SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.36 SPECIALTY PHARMACY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

SPECIALTY PHARMACY

Specialty pharmacy typically involves the use of specialized therapeutics and biologicals for chronic, complex and/or rare diseases, ordered by a healthcare professional as defined by the plan.

Specialty pharmacy generally includes injectables, infusion therapies and certain oral medications that require complex and/or advanced care methodologies. Examples of major conditions these drugs treat include, but are not limited to, cancer, rheumatoid arthritis, multiple sclerosis and hemophilia.

Specialty pharmacy providers should adhere to the following guidelines when filing claims for members regardless of the date of service.

- Specialty pharmacies must be directly contracted with Express Scripts, Inc. (ESI) before consideration for participation in our networks can be made.
- Specialty pharmacy services that are covered under the Blue member's medical benefits should be filed directly to the local Blue Plan as determined by the referring/ordering physician's location, on a CMS-1500 claim form or 837 Professional Electronic Submission.
  - Report HCPCS and NDC-11 for the appropriate specialty pharmacy drug(s)
  - Include appropriate diagnosis coding to the highest level of specificity. Non-specific diagnosis may cause delay in claims adjudication.
  - Do not report administration fees separately
  - Do not report supplies separately
- Specialty pharmacy services that are covered through the Blue member's pharmacy benefits should be filed directly to their pharmacy carrier.
- The referring physician must be a Louisiana provider to file claims directly to Louisiana Blue.
- The referring physician National Provider Identifier (NPI) number must be included on Block 17B of the CMS-1500 claim form or loop 2310A on electronic submissions. Failure to include the referring/ordering physician NPI will result in your claims being returned without adjudication.
- An authorization for services may be required per the member's benefits.
- Louisiana Blue reviews the reimbursement of our drug code pricing biannually. Providers are notified 90 days prior to the effective date of reimbursement changes.

Ancillary Billing Guidelines for BlueCard® Claims

Ancillary Provider – Specialty pharmacies located within Louisiana Blue's service area are classified as ancillary providers as they have a unique opportunity to contract with other Blue plans and provide services outside of Louisiana.

Remote Provider – Specialty pharmacies located outside of Louisiana Blue's service area that are contracted with Louisiana Blue under a license agreement to act as a local provider solely for services rendered in our service area.

Where to File Claims

- The local Plan is determined as the Plan in whose service area the referring/ordering physician is located.
- If a remote provider contract is in place with the local Plan, the claim must be filed to that Plan, and it would be considered a participating provider claim.
- If a remote provider contract is not in place with the local Plan, the claim must be filed to that Plan, and it would be considered a nonparticipating provider claim.

Examples

Example 1:

A specialty pharmacy in Louisiana receives a prescription order for a non-routine, biological therapeutic drug for a Louisiana Blue member who lives in Tennessee. The drug is ordered by a Tennessee provider. The drug is then shipped to the Louisiana Blue member living in Tennessee. The claim should be filed in Tennessee; the service area where the drug was ordered based on the ordering physician's location.

Example 2:

A specialty pharmacy in Louisiana receives a prescription order for a non-routine, biological therapeutic drug for a Louisiana Blue member who lives in Louisiana but who has a referring/ordering physician in Texas. The drug ordered by the Texas physician would be filed to Texas.

Example 3:

A specialty pharmacy in Louisiana receives a prescription order for a non-routine, biological therapeutic drug for a Louisiana Blue member who lives in Louisiana and who has a referring/ordering physician in Louisiana. The drug ordered by the Louisiana physician would be filed to Louisiana.