danyelza®)
- 00748 voclosporin (Lupkynis™)

MEDICAL MANAGEMENT

Blue Cross Encourages Louisianans to Prepare for Possible Hurricanes



Hurricane season began June 1 and lasts until November 30. It is important to have a plan and consider what to do if a storm strikes.

Encourage your patients to consider their healthcare needs in the event of dangerous weather.

Remind your patients to keep their healthcare coverage information handy, including their member ID card. There are also digital options: providers can look up a member's ID card through iLinkBlue (www.BCBSLA.com/ilinkblue) or members can access it through their member account. Blue Cross customers can also download a member ID card to their smart phone through our mobile app. Search "BCBSLA" in their app store to find it.

Other suggestions you can make to patients during this season include:

- Make a list of their family's health information, including any medications they take with dosages and the contact information for you and their other healthcare providers. They can store this on a phone or keep a written copy in a wallet or somewhere else, so it will be with them in case of an evacuation. If they need care or a prescription filled while away, this will be helpful.
- Sign up for telehealth services, to be treated online if they are away from home. Remind patients of any telehealth options that you offer, and how to access them. You can also remind Blue Cross customers that they 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.

COVID-19 Health and Hurricane Emergencies

Remind patients to be aware that social distancing restrictions and other restrictions may be in effect to limit the spread of COVID-19 in shelters. It is important to follow all rules and public health guidelines. Patients should consider getting a COVID-19 vaccine if they have not already to keep them safe from coronavirus if sheltering with others.

To learn more about hurricane preparedness, visit www.BCBSLA.com/Summer/Hurricanes.

You and your patients can follow Blue Cross on social media for the latest information about hurricanes and health services. We post regularly on Facebook, Twitter, LinkedIn, YouTube, Instagram and now, TikTok.



RESOURCES

iLinkBlue Tips

Here are a few tips for understanding some of the processes available in our secure online tool iLinkBlue (www.BCBSLA.com/iLinkBlue):

Submitting an Adjusted or Voided Claim

When refiling a claim for any reason, report all services on the claim. Corrected claims can fall into two categories:

- Adjustment Claim – for changes to a processed claim, including the addition, subtraction or change of claims information or charges.
- Void Claim – when removing the entire claim and any payments or rejections retracted from the member’s and provider’s records.

If submitting a corrected claim through iLinkBlue:

- In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator:
 - A - Adjustment Claim
 - V - Void Claim
- In Field 19b, enter the Internal Control Number (ICN Number which is the original claim number)

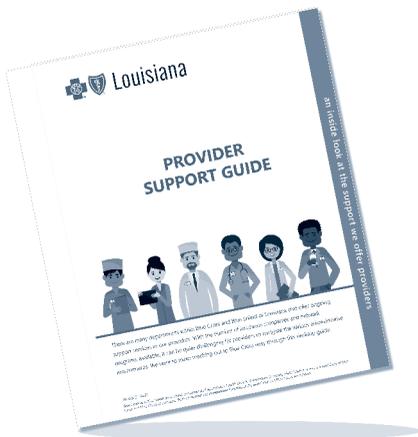
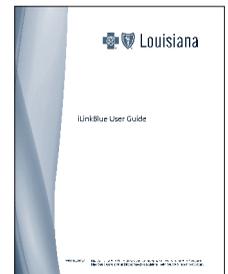
Claims Confirmation Reports

These are daily reports that provide detailed claim information on transactions accepted or not accepted by Blue Cross for processing. You may access these reports through iLinkBlue under the “Claims” tab by clicking “Blue Cross Claims Confirmation Reports.”

- Reports are available for up to 120 days.
- The reports include claims submitted through iLinkBlue or through a clearinghouse or billing agency.

More information on these topics and more are available in our Provider Tidbits, available online at www.BCBSLA.com/providers >Resources >Tidbits.

For more information on iLinkBlue, check out our *iLinkBlue User Guide*, which is available at www.BCBSLA.com/providers >Resources >Manuals.



We're Making Organizational Changes

The Network Administration Division of Blue Cross has a new name! It is now the Health Services Division. With the new name, comes internal changes to streamline the many areas of provider support. Most notably, you will see the new division name on notifications sent from our Provider Communications Department (eBlasts, letters, billing guidelines, reimbursement updates and more).

For more information on the areas within Blue Cross that support our network providers, check out our new *Provider Support Guide*. It is available online at www.BCBSLA.com/providers, click on “Resources” and look under the “Quick Links” section.

STAY CONNECTED



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



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What's New on the Web

www.BCBSLA.com/providers

New: Our new [Provider Support Guide](#) is available (see Page 11 for more details) . Click "Resources" then look under the "Quick Links" section.

Updated: Preferred Network Lab Speed Guides are available. Click "Resources" then look under the "Speed Guides" section.

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

Provider Relations

Provider.Relations@BCBSLA.com

iLinkBlue & EDI

EDIServices@bcbsla.com

PCDM

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

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 >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 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 <https://providers.bcbsla.com/ba-resources>.

Get News 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!