

# provider network news

providing health guidance and affordable access to quality care

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## New Cardiology Utilization Management Program

Effective for dates of service on and after January 1, 2019, providers must request a prior authorization for non-emergent cardiology services performed in an office or outpatient setting.

The new utilization management program is for fully-insured members, but is an available option to self-funded groups beginning January 2019 and upon renewal. Always verify member benefits prior to rendering services.

AIM Specialty Health® will administer the program. AIM currently administers our utilization management programs for advanced imaging, interventional pain management, spine surgery, joint surgery and certain radiation oncology services.

AIM began accepting pre-service authorization reviews for cardiology on December 17 for dates of service on or after January 1, 2019. To initiate a request for medical necessity review, use the AIM **ProviderPortal<sub>SM</sub>** through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), under the Authorizations menu option. Or, contact AIM directly at 1-866-455-8416.

Medical necessity reviews for cardiology services will be based on both Blue Cross and current AIM appropriate-use criteria for dates of service on and after January 1, 2019. Then on January 28, 2019, AIM is updating its clinical appropriateness guideline criteria.

AIM clinical appropriateness guidelines for the cardiology program are available online at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com), then click on "Download Now," and then "Cardiology." For the full text of the changing guidelines, click on "Coming soon guidelines effective as of January 28, 2019."



This program reviews the following non-emergent cardiology services:

- Stress echocardiography
- Resting transthoracic echocardiography
- Transesophageal echocardiography
- Arterial ultrasound
- Coronary angiography
- Percutaneous coronary interventions (PCIs)

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
[www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)



Louisiana

## Provider Network

### 2018 Quality Blue Top Performers

Blue Cross recognized nearly 500 primary care doctors who earned top scores on the Quality Blue Primary Care (QBPC) clinical quality measures at the annual QBPC Statewide Collaborative on November 1, 2018.

This included 387 doctors who earned Top Performer recognition for treating patients with high blood pressure, who were jointly recognized by Blue Cross and the World Hypertension League.

QBPC measurements target four chronic conditions – diabetes, hypertension, vascular disease and chronic kidney disease. Three doctors earned Top Performer honors for all four conditions:

- Dr. Nicole Giambrone (GSQN: East Jefferson Primary Care)
- Dr. John Kokemor (LCMC Touro: Louapre, Kokemor, Sarrat & Braedt)
- Dr. Gerald Mouton (GSQN: Southwest LA)

The full 2018-19 Top Performers list is available on the program website at [www.BCBSLA.com/QBPC](http://www.BCBSLA.com/QBPC). Top Performer doctors will get an indicator beside their names in the Blue Cross online network directory.

Blue Cross also presented awards to the Top Performer clinics.

The Family Doctors (Shreveport) won the Highest Overall Performance award, achieving the highest average score throughout the program year on the four healthcare quality measures and three efficiency measures that track how well a practice is reducing the use of unnecessary services.

Four clinics in the Greater New Orleans area earned this year's highest scores on the program's clinical quality measures:

- Highest Achievement in Diabetes Care: GSQN: East Jefferson – Lakeview, Dr. Lindsay Ford (New Orleans)
- Highest Achievement in Hypertension Care: GSQN: East Jefferson Primary Care, Dr. Nicole Giambrone (Metairie)
- Highest Achievement in Vascular Care: LCMC Touro: Louapre, Kokemor, Sarrat & Braedt (New Orleans)
- Highest Achievement in Kidney Care: GSQN: East Jefferson Primary Care, Dr. Nicole Giambrone (Metairie)

In addition to Quality Blue awards, Blue Cross and the Louisiana Colorectal Cancer Roundtable presented special recognitions to 25 doctors who got 80 percent or more of their eligible patients screened for colorectal cancer in the past year.

### Intraoperative Neuromonitoring Referrals

Participating providers should refer members to network providers for intraoperative neuromonitoring services.

Our members may be unaware of the need for this service during surgery, and they may assume that the neuromonitoring provider used by the referring surgeon and facility is an in-network provider. When the provider is out-of-network, the member may be faced with a large and unexpected charge.

In the interest of affordable, quality care, please always refer Blue Cross patients to providers participating in their network. This is especially important when using a specialist or an independent provider for services like intraoperative neuromonitoring, lab work, medical equipment and specialty pharmacy.

You can find network providers in our online provider directories at [www.BCBSLA.com](http://www.BCBSLA.com) > Find a Doctor.

### SNFs Offered Network Participation

We are expanding our Preferred Care PPO and HMO Louisiana, Inc. networks to include free-standing skilled nursing facilities beginning January 1, 2019.

Today, we classify free-standing skilled nursing facilities as “no network” to allow members to receive in-network benefits for services. Effective January 1, 2019, skilled nursing facilities that choose not to join our networks will be reclassified as “non-participating” providers and claims will be subject to out-of-network benefits.

To participate in our networks, please contact Network Development at [network.development@bcbsla.com](mailto:network.development@bcbsla.com) or 1-800-716-2299, option 1.

### 2019 Holiday Schedule for AIM and New Directions

- Tuesday, January 1 – New Year's Day
- Monday, January 21 – Martin Luther King Jr. Day
- Monday, May 27 – Memorial Day
- Thursday, July 4 – Independence Day
- Monday, September 2 – Labor Day
- Thursday, November 28 – Thanksgiving Day
- Friday, November 29 – Day after Thanksgiving
- Wednesday, December 25 – Christmas Day

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

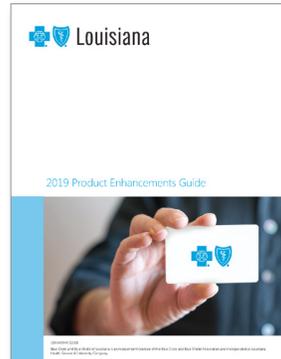
*New Directions is an independent company that serves as the behavioral health manager for Blue Cross and HMO Louisiana.*

## Billing & Coding

### New Product Enhancement Guide

We have developed a new guide to help providers better understand our 2019 product enhancements.

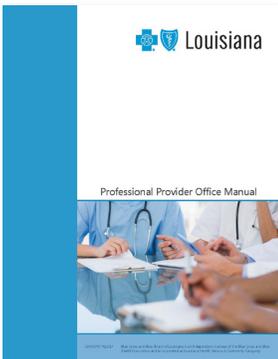
The *2019 Product Enhancements Guide* offers providers a breakdown of member benefit changes that are effective January 1, 2019, and as policies renew. In previous years, this information was published as a list in the fourth quarter issue of *Provider Network News*.



The guide offers greater detail on the benefit changes and the policies affected. We encourage you to fully review the new guide to determine if any product enhancements will affect your patients and/or Blue Cross patients.

### Updated Manuals & Speed Guides

Look for newly revised provider manuals and speed guides in January 2019. They are available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources. Provider Manuals are also available through iLinkBlue at [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) > Resources > Manuals.



### New Claims Editing System in 2019

As indicated in previous communications, we have delayed implementation of our new claims editing system for facility outpatient and professional claims.

The system will be based on a combination of national coding edits, CPT® guidelines, specialty society guidelines, clinically-derived edits and current Blue Cross policy. This tool will enable us to effectively manage healthcare delivery and reimbursement by identifying potentially incorrect coding relationships on submitted claims.

As a reminder, many existing edits will remain the same, but there will be some differences to conform to changes in coding standards, updated reviews of existing code editing logic and the enhanced functionality of the new system. As a result of this, you may see changes in your payments once the new claims editing system is implemented.

We will communicate additional information through future mail outs and newsletter articles.

### Updated Drug Allowables

We updated the reimbursement schedule for drug and drug administration codes, effective for claims with dates of service on and after March 1, 2019. These allowables are available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://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 "2019-03-01" in the "Select a Date" field.

Facilities can now use the new Outpatient Facility Allowable Charges Search application to access drug allowable charges. Enter "2019-03-01" in the "Select a Date" field. Facilities can also still access a listing of the drug allowables under the "Facility Allowables" link.

### Not Getting Our Newsletters Electronically?

Send an email to [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com). Put "newsletter" in the subject line.

Please include your:

- Name
- Organization name
- Contact information



## Billing & Coding

### Discharge from Hospice Statuses

Facilities being reimbursed on the DRG methodology are currently subject to the Inpatient Transfer Adjustment. Effective January 1, 2019, two additional CMS discharge statuses will be included when identifying the cases that are evaluated as transfers potentially needing reimbursement adjustment:

- 50 = Discharged Transferred to Hospice/Routine or Continuous Home Care
- 51 = Discharged Transferred to Hospice/General Inpatient Care or Inpatient Respite

### Reporting ABA Supervisory Codes

Blue Cross does not allow for CPT® codes 0364T/0365T to be billed when services are performed simultaneously with codes 0368T/0369T.

This means that protocol modification visits (which are performed by a supervisory ABA therapist) cannot be billed at the same time as line tech visits.



### New ABA Codes for 2019

The American Medical Association has released the new CPT codes for 2019. Changes for Applied Behavioral Analysis (ABA) codes included deletion and addition of codes as well as time allowance changes. We have mapped out the changes in the below ABA code conversion table. Please ensure proper reporting of the new codes and times when billing claims or requesting authorization for dates of service on and after January 1, 2019.

Deleted 2018 Codes	2018 Units	Changing to 2019 Code	2019 Units	Modifier	Explanation
0359T	Hourly	97151	15 min	TF TG	
0360T 0361T	30 min	97152	15 min	TF TG	
0362T	30 min	0362T	15 min	TF TG	Code description changed for 0362T
0363T	30 min	0362T	15 min	TF TG	Use 0362T with new code description
0364T 0365T	30 min	97153	15 min	HN TF TG	
0366T 0367T	30 min	97154	15 min	TF TG	
0368T 0369T	30 min	97155	15 min	TF TG	
0370T	1 hour	97156	15 min	TF TG	97156 covers caregiver training with or without the member present
0371T	1 hour	97157	15 min	TF TG	
0372T	1 hour	97158	15 min	TF TG	
0373T	1 hour	0373T	15 min	TF TG	Code description changed for 0373T
0374T	1 hour	0373T	15 min	TF TG	Use 0373T with new code description

Modifiers above are defined as follows: TG= LBA; TF= SCABA; HN= Tech with Bachelor's degree. Full descriptions for these codes and CPT time-rules are available from the American Medical Association.

## Credentialing

### Incident-to Credentialing Reminder

Effective June 1, 2019, if Blue Cross offers network participation for a provider type, then that provider is required to file claims under their own provider number. Only provider types that are not offered network participation will be allowed to bill and be reimbursed under the supervising provider's Blue Cross contract number through our updated "Incident-to" reimbursement rules.

To ensure your providers who are not currently in our networks are not impacted by this policy change, complete credentialing packets must be submitted to Blue Cross no later than March 1, 2019.

Such provider types include nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist, etc. If you are one of these provider types who currently participates in our networks, there are no additional credentialing or provider data requirements. You should bill your services directly to Blue Cross.

To apply for network participation or to obtain a Blue Cross record for billing claims only, visit [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), click on "Provider Networks" and then "Join Our Networks" to find the credentialing packets for Professional Providers.

### Reimbursement During Credentialing

Louisiana has amended its law allowing additional healthcare provider types to request that Blue Cross reimburse their claims as if they are a network provider during the credentialing process. Claims for network providers are paid directly to the provider.

To be eligible, the following criteria must be met:

- You must be applying for network participation to join a provider group that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners; or
- You must have admitting privileges to a network hospital. PCPs can have an arrangement with a hospitalist group to admit their patients.
- Your initial credentialing application for network participation must include a written letter of request asking Blue Cross to reimburse you at the group contract rate and an agreement to hold our members harmless for payments above the allowable amount.

### Department Name Change

Our Network Operations department has changed its name. The department is now called Provider Credentialing and Data Management (PCDM).

## Medical Management

### New HAE Care Management Program

Beginning in December, members with Hereditary Angioedema (HAE) may be contacted to enroll in a new care management program designed to help patients and their providers meet the unique challenges caused by this rare condition.

The new care management program will provide a resource for members to ensure that they are appropriately managing and preventing HAE attacks as well as a resource for providers to ensure that they have the most up to date information on the new medications available to treat this disease.

Blue Cross' multidisciplinary team of specially trained nurses, pharmacists and physicians will collaborate to ensure each enrollee receives a "whole-person" approach to their disease management by addressing clinical, functional, financial, psychosocial, environmental and support system needs.

HAE is a rare, but debilitating disease characterized by recurrent episodes of swelling of the arms, legs, hands, feet, bowels, genitalia, trunk, face, tongue or larynx.

These swelling episodes last approximately four days when not treated and do not respond to treatment with epinephrine or corticosteroids. Attacks can cause extreme pain, inability to function and possibly even death by asphyxiation.

HAE is caused by a missing or defective blood protein, C1 esterase inhibitor, and can be treated with infusions of the protein or downstream proteins during an attack. In some patients, attacks can be prevented by regularly administering replacement C1 esterase inhibitor or an inhibitor of plasma kallikrein.

Because most of these therapies are biologic agents and may be derived from blood products, treatment of HAE can be extremely expensive and management to ensure appropriate and cost-effective therapy is important.



If you have Blue Cross patients who are dealing with a serious health need, they may call 1-800-317-2299 to speak with a member of our care team about the Care Management programs and services we offer. Providers can also refer patients for Care Management by calling this number or by using the Referral Form available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Programs," and then on "Care Management."

## Medical Management

### Utilization Management Programs Offered to More Members in 2019

Beginning January 2019 and as plans renew, our utilization management programs will become an available option for self-funded groups. The programs support care that is appropriate, safe and consistent with evidence-based medicine.

Available options include utilization management programs for advanced imaging, diagnostic and interventional cardiology, joint surgery, interventional pain management and spine surgery. The program for radiation oncology services will not be offered to self-funded groups at this time.

Always verify member benefits prior to rendering services. Member benefits and eligibility are available online anytime through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).

AIM Specialty Health<sup>®</sup> will administer the programs for our fully-insured members and any self-funded groups that add the option. AIM reviews the services based on Blue Cross and AIM clinical appropriateness guidelines (available online at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com)).

To initiate a request for medical necessity review, use the AIM **ProviderPortal**<sup>SM</sup> through iLinkBlue, under the Authorizations menu option. Or, contact AIM directly at 1-866-455-8416.

### Prepare for 2019 HEDIS Record Requests

Blue Cross will again participate in the Healthcare Effectiveness Data and Information Set (HEDIS) medical review project in 2019.

HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA) to help establish accountability and improve quality of healthcare.

Reviewing medical record documentation is a key component of the HEDIS process. You may receive a medical record request from us or one of our vendors to perform chart audits on our behalf. Receiving all requested medical records ensures that our results are an accurate reflection of care provided.

We have contracted with Health Data Vision, Inc., to conduct HEDIS medical record reviews in 2019. As a reminder, your provider contract allows for the release of medical information to Blue Cross or its designee at no cost for quality improvement efforts. We look forward to working with you and demonstrating your quality of care in our HEDIS rates. We truly appreciate your cooperation and the time and effort you and your staff provide in support of this project.

### HEDIS: Appropriate Use of Antibiotics

According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is one of the world's major public health challenges.

Inappropriate antibiotic use can lead to antibiotic resistance or cause possible drug reactions. Reactions to antibiotics cause one out of five medication related visits to emergency rooms.

The patient's expectation of receiving antibiotics poses a challenge for many physicians. Educating patients that antibiotics do not significantly reduce the duration of symptoms and may cause more harm than good may be helpful in reducing the expectation of an antibiotic prescription. In addition, setting realistic expectations for symptom duration (ex. cough may last up to three weeks) gives the patient a better understanding of the disease process.

Some HEDIS measures that assess appropriate prescribed medication practices include:

- Avoidance of Antibiotics in Adults with Acute Bronchitis
- Appropriate Treatment for Children with Upper Respiratory Illnesses
- Appropriate Testing for Children with Pharyngitis

In the effort to help fight antibiotic resistance and improve antibiotic prescribing and use, the CDC launched the *Be Antibiotic Aware* campaign. The CDC's effort also goes hand-in-hand with the annual U.S. Antibiotic Awareness Week (USAAW), which is a one week observance held each November to promote awareness of the importance of appropriate antibiotic stewardship.

These national campaigns along with the HEDIS measures help to bring appropriate use of antibiotics into the spotlight.

#### Learn More and Earn CME Credits

The CDC is offering a training on Antibiotic Stewardship online course from February 16, 2018, through February 16, 2020. Upon completion, the course provides up to eight hours of free CME credits and fulfills MIPS improvement activities PSPA\_23 and PSPS\_24.

Interested providers can learn more online at: [www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html](http://www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html)



## New Directions Updates Guidelines

New Directions is making changes to the medical necessity criteria used for determining authorizations. These changes will be effective for our members for dates of services on and after January 1, 2019.

Below is a brief outline of New Directions' changes:

- Removal of Benefit Denial Criteria in all criteria sets
- Addition of language in the Treatment Expectations section
- Additional criteria in the Admission and Continued Stay criteria for all psychiatric levels of care
- Additional criteria language in all Admission Criteria
- Additional language in ECT Criteria
- Within every criteria set, changes were made to the language for Intensity of Service, Admission Criteria and/or Continued Stay Criteria

Additional information is available online at [www.NDBH.com](http://www.NDBH.com), click on "For Provider," click the "Enter" button, then click the "New Directions Medical Necessity Criteria" link.

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



## Coping with Stress During the Holidays

Article by New Directions Behavioral Health®

The holiday season can trigger extra stress, a breakdown in healthy habits or even depression. But it doesn't have to. Here are five tips to offer patients for a healthy, happy and more joyful holiday season.

### 1. Spend time with friends

If you're feeling down, you might be tempted to isolate yourself. But this will make you feel worse. Connecting with others raises the oxytocin levels in our brains and reduces the chance to get depressed.

### 2. Get out in nature

Fresh air, sunshine and exercise are nature's medication. Serotonin and dopamine are chemicals produced in the brain that improve mood and protect against mental health disorders. Head outdoors, and watch your mood soar.

### 3. Don't forget your medication

Since schedules often go out the window during the holiday season, it's easy to let your medication slip your mind. Ask a friend or family member, or set up an electronic alert to remind you when it's time to take your medication.

### 4. Eliminate comparisons

Don't compare your holiday to your friends and neighbors, let alone to what they post on social media. People choose to post the best parts of their lives. What you don't see is the everyday: family drama, problems at work, money struggles.

### 5. Start a new tradition

If the holiday season seems unbearable, do something different. Change can feel good. Allow yourself to switch things up.

The holidays can be difficult for many of us. A calming, confident voice is your biggest ally when you feel yourself unraveling. Whether it's your best friend, sister or therapist, make sure you know how to contact them.

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



## 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](http://www.BCBSLA.com/ilinkblue).

### New Medical Policies

Policy No. Policy Name

#### Effective September 19, 2018

- 00634 **C** Therapeutic Radiopharmaceuticals in Oncology
- 00637 **C** baricitinib (Olumiant®)
- 00638 **C** fostamatinib (Tavalisse™)

#### Effective October 1, 2018

- 00621 **C** Outpatient Pulmonary Rehabilitation

#### Effective October 17, 2018

- 00635 **I** Surgical Treatments for Breast Cancer-Related Lymphedema

#### Effective November 1, 2018

- 00624 **C** Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)

#### Effective November 21, 2018

- 00644 **C** pegvaliase-pqpz (Palyzniq™)
- 00645 **C** Lucemyra™ (Iofexidine)
- 00646 **C** Aimovig™ (erenumab-aooe)
- 00647 **C** tolvaptan (Jynarque™)
- 00648 **C** avatrombopag (Doptelet®)
- 00649 **C** Siklos® (hydroxyurea)
- 00650 **C** lusutrombopag (Mulpleta®)

### Recently Updated Medical Policies

Policy No. Policy Name

#### Effective September 19, 2018

- 00200 **C** certolizumab pegol (Cimzia®)
- 00352 **C** tofacitinib (Xeljanz®/Xeljanz® XR)
- 00353 **C** Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- 00527 **C** Topical Antifungals
- 00531 **C** penicillamine (Cuprimine®)/trientine (Syprine®), generics
- 00605 **C** Chimeric Antigen Receptor T cell Therapy (CAR-T)

#### Effective October 1, 2018

- 00208 **I** Automated Percutaneous and Percutaneous Endoscopic Discectomy
- 00421 **C** Aqueous Shunts and Stents for Glaucoma

#### Effective October 17, 2018

- 00276 **C** C1 Esterase Inhibitor (Berinert®)
- 00296 **C** Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- 00339 **C** HMG-CoA Reductase Inhibitors and HMG-CoA Reductase Inhibitor Combination Drugs
- 00375 **C** Pegylated Interferons (Pegasys®, PegIntron®) for Other (Non-Hepatitis C) Uses

#### Effective November 1, 2018

- 00016 **C** Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
- 00187 **C** Proton Beam Therapy
- 00199 **C** Facet Radiofrequency Denervation
- 00391 **C** Tumor Treating Fields Therapy
- 00441 **C** Fecal Microbiota Transplantation

#### Effective November 21, 2018

- 00056 **C** Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors
- 00115 **I** Thermography
- 00180 **C** Magnetic Resonance-Guided Focused Ultrasound
- 00190 **C** Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- 00252 **C** tocilizumab (Actemra®)
- 00268 **I** Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer
- 00323 **C** Opioid Management/Long Acting Oral Opioid Step Therapy
- 00327 **C** ivacaftor (Kalydeco™)
- 00456 **C** lumacaftor/ivacaftor (Orkambi™)
- 00485 **I** Drug Eluting Sinus Stents and Implants for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinonasal Polyposis
- 00610 **C** Extended Release Amantadine Products

#### Medical Policy Coverage Legend

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

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



Provider inquiries for reconsideration of medical policy coverage, eligibility guidelines or investigational status determinations will be reviewed upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in an established medical policy should be reviewed. Supporting data will be reviewed in accordance with medical policy assessment criteria. If you have questions about our medical policies or if you would like to receive a copy of a specific policy, log on to iLinkBlue at [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) or call Provider Services at 1-800-922-8866.

## Electronic Services

### New Outpatient Facility Allowable Charges Search Tool Available

We created a new tool so facilities can now research outpatient allowable charges on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).

This tool is intended for acute-care hospitals and ambulatory surgical centers on a contracted fee schedule only. Providers can search for current, past or future (when available) allowable charges.

From the iLinkBlue Menu, select the "Payments" menu option then "Outpatient Facility Allowable Charges Search" to open the tool.

To search for an allowable charge, first enter the date and select the facility provider by name and NPI. Then click on the "Continue" button to activate the remaining fields. Select the appropriate Blue Cross network and enter the CPT/HCPCS code. Then click on the "View Allowables" button.

### iLinkBlue Service Agreement Processing

EDI Services' process of setting up an iLinkBlue Service Agreement and Business Associate Addendum Agreement can take up to three days from receipt in EDI of the application when all required information is present.

When an agreement is returned to a provider due to incomplete information the processing time starts over once the completed agreements are returned to Blue Cross.

The iLinkBlue Service Agreement Packet is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Electronic Services > iLinkBlue.

Submitting a correct and completed agreement packet is the key to timely processing. Please make sure the following portions are complete before submitting:

- iLinkBlue Service Agreement – Pages 1, 2 and 5.
- Business Associate Addendum – Pages 1, 2 and 8 (if applicable).

### Need iLinkBlue Training?

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

## Pharmacy Medical Policies Effective January 1, 2019

We developed 12 new medical policies and revised eight existing medical policies for the following drugs. As benefits may vary by group and individual plans, the inclusion of a medication on a medical policy does not imply prescription drug coverage.

New Policies	Policy No.
Select Drug Quantity Management	00625
Pheochromocytoma Medications (Demser®, Dibenzyline®, generics)	00626
eltrombopag (Promacta®)	00627
dextromethorphan/quinidine (Nuedexta®)	00628
parathyroid hormone (Natpara®)	00629
Ethacrynic Acid Oral Products (Edecrin®, generics)	00630
Sensipar® (cinacalcet)	00631
Urea Cycle Disorder Pharmacologic Agents (Buphenyl®, Ravicti®, generics)	00632
methergine/methylergonovine tablets	00636
Restasis® (cyclosporine ophthalmic)	00640
Pharmacotherapy for Gaucher Disease	00641
Select Oral Oncology Drugs	00642

Revised Policies	Policy No.
golimumab (Simponi Aria®, Simponi®)	00223
GLP-1 Agonists for Diabetes	00324
Beta Adrenergic Antagonists and Beta Adrenergic Antagonist/Diuretic Combination Drugs	00338
Topical Acne Products	00343
Select Ophthalmic Prostaglandins	00363
Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products	00385
Select Dexamethasone Packs	00564
Topical Antipruritics	00581

These new and revised drug medical policies are available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Resources." These policies will become available on the medical policy index located on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) in January 2019.

Under Louisiana law, some members may not be affected by these policy changes until their 2019 contract renewal.

## Pharmacy

### 2019 Pharmacy Benefit Changes

Blue Cross will implement the following drug coverage changes in 2019. Our clinical staff worked with our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists who are not employed by Blue Cross, to develop these changes.

The following annual formulary updates will be made beginning January 1, 2019, or upon renewal depending on members' plans:

- **Drugs removed from formulary and tier changes** - In 2019, some drugs will no longer be covered on the closed formulary, and some drugs may move to a different cost-share tier on both closed and open formularies.
- **Prior authorization additions and updates to some existing requirements**
- **New quantity per dispensing limits for select drugs**
- **More drugs that have over-the-counter options will be excluded** - Coverage will not be available for the following prescription drugs. These drugs have over-the-counter options.

#### Pain or inflammation (NSAIDs)

ANAPROX<sup>®</sup> DS, ATHROTEC<sup>®</sup> 50 AND 75, CELEBREX<sup>®</sup>, DAYPRO<sup>®</sup>, EC-NAPROSYN<sup>®</sup>, FELDENE<sup>®</sup>, FENOPROFEN 200 MG and 400 MG CAPSULES, FENORTHO<sup>™</sup>, ibuprofen suspension, INDOCIN<sup>®</sup> SUSPENSION, LODINE<sup>®</sup>, meloxicam suspension, MOBIC<sup>®</sup> TABLET and SUSPENSION, NALFON<sup>®</sup> CAPSULES, NAPROSYN<sup>®</sup> TABLET and SUSPENSION, naproxen suspension, TIVORBEX<sup>®</sup>, VIVLODEX<sup>®</sup>, VOLTAREN<sup>®</sup> XR, ZIPSOR<sup>®</sup> and ZORVOLEX<sup>™</sup>

*Please note: BRAND medications are listed in UPPER CASE and generics in lower case.*

Full lists of drugs with Specific Drug Coverage Requirements are available at [www.BCBSLA.com/covereddrugs](http://www.BCBSLA.com/covereddrugs). Please consider prescribing drugs that are covered or have lower out-of-pocket costs when you believe it is appropriate. If members fill a prescription drug that is not on the covered drug list, they could have to pay the full cost of the drug out of pocket.

You may ask for a clinical review (similar to prior authorization) if your patient has a medically necessary need for a non-formulary drug. Find information about submitting a prior authorization at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Pharmacy. This is not available for drugs excluded from coverage.

We are encouraging members to discuss their prescription drugs with their doctors. We value your partnership in caring for our members – your patients. Thank you for guiding your patients to a drug therapy regimen they can maintain and helping them achieve better health.

### New Universal Prior Authorization Form for Prescription Drugs

Per Act 423 of the 2018 Louisiana Legislature, all health insurance issuers are required to use a universal prior authorization form (promulgated by the Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners) for prescription drug prior authorization requests effective January 1, 2019.

The required universal prior authorization form will be available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Pharmacy on January 1, 2019, and will replace the current prior authorization form.

Drug specific clinical information needed to complete the universal prior authorization form can be located on our Medical Policy Index available in iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Authorizations" section.

### Opioid Prescriptions Reduced Among Members

Blue Cross changed how we cover opioid drugs prescribed for pain in 2018 to further support our commitment to improving the health and lives of Louisianians.

Blue Cross set two main goals for this updated policy: decrease the amount of opioids in the community, and minimize the number of patients who become chronic opioid users.

Since Blue Cross' implementation of an opioid overutilization program in January 2018 through October 2018, we show:

- 19% reduction in opioid prescriptions per 1,000 members; and a
- 23% reduction in the number of opioid units (pills, capsules or tablets) per member/per month.

Under the revised policy, members may have a limit on how many days' supply of an opioid drug they can fill at a time or, their doctors may need to ask for prior authorization before filling an opioid drug. Exceptions may be made for members who are already on long-term pain medications if they meet certain criteria, and for those taking opioid drugs because they have cancer or are receiving end-of-life care.

Providers can find several resources in our Opioid Prescribing Tool Kit at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Pharmacy.

## BlueCard® Program

### MA PPO Network Sharing

Blue Cross and Blue Shield of Louisiana offers a Medicare Advantage (MA) PPO product statewide.

All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This network sharing allows all Blue MA PPO members to obtain in-network benefits when traveling or living in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider. In Louisiana, we share our MA PPO network with MA PPO members from other states.

If you are a participating provider in our MA PPO network, you should provide the same access to care for Blue MA PPO members as you do for our members. Services for Blue MA PPO members will be reimbursed in accordance with your BCBSLA MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.

If your practice is closed to new members, you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.

If you are not a participating provider in our MA PPO network, but do accept Medicare (participating or non-participating) and you see Blue MA PPO members, you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.



Blue MA PPO members are recognizable by the "MA" suitcase on the member ID card.

Blue MA PPO members have been asked not to show their standard Medicare ID card when receiving services. Instead, Blue MA PPO members should provide their Blue Cross/Blue Shield member ID card.

Use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) to verify eligibility and benefits or call the number on the member ID card.

Claims for services rendered in Louisiana, should be filed directly to Blue Cross and Blue Shield of Louisiana. Do not bill Medicare directly for any services rendered to a Blue MA PPO member.

## Company News

### Blue Cross Health Coaches Help Patients Be STRONGER THAN Any Diagnosis

Blue Cross has its own in-house clinical team of more than 200 doctors, nurses, pharmacists, dietitians, social workers and wellness consultants, who support our members in their moments of illness and moments of wellness.

Through health coaching and hands-on assistance, they empower members, who may be struggling with long-term conditions, serious illnesses or traumatic injuries. They show them they are STRONGER THAN any disease or diagnosis and support them on the path to optimal health – whatever that means for them.

They do this in a variety of ways, whether health coaching by telephone, sharing health information and educational materials, connecting members with local resources and community organizations, coordinating care with doctors' offices to make things easier or, in some cases, joining members at appointments.

If you have Blue Cross patients who are dealing with a serious health need, they can call 1-800-317-2299 to speak with a member of our care team about the Care Management programs and services we offer. There is no extra cost to work with one of our health coaches. Providers can also call this number to refer their patients for Care Management.

Visit [www.BCBSLA.com/Stronger](http://www.BCBSLA.com/Stronger) to read the powerful stories shared from members whose lives have been made stronger through the compassion and encouragement of our nurses and health coaches.

### BlueCare Offers Alternative to ER or Urgent Care

If your patients sign up for BlueCare, they can click when they're sick! BlueCare is Blue Cross' telehealth service that lets patients have online doctor visits 24/7. BlueCare can be used on a laptop, computer, tablet, smartphone or any device with internet and a camera. BlueCare doctors are U.S. trained and board certified.

BlueCare can be a good wraparound service for your patients outside of your office hours. BlueCare is less expensive than going to the ER or urgent care, and is effective for treating common conditions like cough or cold, allergies, rashes, bladder infections, flu symptoms or mild stomach bugs. BlueCare doctors can prescribe medication.

Signing up for BlueCare is easy. Go to [www.BlueCareLA.com](http://www.BlueCareLA.com) or download the BlueCare (one word) app for Android or Apple devices. Create a username and password, which you will use to log in for any BlueCare visits you have.

Patients should plan to pay at the time of a BlueCare visit. Depending on their plan types and benefits, they may get a refund later. To learn more, go to [www.BCBSLA.com/BlueCare](http://www.BCBSLA.com/BlueCare).



# Louisiana

# networknews

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## What's New on the Web

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

- **UPDATED** Tax Notice of Tax Identification Number (TIN) Change form is available under Resources >Forms
- **UPDATED** *iLinkBlue 1500 Claims Entry Manual* is available at [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) >Resources >Manuals

## Important Contact Information

### Authorization

See member's ID card

### BlueCard® Eligibility

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

### FEP

1-800-272-3029

### Fraud & Abuse

1-800-392-9249  
[fraud@bcbsla.com](mailto:fraud@bcbsla.com)

### iLinkBlue & EDI

1-800-216-BLUE (1-800-216-2583)\*  
[EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com)

### PCDM

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

### Provider Services Call Center

1-800-922-8866

### Claims Filing Address

P.O. Box 98029  
Baton Rouge, LA 70898

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

## Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available online at [www.BCBSLA.com/providers](http://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](http://www.BCBSLA.com/providers) >Newsletters.

The content in this newsletter may not be applicable for Blue Advantage (HMO) and Blue Advantage (PPO), our Medicare Advantage products and provider networks. For Blue Advantage, we follow CMS guidelines, which are outlined in the *Blue Advantage (HMO) | Blue Advantage (PPO) Provider Administration Manual*, available on the Blue Advantage Provider Portal through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://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](mailto: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!**