A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana

2nd Quarter 2017

# provider networknews

providing health guidance and affordable access to quality care

## INSIDE THIS ISSUE



## Blue Cross Introduces AIM Specialty Care Shopper Program

AIM Specialty Health® (AIM) has a shopper program that allows members to choose, based on quality and cost, the diagnostic imaging facility where their services are rendered.

Beginning July 1, 2017, Blue Cross and Blue Shield of Louisiana is introducing the AIM Specialty Care Shopper program to our individual Preferred Care PPO and HMO Louisiana, Inc. members for MR and CT services.

This means that your Blue patients may be contacted directly by AIM to inform them of an alternative high-quality, lower-cost diagnostic imaging center.

This voluntary program gives members an opportunity to make informed choices about their healthcare and the associated costs.

It is important for diagnostic imaging providers to have a completed ***Opti****Net*® assessment. Without one, AIM cannot determine the quality of diagnostic imaging services they deliver to their patients and therefore, will not offer their services to members.

***Opti****Net* assessments must be completed in the AIM ***Provider****Portal*SM available through iLinkBlue (www.BCBSLA.com/ilinkblue).

**For more on completing the *Opti*Net® assessment see Page 2.**

### How the Shopper Program Works

1. The ordering provider enters an authorization in the AIM ***Provider****Portal*SM and selects a rendering provider.
2. Once the authorization is complete, AIM determines if there are any alternative diagnostic imaging providers of high-quality and lower-cost.
3. AIM then notifies the member of the alternatives with the offer to switch the member to a high-quality, lower-cost facility. If the member chooses to switch, AIM schedules a new appointment at the alternate facility, updates the member authorization and reminds the member to cancel the original appointment.
4. AIM notifies the ordering physician and the member of the new authorization information.

**providers.BCBSLA.com**
**www.BCBSLA.com/ilinkblue**

Louisiana

Provider Network

## New Security Process for Administrative Representatives

We are committed to providing the highest level of protection when accessing our secure online services. Adding administrative representatives was the first step in placing our online services under a higher level of security.

Our next step is to add multi-factor authentication (MFA) for administrative representatives. MFA provides improved security and privacy.

MFA is a security feature that delivers a unique identifier via email, text or other formats. Beginning August 26, this identifier will be the first step of the login process in the Security Setup Tool.

More information about MFA will be sent to administrative representatives soon.

## Upcoming Provider Survey

Later this summer, we will launch a new Provider Experience Survey designed to help us understand your experience and satisfaction with Blue Cross. The survey will cover various types of interactions that you may have had with us throughout the past year.

Our goal is to identify areas for improvement and work toward making your interactions with us as efficient and easy as possible. Your participation and feedback are valued and appreciated.

## *OptiNet*® Assessment for Diagnostic Imaging Providers

***Opti****Net* is an AIM Specialty Health® (AIM) online registration tool that gathers information about the technical component capabilities of diagnostic imaging services.

We offer members and their ordering providers the option to "shop" for quality, lower-cost diagnostic imaging services. Without an ***Opti****Net* score, you miss out on this option of exposure to Blue members.

### Why Is Your Score So Important?

For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in transparency programs such as our Shopper program or future reimbursement incentives.

### How Is Your Score Calculated?

***Opti****Net* calculates a score for each provider. This score is based on the information self-reported through the online assessment. The site score measures basic performance indicators that are applicable for the facility as a whole, such as general site access, quality assurance and staffing. The modality-specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality.

### How to Access ***Opti****Net*

1. Log into iLinkBlue (www.BCBSLA.com/ilinkblue)
2. Click on the Clinical Resources menu option
3. Click on the AIM Specialty Health Authorizations link; this link takes you to AIM's ProviderPortal℠
4. Click on Access Your ***Opti****Net* Registration on the left menu bar
5. Click the green Access Your ***Opti****Net* Registration button

**Not getting our newsletters electronically? Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line. Please include your name, organization name and contact information.**

## Provider Availability Standards

Blue Cross is committed to providing access to high-quality healthcare to all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. Within this context and with input and approval from various network providers who serve on our Medical Quality Management Committee, we developed the following Provider Availability Standards and Acute Care Hospital Availability Standards.

| TYPE | DEFINITION | AVAILABILITY STANDARD | EXAMPLES |
|---|---|---|---|
| Emergency | Medical situations in which a member would reasonably believe his/her life to be in danger, or that permanent disability might result if the condition is not treated | Immediate access, 24 hours a day, 7 days a week | • Loss of consciousness<br>• Seizures<br>• Chest pain<br>• Severe bleeding<br>• Trauma |
| Urgent | Medical conditions that could result in serious injury or disability if medical attention is not received | 30 hours or less | • Severe or acute pain<br>• High fever in relation to age and condition |
| Routine Primary Care | Problems that could develop if untreated but do not substantially restrict a member's normal activity | 5 to 14 days | • Backache<br>• Suspicious mole |
| Preventive Care | Routine exams | 6 weeks or less | • Routine physical<br>• Well-baby exam<br>• Annual Pap smear |

### Additional Availability Standards

- Network physicians are responsible for assuring access of services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to ensure patient awareness and access after hours to another participating physician.
- All network providers must offer services during normal working hours, typically between 9 a.m. and 5 p.m.
- Average office waiting times should be no more than 30 minutes for patients who arrive on time for a scheduled appointment.
- The physician's office should return a patient's call within four to six hours for an urgent/acute medical question and within 24 hours for a non-urgent issue.

### Acute Care Hospital Availability Standards

- Acute care hospitals are responsible for ensuring access to services 24 hours a day, 365 days a year.
- All contracted hospitals must maintain emergency room or urgent care services on a 24-hour basis and must offer outpatient services during regular business hours, if applicable.

Provider Network

## Save the Date for Our Facility Workshops

Free Facility Workshops are coming to cities near you in September 2017. These workshops offer facilities training and educational materials on a wide range of topics. Each location will have only one session.

| | |
|---|---|
| **September 13, 2017** | **Baton Rouge**<br>Blue Cross Campus<br>9 a.m. to noon |
| **September 14, 2017** | **Lake Charles**<br>Reeves Catering<br>9 a.m. to noon |
| **September 19, 2017** | **Lafayette**<br>Wyndham Garden<br>9 a.m. to noon |
| **September 20, 2017** | **Pineville**<br>Country Inn & Suites<br>9 a.m. to noon |
| **September 21, 2017** | **Bossier City**<br>Hilton Bossier City<br>9 a.m. to noon |
| **September 22, 2017** | **West Monroe**<br>Hilton Garden Inn<br>9 a.m. to noon |
| **September 26, 2017** | **Houma**<br>Ellendale Country Club<br>9 a.m. to noon |
| **September 27, 2017** | **Metairie**<br>Sheraton Metairie<br>9 a.m. to noon |

We will soon email invitations to the correspondence email address we have on file for facility providers, and the invitation will be the only way to RSVP your attendance.

If you currently do not get communications via email or need to update your correspondence email address, please use the Provider Update Request Form available at providers.BCBSLA.com >Resources >Forms.

## In-network Labs Reminder

Participating providers in our networks agree to assist us in our efforts to keep our members' costs down. One way to do that is to refer our members—your patients—to preferred reference laboratories.

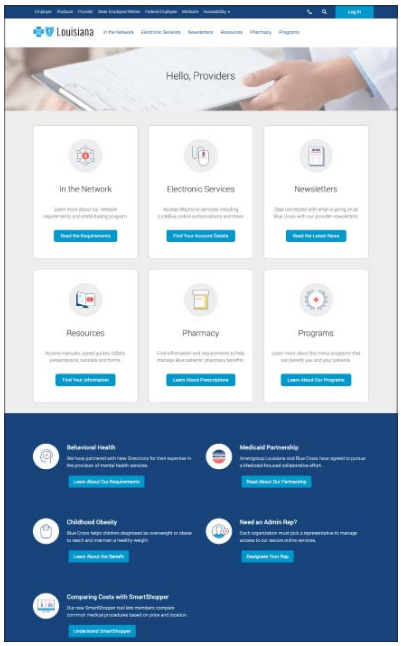
Through data analysis, we continue to identify providers who are not referring our members to contracted reference laboratories. Providers who consistently do not refer members to network reference labs may be subjected to lower allowable charges.

Please refer to your *Professional Provider Office Manual*, which states that all network providers should refer members to participating preferred reference laboratories when lab services are needed and are not performed in the provider's office.

Our preferred reference laboratory guidelines are available in our provider manuals and speed guides online at providers.BCBSLA.com >Resources.

## New Provider Page: providers.BCBSLA.com

In May, we changed the look and feel of our website to better serve our member and provider needs.




The updated design of our Provider Page (providers.BCBSLA.com) offers improved usability and easier navigation to locate important resources and information. The Provider Page is the online home to resources such as provider manuals, speed guides, newsletters, forms and more.

Be sure to save the new URL to your favorites.

Billing & Coding

## Updated Code Ranges

We recently completed reviews of new 2017 CPT® and HCPCS codes. As a result, we have updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges.

Effective July 1, 2017, the following CPT codes are being added to the Outpatient Procedure Services code list:

| | | | |
|---|---|---|---|
| 0474T | C9745 | C9746 | C9747 |

Effective July 1, 2017, the following CPT and HCPCS codes are being added to the Diagnostic and Therapeutic Services code range list:

| | | | |
|---|---|---|---|
| 0469T | 0473T | Q9985 | Q9989 |
| 0470T | C9489 | Q9986 | |
| 0471T | C9490 | Q9987 | |
| 0472T | Q9984 | Q9988 | |

These changes do not affect existing codes and allowables. It simply allows our system to accept these codes appropriately for claims adjudication.

## Updated Drug Allowables

We updated the reimbursement schedule for drug and drug administration codes, effective for claims with dates of service on and after September 1, 2017. These allowables are available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Payments" section.

Professional providers can use the Professional Provider Allowable Charges Search application to access the allowable charges by entering "2017-09-01" in the "Select a Date" field. Facility providers can access these drug allowable charges under the “Facility Allowables” link.

## Updated HCPCS and DME Allowables

The new schedule of HCPCS allowable charges will be effective for claims with dates of service on and after July 1, 2017.

To find a new allowable charge, log into iLinkBlue (www.BCBSLA.com/ilinkblue), select “Payments” on the menu bar to access the Professional Provider Allowable Charges Search tool. In the “Select a date” field, enter “2017-07-01” and enter a HCPCS code in the code field.

## Modifier FX for X-rays Taken Using Film

Effective January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) created Modifier FX. Append Modifier FX for X-rays taken on film to all appropriate codes billed on claims. Medicare applies a 20 percent reduction to the technical component (included when billed globally) of the X-ray.

Please append Modifier FX to all Blue Cross claims for X-rays taken on film. This is for informational purposes only. Blue Cross will not reduce reimbursement based on Modifier FX at this time. Network providers are notified in advance of any reimbursement changes.

## Postoperative Complications

Blue Cross follows Medicare guidelines for the treatment of a member seen within the global period for a surgery-related issue.

All additional medical or surgical services required of the surgeon during the postoperative period of the surgery because of complications that do not require additional trips to the operating room are included in the global surgery payment. If the provider is treating the patient for complications following surgery in an office visit during the postoperative global period, the visit would not be separately reimbursed.

The provider may bill CPT® 99024 for informational purposes only to indicate that an evaluation and management service was performed during a postoperative period for a reason related to the original procedure.

## Billing & Coding

### Use Modifier 50 for Bilateral Procedures

We are seeing an increase in the number of bilateral procedures being coded and billed incorrectly. As a reminder, the modifier used to report single and multiple bilateral procedures is 50.

- **Single Bilateral (Modifier 50)** procedures can anatomically be done bilaterally only once per session.
- **Multiple Bilateral (Modifier 50)** procedures can anatomically be done bilaterally multiple times per session.

Correct claim submission of a bilateral procedure is the code on one line with Modifier 50 and "1" in the units field.

Proper billing of bilateral procedures ensures correct reimbursement and eliminates the need for refund requests and payment adjustments.

As outlined in our provider manuals, multiple surgical procedures are procedures performed during the same operative session and bilateral procedures are considered multiple procedures. For complete bilateral procedure billing guidelines, please refer to our provider manuals available online at providers.BCBSLA.com >Resources and in iLinkBlue at www.BCBSLA.com/ilinkblue >Resources.

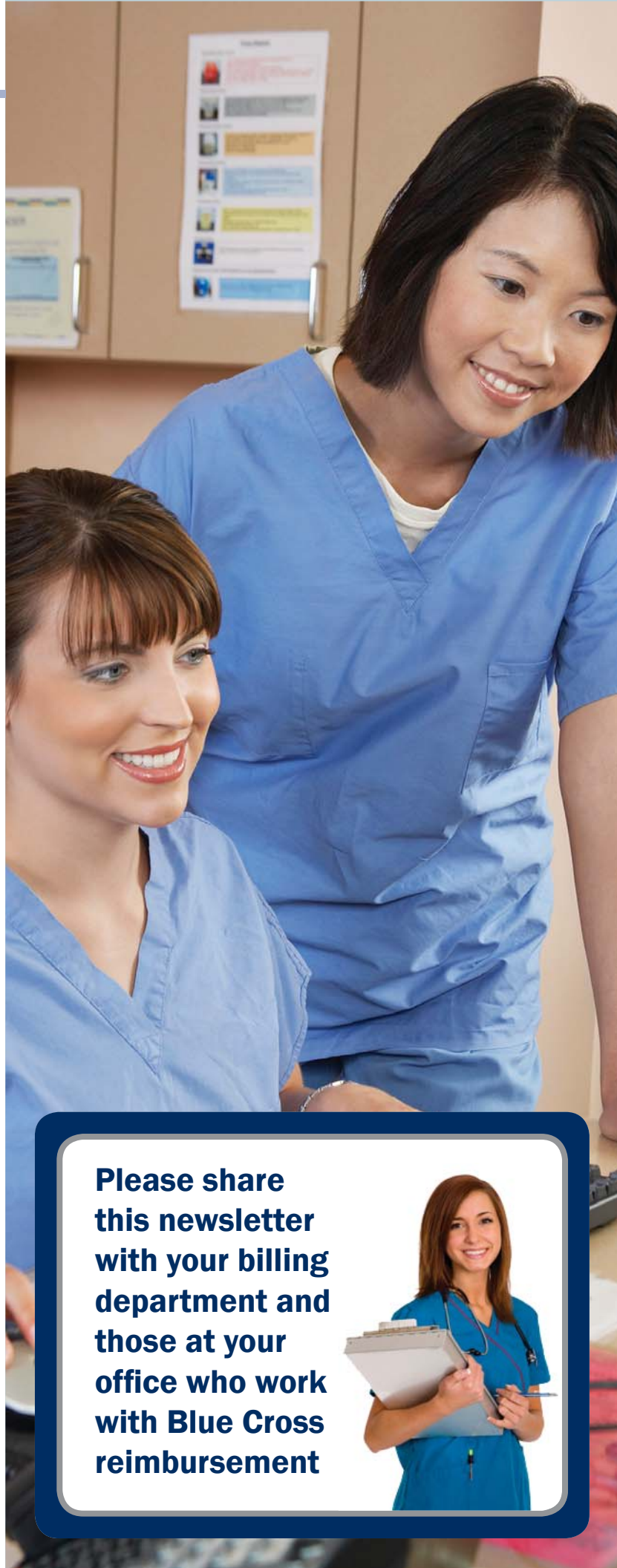
### Outpatient Bilateral Procedures Eligibility

We use the CMS *National Physician Fee Schedule* Bilateral Surgery indicator to determine if a procedure code is eligible for bilateral reimbursement for facility providers. Only codes with an indicator of "1" are considered eligible for bilateral reimbursement under the Outpatient Procedure Services Program. For specific biling guidelines for professional providers, please refer to the provider manual.

### Claims Submission Reminders

We strive to process your claims in a timely manner. To help expedite the processing time:

- claims must be filed with valid NPI numbers for both billing and rendering providers
- claims must have the corresponding tax identification number and the current member identification number including the 3-digit alpha prefix
- neither member nor provider Social Security numbers are accepted



**Please share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement**

# Medical Management

## New Review Policy for Spine Surgery and Pain Management Services

Effective for dates of service on and after November 1, 2017, AIM Specialty Health® will administer for Blue Cross medical necessity reviews of all spine surgery and pain management services for our fully-insured members.

These reviews will be based on both Blue Cross and AIM medical policies. Services that do not clearly meet criteria will be reviewed by board-certified-like specialists.

Services that do not meet criteria will be deemed as not medically necessary or investigational and are not billable to the member.

All inpatient services require prior authorization. While most benefit plans do not require an authorization for outpatient spine surgery and pain management services, preservice review is recommended to establish medical necessity prior to rendering service. If a preservice review is not performed, the claim will reject for medical review and will need to be refiled once a determination is made.

## HHS-RADV Audits

Required by the ACA, health plans must submit a sample of risk adjustment related data to the Centers for Medicare and Medicaid Services for review. This process is known as an HHS-RADV audit. To meet this requirement, Blue Cross has partnered with Ion Healthcare to conduct the audit, and Health Data Vision, Inc. (HDVI) to collect medical records for the audit.

The HHS-RADV audit process is underway. Please assist HDVI with their medical record requests for our members. For the scope of this audit, Blue Cross will require medical records for dates of service between January and December of 2016.

Per your provider agreement, you are not to charge a fee for providing medical records to us or agencies, such as Ion Healthcare and HDVI, acting on our behalf.

## New Directions Now Scheduling Member Appointments

New Directions Behavioral Health engages with network providers, on our behalf, to improve quality outcomes for our members. This includes ensuring that our members meet post-discharge standards for quality of care.

New Directions Case Managers and Care Transitions staff provides assistance to members and facilities by directly scheduling outpatient appointments with providers.

Providers can help by:

- Promptly returning calls to New Directions staff.
- Allowing New Directions staff to schedule appointments for members on their behalf.
- Scheduling members within seven days of discharge from an inpatient stay, when possible.

As a reminder, a release of information form is NOT required for a provider to release a member's information to New Directions Behavioral Health staff per HIPAA Privacy Rule at 45 CFR 164.501.

Blue Cross collaborates with New Directions to promote quality care for members, which can increase HEDIS rates for the Follow-up After Hospitalization (FUH) for Mental Illness measure. This HEDIS measure is the percentage of discharges for members six years of age and older who were admitted to an inpatient acute level of care for treatment of selected behavioral health illness diagnoses and who had a follow-up visit with a behavioral health practitioner. Two rates are reported:

1. The percentage for follow-up within 30 days
2. The percentage for follow-up within seven days

The follow-up appointment can be with a therapist or another behavioral health practitioner. However, visits occurring on the same day of discharge are no longer given credit toward the FUH measure.

# Medical Management

## Medical Policy Update

Blue Cross regularly develops and revises medical policies in response to rapidly changing medical technology. Our commitment is to update the provider community as medical policies are adopted and/or revised. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated medical policies, all of which can be found on iLinkBlue at www.BCBSLA.com/ilinkblue.

## New Medical Policies

Policy No. Policy Name

**Effective March 15, 2017**

00542 N eteplirsen (Exondys 51™)

**Effective April 19, 2017**

00548 C Gene Expression Profiling for Uveal Melanoma

00550 C nusinersen (Spinraza™)

00551 C Rayaldee® (calcifediol)

00552 C Eucrisa™ (crisaborole)

00553 C Auvi-Q® (epinephrine auto-injector)

00554 C deflazacort (Emflaza™)

00556 C Vestibular Function Testing

00557 C Trulance™ (plecanatide)

**Effective May 17, 2017**

00555 C telotristat (Xermelo™)

00559 C ocrelizumab (Ocrevus™)

00560 C bezlotoxumab (Zinplava™)

## Recently Updated Medical Policies

Policy No. Policy Name

**Changes Effective March 15, 2017**

00011 C Bone Growth Stimulation

00170 C Immune Globulin Therapy

00324 C GLP-1 Agonists for Diabetes

00328 C Medical Management of Obstructive Sleep Apnea Syndrome

00343 C Topical Acne Products

00344 C Topical Acne Kits

00472 C Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]

**Changes Effective April 19, 2017**

00127 C Treatment of Tinnitus

00232 C External Insulin Pump

00249 C Plasma Exchange (PE)

00378 C Genetic Testing for the Diagnosis of inherited Peripheral Neuropathies

00405 C cysteamine Delayed Release Capsules (Procysbi®)

**Changes Effective May 17, 2017**

00017 C Cochlear Implant

00057 C Hematopoietic Cell Transplantation for Hodgkin Lymphoma

00184 I Surgical Ventricular Restoration

00406 C Transcatheter Aortic Valve Implantation for Aortic Stenosis

**Changes Effective June 1, 2017**

00201 C Breast Brachytherapy

00446 I Proteomic Testing for Targeted Therapy in Non-Small-Cell Lung Cancer

### Medical Policy Coverage Legend

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

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

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

## Medical Policy Highlight
## Policy No. 00328: Medical Management of Obstructive Sleep Apnea Syndrome

Effective for dates of service on and after March 15, 2017, we have updated the following patient selection criteria for the Medical Management of Obstructive Sleep Apnea (OSA) Syndrome.

Facility-based titration study and/or auto-adjusting continuous positive airway pressure (APAP) titration must meet the following medical criteria:

Facility Based Titration

- Patients with severe OSA with documented AHI 30 or greater, or
- Patients with OSA complicated by comorbid diseases such as super-obesity with BMI 50 or greater, congestive heart failure, chronic obstructive pulmonary disease, central sleep apnea syndromes, and hypoventilation syndromes associated with obesity, chronic opioid use, and neuromuscular disease affecting respiration are not appropriate for APAP and may have a continuous positive airway pressure (CPAP) titration study in an attended sleep laboratory if a split night study was not previously performed.

APAP Titration

- Uncomplicated OSA patients not meeting criteria for facility-based titration study will be required to utilize an APAP trial.

Our full medical policy is available in the medical policy index on iLinkBlue at www.BCBSLA.com/ilinkblue.

## Accessing Medical Policies Online

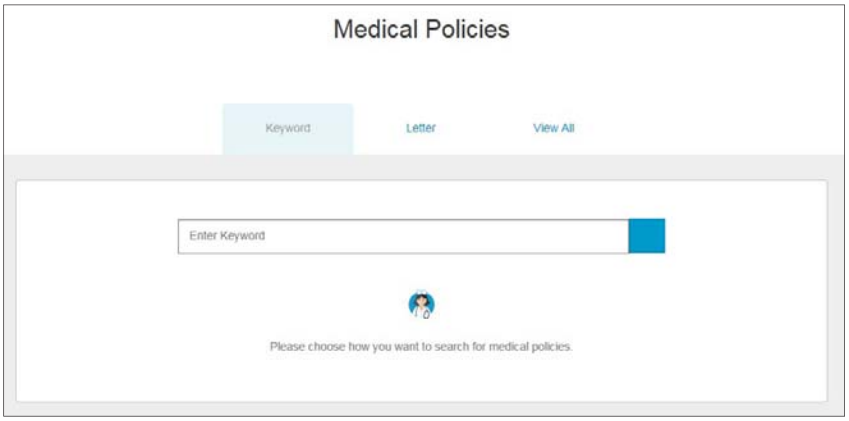
Did you know our medical policies are on iLinkBlue (www.BCBSLA.com/ilinkblue)? From the iLinkBlue menu, select "Clinical Resources" then "Medical Policy Guidelines" to open the Medical Policy Index.

This index was recently enhanced and now has several new features.

On the "Keyword" tab, you can enter a policy number or title in the search tool to research current medical policies. You can also enter a procedure code to find policies that include that code.

Use the "Letter" tab to open an alpha-index list of policies that allows you to alphabetically search for medical policies.

The "View All" tab opens a complete list of all current Blue Cross and Blue Shield of Louisiana medical policies.





Be specific when using the keyword search tool. Entering partial policy titles or generic terms often returns more search results than needed.

# Member Benefits

## Getting Care Quickly

Members can save time and money by getting the right care in the right setting. Providers can use this guide to help Blue patients better understand their benefits and the available care options.

| Primary Care | BlueCare | Urgent Care | Emergency Care |
|---|---|---|---|
|  |  |  |  |
| $$ | $$ | $$$ | $$$$ |

**Primary Care Physician (PCP)**
**Cost:** $$
**Wait Time:** 20 minutes – 1 hour

The PCP can take care of the member's basic medical needs and is the best place to start when sick. The PCP knows the member's medical history, can offer preventive care services to stay healthy, help spot diseases in the early stages, prescribe medicine and refer to a specialist when necessary. To help your Blue Cross patients without a PCP find a provider in their network, visit BCBSLA.com/FindCare.

**BlueCare**
**Cost:** $39 or less (patients may get a refund later, depending on their plan type and benefits)
**Wait Time:** 30 minutes

One option for your Blue Cross patients to find care after hours or on weekends is BlueCare, our first telehealth platform. BlueCare lets patients have online doctor visits 24 hours a day, seven days a week, using any device with internet access and a camera. BlueCare can be an effective way to treat routine health needs like cold, cough, allergies, stomach bugs, bladder infections, rashes or pink eye. To sign up for BlueCare, patients can go to www.BlueCareLA.com or download the BlueCare (one word) app for Android and Apple devices.

**Urgent Care Center**
**Cost:** $$$
**Wait Time:** 30 minutes – 1 hour

Urgent care centers can treat immediate conditions that are not a life-threatening injury or illness. If a member cannot visit his or her PCP, most urgent care centers have extended hours, including evenings and weekends. Our online provider directories at BCBSLA.com/FindCare can help patients find locations and hours of network urgent care centers.

**Emergency Room**
**Cost:** $$$$
**Wait Time:** 1 hour or more

In the case of a true emergency, members should visit the nearest emergency room (ER) to receive treatment for severe or life-threatening conditions. This can include such conditions as a stroke, heart attack, drug overdose, seizure, serious burn or uncontrolled bleeding.

Unnecessary ER visits are a big driver of healthcare costs. Patients can often get care for routine health needs in a doctor's office or other, less-expensive setting. Blue Cross recently launched a Web page, BCBSLA.com/ER, with tools and tips to help members learn more about when it is appropriate to use the ER and options are getting care.

## Company News

### Blue Cross Names Dr. Vindell Washington Chief Medical Officer

Dr. Vindell Washington joined Blue Cross and Blue Shield of Louisiana as chief medical officer on June 8, 2017.

He brings extensive experience in leading clinical teams and in health IT, most recently as the National Coordinator for Healthcare Information Technology at the U.S. Department of Health and Human Services.

He was responsible for coordinating nationwide efforts to implement and use health information technology and facilitating the electronic exchange of health information to improve the health of Americans. His office played a key role in several of the health priorities of the past federal administration, including delivery system reform, the Cancer Moonshot and the Precision Medicine Initiative.

Prior to that, Washington was at the Franciscan Missionaries of Our Lady Health System in Baton Rouge for more than seven years, leaving as president of the medical group, where he focused on transforming care delivery. While at the health system, he also served as vice president of performance excellence and technology and chief medical information officer.

Washington is a board-certified emergency medicine physician. Before coming to Baton Rouge, he served as chief executive officer of Piedmont Emergency Medicine Associates, a large private group in Charlotte, North Carolina.

He received his undergraduate degree from Pennsylvania State University and his medical degree from the University of Virginia. He also received a Master of Science degree in healthcare management from the Harvard School of Public Health.

## BlueCard® Program

### Unsolicited Refund Checks Are Not Accepted

As a reminder, when a provider suspects an overpayment on a BlueCard® claim has occurred, please do not send refund checks to us or the member's Blue Plan.

The BlueCard department does not accept unsolicited refund checks. They will be returned without being processed, thus delaying the refund process.

For more information about the BlueCard refund process, see our *Refund Request Guidelines for BlueCard* provider tidbit, available online at providers.BCBSLA.com >Resources.

### Do you need to update your contact information?

Use the Provider Update Request Form to update or correct your practice's contact information, including the correspondence email address.


Louisiana
Provider Update Request Form

It is available online at providers.BCBSLA.com >Resources >Forms.

## STAY CONNECTED

Visit BCBSLA's Provider Page: providers.BCBSLA.com

Connect with us on Facebook: bluecrossla

Follow us on Twitter: @BCBSLA

Watch us on YouTube: bluecrossla

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## What's New on the Web

providers.BCBSLA.com

- **UPDATED** provider tidbits are available under the Resources section

## Important Contact Information

**Authorization**
See member's ID card

**BlueCard® Eligibility**
1-800-676-BLUE
(1-800-676-2583)

**EDI Clearinghouse**
(225) 291-4334
EDICH@bcbsla.com

**FEP**
1-800-272-3029

**Fraud & Abuse**
1-800-392-9249
fraud@bcbsla.com

**iLinkBlue & EDI**
1-800-216-BLUE (1-800-216-2583)*
iLinkBlue.ProviderInfo@bcbsla.com

**Network Administration**
1-800-716-2299 Fax: (225) 297-2750
network.administration@bcbsla.com

**Provider Services Call Center**
1-800-922-8866

**Claims Filing Address**
P.O. Box 98029
Baton Rouge, LA 70898

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

## Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available at providers.BCBSLA.com >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 providers.bcbsla.com, >Newsletters.

The content in this newsletter may not be applicable for Blue Advantage (HMO), our Medicare Advantage product and provider network. For Blue Advantage, we follow CMS guidelines, which are outlined in the *Blue Advantage (HMO) Provider Administration Manual*, available on the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/ilinkblue).

## Get This Newsletter Electronically

Your correspondence email address allows us to electronically keep you abreast of the latest Blue Cross news and some communications that are sent via email only. Email provider.communications@bcbsla.com and please include a contact name, phone number and your provider number.

**Please share this newsletter with your insurance and billing staff!**