

provider networknews

providing health guidance and affordable access to quality care

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Fall Means It's Time to Get Your Flu Vaccination

As we reach the cooler temperatures of fall, remember that cold and flu season is coming. Please advise your patients of the importance of an annual flu vaccination.

The Centers for Disease Control and Prevention (CDC) recommend that everyone six months of age and older get a flu vaccination each year. Children younger than five, adults 65 years and older and pregnant women are all considered high-risk for flu complications and are strongly encouraged to get vaccinated; as well as people suffering from asthma, diabetes, HIV/AIDS, forms of cancer or heart disease.

According to the CDC, last year's flu season saw more than:

- 37 million flu-related illnesses;
- 17 million flu-related medical visits;
- 531,000 flu-related hospitalizations; and
- 36,400 flu-related deaths.

Blue Cross and Blue Shield of Louisiana covers flu vaccines at 100 percent when members receive them from a network provider or participating retail pharmacy. This means our members pay no copayment, coinsurance or deductible for their flu shot.

Note: if the flu vaccine is billed with a sick or regular visit, members must still pay their cost share, as applicable, for the sick services.

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



Louisiana

Provider Network

AIM Cardiology Process Update

We partner with AIM Specialty Health® (AIM) to administer prior authorizations for non-emergent cardiology services.

AIM recently updated their cardiology review process to allow providers to request a pre-service review of extremity duplex studies and Non-Invasive Vascular (NIV) studies. Previously, all extremity duplex studies and NIV studies could only be reviewed post-service.

Requesting a Review

To initiate a request for medical necessity review for cardiology services, use the AIM **ProviderPortal**SM through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" menu option. You may also contact AIM directly at 1-866-455-8416.

Appropriate-use Criteria

Medical necessity reviews for cardiology services are based on both Blue Cross and current AIM appropriate-use criteria. AIM Clinical Appropriateness Guidelines for the cardiology program are available at www.aimspecialtyhealth.com, then click on "DOWNLOAD NOW," and then "Cardiology."

AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

AIM Updates For November

Effective for dates of service on and after November 10, 2019, AIM is updating clinical appropriateness guidelines in the following areas:

- Oncologic Imaging
- Vascular Imaging
- Cardiac Imaging

The full details for these new guidelines and all AIM appropriate-use criteria are available online at www.aimspecialtyhealth.com. Click the "DOWNLOAD NOW" button then choose the appropriate guidelines section.

To request a medical necessity review, please access the AIM **ProviderPortal**SM through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" menu option. You may also contact AIM directly at 1-866-455-8416.

OGB Offers Employees New Access Health Network



Effective July 1, 2019, Office of Group Benefits (OGB) has been approved by the Joint Legislative Committee of The Budget to enter into a partnership with Access Health Primary Care Clinics to deliver a capitated network to its State of Louisiana employees, retirees and dependents.

The employees, through direct enrollment by OGB, have access to Access Health's more than 57 participating locations in a direct primary care program and network.

This network is not offered by Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc.

If you have any questions about the Access Health network, contact OGB directly at 1-800-272-8451, Monday – Friday, 8 a.m. to 4:30 p.m.

Not Getting Our Newsletters Electronically?

Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line, and include your:

- Name
- Organization name
- Contact information

Upcoming Webinars

Keeping you up-to-date with all things Blue Cross is important to us. We are hosting several provider webinars throughout the year. Invitations are sent via email a month before scheduled webinars. Below are webinars that are scheduled for this fall:

New to Blue Cross Webinar for Facility Providers

Wednesday, October 16 at 10 a.m.

Overview of Blue Cross and Blue Shield of Louisiana processes and resources; recommended for facility providers new to the network or new office staff.



New to Blue Cross Webinar for Professional Providers

Wednesday, October 16 at 2 p.m.

Overview of Blue Cross and Blue Shield of Louisiana processes and resources; recommended for professional providers new to the network or new office staff.

If it is less than two weeks from the webinar date and you have not received an invitation, send an email to provider.relations@bcbsla.com to request registration. Be sure to include the webinar name, date and time you wish to attend in your email.

Pre-registration is required to attend these webinars.

New Payment Policy for Nucleic Acid Probes

Blue Cross periodically reviews our payment policies, and as a result of our most recent review, we are adding a multiple-service reduction for nucleic acid probe services.

Nucleic acid probe CPT® codes 87471-87801, 0068U and 0096U-0100U for the same patient, for the same encounter will be subject to a multiple-service reduction effective for dates of service on and after November 1, 2019.

The multiple-service reduction will apply as follows:

- Individual CPT or HCPCS codes billed with multiple units will be reimbursed based on the allowable charge at:
 - 100 percent for the first and second unit
 - 50 percent for the third unit
 - 25 percent for the fourth unit
 - 5 percent for the fifth or any additional units
- Each CPT or HCPCS code will be reimbursed based on the allowable charge at:
 - 100 percent for the initial lab
 - 100 percent for the second lab
 - 50 percent for the third lab
 - 25 percent for the fourth lab
 - 5 percent for the fifth or any additional labs

Clinical editing and medical policy may also affect reimbursement for these codes.

To review current medical policy coverage guidelines, access our medical policy index available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" menu option.

If you have questions about the multiple-service reduction for nucleic acid probe services, you may contact Network Development at network.development@bcbsla.com or 1-800-716-2299, option 1.

Billing & Coding

New Coding Bundles for Sinus Procedures

As a reminder for all providers of sinus surgery, as of 2018 new bundled codes were created for reporting endoscopic sinus surgical procedures and endoscopic sinus ostial dilation procedures. These new codes are:

- 31253
- 31257
- 31259
- 31298

Because of these new bundled codes, CPT code 31255 may no longer be reported with CPT codes 31276, 31287 and 31288.

When performing a total ethmoidectomy with either a frontal sinus exploration or a sphenoid sinusotomy with or without tissue removal, surgeons are instructed to report the appropriate bundled CPT code. Similarly, CPT codes 31296 and 31297 may no longer be reported together, and when performing ostial dilation of both the frontal and sphenoid sinuses, providers are instructed to report 31298.

Please also remember that surgical nasal endoscopic procedures are unilateral procedures, and each side should be coded appropriately. For an example, if a surgeon performs a left sided total ethmoidectomy and right sided total ethmoidectomy with frontal sinus exploration, the surgeon should report 31255-LT and 31253-RT.

However, if the surgeon performs bilateral total ethmoidectomy with frontal sinus exploration, then the surgeon would report 31253-50.

Lastly, code 31253 should not be reported with either 31257 or 31259 because of the overlapping work of the total ethmoidectomy.

If total ethmoidectomy is performed with both frontal sinus exploration and sphenoid sinusotomy with or without tissue removal on the same side, then the surgeon should report either 31253 with 31287 or 31288; or 31276 with 31257 or 31259.

Updated Outpatient Code Ranges

We recently completed reviews of the new 2019 CPT and HCPCS codes. As a result, we have updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges.

Effective July 1, 2019, the following HCPCS codes have been added to the Diagnostic and Therapeutic Services code range list:

90619	C9047-C9052	J9030
0084U-0104U	J1444	J9036
0552T	J7208	J9356
0554T-0562T	J7677	Q5112-Q5115

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

0543T-0551T	0553T	C9756
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The following codes have also been added to the Diagnostic and Therapeutic Services code range list, effective October 1, 2019:

0105U-0138U	J3031	J9269
J0121-J0122	J3111	J9313
J0222	J7314	Q4205-Q4206
J0593	J7332	Q4208-Q4222
J1097	J7401	Q4226
J1303	J9118-J9119	Q5116-Q5118
J1943-J1944	J9204	
J2798	J9210	

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

Share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement.

Billing & Coding

Reminder on Pass-through Billing and Billing for Services Not Rendered

Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. You may only bill for services that you or your staff perform.

Blue Cross and HMO Louisiana, Inc. do not permit pass-through billing, and you should not bill any pass-through services to our members.

Per our policy, providers may only bill for the following indirectly performed services:

1. The service of the performing provider is performed at the ordering provider's place of service and is billed by the ordering provider, or
2. The service is provided by an employee of a physician or other professional provider (e.g., physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse, midwife or registered first assistant, who is under the direct supervision of the ordering provider and the service is billed by the ordering provider) with use of the appropriate modifier when billing.

Additionally, billing for services not rendered, including lab services, is not permissible. Only the performing provider should bill for the services rendered (i.e. their patient).

We do not allow business arrangements of purchasing other entities' receivables, as this type of arrangement creates overpayments and misrepresentations in performing providers' payments.

Unlisted Codes Review Process Ongoing

We continually work to enhance our processes for reviewing claims with unlisted codes to determine the most appropriate price for services, equipment and supplies. Once a fee is established for a code without a fee, it will be added to the fee schedule and appear on the fee schedules in iLinkBlue. Please remember that in order to expedite claims processing and payment, providers should submit the following information when filing unlisted codes:

- Description of service and operative report if surgery is involved
- The comparable HCPCS/CPT code
- Invoice if durable medical equipment (DME) is involved
- National Drug Code (NDC) and drug name if submitting a J code or other drug code and invoice for the drug(s) billed charges on a single date

Claims-editing System Implementation Update

The implementation of our new claims-editing software system (CES) was successful. Optum's CES tool, enables us to effectively and consistently manage healthcare delivery and reimbursement by identifying potentially incorrect coding relationships on submitted claims.

As in the past, we will continue to enhance the CES tool to administer BCBSLA policies in accordance with member and provider contracts. The system changes will be based on a combination of national coding edits, CPT guidelines, specialty society guidelines, clinically-derived edits and federal regulations and policies governing healthcare claims.

To help assist with this transition, we have made a new CES tool available in iLinkBlue (www.BCBSLA.com/ilinkblue) that will allow you to access the new code-editing system logic.

For information on disputing a claim, you may review our Guide for Disputing Claims tidbit, available online at www.BCBSLA.com/providers >Resources >Tidbits.

If you have any questions, please contact Provider Relations at provider.relations@bcbsla.com.

Billing & Coding

Tips to Know

Do's and Don'ts for E&M Coding

Blue Cross is implementing a new audit program for evaluation and management (E&M) coding. Recently, we have noticed some inconsistencies in billing practices for both primary care physicians and specialists with regards to these codes.

As a reminder, when billing E&M CPT codes 99201-99215, your medical record documentation must prove medical necessity of a service in addition to the required components of the code. It is not appropriate to bill a higher-level E&M service when a lower level is warranted.

The correct code for an E&M visit should be chosen based on the complexity of the visit. This is determined by the number of problems and the extent that the problems are addressed and documented in the record. The amount of documentation should not be the primary factor for what level of service is billed.

Medical decision-making should be the key component used to select the level of E&M code. Providers should follow the 1995 or 1997 documentation guidelines for E&M Services. For your convenience, these guidelines can be found on the CMS website at www.cms.gov.

Here are some examples from a recent specialty provider E&M audit to help clarify our expectations for coding based on medical decision-making:

- **Cardiology E&M Level 99214**

An office visit for an established patient, a 45-year-old female, presents to clinic for results of echocardiogram and a 24-hour holter monitor. The patient has bradycardia and essential hypertension, and also thinks she's pregnant. Provider reduced medication from 200mg BID to 100mg BID and advised patient to consult with an OB/GYN. The patient was advised to return to clinic if symptoms return, otherwise follow-up in one year.

- **Allergy & Immunology E&M Level 99213**

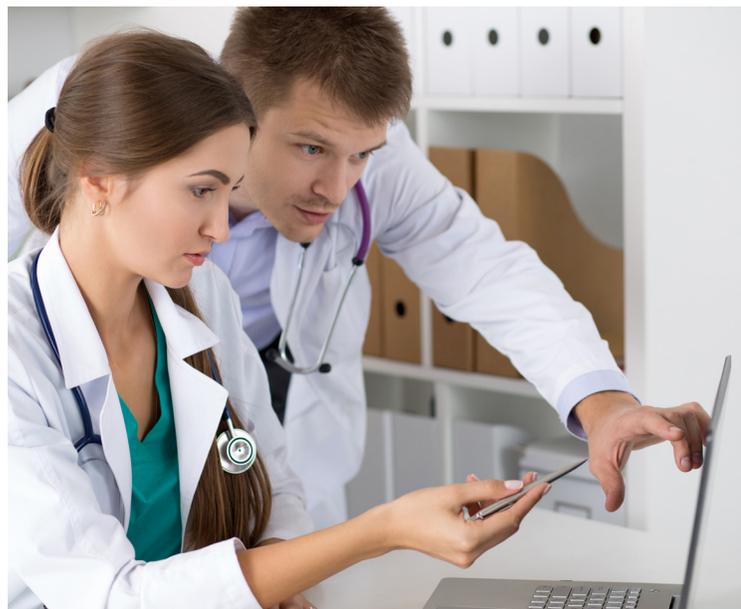
An office visit for an established patient, a 59-year-old male, presents to clinic for allergy status evaluation and first injection. The patient has allergic rhinitis due to pollen. Patient and provider have discussion on allergy management, shot dosage and intervals. The first injection is given to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

- **Urology E&M Level 99213**

An office visit for an established patient, a 62-year-old male, presents to clinic for right flank pain that has lingered for four weeks. Patient has history of BPH. Urinalysis is negative. KUB report 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.

- **Neurology E&M Level 99213**

An office visit for an established patient, a 52-year-old, presents to clinic for follow-up of cervical myelogram. The patient has cervical spondylosis with radiculopathy, and sees a primary care physician for diabetes and hypertension. The myelogram was positive for cervical spondylosis and stenosis. The provider advised the patient to continue medication and return for a follow-up of ordered EMG nerve conduction studies.



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.

Recently Updated Medical Policies

Policy No. Policy Name

Effective June 19, 2019

- 00108 **C** Sacral Nerve Neuromodulation/Stimulation
- 00232 **C** External Insulin Pump
- 00341 **C** Tetracyclines (oral)
- 00343 **C** Topical Acne Products
- 00395 **C** Insulins (Non-Long Acting Products)
- 00409 **C** Genetic Testing for Idiopathic Dilated Cardiomyopathy
- 00472 **C** Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
- 00526 **C** Select Inhaled Respiratory Agents
- 00557 **C** Select Drugs for Constipation
- 00631 **C** Sensipar® (cinacalcet)
- 00640 **C** Restasis®, Cequa™ (cyclosporine ophthalmic)
- 00659 **C** Orilissa™ (elagolix)

Effective July 18, 2019

- 00200 **C** certolizumab pegol (Cimzia®)
- 00353 **C** Non-steroidal Anti-inflammatory Drugs (NSAIDs)
- 00372 **C** teduglitide [rDNA origin] (Gattex®)
- 00511 **C** reslizumab (Cinqair®)
- 00513 **C** ixekizumab (Taltz®)
- 00527 **C** Topical Antifungals
- 00575 **C** Basal Insulin/Glucagon Like Peptide (GLP) -1 Agonist Combination Products

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

Effective July 18, 2019

- 00587 **C** brodalumab (Siliq™)
- 00588 **C** guselkumab (Tremfya™)
- 00603 **C** Pharmacologic Treatment of Off Episodes in Parkinson Disease
- 00651 **C** tildrakizumab-asmn (Ilumya™)

Effective August 14, 2019

- 00012 **C** Botulinum Toxins
- 00169 **C** Cytochrome P450 Genotype-guided Treatment Strategy
- 00336 **C** Lovaza® (omega-3-acid ethyl esters capsules)
- 00455 **C** Treatment of Hepatitis C with sofosbuvir/ledipasvir (Harvoni®, Authorized Generic)
- 00494 **C** Transcatheter Mitral Valve Repair
- 00514 **C** Treatment of Hepatitis C with sofosbuvir/velpatasvir (Epclusa®, Authorized Generic)
- 00518 **C** Select Muscle Relaxants
- 00523 **C** Select Antihherpetic Agents (topical buccal)
- 00541 **C** Select Anti-Epileptic Drugs
- 00550 **C** Treatment for Spinal Muscular Atrophy
- 00562 **I** Molecular Testing in the Management of Pulmonary Nodules
- 00593 **C** Treatment of Hepatitis C with glecaprevir/pibrentasvir (Mavyret™)
- 00642 **C** Select Oral Oncology Drugs
- 00652 **C** Netarsudil Ophthalmic Products (Rhopressa®, Rocklatan®)

Effective September 11, 2019

- 00034 **C** Treatment of Varicose Veins/Venous Insufficiency
- 00222 **C** omalizumab (Xolair®)
- 00247 **C** Electromagnetic Navigation Bronchoscopy
- 00318 **C** Topical Corticosteroids
- 00391 **C** Tumor Treating Fields Therapy
- 00435 **C** Genetic Testing for Mitochondrial Disorders

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, go to iLinkBlue at www.BCBSLA.com/ilinkblue to access the Medical Policy Guidelines tool under the "Authorizations" menu option.

Medical Policy Update

Recently Updated Medical Policies (cont.)

Policy No. Policy Name

Effective September 11, 2019

- 00531 **C** penicillamine (Cuprimine®)/trientene (Syprine®), generics
- 00554 **C** deflazacort (Emflaza™)
- 00564 **C** Select Dexamethasone Packs
- 00646 **C** Calcitonin Gene-Related Peptide (CGRP) Antagonists
- 00648 **C** avatrombopag (Doptelet®)
- 00650 **C** lusutrombopag (Mulpleta®)

Effective September 28, 2019

- 00537 **C** Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve

New Medical Policies

Policy No. Policy Name

Effective June 19, 2019

- 00663 **C** amikacin suspension (Arikayce®)
- 00675 **C** elapegamase-IVlr (Revcovi™)

Effective July 1, 2019

- 00662 **I** Hydrogel Spacer Use During Radiotherapy for Prostate Cancer

Effective July 18, 2019

- 00677 **C** risankizumab-rzaa (Skyrizi™)
- 00678 **C** emapalumab-lzsg (Gamifant™)
- 00681 **C** esketamine (Spravato™)

Effective August 1, 2019

- 00672 **C** Myocardial Strain Imaging

Effective August 14, 2019

- 00676 **C** amifampridine (Firdapse®, Ruzurgi™)
- 00683 **I** Surgical Deactivation of Headache Trigger Sites
- 00686 **C** romosozumab-aqqg (Evenity™)
- 00687 **C** Prograf® granules (tacrolimus)

Effective September 11, 2019

- 00685 **C** brexanolone (Zulresso™)
- 00689 **C** cladribine (Mavenclad®)

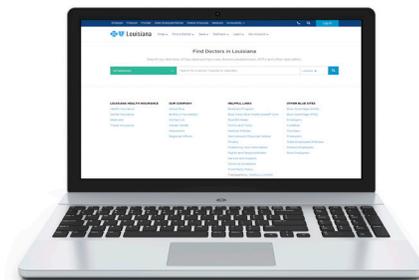
Do you need to update your contact information?

Our [Provider Update Request Form](#) is available to update or correct your practice's contact information, including the correspondence email address. It is available online at www.BCBSLA.com/providers >Resources >Forms.

Credentialing

Network Provider Directory Changes Coming Soon

Blue Cross' provider directory is a crucial tool to help our members connect with providers. As such, we are committed to maintaining current and accurate information in that directory.



In order to help improve the online directories available at www.BCBSLA.com >Find a Doctor, we will soon be making changes to when we publish providers in our directories.

In the next month, look for a direct provider notice that includes the full details and policy. This policy will apply only to professional providers.

If you need to update or correct your practice information, please use the Provider Update Request Form. It is available online at www.BCBSLA.com/providers >Resources >Forms. Once completed, please email to network.administration@bcbsla.com for processing.

Credentialing Committee Now Meeting Bimonthly

Blue Cross' credentialing committee will now be meeting twice each month in order to help make the credentialing process more efficient for providers wishing to join our networks.

Please remember the following for credentialing and provider data maintenance requests, in order to help ensure that they are processed in a timely manner:

- Requests to join our networks or maintain network participation, including the credentialing and recredentialing processes, must be submitted on appropriate applications; and
- Requests for provider data maintenance must be submitted on the appropriate Blue Cross form.

All credentialing packets and Provider Update forms are available online at www.BCBSLA.com/providers>Provider Networks >Join Our Networks.

Medical Management

HEDIS Spotlight for Pediatricians

To help address the ever-growing epidemic of childhood obesity, Blue Cross would like to remind providers about a HEDIS measurement for weight assessment and counseling for nutrition and physical activity for children and adolescents.

This measure includes the percentage of members ages 3-17 that have had an outpatient visit with a Pediatrician/OB-GYN/PCP during the measurement year (for the current HEDIS season this is 2019).

Use the correct medical record documentation to assure that your efforts are acknowledged.

Compliance for this measure includes a dated note for each of the following:

- BMI percentile documentation: BMI percentile must be documented as a value to be compliant for this measure. If BMI value only is documented, this is noncompliant for this HEDIS measure. Documentation should be done as a percentile or plotted on a growth chart. Ranges and thresholds such as 85-95 percent or >95 percent are not HEDIS-acceptable.
- Counseling for physical activity: At a minimum, discuss exercise/sports routines and daily screen time. Document your own counseling or guidance, and/or referrals to a nutritionist or a local program such as "Eat Well, Play Hard."

An example of noncompliant documentation would be, "Jane is cleared for gym class." An example of compliant documentation might be, "Jane participates on the swim team."

- Counseling for Nutrition: Documentation must include a note indicating at least one of the following:
 - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors);
 - Checklist indicating nutrition was addressed;
 - Counseling or referral for nutrition education; or
 - That the member received educational materials on nutrition during a face-to-face visit.



Here are some tips for success:

1. BMI, nutritional/physical activity counseling can be completed at a well or sick visit.
2. Be specific with diet and activity items—list the foods or activities discussed.
3. If using paper charts, implement a checklist to capture the date of service upon which you discussed these topics.
4. A weight or obesity counseling referral will satisfy both the nutrition and physical activity components.

For more information on this topic, including coding hints, please refer to:

www.brightfutures.aap.org

www.floridablue.com/docview/HEDIS-Documentation-and-Coding-Guide

An example of noncompliant documentation would be, "Jane is well nourished" or "Jane has a good appetite." An example of compliant documentation would be, "Jane drinks milks with meals" or "Jane eats yogurt at snack time."

Remember that office summary visits including instructions for nutrition and physical activity are compliant for the measure following a face-to-face visit with the provider.

For any additional questions, please email us at HEDISTeam@bcbsla.com.

Medical Management

Blue Cross Reminds Louisiana Women to Get Screened for Breast Cancer

October is Breast Cancer Awareness month and Blue Cross and Blue Shield of Louisiana joins other healthcare organizations in reminding women of the importance of being screened for this disease.

Breast cancer is the most common cancer in American women and it is the second-leading cause of cancer death for women.

Fortunately, breast cancer screening is very effective at catching the disease early, when treatment is most likely to be successful. Most women begin having mammograms around age 40, but Blue Cross encourages members to talk to their doctors about breast cancer screening and what they should do, based on their individual health history and risk factors. Breast self-awareness is important, too.

Ask your patients to let you know if they notice anything unusual or different, such as lumps or changes in the skin around their breasts.

If you have Blue Cross patients who are going through breast cancer treatment, they can get support and health coaching at no cost through Blue Cross Care Management.

Patients can visit www.BCBSLA.com/stronger for more information on how to connect with a health coach or sign up for programs and services.

September is National Suicide Prevention and Awareness Month

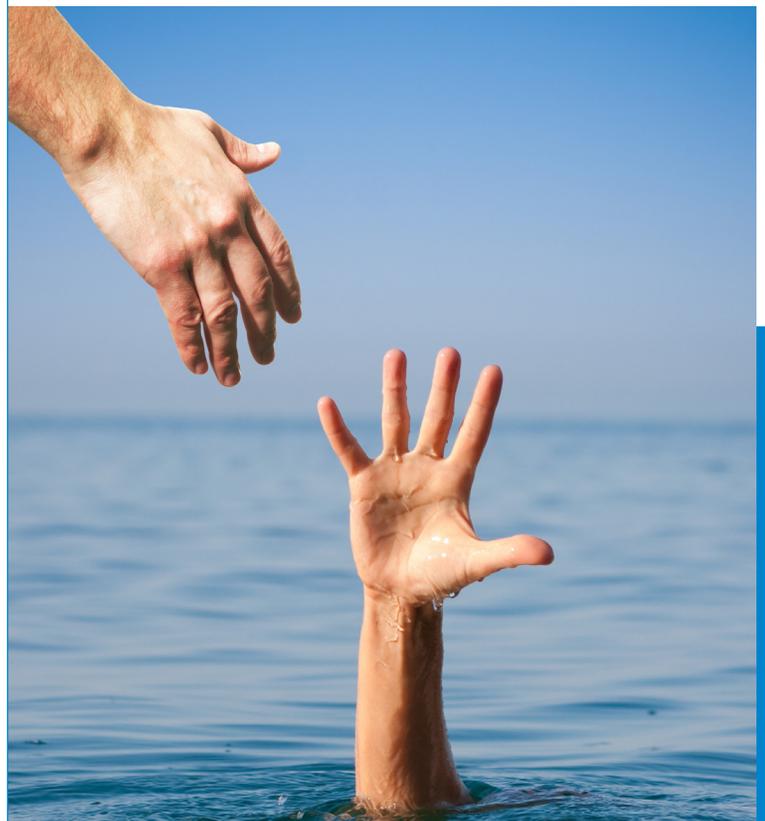
According to the Centers for Disease Control and Prevention (CDC), nearly 45,000 Americans die by suicide every year. Suicide is the second leading cause of death for young people, ages 10-34.

One way we can help lower these statistics is to know the signs and provide education to our members.

New Directions Behavioral Health has recently added a toolkit on their website to promote suicide prevention and awareness. The toolkit includes posters, articles and other sharable materials that you can promote during September, and all year round.

This toolkit is available to members and providers. Please share this information and join us in our efforts to #StopSuicide and save lives.

Visit www.ndbh.com/suicide, or call the National Suicide Prevention Lifeline at 1-800-273-8255. New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



Company News

Blue Cross CEO Signs Diversity Pledge

Championing diversity and inclusion in the workplace, Blue Cross and Blue Shield of Louisiana President and CEO, I. Steven Udvarhelyi, M.D., signed the CEO Action Pledge for Diversity & Inclusion™ in front of

an audience of employees and media at Blue Cross' Baton Rouge headquarters August 13.

In signing the pledge, he joins 700 other presidents and CEOs nationwide to

pledge his commitment to advance diversity and inclusion within the workplace.

"Our vision for diversity and inclusion is to integrate the principles into all aspects of our business," said Udvarhelyi. "It means we're going to integrate them into how we recruit and hire and how we work with our providers, our producers and our suppliers—and, actually, in how we manage our relationships with the members we serve so that we can do a better job to reduce the health disparities that exist in this state."

The pledge signing and commitment is part of Blue Cross' ongoing support for a culture of inclusion.

Earlier this year, Blue Cross received the large business 2019 Diversity Star Award from the Baton Rouge Area Chamber for the company's diversity

and inclusion programs and practices. In 2018, the Greater Baton Rouge Society of Human Resources Managements honored the company with its Excellence in Diversity Award.

CEO Action for Diversity & Inclusion is the largest CEO-driven business commitment to create workplace environments where diverse experiences and perspectives are welcomed and employees feel comfortable and encouraged to discuss diversity and inclusion issues.

In Louisiana, Blue Cross joins Entergy and Xavier University as the only organizations in the state to have signed the pledge.

"I hope others will follow our example and commit themselves to being a champion for diversity and inclusion in the workplace in Louisiana," said Udvarhelyi.



STAY CONNECTED



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www.BCBSLA.com/providers



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What's New on the Web

www.BCBSLA.com/providers

- **UPDATED** New and revised medical policies. You may view these policies under Resources > New/Revised Medical Policies.

Important Contact Information

Authorization

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

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

Provider Services Call Center

1-800-922-8866

Claims Filing Address

P.O. Box 98029
Baton Rouge, LA 70898

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

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.

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.

Please share this newsletter with your insurance and billing staff!