

provider networknews

2021

1ST QUARTER

Providing health guidance and affordable access to quality care

See the Online Authorizations article on Page 11.

Louisianians Urged to Slow the Spread of COVID-19

Louisiana continues to have high numbers of COVID-19 cases and hospitalizations. With state health officials confirming cases of the more contagious U.K. variant of the virus, Blue Cross and Blue Shield of Louisiana is reminding you to take precautions against COVID-19.

"While the COVID-19 vaccines are being given to more Louisianians, we know it will take time to make them widely available to the general public," said Dr. Stephanie Mills, Blue Cross executive vice president and chief medical officer. "Until then, we can all play a role in protecting public health and keeping our loved ones safe. Follow the precautions that we know effectively slow the spread—wear a mask, keep a safe distance from others, wash your hands."



About the COVID-19 Vaccine

Blue Cross joins the Baton Rouge Health District and its member organizations in encouraging everyone to feel safe, prepared and comfortable getting the COVID-19 vaccine.

Here are some things to remind your patients of:

- All Louisianians ages 16 and older can get the COVID-19 vaccine. Visit the Louisiana Department of Health website, www.ldh.la.gov, to see a list of vaccine locations.
- An appointment is required to get the COVID-19 vaccine. It is not given to walk-in patients unless otherwise noted.
- The vaccine administration is covered for \$0 out of pocket on individual and employer health plans, Medicare and Medicaid. The federal government prepaid for U.S. Food & Drug Administration-approved COVID-19 vaccines through 2021. This coverage is included in the Coronavirus Aid, Relief and Economic Security (CARES) Act, including provisions for uninsured patients to get the vaccine for \$0.

Blue Cross covers vaccine administration without any member cost share (deductible, copayment or coinsurance) on most health plans. If your patients have questions about vaccine coverage, they should contact the number on the member ID card.

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When you get the COVID-19 vaccine, share a picture on your personal social channels using the hashtag [#COVIDSAFE](https://twitter.com/COVIDSAFE) to show how you are protecting the community.

PROVIDER NETWORK

Credentialing Corner

Here are some reminders, updates and/or policy changes to be aware of regarding Blue Cross provider credentialing:

1. Effective Dates

Network participation with Blue Cross requires approval from our Credentialing Committee, plus a signed and executed provider agreement. Due to URAC accreditation rules, Blue Cross will not back-date a provider's effective date in our networks.

2. Completing Applications in DocuSign®

- When completing the application process in DocuSign, you are required to list two contacts: the name and email address of the person completing the form in the space marked "Form Completed by;" and the name and email address of the provider seeking credentials in the space marked "Provider."
- Once the application is submitted, an email will be sent from DocuSign to the address listed for the provider. The provider must click on the link in that email to access the application, sign it and submit to DocuSign.
- Once the signed application is submitted, a confirmation email will be sent to both the provider and the person that completed the form. If that email is not received, then additional information is needed on the application.

3. Hospital Affiliations

Blue Cross allows primary care providers (PCPs) to have an admitting arrangement with a hospitalists group or another participating PCP that will admit on their behalf in lieu of active admitting privileges. In such cases, attach a copy of the admitting arrangement letter with both initial and recredentialing applications.

4. Your Contact Information

Contact information for provider groups is loaded into our system at the group level. That includes billing, correspondence or medical record addresses. When that information is sent in a credentialing application, recredentialing application or Provider Update Request Form, that address information will apply to all providers associated with that group's Tax ID number.



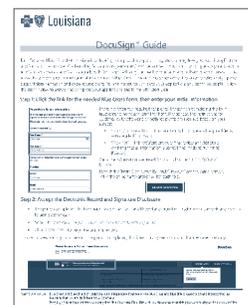
If you have questions about the information listed above, send an email to our Provider Credentialing & Data Management Department (PCDM) at PCDMstatus@BCBSLA.com.

Our DocuSign Guide is Updated

Our PCDM Department is enhancing your provider experience by streamlining how you submit applications and forms through DocuSign.

To help answer any questions about how DocuSign works, we have an updated online DocuSign Guide, available online on the Provider page, www.BCBSLA.com/providers >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.



BILLING & CODING

Updated Outpatient Code Ranges

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

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

0001A	57465	81193	81529	93241	C9070	J0693
0002A	71271	81194	81546	93242	C9071	J1823
0011A	76145	81278	81554	93243	C9072	J7212
0012A	80143	81279	82077	93244	C9073	J7352
0623T	80151	81338	82681	93245	G0088	J9144
0624T	80161	81339	90377	93246	G0089	J9223
0625T	80167	81347	91300	93247	G0090	J9281
0626T	80179	81348	91301	93248	G2211	J9316
0631T	80181	81351	92229	94619	G2212	J9317
0633T	80189	81352	92517	99417	G2213	M0243
0634T	80193	81353	92518	99439	G2214	Q0243
0635T	80204	81357	92519	A9591	G2215	Q5122
0636T	80210	81360	92650	C1052	G2216	S0013
0637T	81168	81419	92651	C1825	G2250	U0005
0638T	81191	81513	92652	C9068	G2251	
0639T	81192	81514	92653	C9069	G2252	

Additionally, the following codes have been added to the Outpatient Procedure Services Code Range List:

0620T	0629T	33741	55880	C9771
0621T	0630T	33745	69705	C9772
0622T	0632T	33746	69706	C9773
0627T	30468	33995	C1062	C9774
0628T	32408	33997	C9770	C9775

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 January 1, 2021:

C9069	J0693	J9144	Q5122
C9070	J1823	J9223	S0013
C9071	J7212	J9281	A9591
C9072	J7352	J9317	90377

A supplemental listing that includes the reimbursement for the codes above is available under the "Payments" section of iLinkBlue. If you are not an iLinkBlue user, go to www.BCBSLA.com/providers >Electronic Services >iLinkBlue for more information on how to register.

BILLING & CODING

E&M Coding Examples

We have prepared the following coding examples to help clarify expectations for evaluation & management (E&M) coding based on revised American Medical Association (AMA) guidelines for medical decision making or time.

Allergy & Immunology E&M Level 99213

An office visit for an established male patient, 59 years old, presents to clinic for allergy status evaluation and initial immunotherapy injection. The patient has allergic rhinitis due to pollen. Patient and provider have discussion on allergy management, shot dosage and intervals. The initial injection is given to the patient with ensuing observation period to ensure vial safety.

Urology E&M Level 99213

An office visit for an established male patient, 62 years old, presents to clinic for right flank pain that has lingered for four weeks. The patient has a history of benign prostatic hypertrophy. Urinalysis is negative. Kidney-urinary-bladder X-ray report is negative for renal or urethral stones. Renal ultrasound and gallbladder ultrasound ordered due to right-side kidney calcification. Return to clinic for follow-up and ultrasound results.

Primary Care 99213

An office visit for an established patient, 64 years old, presents to clinic for follow-up of a cardiac stress test and lipid panel. The patient has hypertension, type 2 diabetes and hyperlipidemia. All testing is normal, and the results are reviewed with the patient. No other treatment is administered. The patient was directed to return for follow-up in three months with no labs ordered for that visit.

Primary Care 99214

An office visit for an established patient, 62 years old, presents to clinic for follow up of a 24-hour Holter monitor, labs and pulmonary function testing. The patient has hypertension, congestive heart failure, type 2 diabetes and chronic obstructive pulmonary disease (COPD). The results of all tests are reviewed with the patient. Both the patient's fasting blood glucose and the pulmonary function tests (PFTs) are abnormal, and because of this, adjustments are made to both the patient's diabetes and COPD medications. The patient was directed to return for follow-up in three months and the provider ordered new PFTs, a computed tomography scan of the chest and new labs for that visit.



Primary Care 99212

An office visit for an established patient, 54 years old, comes in for a routine six-month visit and blood pressure check. The provider does not need to review any records prior to the encounter. During the visit, the provider spends 15 minutes performing a history and exam as well as discussing recommendations for treatment with the patient. The note is finished over the next two minutes. The provider spends a total of 17 minutes caring for the member—including time spent in the room and time finishing the record—and this time is documented in the medical record.

Primary Care 99214

An office visit for an established patient, 59 years old. Prior to the patient's arrival on the same day, the provider spends 10 minutes reviewing the results of lab work, a stress test and an angiogram. Once in the exam room with the patient, the provider then spends 20 minutes in the room with the member performing a history and exam, as well as reviewing the test results and recommendations with the patient. After leaving the exam room, the provider spends an additional five minutes completing the electronic health record. The total time spent that day caring for the member is 35 minutes, and this time—including the breakdown—is documented in the medical record.

BILLING & CODING

Proper Coding for Ablation/Reduction/ Destruction of Nasal Swell Bodies

As outlined in the November 2019 issue of *CPT Assistant*, the correct CPT code for ablation/reduction/destruction of intranasal swell bodies is 30117.

This code should only be reported once, regardless of the number of swell bodies treated. As the nasal septum is a midline structure, neither Modifier 50 nor RT/LT are appropriate. One unit of 30117 should be reported, even if work is performed in both nostrils.

Correct Coding for Dispensing Oral Appliances to Treat Obstructive Sleep Apnea



Report custom fabrication of oral appliances to treat sleep apnea using code E0486 or 21085 to report the entire service.

Each code includes the impression, custom fabrication, fitting and adjustment of the appliance. You may use either code but submit one unit of the code when the appliance is delivered to the member.

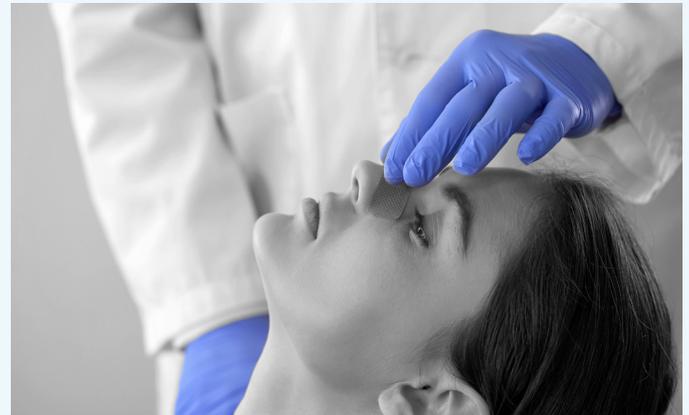
It is not appropriate to report one code on the day of the impression and another on the day the appliance is dispensed to the patient. This is because both codes include the work of impression, fabrication and fitting.

Proper Use of CPT Codes 76376 & 76377

CPT code 76367 deals with the work of generating a full, three-dimensional model. This is done by using existing axial, coronal and sagittal images. CPT code 76377 requires the completion of work at a separate, usually dedicated, workstation.

These codes are not appropriate to use when generating coronal and sagittal images of a CT scan, such as those typically done with in-office cone beam CT scans. Coronal and sagittal reformations are standard components of CT scans, and the base payment includes them. They are considered two-dimensional reconstructions and do not meet the definition of 3D renderings.

Open Treatment of Nasal Fractures



Use CPT codes 21325-21336 to report open treatment of nasal and septal fractures. As outlined in *CPT Assistant*, these codes are only appropriate when there is an acute fracture, defined as less than three weeks old.

Beyond this time frame, the fracture has knitted and there is no longer an acute fracture to treat. At this point, treatment of unsatisfactory healing will require refracture/osteotomy of the nasal bones and/or septum. This is considered a rhinoplasty or septoplasty. Codes 30400-30462 and 30520 report rhinoplasty and septoplasty. Correct code selection depends on the work performed.

For more information on billing and coding guidelines, view section five of our *Professional Provider Office Manual*, available online at www.BCBSLA.com/resources >Manuals.

COVID-19

Louisianans Urged to Slow the Spread of COVID-19

(Continued from Page 1)

Remind patients to be wary of cold calls, emails or texts claiming they can pay to get a COVID-19 vaccine sooner. Scammers are taking advantage of this situation, and several people have reported fraud. People will even claim to be from a healthcare provider's office or pharmacy. Always remind patients to verify any contact with your office.

For more information about COVID-19 vaccines, visit the Baton Rouge Health District's COVID Safe website, www.brcovidsafe.com. The site has short videos about the COVID-19 vaccine in English and Spanish.

You may also visit the 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.



For more on what Blue Cross is doing for members during COVID-19, visit www.BCBSLA.com/covid19.

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:

- Advancements in Treatment
- Vaccine and Treatment Coding
- Revised Authorization Requirements
- Telehealth Guidelines
- Quality Blue



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.

STAY CONNECTED



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www.BCBSLA.com/providers



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COMPANY NEWS

Blue Cross Joins Nationwide COVID-19 Vaccination Outreach Effort

In March, Blue Cross announced it was joining a Biden Administration program to promote COVID-19 vaccinations nationwide. We will be one of many “community connectors” to raise awareness and promote the safety and effectiveness of COVID-19 vaccines.

The Blue Cross and Blue Shield Association and its affiliates joined this nationwide effort to help people get vaccinated. Health insurance carriers can assist by using their access to secure data and expertise in finding trends. They can identify customers at highest risk for COVID-19 and/or with barriers to vaccine access.



I got vaccinated to protect you.
BATON ROUGE HEALTH DISTRICT

Community outreach will focus on adults age 65 and older and minority communities. Data shows that older adults, Black and Hispanic people, and other minority groups are at a higher risk of getting COVID-19, dying from it or having severe complications.

This outreach will track how many members have received the COVID-19 vaccine. This will let insurers like Blue Cross work with federal, state and local partners to identify areas with lower vaccination rates. Then, more vaccine sites can be directed into those communities. This will happen with patients’ privacy in mind through data-use agreements limiting access to healthcare data.

“One of the most important roles those of us in the healthcare industry can play is to be ambassadors for public health, and we are proud to join our peers around the country in this effort,” said Dr. Stephanie Mills, Blue Cross and Blue Shield of Louisiana executive vice president and chief medical officer. “Now that vaccine supply is increasing, it is time to do whatever we can to make sure everyone feels safe, comfortable and prepared to roll up their sleeves.”

Health insurers working as community connectors will team up with other stakeholders to educate about the safety and effectiveness of the vaccines.

For more on what we are doing for our members during COVID-19, visit www.BCBSLA.com/covid19.

MEDICAL MANAGEMENT

Telehealth and Behavioral Health

Blue Cross understands that our members may have a lot on their mind. COVID-19 has created multiple unknowns that affect people in different ways, on top of the worries of day-to-day life. Concerns vary for different age groups, but all can contribute to the need for enhanced behavioral health care.

We have resources to help meet the psychological needs of our members—your patients—through remote means, especially during states of emergency. Providers may use a telehealth platform or refer members to Blue Care, our telehealth platform, which is available on mobile devices.

There are certain billing rules that apply to be properly reimbursed for telehealth. Specifically, for behavioral health, the following CPT/HCPCS codes are reimbursable under most members’ benefit plans when billed by the appropriate specialty and in the home environment:

90785	90836	90846	96154
90791	90837	90847	96160
90792	90838	96150	96161
90832	90839	96151	G0444
90833	90840	96152	G0446
90834	90845	96153	

Please note that when using a telehealth platform, it is required to include one of the following modifiers in addition to the applicable code in the above table to designate that it was a live telehealth encounter.

- GT – interactive audio and video telecommunications (older modifier still used in some systems)
- 95 – synchronous telemedicine via real-time audio and video telecommunications (newer modifier in systems)

Additional codes relevant to behavioral health, appropriate place of service settings, provider specialties authorized to provide services, plus the most up-to-date coding information and applicable exclusions can be found in our *Professional Provider Office Manual*, available online at www.BCBSLA.com/providers >Resources >Manuals.

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MEDICAL MANAGEMENT

Pediatric Quick Tips for HEDIS®

The past year has been challenging for everyone, especially the medical community. We would like to offer the following tips to decrease medical record requests during this time.

- Submit consistent, detailed claims
- Include all existing conditions on the claim, at the time of each visit
- See every visit with a member as an opportunity for preventive care
- Use Modifier 25 for a well visit if filed along with a sick visit
- Schedule regular checkups and/or lab work for your patients
- Document all procedures done by other physicians with a date and result

Childhood is a vital time for growth and development. Well-care visits are necessary for healthcare providers to evaluate the physical, emotional and social development of children. These visits also decrease risk for serious and long-term health conditions.

Well Child Visits (0-30 months)

Children should be seen six or more times by 15 months of age. Providers may bill for a preventative evaluation and management (E&M) service (well-child visit) and a problem-oriented E&M service (sick visit) on the same day. Providers will be reimbursed for both by filing the well-child CPT code and the sick visit CPT code with Modifier 25.

CPT guidelines state, “the abnormality or pre-existing problem found during the preventative exam must be significant enough to require additional work to perform all the components of the problem-oriented E&M service.” Blue Cross identified that children in the non-compliance category were missing one well visit. Further insight into the data showed that the children were seen, but the claim was not coded properly.

For 2021, this measure requires two additional well child visits on different dates of service between the 15 months plus one day and 30 months. Exclusion for hospice.

Coding:

- CPT Codes: 99381, 99382, 99383, 99384, 99385, 99391, 99393, 99394, 99395, 99461
- ICD-10-CM Codes: Z00.00, Z00.01, Z00.110, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2
- HCPCS Codes: G0438, G0439, S0302

It is important to note that a well visit can be filed along with a sick visit by using the Modifier 25. An example of when this can be done: a newborn first office visit where the child has jaundice or poor weight gain.

Child and Adolescent Well-Care Visits (3-21 years)

At least one comprehensive well care visit annually.

Telehealth and Behavioral Health

(Continued from Page 7)

Impact on HEDIS®

The HEDIS measure Follow-up After Hospitalization for Mental Illness requires a follow-up appointment with a behavioral health provider within seven calendar days of discharge after inpatient hospitalization for mental illness. Telehealth visits by a behavioral health provider using the codes mentioned above meet the requirements for compliance with the HEDIS measure, when provided within the specified time frame. There is also a HEDIS measure with the same criteria that measures follow-up with a behavioral health provider within 30 calendar days of discharge.

Utilization of the behavioral health telehealth CPT/HCPCS codes and modifiers by providers other than a behavioral health specialty may be reimbursable—whether it is before or after an inpatient hospitalization. For HEDIS compliance, the provider specialty must be behavioral health for seven day and/or 30 day discharge appointments with a behavioral health diagnosis, based on the measure reviewed. This is applicable for both in person and telehealth visits.

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 January 11, 2021

- 00019 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- 00326 icanitab (Firazyr®, generics)
- 00335 Topical, Nasal, and Oral Testosterone Products
- 00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
- 00395 Insulins (Non-Long Acting Products)
- 00552 Eucrisa™ (crisaborole)
- 00553 Auvi-Q® (epinephrine auto-injector)
- 00564 Select Dexamethasone Packs
- 00596 edaravone (Radicava™)
- 00695 Sunosi™ (solriamfetol)

Effective February 1, 2021

- 00345 Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions, and Twin Zygosity Using Cell-Free Fetal DNA

Effective February 8, 2021

- 00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- 00247 Electromagnetic Navigation Bronchoscopy
- 00277 C1 esterase inhibitor (Cinryze®, Haegarda®)
- 00342 Topical Retinoids
- 00355 Select buprenorphine/naloxone Combination Products
- 00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease
- 00501 mepolizumab (Nucala®)
- 00526 Select Inhaled Respiratory Agents
- 00534 Extended Release Topiramate Products
- 00541 Select Anti-Epileptic Drugs
- 00568 Topical Rosacea Products
- 00626 Pheochromocytoma medications (Demser®, Dibenzylamine®, generics)

Effective March 8, 2021

- 00004 Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- 00137 Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon
- 00237 Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines

Effective March 8, 2021 (cont.)

- 00243 lomitapide (Juxtapid®)
- 00244 Vigabatrin Products
- 00263 Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy
- 00303 sapropterin dihydrochloride (Kuvan®, generics)
- 00441 Fecal Microbiota Transplantation
- 00452 Molecular Analysis for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
- 00532 oxybate Products (Xyrem®)
- 00603 Pharmacologic Treatment of Off Episodes in Parkinson Disease
- 00606 benralizumab (Fasenra™)
- 00681 esketamine (Spravato™)
- 00700 pitolisant (Wakix®)

Effective March 14, 2021

- 00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- 00187 Proton Beam Therapy
- 00583 Temporomandibular Joint Dysfunction

New Medical Policies

Policy No. Policy Name

Effective January 11, 2021

- 00725 bimatoprost Implant (Durysta™)
- 00727 ofatumumab (Kesimpta®)

Effective February 8, 2021

- 00728 Semglee™ (insulin glargine)
- 00729 Select Octreotide Medications
- 00730 Oriahnn™ (elagolix/estradiol/norethindrone)

Effective March 8, 2021

- 00731 Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
- 00732 Conjupri™ (levamlodipine)
- 00733 ozanimod (Zeposia®)
- 00735 triheptanoin oral liquid (Dojolvi®)
- 00736 satralizumab-mwge (Enspryng™), inebilizumab-cdon (Uplizna™)
- 00737 cysteamine ophthalmic solution 0.37% (Cystadrops®)

Get Our Newsletter Electronically

To be added to our newsletter mailing list, send us an email to provider.communications@bcbsla.com. Put "Newsletter" in the subject line and include the following information in your email, name, organization name and/or provider name and contact phone number.

PHARMACY

2021 Blue Cross Pharmacy Benefit Changes

Blue Cross clinical staff has worked with our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists who are not employed by Blue Cross, to develop pharmacy benefit changes for 2021. The following annual formulary updates began on January 1, 2021, or will begin upon renewal depending on members' plans:

- Drugs removed from formulary and tier changes: Some drugs are no longer covered, and some drugs moved to a different cost-share tier on the closed formulary.
- Prior authorization additions and updates to some existing requirements: A full list of prior authorization requirements is available under Specific Drug Coverage Requirements at www.BCBSLA.com/CoveredDrugs.
- New quantity per dispensing limits for select drugs: A full list of quantity per dispensing limits is available under Specific Drug Coverage Requirements at www.BCBSLA.com/CoveredDrugs.
- More combination drugs are excluded: Coverage is not available for the following prescription drugs. Brand medications are listed in uppercase while generics are listed in lowercase.

Acne: AVAR[®], AVAR[®] LS, AVAR-E[®], AVAR-E GREEN[®], AVAR-E[®] LS, bp cleansing wash, PLEXION[®], ROSANIL[®], ROSULA[™], sodium sulfacetamide-sulfur, sss, sulfacetamide-sulfur, sulfacleanse, SUMADAN[®], SUMAXIN[®], SUMAXIN[®] TS

- More drugs that have over-the-counter options are excluded: Coverage is not available for the following prescription drugs. These drugs have over-the-counter options. Brand medications are listed in uppercase while generics are listed in lowercase.

Brand Prenatal Vitamins: BAL-CARE[™] DHA ESSENTIAL, CITRANATAL[®] 90 DHA, CITRANATAL ASSURE[®], CITRANATAL B-CALM[®], CITRANATAL BLOOM[™], CITRANATAL[®] DHA, CITRANATAL HARMONY[®], CITRANATAL[®] RX, CONCEPT DHA[™], CONCEPT OB[™], DUET[®] DHA, DUET[®] DHA BALANCED, ENBRACE HR[™], FOLET ONE[™], KOSHER PRENATAL PLUS IRON, MARNATAL-F, NATA CHEW[®], NESTABS[®] ABC, NESTABS[®] DHA, NESTABS[®] ONE, NESTABS[®], NEXA PLUS[®], OB COMPLETE[®] ONE, OB COMPLETE[®] PETITE, OB COMPLETE[®] PREMIER, OB COMPLETE[™]/DHA, OBSTETRIX ONE, OBTREX[™] DHA, O-CAL, PNV PRENATAL PLUS MULTIVIT+DHA, PREFERA OB[®], PRENATA, PRENATAL, PRENATAL 19, PRENATE[®] AM, PRENATE DHA[®], PRENATE[®], PRENATE ELITE[®], PRENATE[®] ENHANCE, PRENATE ESSENTIAL[®], PRENATE MINI[®],



PRENATE PIXIE[®], PRENATE[®] RESTORE, PRENATE[®] STAR, PRENATE[®], PRIMACARE[™], PROMAR, PROTECTBONE, PROVIDA OB[™], PUREFE OB PLUS, R-NATAL OB, RENAX, SELECT-OB[®], SELECT-OB[®]+DHA, SYNAGEX, THRIVITE RX, TRICARE[®] PRENATAL DHA ONE[®], TRICARE[®], TRISTART[™] DHA, VITAFOL[®] FE, VITAFOL[®] GUMMIES, VITAFOL[®] ULTRA, VITAFOL[®]-NANO, VITAFOL[®], VITAFOL[®]-OB, VITAFOL[®]-OB+DHA, VITAFOL[®]-ONE, VITAMEDMD[®] ONE RX/QUATRE, VITAMEDMD[®] REDICHEW[®] RX, VITAPEARL[™], VITATRUE[®], VP-PNV-DHA

Topical NSAIDs: DICLOFENAC PATCH, FLECTOR[®], PENNSAID[®], VOLTAREN[®] GEL

Oral NSAIDs: ec-naproxen, fenoprofen 600 mg tablet, ketoprofen 25 mg capsule, ketoprofen extended release 200 mg capsule

PPIs: lansoprazole 15 mg capsule, NEXIUM[®] 10 MG, 20 MG, 40 MG ORAL GRANULES

Full lists of drugs with specific drug coverage requirements are available at 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. Find formularies at www.BCBSLA.com/CoveredDrugs.

You may ask for a clinical review if your patient has a medically necessary need for a non-formulary drug. Find information about submitting a prior authorization at www.BCBSLA.com >Provider >Pharmacy. This is not available for drugs excluded from coverage.

AUTHORIZATIONS

Authorization Requests Online Only

Blue Cross is streamlining its prior authorization processes for providers. This process is rolling out in phases. Phase I launched in the fall of 2020 and included inpatient acute facilities and home health providers. Phase II includes all other providers with exceptions for transplants, dental services covered under medical and out-of-state services.

Effective April 1, 2021, Blue Cross will no longer accept most authorization requests via phone or fax.

Providers must submit prior authorization requests, including both new and service extension authorizations, online using the BCBSLA Authorizations tool in iLinkBlue (www.BCBSLA.com/ilinkblue).

This tool allows authorization requests in real time, 24 hours a day, seven days a week. That means you can get immediate approval for most services without needing to speak to a Blue Cross representative.

If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity. Providers should always check member eligibility and benefits before providing services.

If you have questions about this mandate, a Frequently Asked Questions document is available online at www.BCBSLA.com/providers > Electronic Services > Authorizations, in the Quick Links section.

UPCOMING EVENTS

Webinars Upcoming in 2021

Keeping you updated on all things Blue Cross is important to us. One way we do that is through webinars throughout the year. Dates and times will be announced, and invitations are sent via email a month before scheduled webinars. Preregistration is required to attend these events.

BlueCard® Webinar

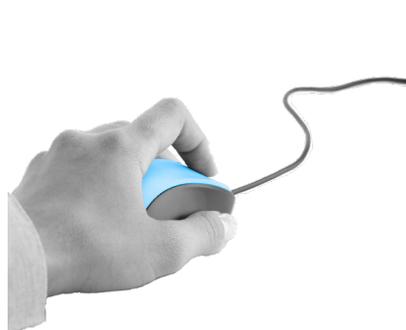
April 28

We are hosting a webinar for providers that work under our BlueCard® Program. We recommend that clinical and business office staff members, as well as those who work with claims and reimbursement, attend this webinar. In this webinar you will learn important information about how the BlueCard Program works, authorizations and billing guidelines, filing claims, reimbursements and other resources.

Professional Workshop Webinar

May 11, 13, 19

These professional webinars are for providers and their staff who offer services in a practice or group (non-facility setting). Topics include appeals, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth, and much more.



To RSVP

Click the preregistration link in our webinar invites. If it's within a month of the event and you have not received an invite, you may send an email to provider.relations@bcbsla.com. Include the webinar name in the subject line and the date you plan to attend. Also include your name and a contact number.

RESOURCES

How do I Update My Email Address on File?

The Provider Update Request Form is available online at www.BCBSLA.com/providers, click "Resources," then "Forms."



Louisiana

P. O. Box 98029
Baton Rouge, LA 70898-9029

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What's New on the Web

www.BCBSLA.com/providers

Updated Credenitaling pages for both professional and facility providers. They can be viewed under the "Provider Networks" section, then "Join Our Networks."

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

1-800-216-BLUE
(1-800-216-2583)
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!