

Blue Advantage Insight Newsletter

June 2020

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Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association. Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal. AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO. New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO.

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Thank You for Being on the Front Lines

Thank you for all that you are doing during this novel coronavirus (COVID-19) crisis. We are grateful and appreciative for the healthcare providers who are on the front lines fighting for all of us. Please know that you can count on us to support you throughout this crisis as it affects our members, providers, employees and the communities we serve.

We are continuing to follow recommendations and guidelines from the Centers for Disease Control and Prevention (CDC), and from applicable federal and state authorities. As our federal, state and local governments continue to monitor active cases and issue protocols for reopening the state, Blue Advantage is aligning to your needs as you treat patients during this public health crisis. One way we are doing that is to help ease your administrative burdens when working with Blue Advantage.

Full policy and billing updates related to COVID-19 are available on our Blue Advantage Provider Resources page at www.BCBSLA.com/providers, then click the "Go to BA Resources" link at the bottom of the page. Several videos are available on the Blue Cross YouTube channel, www.youtube.com/BlueCrossLA, in which our medical directors share tips for germ control and how to prevent the spread of illnesses. You can let your patients know about these videos as an educational resource.

Please remember, there is a great deal of misinformation about COVID-19 being spread through traditional news and social media. It is important to rely on the CDC, the World Health Organization and other official federal and state sources for accurate and timely information.

Resources to check and recommend to your patients for up-to-date information:

- U.S. Centers for Disease Control and Prevention (CDC) Coronavirus Disease page, www.cdc.gov/coronavirus
- Louisiana Department of Health Coronavirus (COVID-19) page, <http://ldh.la.gov/coronavirus/>
- The Coronavirus General Information Line, 1-855-523-2652 (8 a.m. – 4:30 p.m., M-F)

Thank you!

Blue Advantage COVID-19 Relief Provisions

To lessen the administrative burden for our providers during these challenging times, Blue Advantage implemented the following relief provisions from the Centers of Medicare and Medicaid Services (CMS).

Telehealth Services

(Effective March 6, 2020)

- Patient visits for new or established patients can be performed through telehealth, using an audio and video telecommunication system. Common telehealth CPT® and HCPCS codes include:
 - 99201-99215: Office or other outpatient visits
 - G0425-G0427: Telehealth consultations, emergency department or initial inpatient
 - G0406-G0408: Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or skilled nursing facilities (SNF)

For a full list of telehealth services, visit www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

- Apply place of service (POS) codes that would have been reported for in-person services. Report Modifier 95 on claim lines for services provided through telehealth.
- Telehealth services **must meet all** criteria for risk adjustment and MEAT, for each diagnosis code submitted.
 - M** – monitor signs, symptoms, disease progression and disease regression
 - E** – evaluate test results, medication effectiveness and response to treatment
 - A** – assess/address by ordering test(s), discussing, reviewing records and counseling
 - T** – treatment with medication, therapy and other modalities
- **Effective for dates of services between April 1 to June 1, 2020, all telehealth/virtual encounters conducted by any provider type were covered at a \$0 cost share to members.**

Please note: In cases where audio and video technology are not available, prolonged, audio-only telehealth visits may be clinically appropriate. Audio-only visits will be paid separately, when described by codes 98966-98968 and 99441-99443.

COVID-19 Testing

(Effective March 6, 2020)

- Member cost-sharing will be covered for claims submitted with a test for COVID-19 and additional services if COVID-19 is indicated on the claim.
- COVID-19 antibody testing will also be covered at no cost share to the member.

COVID-19 Treatment

(Effective April 1, 2020)

- Member cost-sharing will be set at \$0 for treatment of COVID-19 for all provider types.

Prior Authorization

(Effective March 6, 2020)

- In addition to the authorization changes communicated on April 8, 2020, requirements have been lifted for any claims billed with a COVID-19 diagnosis and one of the following: pneumonia, acute bronchitis, lower respiratory infection or acute respiratory distress syndrome (ARDS).

"Surprise Billing" and Out-of-Network Coverage

(Effective March 6, 2020)

- In-network benefits will apply to members seeking care from out-of-network providers during the COVID-19 national emergency.

Prescription Drugs

(Effective March 6, 2020)

- COVID-19-specific refill-too-soon (RTS) overrides have been created for pharmacies to use at the point of sale, following the RTS-rejected claim.

Ambulance Transportation

(Effective March 26, 2020)

- Transports may include any destination that is able to provide treatment in a manner consistent with state and local emergency medical services (EMS) protocols.
- Destinations may include any location that is an alternative site for hospitals, critical access hospitals (CAHs) or skilled nursing facilities (SNFs), community mental health centers, federally qualified health centers (FQHCs), physicians' offices, urgent care facilities, ambulatory surgery centers (ASCs), any location providing dialysis services outside of the end-stage renal disease (ESRD) facility and the member's home.

20% Reimbursement Increase

(Effective April 1, 2020)

- Inpatient acute care claims billed with the COVID-19 diagnosis code U07.1 will include a 20% increase in reimbursement.



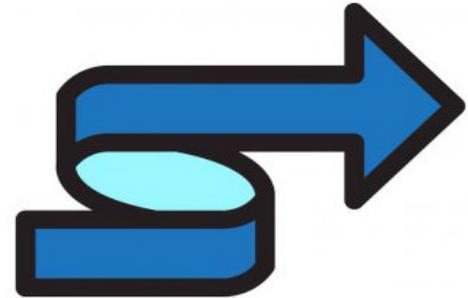
Thank you to the many Louisiana providers and hospitals on the front lines fighting for us through this COVID-19 crisis!

We appreciate all the hard work, long hours and sacrifice that you have put in to keep us safe. We will continue to do our best to support you in every way we can!

Blue Advantage is Making a Change!

As you may be aware, Blue Advantage currently uses Lumeris Healthcare Outcomes as its primary service administrator. Effective **January 1, 2021**, we will be transitioning this business to Vantage Health Plan, a Louisiana-based company. This new partnership will allow us to further innovate and impact cost and quality of care, continue to deliver exceptional customer services and improve the health and lives of Louisianians.

Vantage has extensive Medicare Advantage experience, including operational resources, that aligns with our long-term strategy for the Blue Advantage networks. We are currently working with Lumeris to ensure this transition is seamless for both our members and providers. We will keep you updated throughout this transition.



Annual Wellness Coupon Program

As a reminder, in August 2019, Blue Advantage (BA) implemented the Annual Wellness Coupon initiative to encourage our BA members to receive their wellness check-ups. Members receive personalized coupons in the mail, based on past and commonly overlooked diagnosis, to bring in for their next wellness visit. These coupons serve as an easy reference tool for providers to see what diagnosis may be applicable to the member being treated.

Things to remember:

- When a member comes in with a coupon, providers should review the diagnoses listed and mark any additional codes that are applicable. All diagnoses marked on the coupon should be billed on the claim.
- Provider receives a \$20 reimbursement for each coupon completed, in addition to the provider's fee for services.
- Only personalized coupons sent to the member will be processed, if a member loses their coupon call 1-844-753-1450 to request a copy.

2020 ANNUAL WELLNESS EXAM COUPON - DO NOT DISCARD

If you have any questions, please call 1 (844) 753-1450 (TTY 711), Monday - Friday from 9 a.m. to 5 p.m.

Louisiana

ATTENTION: Blue Advantage (HMO) | Blue Advantage (PPO) Member

Please take this coupon to your in-network Blue Advantage Primary Care Provider for an Annual Wellness Exam at NO CHARGE to you!

ATTENTION: HEALTHCARE PROVIDER & OFFICE MANAGER

HMO Louisiana/Blue Cross and Blue Shield of Louisiana members have no deductibles, copays or coinsurance for this Annual Wellness exam. The following services (CPT codes) should be billed with the wellness ICD-10 Z00.00 or Z00.01 as primary, together with all other appropriate ICD-10 diagnosis codes including any of the diagnoses on the back of this page.

CODES TO BILL:

Annual Wellness Exam - G0439

AND THE FOLLOWING SCREENINGS:

80003 CAC	For Diabetes, add the following:
80003 CMP	E0289 (HgbA1C)
80005 Lipid panel	E0281 (Lipid Microalbumin)
81002 Urine Dip	Schedule an annual eye exam for retinopathy screening.
93000 (ECG) if indicated (i.e., irregular heart rhythm)	For Females, consider the following:
92279 FORT - 3 for patients 50-75	Mammogram and Pap Smear
92282 FORT x 1	

Monitoring of chronic stable conditions, prescription refills, and vaccinations may also be included in the assessment.

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PROVIDER: PLEASE COMPLETE OTHER SIDE
16-162_09/13_C

TO BE COMPLETED BY PROVIDER

Patient Name _____	Primary Care Provider (PCP) _____
Patient Address _____	PCP Signature _____
_____	Signature _____
_____	TAX ID (Optional) _____
Member ID # _____	Group ID # _____
_____	Date of Visit _____

PROVIDER LIST: Please check ALL that apply to this patient and KEEP A COPY OF THIS IN THE CHAIR! (HMO Louisiana/Blue Cross and Blue Shield of Louisiana goes as intended to the provider who has the member's assigned and listed in 1 (844) 753-1450. ALWAYS REMEMBER TO CHECK ALL SELECTED SCREENINGS ON YOUR WELLNESS CHECK CLAIM. You will be responsible for a covered class of equipment needed on an office to be utilized. For our questions or concerns, please call 800 Louisiana Blue Cross and Blue Shield of Louisiana at 1 (844) 753-1450 (TTY 711).

1. All use of the following is primary:

Diabetes (Type 1 or 2) (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

2. Co-primary I (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

3. Co-primary II (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

4. Co-primary III (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

5. Co-primary IV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

6. Co-primary V (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

7. Co-primary VI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

8. Co-primary VII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

9. Co-primary VIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

10. Co-primary IX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

11. Co-primary X (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

12. Co-primary XI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

13. Co-primary XII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

14. Co-primary XIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

15. Co-primary XIV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

16. Co-primary XV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

17. Co-primary XVI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

18. Co-primary XVII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

19. Co-primary XVIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

20. Co-primary XIX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

21. Co-primary XX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

22. Co-primary XXI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

23. Co-primary XXII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

24. Co-primary XXIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

25. Co-primary XXIV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

26. Co-primary XXV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

27. Co-primary XXVI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

28. Co-primary XXVII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

29. Co-primary XXVIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

30. Co-primary XXIX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

31. Co-primary XXX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

32. Co-primary XXXI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

33. Co-primary XXXII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

34. Co-primary XXXIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

35. Co-primary XXXIV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

36. Co-primary XXXV (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

37. Co-primary XXXVI (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

38. Co-primary XXXVII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

39. Co-primary XXXVIII (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J42.0-42.9)

Chronic sinusitis with hyposplenism (E11.0)

40. Co-primary XXXIX (Select): Please mark all that apply to the patient:

Type 1 diabetes mellitus (E10.0-10.9)

Type 2 diabetes mellitus (E11.0-11.9)

Hypertension (I10-I13)

Hyperlipidemia (E10.9)

Chronic kidney disease (N18.0-18.9)

Heart failure (I50.0-50.9)

Asthma (J44.0-44.9)

Chronic obstructive pulmonary disease (J

New DocuSign® Feature

Blue Cross is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) department. You can complete, sign and submit many of our applications and forms digitally with DocuSign®.

This enhancement will help streamline your submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross. Through this enhancement, you will be able to electronically upload support documentation and even receive alerts reminding you to complete your application and confirm receipt.

The following applications and forms have been enhanced with DocuSign capabilities:

- Credentialing Packets (available at www.BCBSLA.com/providers under "Join Our Networks")
 - Professional Initial
 - Professional Recredentialing
 - Facility Initial
 - Facility Reverification
- Provider Forms (available at www.BCBSLA.com/providers under "Resources," then "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

What is DocuSign?

As an innovator in e-signature technology, DocuSign helps organizations connect and automate how various documents are prepared, signed and managed. To help with this transition, we created a DocuSign guide that is available online at www.BCBSLA.com/providers under "Join Our Networks."



Be Aware and Avoid Fraud

Over the past year, the Blue Cross and Blue Shield of Louisiana Financial Investigations Department has noticed an increase in incidents where providers are signing-off on pre-populated, faxed prescriptions and orders for durable medical equipment (DME) without thoroughly reviewing these orders. Before signing off on any order, thoroughly review and ensure that there is medical necessity for the prescription or device. Please alert your medical staff to this growing problem, avoid signing off on orders that you did not initiate, and report receipt of these orders to the Blue Cross Fraud Hotline at 1-800-392-9249.

AIM Updates Clinical Appropriateness Guidelines

Earlier this month, we informed providers that AIM Specialty Health[®] (AIM) would be updating the clinical appropriateness guidelines for our high-tech imaging and musculoskeletal (MSK) interventional pain management programs, effective August 16, 2020. As a reminder, the following guidelines will be updated:

Chest Imaging

- Tumor or neoplasm
 - Added an allowance for follow up on pulmonary nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT
 - Added new criteria for lymphadenopathy in which follow up is indicated for mediastinal and hilar lymphadenopathy
 - Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry
- Parenchymal lung disease-not otherwise specified
 - Removed as it is covered elsewhere in the document (parenchymal disease in occupational lung diseases and pleural disease in other thoracic mass lesions)
- Interstitial lung disease (ILD), non-occupational including idiopathic pulmonary fibrosis (IPF)
 - Defined the criteria warranting advanced imaging for both diagnosis and management
- Occupational lung disease (Adult only)
 - Moved parenchymal component of asbestosis into this indication
 - Added Berylliosis
- Chest wall and diaphragmatic conditions
 - Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved
 - Limited evaluation of clinically suspected rupture to patients with silicone implants

MSK Interventional Pain Management

- Conservative management
 - Added a physical therapy or home therapy requirement and one complementary modality
- Epidural injection procedures and diagnostic selective nerve root blocks
 - Added statement about adherence to ESI procedural best practices established by FDA Safe Use Initiative. Recommendations are intended for provider education and will not be used for adjudication.
 - Clarification of intent around requirement for advanced imaging for repeat injections

AIM Updates Continued

- Paravertebral facet injection/nerve block/neurolysis
 - Removed indication for four unilateral medial branch blocks per session, based on panel consensus
 - Added a procedural clarification restricting use of corticosteroids for diagnostic MBB based on panel consensus
 - Added a limitation for the use of intra-articular steroid injection to mechanical disruption of a facet synovial cyst
 - Removed the indication for intra-articular steroid injections based on new evidence for lack of efficacy
 - Added that an increase of duration of initial radiofrequency neurotomy (RFN) efficacy is needed to avoid a medical branch block (MBB) to six months, based on panel consensus
 - Clarification that MBB or RFN is not medically necessary after spinal fusion
- Spinal cord and nerve root stimulators
 - Clarified the inclusion of different stimulation methods for spinal cord stimulation
 - Added a new indication for dorsal root ganglion stimulation
 - Clarified exclusions for spinal cord and dorsal root ganglion stimulation

Oncologic Imaging Guidelines

- Cancer screening
 - Added new high-risk genetic mutations, appropriate for annual breast MRI screening
 - Added asbestos-related lung disease as a risk factor
- MRI breast
 - Added a new indication for breast implant associated anaplastic large cell lymphoma (BIA-ALCL)
 - Added a new indication for pathologic nipple discharge
 - New language to further define the population of patients most likely to benefit from preoperative MRI

AIM appropriate-use criteria are available online at www.aimspecialtyhealth.com. Click the “download now” button then choose the appropriate guidelines section.

To request a 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 directly at 1-866-455-8416.

STRONGER TOGETHER: Blue Cross and Blue Shield of Louisiana Condemns Racial Injustice

Blue Cross and Blue Shield of Louisiana joined the Blue Cross and Blue Shield Association, its fellow Blue plans and other Louisiana businesses in speaking against racial injustice and calling for working together toward an equitable, healthier tomorrow.

Like others, Blue Cross and Blue Shield of Louisiana is deeply saddened and disturbed by the unjust killing of George Floyd, Ahmaud Arbery and Breonna Taylor. What we have seen in the past few weeks is a disturbing reminder of our country's long history of unequal treatment of minorities. It is wrong and goes against everything we stand for as a company and as a nation.

We all bear a responsibility to heal the stain of racism, including all of us at Blue Cross. As a company, we are committed to a workplace that makes diversity and inclusion a priority. To truly achieve our mission "to improve the health and lives of Louisianians," we must check our biases and respect and value people of all backgrounds and cultures. Diversity and inclusion are at the core of how we interact and operate within our organization and within the communities we serve.

As we battle injustice and now social unrest, alongside a devastating pandemic, we ask all Louisianians to join us in a commitment to becoming our best selves and standing united in making the world a more just, better and healthier place.

Commit to an equitable, healthier tomorrow,
but work together for it today.

**LISTEN. LEARN. EDUCATE.
SHOW UP. SPEAK UP.**

We are stronger together when we create
the change we want to see.





Webinars

We provide educational webinars throughout the year to offer our network providers the resources to better services their Blue Advantage patients.

- **July 22 - New to Blue Advantage**
Claims filing options, medical documentation, Blue Advantage Provider Portal and other Blue Advantage resources
- **July 23 - BA Risk Adjustment 101**
Risk adjustment coding, ICD-10 CM code documentation, HEDIS measures documentation and more
- **September 1 - BA Risk Adjustment 101**
Risk adjustment coding, ICD-10 CM code documentation, HEDIS measures documentation and more
- **November 12 - BA STARS & HEDIS 101**
STARS measures, required reporting documentation and coding

Existing and new Blue Advantage network providers can benefit from these webinars. Let others in your office know about these events. Invitations will be emailed about one month prior to each event date.

Earn Free Continuing Medical Education Credits

We offer FREE continuing medical education (CME) credits that you can earn directly through the Washington University CME portal.

To Access the Washington University CME Portal and course listing:

1. Go to cmeonline.wustl.edu/bcbsl
2. Click "New Account"
3. Enter registration information
4. Click "Sign Up"

2020 Holiday Schedule for AIM and New Directions

Offices will be closed on the following days:

- Friday, July 3 - Independence Day
- Monday, September 7 - Labor Day
- Thursday, November 26 - Thanksgiving Day
- Friday, November 27 - Day after Thanksgiving
- Friday, December 25 - Christmas Day

View this newsletter online at www.BCBSLA.com/ilinkblue, then click on “Blue Advantage” under Other Sites

Blue Advantage Insight

Blue Advantage Insight is a publication to keep our network providers informed on the latest Blue Advantage news. 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 Advantage members are the responsibilities of healthcare professionals and facility providers.

What's on the Provider Portal

www.BCBSLA.com/ilinkblue > Blue Advantage

- Accountable Delivery System Platform (requires additional login), which includes:
 - Member Eligibility
 - Member ID Card
 - Claims Inquiry
 - Authorization Inquiry
- Forms
- Help Documents
- Claims
- Helpful Links
- Updated Manual
- Updated Quick Reference Guide

Important Contact Information

Authorizations (including Case and Medical Management)

1-866-508-7145, option 5, option 4

Behavioral Health

1-877-250-9167 (for customer service and non-facility authorizations)

Blue Advantage Customer Service

1-866-508-7145

customerservice@blueadvantage.bcbsla.com

Blue Advantage Provider Portal

1-866-397-2812

Provider Credentialing & Data Management

1-800-716-2299, option 3

network.administration@bcbsla.com

Population Health Managers

accountablecareteam@blueadvantage.bcbsla.com

Pharmacy

1-800-935-6103/TTY:711

For additional contact information on Blue Advantage services, please refer to our Provider Quick Reference Guide found on the Blue Advantage Provider Portal.

Please share this newsletter with your office staff. This and past newsletters are available on the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue > Blue Advantage).