

# provider networknews

2021  
3RD QUARTER

Providing health guidance and affordable access to quality care

## Blue Cross Reminds Louisianians to Stay Mindful of COVID-19 Surge Amid Hurricane Recovery

As southeast Louisiana residents clean up after Hurricane Ida, Blue Cross and Blue Shield of Louisiana reminds them it is still important to be mindful of COVID-19 and to get the vaccine if they have not already.

"Our state has been in a fourth surge of COVID-19 since July, driven by the highly contagious Delta variant," said Dr. Deirdre Barfield, Blue Cross vice president of Medical Management and senior medical director. "As people clean up after the hurricane, they may be working with or staying with people who are not part of their household, which can lead to infections. To prevent getting or spreading COVID-19, it's very important that everyone 12 and older get the vaccine."

Louisianians who scheduled a COVID-19 vaccine but canceled because of Hurricane Ida should get in touch with their healthcare providers as soon as possible to reschedule. If the vaccine site your patients planned to visit closed, they can call the state's COVID-19 vaccine hotline at 1-855-453-0774 for help finding an open vaccine site near them.

"If you were getting your second dose of the Pfizer or Moderna vaccines but the storm prevented that, it's ok to get it a little later than the recommended window," Dr. Barfield said. "But, do not wait too long—contact the vaccine site where you scheduled your second shot and ask when you can make a new appointment."

If patients are fully vaccinated and their vaccine card was lost or damaged during the storm, the Louisiana Department of Health has tips to help them get a replacement card. Louisianians also can use the state's digital driver's license app, LA Wallet, to keep a digital copy of their vaccine cards.

As you clean up from Hurricane Ida, remind your patients that there is a statewide mask mandate in effect. All Louisiana residents age five and older must wear a face mask that covers their nose and mouth when in indoor, public places. If patients are staying with people who are not part of their household, wearing a face mask and keeping at least six feet apart can help prevent the spread of COVID-19.



Visit the Blue Cross and Blue Shield of Louisiana YouTube channel ([www.YouTube.com/bluecrossLA](http://www.YouTube.com/bluecrossLA)) to see short videos on COVID-19 and other health topics. Subscribe to know when we add new videos. You can connect with Blue Cross on social media for regular updates. Blue Cross posts on Facebook, Twitter, LinkedIn, Instagram and TikTok. You are welcome to share Blue Cross' videos and social media content with your patients through your practice's social media or website.

For information on what Blue Cross is doing in response to COVID-19, visit our COVID-19 Provider Resources page, [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) then click on the link at the top of the page.

[www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

# PROVIDER NETWORK

## Additional COVID-19 Authorization Waivers Ending



In response to the latest COVID-19 surge, Blue Cross announced we are waiving authorization requests for inpatient transfers to a lower level of care on and after August 9, 2021, as part of the Emergency Rule 46. These authorization requests will remain in place until further notice.

Blue Cross electively added authorization waivers effective August 20, 2021. These additional waivers will end on September 30, 2021. Starting October 1, 2021, normal authorization processes will apply.

### Criteria for Authorization Waivers Applied between August 20 and September 30, 2021:

- Urgent Inpatient Admissions and Stays:
  - All diagnoses for emergent/urgent stays will be approved.
  - Facilities must still notify Blue Cross of stay; however, medical review activities throughout stay are not required.
  - In-network benefits apply for participating providers.
  - Exception does not apply for elective, scheduled admissions or transplants.
  - Exception does not apply to out-of-state or non-participating providers/facilities.
- Outpatient Services and Durable Medical Equipment (DME) Services:
  - For COVID-19 diagnoses only.
  - Providers must still notify Blue Cross of services; however, medical review activities are not required.
  - In-network benefits apply for participating providers.
  - Exception does not apply to out-of-state or non-participating providers/facilities.

## Are You Filing an Appeal on Behalf of a Member?

Providers, remember that appeals of claims related to the member's contract benefits, limitations, exclusions or cost share (deductible, coinsurance, copayment) require a signed authorization from the member. Incorrect filing can cause the submission to be routed to the wrong area of Blue Cross and delay the process of responding to the member's issue.

Our Medical Appeal Request and Administrative Appeal request forms both include fields for patients to designate providers as their authorized representative in the process. These forms are available online at [www.BCBSLA.com/forms-and-tools](http://www.BCBSLA.com/forms-and-tools), under "Appeal and Claim Forms."

**Louisiana providerTIDBIT**  
a guide to claims and appeals for providers

**A Guide for Disputing Claims**

\*How does this guide help? This guide provides information on how to ensure that your appeal is routed to the appropriate area of the company. This chart lists the best way to respond (and not respond) when providers submit a claim information by e-mail, and where to send the information so the appeal is as quick and efficient as possible.

\*For corrected claims, please review our Corrected Claims Tidbit, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Tidbits.

Claims Issue	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"> <li>• Supporting medical documentation</li> <li>• Copy of Blue Cross letter of request for medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Dispute Form</li> <li>• Claim Form</li> </ul>	BCBSLA - Med. Cal. Records P.O. Box 90051 Baton Rouge, LA 70899-0051
Claim rejected as a duplicate	<ul style="list-style-type: none"> <li>• LinkBlue Action Request</li> <li>• Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Dispute Form</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or BCBSLA P.O. Box 90020 Baton Rouge, LA 70899-0020
Authorization penalty when authorization was obtained	<ul style="list-style-type: none"> <li>• LinkBlue Action Request</li> <li>• Call Customer Care Center</li> </ul>	<ul style="list-style-type: none"> <li>• Written request</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or refer to the customer service number listed on the back of the member ID card
Claim denied for primary center's replication of another (BPO)	<ul style="list-style-type: none"> <li>• Claim with "DK from primary center"</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Dispute Form</li> <li>• Letter of Appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or BCBSLA P.O. Box 90020 Baton Rouge, LA 70899-0020
Claim denied for a BlueCard® medical provider request for authorization (BPO)	<ul style="list-style-type: none"> <li>• "Provider Dispute Form"</li> <li>• "Formal letter of appeal including ration" (supporting medical documentation)</li> </ul>	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Appeal Request Form</li> </ul>	BCBSLA P.O. Box 90020 Baton Rouge, LA 70899-0020 or Fax to (225) 297-2727

\*The Provider Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms. The Medical Appeal or Administrative Appeal request forms are available at [www.BCBSLA.com/forms-and-tools](http://www.BCBSLA.com/forms-and-tools).

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More information on disputing claims can be found in our Guide for Disputing Claims tidbit, which is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Tidbits.

# PROVIDER NETWORK

## Credentialing Corner

### Initial Credentialing and Recredentialing

Blue Cross requires that network providers are recredentialed every three years. Failure to timely submit the application during the recredentialing cycle will result in network termination. Should this occur, the terminated provider must complete the full credentialing process to rejoin our networks. The provider's effective date cannot be backdated prior to approval by the credentialing committee. That will create a gap in network participation from the time of termination until credentials are regained.

For more on our credentialing requirements for both professional and facility providers, visit the Credentialing section of our Provider page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), click "Provider Networks," then "Get Credentialed." Provider type requirement listings are linked under the facility and professional "Credentialing Process" tabs.

The initial credentialing process can take up to 90 days. Our credentialing committee meets twice a month. Upon approval of credentials from the committee, a Blue Cross Provider Contracting Representative then guides the provider through the network agreement process. The provider is still classified as non-participating until a network agreement is signed, executed and an effective date is assigned.

### Correspondence Emails

In today's electronic world, it is important to have a correspondence email address on file with Blue Cross. This allows us to send important communications such as billing guidelines and changes to reimbursement (allowable charges).

To report a new email address or to update the email address already on file with Blue Cross, use our Provider Update Request form. It is digitally-submittable via DocuSign. It can be found on our Provider page under the Resources section; [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms.

## Updated Reimbursement During Credentialing Criteria

Blue Cross recently updated its policy for reimbursement during the credentialing process. Select providers may be eligible to request in-network compensation during the credentialing process even though still classified as non-participating when ALL required criteria are met.

Full eligibility criteria details are available online in our *How to Request Reimbursement During Credentialing Guide*. It can be found at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Resources" and look under "Forms."

If approved for this process, Blue Cross will process the eligible applicant's claims at the member's in-network level of benefits. The eligible applicant agrees to accept Blue Cross' allowables and the member's cost share as payment in full. The applicant may not balance bill the member.

## Always Refer Members to Network Providers

Providers who participate in our networks agree to refer our members, as needed, to other network providers for services. This helps keep our members' costs down.

Some non-participating providers charge more for services than the negotiated allowable charges network providers agree to accept.

If you are unsure if a provider is in the member's network, please consult our online directories. They are available at [www.BCBSLA.com/find-a-doctor](http://www.BCBSLA.com/find-a-doctor).

Network providers who repeatedly refer members to non-participating providers could be subject to an overall contracted rate of reimbursement reduction.

### STAY CONNECTED



Visit BCBSLA's Provider Page:  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)



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Watch us on  
YouTube:  
[bluecrossla](https://www.youtube.com/bluecrossla)

# PROVIDER NETWORK

## Availability Standards for Blue Cross Providers

Blue Cross is committed to providing access to high quality healthcare for all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. To support these commitments, network providers are responsible for meeting the following availability standards:

TYPE	DEFINITION	AVAILABILITY STANDARD	EXAMPLES
Emergency	Medical situations in which a member reasonably believes 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	<ul style="list-style-type: none"> <li>• Loss of consciousness</li> <li>• Seizures</li> <li>• Chest pain</li> <li>• Severe bleeding</li> <li>• Trauma</li> </ul>
Urgent Care	Medical conditions that could result in serious injury or disability if medical attention is not received.	30 hours or less	<ul style="list-style-type: none"> <li>• Severe or acute pain</li> <li>• High fever in relation to age and condition</li> </ul>
Routine Primary Care	Conditions that could be problematic if untreated but do not substantially restrict a member's normal activity.	5 to 14 days	<ul style="list-style-type: none"> <li>• Backache</li> <li>• Suspicious mole</li> </ul>
Preventive Care	Routine exams.	6 weeks or less	<ul style="list-style-type: none"> <li>• Routine physical</li> <li>• Well baby exam</li> <li>• Annual Pap smear</li> </ul>

### Additional Availability Standards

- Physicians are responsible for ensuring 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 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 or urgent care services on a 24-hour basis and must offer outpatient services during regular business hours, if applicable.

## Network News Moving to Electronic-only Format



Beginning in 2022, this newsletter will shift to electronic-only formats, and no longer be mailed hardcopy. You can read it online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Newsletter. It will also be linked through the iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) message board and sent via email.

If you are currently not receiving Provider Network News via email, and would like to, send an email to [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com) with "Newsletter" in the subject line.

## BILLING & CODING

### Newly Issued Drug Codes Added to Claims System

We conduct a biannual review of our drug and drug administration code pricing. In addition to the biannual review, we add newly issued drug codes to our system quarterly and apply reimbursement, as applicable.

As a result of that review the following HCPCS codes were added to our system, effective July 1, 2021:

C9075	C9079	J1951	J9353
C9077	C9080	J7168	Q5123
C9078	J0224	J9348	

### New Codes Added to Outpatient Code Ranges

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

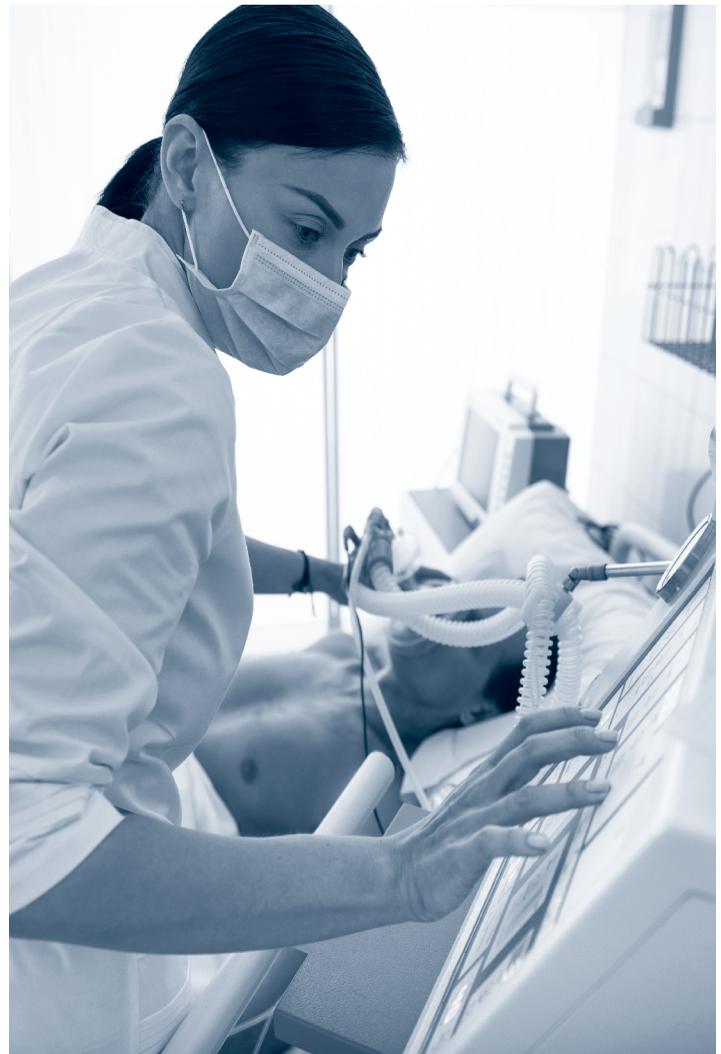
Effective for July 1, 2021, the following codes have been added to the Diagnostic and Therapeutic Services code range list:

0248U	0641T	0663T	C9075	J1951
0249U	0642T	90626	C9076	J7168
0250U	0648T	90627	C9077	J9348
0251U	0649T	90671	C9078	J9353
0252U	0650T	90677	C9079	Q5123
0253U	0651T	90758	C9080	
0254U	0658T	A9593	G0327	
0640T	0662T	A9594	J0224	

Additionally, the following Outpatient Procedure Services code range list has been added:

0643T	0652T	0657T	0665T	0670T
0644T	0653T	0659T	0666T	C1761
0645T	0654T	0660T	0667T	C9778
0646T	0655T	0661T	0668T	
0647T	0656T	0664T	0669T	

These changes do not affect existing codes and allowables. They allow our system to accept these codes appropriately for claims adjudication.



### Ventilator Allowable Charge Update

Effective October 1, 2021, ventilator allowable charges for the HCPCS codes listed below will change. Providers can view allowable charges on iLinkBlue.

- E0466
- E0467

#### Allowables Search Application

Use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) to access the updated allowable charges using our Professional Provider Allowable Charges Search application under the "Payments" section. By "Select a date," enter "10-01-2021" to access the allowable charges that are effective October 1, 2021.

# COVID-19

## Blue Cross Will Cover COVID-19 Boosters for Eligible Members

Following updated guidelines from the U.S. Centers for Disease Control & Prevention (CDC), state health officials announced third doses of the Pfizer COVID-19 vaccine are now available to more Louisianians as a booster. This includes adults 65 and older, people with health conditions that put them at risk for severe COVID-19, and those who live or work in places with a high likelihood of exposure to the virus.

Blue Cross will cover the COVID-19 booster at \$0 out of pocket for eligible members of individual and employer health plans. Eligible members of Medicare and Medicaid plans or uninsured patients also can get a COVID-19 booster vaccine at no cost. This no-cost coverage is required by the Coronavirus Aid, Relief and Economic Security (CARES) Act. Please contact the Customer Service number listed on a member's ID card if you have questions about a member's coverage.

The expanded booster recommendation is only for people who have gotten two doses of the Pfizer COVID-19 vaccine. At this time, a booster of the Moderna vaccine is only recommended for people with health conditions that cause moderate to severe immunity issues.

There is no booster recommendation for people who got the Johnson & Johnson vaccine. The CDC and U.S. Food and Drug Administration (FDA) are studying data on the Moderna and Johnson & Johnson vaccines, and may soon issue broader recommendations for people who got those.

Visit the Louisiana Department of Health website, [www.ldh.la.gov](http://www.ldh.la.gov), to see the latest updates and information about the state's COVID-19 vaccine rollout. You can also see more information about the state's booster vaccine recommendation, including frequently asked questions.



### Who Should Get a COVID-19 Vaccine Booster?

Health officials recommend the following people get a third dose of the Pfizer COVID-19 vaccine if it has been six months or longer since they got the second shot:

- Adults 65 and older
- Adults 18 and older with health conditions that put them at high risk for severe COVID-19
- Adults 18 and older who live or work in places that put them at higher risk of COVID-19 exposure

In August, federal and state health officials recommended the COVID-19 vaccine booster for people who had already gotten two doses of either the Pfizer or Moderna vaccine and who have certain health conditions that affect their immunity. This includes people who:

- Are going through cancer treatment
- Had an organ transplant or stem cell transplant and are taking medicine to suppress their immune systems
- Have HIV or other immune-suppressing health conditions
- Take certain types of prescription drugs that could lower their immunity

## Update on COVID-19 Billing

Blue Cross updated its claims filing system to now accept the following COVID-19 CPT® and HCPCS codes.

0003A – (Pfizer third dose)	M0247
0013A – (Moderna third dose)	M0248
M0201	Q0244
M0244	Q0247

- Professional providers should use the "Professional Provider Allowable Charges Search" tool.
- Facilities should use the "Outpatient Facility Allowable Charges Search" tool.

Providers should not bill Blue Cross for CPT and HCPCS codes that the federal government covers for COVID-19 vaccines and drugs.

Use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) to view allowable charges under the "Payments" section.

# COVID-19

## Blue Cross Policy on COVID-19 Testing

Blue Cross covers diagnostic viral detection and antibody COVID-19 testing with a healthcare provider order. Without a medical order, the member has to pay out of pocket for the test.

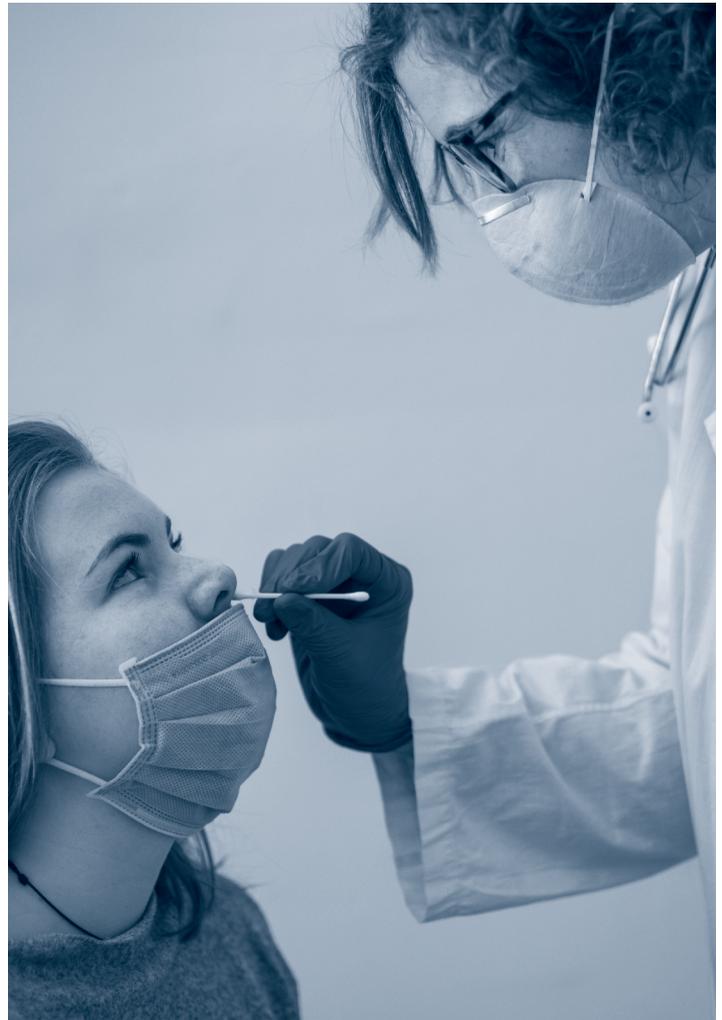
Blue Cross does not cover tests done for public health surveillance, or tests required to return to work or attend recreational events or groups. This includes, but is not limited to school, camps, sporting events or any other activity or venue that requires proof of a negative test. Please do not bill Blue Cross for tests performed for elective reasons.

This policy is consistent with federal guidance from the departments of Labor, Health and Human Services and Treasury, as well as Louisiana state law.

When a COVID-19 test and a sick or regular visit are performed on the same day by the same provider, member cost share (copayment, deductible or coinsurance) applies for the visit.

For information on what Blue Cross is doing in response to COVID-19, visit our COVID-19 Provider Resources page, [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) then click on the link at the top of the page.

For Federal Employee Program (FEP) members only, COVID-19 testing (regardless of the reason)—with the exception of reasons for travel—is covered.



### Our 2022 Provider Manuals are Available

We are releasing the updated versions of our provider manuals for use in 2022. Please review them carefully to understand the changes that will apply for services on and after January 1, 2022. The updated versions include a “2022” marker.

#### Where to Find the New Manuals

Go to our Provider page ([www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)), click on “Resources,” and look under “Manuals” to access the new manuals under the “2022” titled versions.

- *Professional Provider Office Manual*
- *The BlueCard® Program Manual*
- *Dental Network Office Manual*

Facilities must use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) and look under the “Resources” section to access the *Member Provider Policy & Procedure Manual*.

#### Summary of Changes

In the back of each manual, there is a summary of changes outlining the changes that apply for January 1, 2022, and after.

#### Updated Authorization Lists

The professional and facility manuals include the updated lists of services that will require prior authorization for dates of service on and after January 1, 2022.

## 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](http://www.BCBSLA.com/ilinkblue), under the "Authorizations" menu option.

### Updated Medical Policies

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Policy No. Policy Name

#### Effective July 1, 2021

- 00222 omalizumab (Xolair®)
- 00290 pegloticase (Krystexxa®)
- 00567 dupilumab (Dupixent®)

#### Effective July 12, 2021

- 00164 Implantation of Intrastromal Corneal Ring Segments
- 00232 External Insulin Pump
- 00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]
- 00502 Genetic Testing for Neurofibromatosis
- 00505 Transtympanic Micropressure Applications as a Treatment of Meniere Disease
- 00541 Select Anti-Epileptic Drugs
- 00542 Exon Skipping Therapies for Duchenne Muscular Dystrophy
- 00585 anakinra (Kineret®)
- 00642 Select Oral Oncology Drugs
- 00663 amikacin suspension (Arikayce®)

#### Effective August 1, 2021

- 00020 Continuous Passive Motion (CPM)
- 00057 Hematopoietic Cell Transplantation for Hodgkin Lymphoma
- 00193 Mechanical Stretch Devices for Joint Stiffness and Contractures
- 00227 Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies

#### Effective August 9, 2021

- 00026 Retinal Telescreening for Diabetic Retinopathy
- 00304 Vesicular Monoamine Transporter Type 2 Inhibitors: deutetrabenazine (Austedo™), tetrabenazine (Xenazine®), valbenazine (Ingrezza™)
- 00439 vedolizumab (Entyvio®)
- 00460 droxidopa (Northera®, generics)
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00711 Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis
- 00723 Ablation Therapy for the Treatment of Chronic Rhinitis
- 00733 ozanimod (Zeposia®)

#### Effective September 1, 2021

- 00443 Myoelectric Prosthetic and Orthotic Components for the Upper Limb

#### Effective September 13, 2021

- 00008 Automatic Implantable Cardioverter Defibrillators (AICD)
- 00229 Artificial Intervertebral Disc: Cervical Spine
- 00324 GLP-1 Agonists for Diabetes
- 00336 Lovaza® (omega-3-acid ethyl esters capsules)
- 00431 tasimelteon (Hetlioz®, Hetlioz LQ™)
- 00432 secukinumab (Cosentyx™)
- 00445 Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids
- 00458 Amniotic Membrane and Amniotic Fluid
- 00514 Treatment of Hepatitis C with sofosbuvir/velpatasvir (Eplclusa®, Authorized Generics)
- 00526 Select Inhaled Respiratory Agents
- 00532 oxybate Products (Xyrem®, Xyvav™)
- 00605 Chimeric Antigen Receptor T cell (CAR-T) Therapy
- 00646 Calcitonin Gene-Related Peptide (CGRP) Antagonists
- 00710 Lipid Apheresis

#### Effective October 1, 2021

- 00023 Cryosurgical Ablation of Miscellaneous Solid Tumors other than Liver, Prostate or Dermatologic Tumors
- 00235 Cryosurgical Ablation of Breast Fibroadenomas

### New Medical Policies

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Policy No. Policy Name

#### Effective July 12, 2021

- 00584 lonafarnib (Zokinvy®)
- 00734 mannitol (Bronchitol®)
- 00749 ponesimod (Ponvory™)

#### Effective August 9, 2021

- 00751 evinacumab-dgnb (Evkeeza™)
- 00752 Verquvo™ (vericiguat)

#### Effective September 13, 2021

- 00753 fosdenopterin (Nulibry™)
- 00754 aducanumab-avwa (Aduhelm™)

#### Effective October 1, 2021

- 00578 Cognitive Rehabilitation

## MEDICAL MANAGEMENT

### HEDIS® Spotlight: Measuring Childhood Immunization Status



The Childhood Immunization Status HEDIS measure (CIS) calculates a percentage of the immunizations members receive on or before their second birthday. Those immunizations are as follows:

- four diphtheria, tetanus and acellular pertussis (DTaP)
- three polio (IPV)
- one measles, mumps and rubella (MMR)
- three haemophilus influenza type B (HiB)
- three hepatitis B (HepB)
- one chicken pox (VZV)
- four pneumococcal conjugates (PCV)
- one hepatitis A (HepA)
- two or three rotavirus (RV)
- two influenza (flu) vaccines

Member exclusions require a documented history of specific disease, anaphylactic reactions or contraindications for a specific vaccine. Exclusions also include members in hospice care.

#### How To Improve Your HEDIS Score:

- Use complete and accurate coding and submit claims in a timely fashion.
- Use the Louisiana Immunization Network for Kids registry.
- Properly document the dates and types of immunizations, test results, history of illness and contraindication of illness.
- Educate parents about the importance of timely vaccinations and share the immunization schedule.
- Schedule newborns for visits as soon as possible.
- Document the date of the first hepatitis B vaccine given at the hospital, or any other historical immunizations if done elsewhere. Document the vaccine on the date given, not the date of service for treating the patient.
- Review a child's immunization status each visit. Use both sick and well visits to engage parents and remind them of scheduled preventive-care services for their children. The CDC's recommended schedule link for services is available at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
- Schedule the child's next preventive-care visit before they leave the office.

For questions related to the CIS, please contact [HEDISTeam@bcbsla.com](mailto:HEDISTeam@bcbsla.com).

## BEHAVIORAL HEALTH

### Take Advantage of New Directions Coordination of Care Resources

Blue Cross partners with New Directions Behavioral Health (NDBH) for Managed Behavioral Health. In addition to providing authorizations, NDBH also offers support services for providers and members, including coordination of care and medication reconciliation to help prevent medical errors.

New Directions' Coordination of Care form includes information about member medication that a New Directions Care Manager can review to ensure accuracy and track for necessary follow-up.

A New Directions Care Manager or Clinical Support Coordinator will send you this form on behalf of a member enrolled in the NDBH Care Management program. Within seven days of receipt, please answer the eight questions and email the completed form to [DL\\_Louisiana\\_CM@NDBH.com](mailto:DL_Louisiana_CM@NDBH.com) or fax it to 877-212-5640.

New Directions' care management team works with members and their treatment providers on medication reconciliation reviews after discharge to prevent adverse drug events, improve patient safety and help reduce readmissions. This defined follow-up after a transition helps support providers in their treatment of members and assists in recovery.

## COMPANY NEWS

### Blue Cross Foundation Announces 2021 Angel Award Recipients

This fall, the Blue Cross and Blue Shield of Louisiana Foundation will present The Angel Award® to nine everyday people doing extraordinary good to improve the lives of Louisiana’s young people.

The honorees were chosen from a record-shattering number of nominees — individuals noticed by friends, neighbors and colleagues for their selfless investments of time and compassion in children. Each Angel will receive a \$25,000 grant to the nonprofit organization of their choice.

Following last year’s successful broadcast, The Angel Award will return to Louisiana Public Broadcasting (LPB) for a one-hour special on November 15 at 8 p.m. The special will air on LPB–HD statewide and will livestream at [www.lpb.org/livetv](http://www.lpb.org/livetv), through the LPB App, or on both the Foundation’s Facebook page and the LPB Facebook page.

This year’s Angel Award recipients are:

- Miguel A. Alonso of New Orleans, a case manager for the New Orleans Children’s Health Project (NOCHP).
- Dr. Marc Behar of New Orleans, a longtime advocate, supporter, fundraiser, volunteer and community leader.
- Ken Brown of Lake Charles, an educator at Washington-Marion Magnet High.

- Rylie Duos of Benton, a 13-year-old student and the founder of the CRD No Limits Foundation.
- Stephanie Antley Herrmann of Farmerville, the director of the Union Parish Library.
- James “Big Brown” Joseph of Baton Rouge, a former Harlem Globetrotter, current UPS driver and founder of the Big Brown Reaching Back Foundation.
- Lucas Spielfogel of Baton Rouge, the executive director of the Baton Rouge Youth Coalition.
- Dr. Erin R. Wheeler of New Orleans, the executive director of College Beyond.

Each year, the Foundation also honors a “Blue Angel,” an employee of Blue Cross and Blue Shield of Louisiana who has shown extraordinary commitment to children. This year, the Foundation has selected Kellie DeRouen Duhon of Crowley. Duhon is a long-time volunteer and board member serving The Life of a Single Mom (TLSM), which improves the lives of children by providing education, counseling and support to single mothers. In Louisiana, more than half of children are born to single mothers, according to the CDC. TLSM will receive a \$10,000 grant in Duhon’s name.

More information about the Angel Awards, including a full list of this year’s winners, is available online at [www.BCBSLAFoundation.org](http://www.BCBSLAFoundation.org).



## UPCOMING EVENTS

### Webinars Upcoming in 2021

Blue Cross uses webinars as a way to keep our network providers informed on new and ongoing processes. Preregistration is required to attend these events. We send webinar invitations via email approximately one month before the scheduled event date.

#### Facility Workshop Webinar

**October 5**

These webinars are for providers and their staff who offer services in a facility setting. Topics include appeals, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth, and much more. Webinars are scheduled for 10 a.m. and 2 p.m. on each of the dates listed.

#### BlueCard® Webinar

**October 20**

This webinar covers topics under our BlueCard® Program like authorizations and billing guidelines, filing claims, reimbursements and other resources. If you or your practice works under BlueCard, we recommend this webinar for clinical and business office staff members, as well as those who work with claims and reimbursement to learn important information about how the BlueCard Program works.

# ONLINE RESOURCES

## iLinkBlue Clues

Here are a few tips for understanding some of the processes available in our secure online tool iLinkBlue ([www.BCBSLA.com/iLinkBlue](http://www.BCBSLA.com/iLinkBlue)):

### Digital ID Cards

Providers can access member ID cards when researching a member's coverage information in iLinkBlue. To download a PDF of the card, click the "View ID Card" button on the Coverage Information search results, the Medical Benefits Summary page or the Medical Benefits Detail page.

Note: Digital ID cards are available for medical policies only.



### Resources for BlueCard Members

Providers are able to check coverage information and also claim status for out-of-area members through iLinkBlue.

- Claim Status

Under the submenu, BlueCard – Out of Area Claims Status, in the Claims menu option is where providers are able to submit claims status inquiries for out-of-area (OOA) BlueCard members. Click on "Submit OOA Claims Status Request (276)" to submit an electronic claim status inquiry to the out-of-area member's Blue Plan. Then click on "View OOA Claims Status Response (277)" to access the electronic response from the member's Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute.

- Coverage Information

Use the BlueCard – Out of Area Members section of the Coverage tab to research coverage information for a BlueCard member. Click on "Submit Eligibility Request (270)" to submit an eligibility inquiry to the out of area member's Blue Plan. Click on "View Eligibility Response (271)" to access the electronic response from the member's Blue Plan. iLinkBlue retains eligibility responses for 21 days.

## New Application for Administrative Representatives to Delegate Security Access

Blue Cross is developing a new tool for our administrative representatives for use in early 2022. The way you delegate Blue Cross security access at your organization will be more user friendly.

The new security setup application will be available within iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)). This will replace the Security Setup Tool you currently use today. We listened to your concerns about the difficulties of the current tool. The new application will be easier to use, giving you a better user experience. You will notice simpler navigation while maximizing functionality.

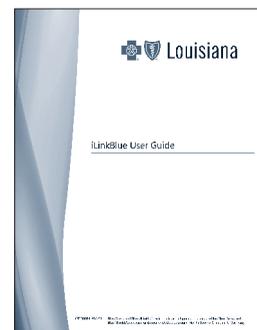
Blue Cross will fully transition you from the old tool to the new application for seamless access. Your login ID and password will be the same and no additional registration is needed. When you log into iLinkBlue, this security application will be a new option available to Administration Representatives.

### Upcoming Education

We will soon have more information about this transition. Our Provider Relations team will be hosting educational webinars early next year. These webinars will showcase the features of the new security application and answer all of your questions. Be on the lookout for more information on the new application.

## Our iLinkBlue User Guide is Online

If you have any more questions about our secure online resource, check out our *iLinkBlue User Guide*, which is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Manuals.





# Louisiana

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

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## What's New on the Web

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)

**Now Online:** 2021 webinar presentations for professional, behavioral health (professional, facility and ABA) providers, and providers New to Blue.

## 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

EDIServices@bcbsla.com  
1-800-716-2299, Opt. 3

### PCDM

1-800-716-2299, Opt. 2

### 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](http://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](http://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 This Newsletter in your Inbox

If you are not already receiving Network News in your email in box and would like to, email [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com) with "Newsletter" in the subject line to join our mailing list.

**This newsletter will move exclusively to electronic formats in 2022.**