

Laboratory Benefit Management Program Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.



How to submit questions:

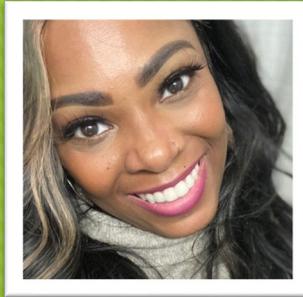
- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.

Laboratory Benefit Management Program

Avalon Healthcare Solutions Partnership



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Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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Avalon Healthcare Solutions Partnership



- Avalon Healthcare Solutions (Avalon) offers a new laboratory benefit management program.
- Avalon provides:
 - routine testing management services to ensure enforcement of laboratory policies.
 - automated review of high-volume, low-cost laboratory claims.
- Laboratory services reported on claims will be reviewed for adherence and consistency with Blue Cross laboratory policies and guidelines, as well as industry standardized rules, such as:
 - scientific evidence-based clinical practice standards
 - meeting patient specific clinical appropriateness
- Additionally, codes billed with multiple units will be reviewed for appropriateness to code specific unit allowances under Blue Cross' laboratory policies and guidelines.

Avalon Healthcare Solutions Partnership

- Our new laboratory benefit management program will apply for all providers of laboratory services (both referring and performing).
- The program includes laboratory billing policies, guidelines and reviews for certain laboratory services.
- **This program will be implemented for certain laboratory claims.**
- **The program will begin in May 2022.**

About the Program

- Blue Cross has adopted Avalon's automated policy enforcement to claims reporting laboratory services performed in office, hospital outpatient and independent laboratory locations.
- Avalon's automated policy enforcement combines clinical science-based research with innovative technology and is designed to help ensure the application of Blue Cross and Blue Shield of Louisiana laboratory policies and guidelines to claims with laboratory services.

Note: Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

Where to find the policies?

www.BCBSLA.com

LOUISIANA HEALTH INSURANCE	OUR COMPANY	HELPFUL LINKS	OTHER BLUE SITES
Health Insurance	About Blue	BlueCard Program	Blue Advantage (HMO)
Dental Insurance	BCBSLA Foundation	Blue Cross Blue Shield Association	Blue Advantage (PPO)
Medicare	Contact Us	Blue Cross Blue Shield Global* Core	Employers
Travel Insurance	Career Center	Blue365 Deals	iLinkBlue
	Newsroom	Forms and Tools	Providers
	Regional Offices	Medical Policies	Producers
		Lab Reimbursement Policies	State Employees/Retirees
		Non-network Physician Notice	Federal Employees
		Privacy	Blue Employees
		Protecting Your Information	
		Rate Justification	
		Rights and Responsibilities	
		Service and Support	

www.BCBSLA.com/ilinkblue

The screenshot shows the iLinkBlue website with a navigation menu including Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Under the Authorizations tab, there are two sections: 'Authorizations - BCBSLA Members' and 'Authorizations - Out of Area Members'. In the 'Authorizations - BCBSLA Members' section, the link 'Lab Reimbursement Policies' is circled in green.

The screenshot shows the 'Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies' page. It features a search bar and a list of policy codes:

- F2019: Flow Cytometry
- G2002: Cervical Cancer Screening
- G2005: Vitamin D Testing
- G2006: Hemoglobin A1c
- G2007: Prostate Biopsies
- G2008: Prostate Specific Antigen Testing
- G2009: Preventive Screening In Adults
- G2011: Diagnostic Testing of Iron Homeostasis and Metabolism

Go to www.BCBSLA.com and look under the Helpful Links section at the bottom of the page. The same policies can also be accessed through iLinkBlue (www.BCBSLA.com/linkblue) under the Authorizations tab.

Avalon Lab Benefits Management (LBM) Program for Blue Cross

Lab Policy Administration

- Evidence-based lab policies
- Adopted by BCBSLA as payment policies
- Independent Clinical Advisory Board
- Curated and current

Automated Policy Enforcement

- Real-time decision
- Automated rules
- Policy adherence
- Clinical claims edits – NOT medical necessity decision, NOT utilization management
- Effective for dates of service in May 2022.

Avalon's Independent Clinical Advisory Board

Providing scientific expertise, consultation, and a “view inside the lab.”



Geoffrey Baird, MD, PhD Chair



- Practicing Pathologist, Board Certified
- Director of Clinical Chemistry at Harborview Medical Center, Seattle
- Laboratory Medical Director at Northwest Hospital, Seattle



Timothy Hamill, MD



- Professor emeritus and Ex-Vice Chair, Laboratory Medicine, University of California, San Francisco
- Prior Director, UCSF Clinical Laboratories



Victoria Pratt, PhD



- Practicing Medical and Clinical Molecular Geneticist, Board Certified
- Professor & Director of the Pharmacogenomics Laboratory at Indiana University School of Medicine
- Past President, Association of Molecular Pathology



Brian Rubin, MD, PhD



- Practicing Pathologist with subspecialty expertise in bone and soft tissue tumors
- Professor and Vice Chair of Pathology; Director, Soft Tissue Pathology; Director, Bone & Soft Tissue Pathology Fellowship Program, Cleveland Clinic



Brian R. Smith, MD



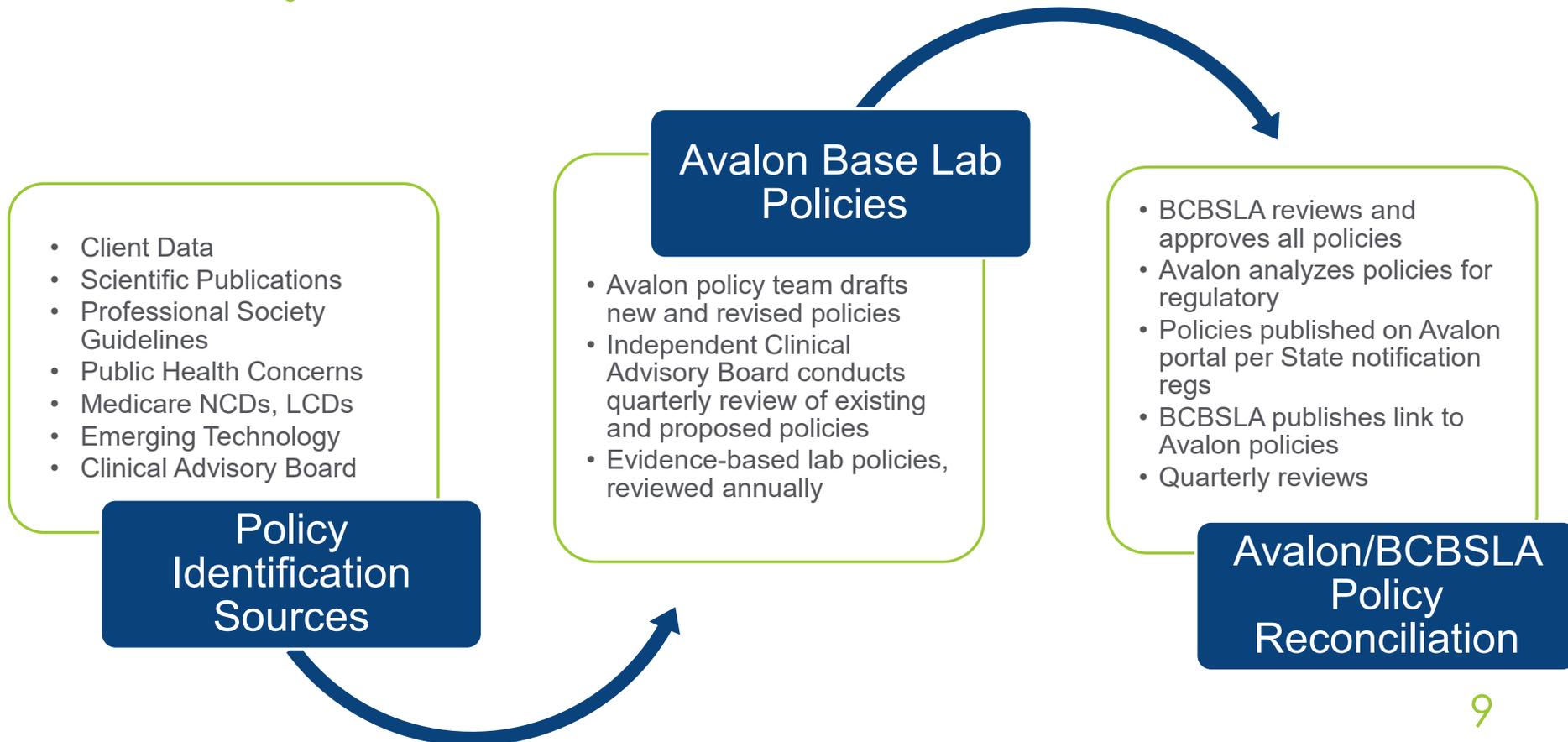
- Professor and Chair of Laboratory Medicine, Professor of Biomedical Engineering, Medicine (Hematology) and of Pediatrics at Yale School of Medicine

Featured CBS 60 Minutes



Lab Policy Administration

Avalon develops and maintains policies; BCBSLA approved for enforcement

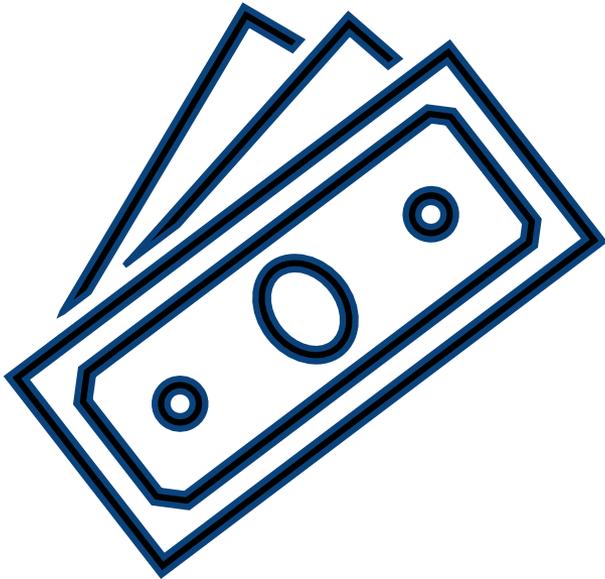


Routine Testing Management



- Edits are applied post-service and pre-payment.
- Applies to all outpatient lab testing.
 - ER/Inpatient/Observation claims are excluded from this program.
- Determinations are provided in accordance with:
 - CPT® and HCPCS coding and ICD-10 diagnosis coding guidelines.
 - Other laboratory and pathology coding guidelines.
 - All applicable regulatory guidelines.
 - “Fixed” coverage criteria found in routine lab policies.

Balance Billing



- Providers must adhere to our lab testing policies.
- No payment will be owed to providers for services that do not adhere to our lab testing policies.
- **Providers may not bill a member for any unpaid amounts for services that do not adhere to our lab testing policies.**

Provider Disputes

Troubleshooting

These policies and supporting research are published to minimize disputes, however if an issue arises, providers can use our standard process.

Step 1

Review the billing guidelines and published policy found online at www.BCBSLA.com, under the Helpful Links section.

Step 2

Refer to the A Guide for Disputing Claims Tidbit for next steps and more information on how to file a dispute.

For more information, read the *A Guide for Disputing Claims Tidbit* at www.BCBSLA.com/providers, choose “Resources” and look under the “Tidbits” section.

Louisiana providerTIDBIT
a guide to understanding our processes

A Guide for Disputing Claims

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to respond (and not respond) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For connected claims, please review our Connected Claims Tidbit, available at www.BCBSLA.com/providers > Resources > Tidbits.

Claims Issues	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denied for insufficient medical information	<ul style="list-style-type: none">Supporting medical documentation & copy of Blue Cross letter of request for medical records	<ul style="list-style-type: none">Provider Dispute FormClaim Form	BCBSLA - Medical Records P.O. Box 90311 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	<ul style="list-style-type: none">LinkBlue Action RequestSupporting medical documentation	<ul style="list-style-type: none">Provider Dispute Form	www.BCBSLA.com/linkblue or BCBSLA P.O. Box 90209 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	<ul style="list-style-type: none">LinkBlue Action RequestCall Customer Care Center	<ul style="list-style-type: none">Written request	www.BCBSLA.com/linkblue or refer to the customer service member listed on the back of the member ID card
Claim denied for primary carrier's explanation of benefits (EOB)	<ul style="list-style-type: none">Claim with EOB from primary carrier	<ul style="list-style-type: none">Provider Dispute FormLetter of appeal or Appeal Request Form	www.BCBSLA.com/linkblue or BCBSLA P.O. Box 90209 Baton Rouge, LA 70898-9029
Claim denied for a BlueCross® member (never through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none">Provider Dispute Form**Formal letter of appeal including reasonSupporting medical documentation	<ul style="list-style-type: none">Claim FormAppeal Request Form	BCBSLA P.O. Box 90209 Baton Rouge, LA 70898-9029 or Fax to (225) 297-2727

*The Provider Dispute Form is available at www.BCBSLA.com/providers > Resources > Forms. The Medical Appeal or Administrative Appeal request forms are available at www.BCBSLA.com/forms and www.BCBSLA.com/forms.

TB00122013

The information provided by the National Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providerdisputes@bcbsla.com and reference the Tidbit number and the last update to this publication: 08/09/2014 4:01:21. Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and recognized as Louisiana Health Service & Indemnity Company. Last reviewed on 3/26/2014.

Understanding Determinations

Enhancement

Should a claim deny based on a policy in this laboratory benefit program, we are enhancing the claim adjustment reason code (CARC) to include detailed information as follows:

- Electronic HIPAA 835 remittance advice transaction
 - The ID of the lab policy that was applied.
 - The URL to where our lab policies are located (www.BCBSLA.com >Helpful Links >Lab Reimbursement Policies).
- Printable payment registers that are available in iLinkBlue
 - The ID of the lab policy that was applied.

Examples of Avalon Policy Enforcement Application

Rules correspond to the criteria as defined in routine lab policies.

Rule	Definition
Diagnosis Constraints and Allowances	Procedure and Diagnosis required or prohibited combinations
Demographics	Limitations based on patient age
Procedure Units	Within and across claim for a date of service
Units/Period of Time	Maximum allowable units within a defined period of time
Time between Procedures	Minimum time required before a second procedure is clinically appropriate

Examples of Avalon Policy Enforcement Application

Rules correspond to the criteria as defined in routine lab policies.

Policy	Edit Type	Rule
Vitamin D	• Procedure and diagnosis code compatibility	Always allowed or never allowed
	• Frequency	2 units per year
Vitamin B12	• Procedure and diagnosis code compatibility	Always allowed or never allowed
	• Frequency	1 unit every 3 months
HbA1c	• Procedure and diagnosis code compatibility	<ul style="list-style-type: none"> • Diabetic and pregnant • Diabetic • not diabetic for > =18-year-old • not diabetic for < 18-year-old
	• Frequency	1 unit every 3 months
Cervical Cancer Screening	• Procedure and diagnosis code compatibility	Always allowed or never allowed
	• Demographic (age)	Units/period of time/age range

BCBSLA Policy Overview

Outline of coverage criteria

Policy name with effective and revision dates

Policy explanation and overview

Vitamin D Testing

Policy Number: AHS – G2005 – Vitamin D Testing	Prior Policy Name and Number, as applicable:
Initial Presentation Date: 11/16/2015 Revision Date: 12/02/2020	

I. Policy Description

Vitamin D is a precursor to steroid hormones and plays a key role in calcium absorption and mineral metabolism. Vitamin D promotes enterocyte differentiation and the intestinal absorption of calcium. Other effects include a lesser stimulation of intestinal phosphate absorption, suppression of parathyroid hormone (PTH) release, regulation of osteoblast function, osteoclast activation, and bone resorption (Pazirandeh & Burns, 2019).

Vitamin D is present in nature in two major forms. Ergocalciferol, or vitamin D2, is found in fatty fish (e.g., salmon and tuna) and egg yolks, although very few foods naturally contain significant amounts of vitamin D. Cholecalciferol, or vitamin D3, is synthesized in the skin via exposure to ultraviolet radiation present in sunlight. Some foods are also fortified with vitamin D, most notably milk and cereals (Sahota, 2014).

Major risk factors for vitamin D deficiency include inadequate sunlight exposure, inadequate dietary intake of vitamin D-containing foods, and malabsorption syndromes, such as Crohn's disease and celiac disease (Dedeoglu, Garip, & Bodur, 2014). "The risk of vitamin D deficiency differ[s] by age, sex, and race and ethnicity (Looker et al., 2011)."

III. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request

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- 25-hydroxyvitamin D serum testing **MEETS COVERAGE CRITERIA** in individuals with an underlying disease or condition which is specifically associated with vitamin D deficiency or decreased bone density (see Guideline 1 below).
- Testing for D2 and D3 fractions of 25-hydroxyvitamin D **MEETS COVERAGE CRITERIA** as part of the total 25-hydroxyvitamin D analysis.
- Repeat testing for serum 25-hydroxyvitamin D **MEETS COVERAGE CRITERIA** in individuals who have documented vitamin D deficiency, at least 12 weeks after initiation of vitamin D supplementation therapy.
 - Repeat testing for monitoring of supplementation therapy should not exceed 2 testing instances per year until the therapeutic goal is achieved.
 - Once therapeutic range has been reached, annual testing, meets coverage criteria.
- 1,25-dihydroxyvitamin D serum testing **MEETS COVERAGE CRITERIA** in the evaluation or treatment of conditions that are associated with defects in vitamin D metabolism (see Guideline 2 below).
- The following testing **DOES NOT MEET COVERAGE CRITERIA**:
 - 1,25-dihydroxyvitamin D serum testing for testing and screening of vitamin D deficiency.
 - Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters

Guideline 1: Indications that support coverage criteria for serum measurement of 25-hydroxyvitamin D are as follows:

- Biliary cirrhosis and other specified disorders of the biliary tract
- Blind loop syndrome

Provider Relations

Provider Education & Outreach

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provider.relations@bcbsla.com | 1-800-716-2299, option 4

Paden Mouton, Supervisor Jennifer Aucoin Angela Jackson

Questions?



Appendix



Frequently Asked Questions

1. What does the laboratory benefit management program include?

The program includes laboratory billing policies, guidelines and reviews for certain laboratory claims.

2. Why did Blue Cross partner with Avalon?

The Avalon laboratory benefit management program promotes appropriate testing to help drive quality and cost-effective medical care.

3. What provider types are included in the program?

The laboratory benefit management program applies for all providers of laboratory services (both referring and performing).

4. When is the program effective?

This program is effective for certain laboratory claims for dates of service in May 2022. We will announce the exact date of implementation soon.

Frequently Asked Questions

5. Which places of service are excluded?

Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

6. Which networks and/or member policies are included in the program?

Fully insured, Federal Employee Program (FEP) and BlueCard® (out-of-area) members are included in this program. At this time most self-funded members are not enrolled in the program. They may be included at a later date.

7. Where can I find the Blue Cross laboratory billing policies?

You can review and research the billing policies and guidelines included in this program online by going to www.BCBSLA.com and look under the Helpful Links section at the bottom of the page.

Frequently Asked Questions

8. **What sources are used in developing the laboratory billing policies?**

Sources used to develop policies include, but are not limited to, utilization data, position statements from professional medical societies and publications from entities recognized as leaders in evidence-based healthcare research, such as the National Comprehensive Cancer Network (NCCN) and USPSTF and others. Appropriate literature sources are queried to derive relevant content for placement into these policies.

There is documentation of what clinical condition/laboratory test is addressed by the policy (definition), why the test is important to consider, given the clinical condition (background), what recommendations from credible sources currently exist to advise on the appropriateness of testing (guidelines), and when testing is/is not considered appropriate, in the form of lab testing policy coverage statements (indications/limitations of coverage).

Policies are reviewed by the Avalon Clinical Advisory Board (CAB), which is comprised of experts with well-renowned expertise in their fields of hematology, laboratory science, molecular genetics, and pathology. They bring practical insights, front-line laboratory experience, and real-world use cases to their review and approval of our lab policies that support the goal of delivering value-driven care. Once approved from the scientific, evidence-based standpoint, the policy is further evaluated by the Blue Cross clinical and coding departments and approved.

Frequently Asked Questions

9. What billing rules are applied as part of the laboratory benefit management program?

- Mutually exclusive procedures
- Unit limits on a single date of service (within and across claims)
- Unit limits over a period
- Frequency between procedures
- Appropriateness of the clinical situations (i.e., analysis of all diagnosis codes on the claim)
- Demographic edits (limitations on age)

10. Does Avalon review all diagnoses on a claim?

Yes, all diagnoses on a claim are considered.

11. Are services that do not follow the lab policy program billable to the member?

Providers must adhere to our lab testing policies. No payment will be owed to providers for services that do not adhere to our lab testing policies and providers may not bill a member for any unpaid amounts for services that do not adhere to our lab testing policies.

Frequently Asked Questions

12. How do providers dispute a laboratory benefit management claims determination?

These policies and supporting research are published to minimize disputes, however if an issue arises, providers can use our standard process. For more information on this process, read the *A Guide for Disputing Claims* Tidbit at www.BCBSLA.com/providers, choose “Resources” and look under the “Tidbits” section.

13. Who can providers contact with questions about this laboratory benefits management program?

Providers may contact the Blue Cross Provider Relations Department at provider.relations@bcbsla.com. Please put “Lab Billing” in the subject line.