

provider networknews

2020

4TH QUARTER

Providing health guidance and affordable access to quality care

CDC Reminds Providers to be Antibiotics Aware

The Centers for Disease Control and Prevention (CDC) is urging healthcare professionals to prescribe antibiotics only when necessary to help fight antibiotic resistance and the spread of superbugs as well as to protect their patients from antibiotic-related adverse drug events. During U.S. Antibiotic Awareness Week and throughout the year, the CDC promotes Be Antibiotics Aware, an educational effort to raise awareness about the importance of safe antibiotic prescribing and use.

The Be Antibiotics Aware initiative provides resources to help improve antibiotic prescribing among healthcare professionals and use among consumers.

The CDC's Be Antibiotics Aware educational effort encourages healthcare professionals to:

- Only prescribe antibiotics when they are clinically indicated. Antibiotics are only needed to treat certain infections caused by bacteria, not viruses like SARS-CoV-2. You can do harm by prescribing antibiotics when they are not needed. Follow clinical guidelines on how best to evaluate and treat infections.
- Optimizing the use of diagnostic tests is critical for improving treatment of conditions like sepsis and stopping the spread of infections, including those caused by SARS-CoV-2.
- Always prescribe the right antibiotic, at the right dose, for the right duration, at the right time. Using the shortest effective duration of antibiotic therapy is the key antibiotic stewardship strategy in all health care settings. The goal is to optimize the treatment of the infection while minimizing the risks of side effects from antibiotics and antibiotic resistance.



BE ANTIBIOTICS AWARE

SMART USE, BEST CARE

- Tell your patients why they don't need antibiotics for a viral respiratory infection, what to do to feel better, and when to seek care again if they don't feel better.
- Talk to your patients and their families about possible harm from antibiotics, such as allergic reactions, *C. difficile* and antibiotic-resistant infections.
- Educate your patients and their families how to recognize the signs and symptoms of worsening infection and sepsis, and to know when to seek medical care.
- If sepsis is suspected, gather patient information and immediately communicate it to hospital healthcare professionals. Antibiotics should be started as soon as possible when sepsis is suspected.

Be Antibiotics Aware has resources to help healthcare professionals (in outpatient and inpatient settings) educate patients and their families about antibiotic use and risks for potential side effects. For more information visit:

www.cdc.gov/antibiotic-use/?s_cid=NCEZID-AntibioticUse-005.



PROVIDER NETWORK

Blue Cross Adding Unbundling Policy

Blue Cross is implementing a new inpatient unbundling policy, effective January 1, 2021, that aligns with the Centers for Medicare & Medicaid Services (CMS) guidelines for billing routine supplies and services. **This policy is effective for all inpatient acute care claims received on and after January 1, 2021.**

The policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting, according to CMS guidelines. The services and supplies identified in the inpatient unbundling policy are not separately reimbursable by Blue Cross and are not billable to our members.

All Blue Cross inpatient acute care claims and itemized bills could be subject to review under this policy. Upon discovery of a supply, item or service identified by the policy, the associated charge will be deemed non-covered/ineligible. Should an adjustment be required to your claim, it will be reflected on your remittance advice.



This policy will be updated in the *Member Provider Policy & Procedure Manual* with the 2021 release in January. That provider manual is available on iLinkBlue at www.BCBSLA.com/ilinkblue, click on "Resources," and then "Manuals."

If you have questions about this letter or the new inpatient unbundling policy, you may contact Provider Relations at provider.relations@bcbsla.com.



2021 Holiday Schedule for AIM and New Directions

- Friday, January 1 – New Year's Day
- Monday, January 18 – Martin Luther King Jr. Day
- Monday, May 31 – Memorial Day
- Friday, July 2 – Independence Day
- Monday, July 5 – Independence Day
- Monday, September 6 – Labor Day
- Thursday, November 25 – Thanksgiving Day
- Friday, November 26 – Day after Thanksgiving
- Friday, December 24 – Christmas Day
- Friday, December 31 – New Year's Day

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

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and HMO Louisiana.

AIM Updates for January 2021

The American Medical Association released CPT® code changes in September 2020. As a result, Blue Cross and Blue Shield of Louisiana is making the following code changes to these AIM Specialty Health® (AIM) programs, effective January 1, 2021:

High-tech Imaging Program

Adding: 71271

Musculoskeletal (MSK) Program

Removing from spine program: 63180, 63182

Removing from pain management program: 0228T, 0229T, 0230T, 0231T

For authorization requests or 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.

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PROVIDER NETWORK

Updated Facility Drug Allowable Supplemental Listing

We conduct a biannual review of our drug and drug administration code pricing. In addition to the biannual review, we also add new drug codes to our system as they come out and apply reimbursement, as applicable.

As a result of that review the following HCPCS codes were added to our system, effective October 1, 2020:

C9060	C9065	J1437	J3032	J9304
C9062	C9066	J1632	J7351	Q4217
C9064	C9067	J1738	J9227	Q5113

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

New Blue HPN Network for 2021

Blue High Performance Network_{SM} (Blue HPN) is a national network focused on enhancing the quality of care and delivery of cost savings to large self-funded groups. This network allows eligible employer groups with employees located throughout the country seamless access to a quality and affordable healthcare network nationwide.

Beginning January 1, 2021, HMO Louisiana, Inc. now offers a Blue HPN network and member benefit option. Blue HPN members have access to providers participating in the Blue HPN network across the nation.

Blue HPN members must access Blue HPN providers in order to receive full benefits. If you are a Blue HPN provider, you will be reimbursed for services provided to Blue HPN members according to your contract with BCBSLA.

Blue HPN is an Exclusive Provider Organization (EPO). This means benefits are only covered for care by in-network providers. It is important to note that for non-Blue HPN providers, benefits for services incurred are limited to emergent care within Blue HPN product areas, and to urgent and emergent care outside of Blue HPN product areas. Benefit limitations are included on the back of the Blue HPN member ID card. If you are a non-Blue HPN provider but participate in the Preferred Care PPO network, you will be reimbursed for services provided to Blue HPN members according to your PPO allowable charges.

Blue HPN members are recognizable by:

- The Blue High Performance Network name on the front of the member ID card
- The HPN in a suitcase logo in the bottom right hand corner of the member ID card

Additional details on this network are available in the 2021 Product Enhancement Guide, and a Blue HPN Network Speed Guide will be available online by February 1. Our speed guides are available online at www.BCBSLA.com/providers > Resources.

PROVIDER NETWORK

COVID-19 Coverage Update

This year has been a challenge for so many with the constant fight against COVID-19. The long weeks and months that have passed since early 2020 prove that COVID-19 will be with us for the long haul. We now consider COVID-19 not a temporary, but a long-term health problem that we can expect to face for an indefinite time.

New advancements in treatment and prevention have brought the need to communicate the current laws for coverage. They also play a part in Blue Cross and Blue Shield of Louisiana's shift to discontinue some temporary provisions we applied early on in this public health emergency. Please read below for important reminders for treating our members—your patients.

Be sure to visit our COVID-19 Provider Resources page, where you can access our latest provider communications. Go to www.BCBSLA.com/providers, then click on the "COVID-19 Provider Resources" link at the top of the page.

New Product Enhancement Guide

The 2021 Product Enhancement Guide is here!



It offers providers a breakdown of enhancements we added to our products and network requirements that are effective January 1, 2021 (and as member policies renew).

The guide offers greater detail on the benefit changes and the policies affected.

We encourage you to fully

review the new guide to determine if any product enhancements will affect your practice and/or Blue Cross patients. It is available online at www.BCBSLA.com/providers > Newsletters.

We will continue to add updated information to this page as it develops.

Our most recent updates include information on:

- Member Cost Share Waiver Guidelines
- Authorization Waivers
- Vaccines and Antiviral Drugs

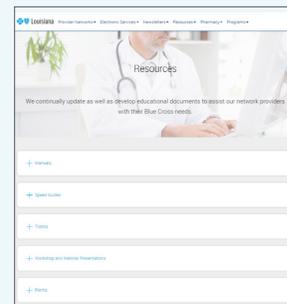
As a reminder, if you have collected cost share amounts for COVID-related services that were covered by Blue Cross, those cost share amounts must be refunded to the member. Use iLinkBlue (www.BCBSLA.com/ilinkblue) to verify claims payment information.

To research provider allowable charges for COVID-19 services, use our allowable charges search tools that are available on iLinkBlue. You may also view member ID cards for our Blue Cross HMO Louisiana members on iLinkBlue.

Updated Resources on the Provider Page

Our Provider page (www.BCBSLA.com/providers) has several updates, including:

- Updated Provider Network Speed Guides
- New and updated medical policies



Additionally, the resources section of the Provider page includes our provider tidbits, network speed guides, updated medical policies and provider manuals.

Reminder When Seeing Members of Boeing Groups

When seeing members enrolled in a Boeing-sponsored group medical plan or Boeing Medicare Part D prescription drug plan, those plans are administered through Blue Cross and Blue Shield of Illinois (BCBSIL). Boeing group member ID numbers start with these prefixes: BBE, BEM, BHP, BNK, BRG or BYR. Remember to always verify member benefits before administering services.

BILLING & CODING

E&M Coding Guideline Revisions for 2021

The American Medical Association (AMA) has released revised evaluation & management (E&M) CPT® code guidelines for 2021. Beginning January 1, 2021, please adhere to the following guidelines when submitting claims to Blue Cross:

For Level of Office Visit:

- When billing E&M CPT codes 99202-99205 and 99211-99215, 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 complexity of medical decision making as documented in the record or the total time dedicated to the patient on the given date of service.
- Either medical decision making or total time can be used to determine the correct code, but these two elements cannot be combined.
- Complexity of medical decision making is based on: a) Number and Complexity of Problems Addressed at the Encounter; b) Amount and/or Complexity of Data to be Reviewed and Analyzed; and c) Risk of Complications and/or Morbidity or Mortality of Patient Management.
- Time for codes 99202-99205 and 99211-99215 is defined as the total time spent by the provider on the day of the encounter. Time does not include time in activities normally performed by clinical staff. Time must be documented separately to indicate the pre-service, intraservice and post-service times.
- Upon audit, providers found to have a lack of medical decision making or time documented in the medical record, for the billed E&M services, will be contacted and risk recoupment of all overpaid amounts.
- Providers must follow 2021 documentation guidelines for coding all E&M services. For your convenience, these guidelines can be found both in the CPT 2021 Professional Edition published by the AMA and at the Centers for Medicare and Medicaid Services (CMS) website; www.cms.gov.



Additional E&M changes will be effective on March 1, 2021:

- Consultation CPT codes 99241-99245, 99251-99255 will be considered invalid for submission to Blue Cross. We will follow the Centers for Medicare & Medicaid Services (CMS) guidelines whereby the E&M procedure codes that describe the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service should be billed instead of consultation codes 99241-99245, 99251-99255.
- E&M office visit reimbursement will be reduced by 50% when an E&M office visit for a member is performed by the same provider on the same day as a preventive medical exam and the service is billed to indicate a significant separately identifiable E&M service was performed.

(See E&M Coding Examples on Page 6.)

BILLING & CODING

E&M Coding Examples

We have prepared the below coding examples to help clarify our expectations for coding the revised American Medical Association (AMA) guidelines based on medical decision making or time.

Primary Care 99213

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

Primary Care 99214

An office visit for an established patient, 62 years old, presents to clinic for follow up of a 24-hour Holter monitor, labs and pulmonary function testing. The patient has hypertension, congestive heart failure, type 2 diabetes and chronic obstructive pulmonary disease (COPD). The results of all tests are reviewed with the patient.

Both the patient's fasting blood glucose and the pulmonary function tests (PFTs) are abnormal, and because of this, adjustments are made to both the patient's diabetes and COPD medications. The patient was directed to return for follow-up in three months and the provider ordered new PFTs, a computed tomography scan of the chest and new labs for that visit.

Coding Based on Time: 99213

An office visit for an established patient, 61 years old. Prior to the patient's arrival on the same day, the provider spends six minutes reviewing the results of the member's labs and CT scan that were previously ordered. Once in the exam room with the patient, the provider then spends 14 minutes face-to-face with the member performing a history and exam and then discussing their assessment and recommendations. After leaving the exam room, the provider then spends five minutes completing the electronic health record and sending prescriptions. The total time spent that day caring for the member is 25 minutes, and this time—including the breakdown—is documented in the medical record.

CREDENTIALING

Credentialing Corner

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

- 1.** We now require a copy of the Collaborating Physician Agreement/Supervising Physician Agreement for nurse practitioners and physician assistants. Please make sure you are attaching a copy of this agreement when submitting your initial Louisiana Standardized Credentialing Application or recredentialing application. If we do not receive this agreement, the entire application will be returned as incomplete.
- 2.** We verify malpractice insurance through a credit rating agency called AM Best. Our requirement states the insurance carrier must maintain an A rating to remain in our networks. If the insurance carrier does not maintain an A rating, your initial application or recredentialing application will be subject to rejection/termination.
- 3.** All recredentialing applications must be submitted through DocuSign®. You will receive an email sent to the correspondence email address on file containing a link to complete your recredentialing application. Therefore, please make sure your correspondence address is up to date at all times, through our Provider Update Form, available online at www.BCBSLA.com/provider >Resources >Forms.
- 4.** The Malpractice Insurance Certificate you submit, must list the providers name on the certificate. If the certificate does not contain the provider's name, you must attach a roster from the insurance company that lists the provider's name.

As a reminder, credentialing criteria lists for professional, facility and hospital-based providers are available online on our Provider Page, www.BCBSLA.com/provider, then click "Join Our Networks."

BILLING & CODING

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

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

As further instructed, this code should only be reported once, regardless of the number of swell bodies treated. As the nasal septum is a midline structure, only one unit of 30117 should be reported, even if work is performed in both nostrils.

COMPANY NEWS

Blue Cross Welcomes New CMO

Blue Cross is excited to announce that Dr. Stephanie Mills, a pediatric emergency medicine physician, who has held numerous healthcare leadership roles, has been appointed as the insurer's Executive Vice President, Health Services and Chief Medical Officer.

Mills is a part of Blue Cross' Senior Management Team and reports to Blue Cross President and CEO, Dr. I. Steven Udvarhelyi. Mills oversees staff, programs and services within Blue Cross' Health Services division, which includes medical management, population health, medical policy, quality management, provider networks and value-based reimbursement, pharmacy management and care delivery.

Mills, a Louisiana native, was most recently president of inHealth Strategies. She helped lead the creation and launch of this Innovation Institute company, which guides healthcare providers, payers, employers and other health system stakeholders in successfully implementing value-based care programs through population health strategies, analytics applications, wellness program development and other services.

Mills drew on her prior experience as president and CEO of Franciscan Health and Wellness Services, an arm of the Franciscan Missionaries of Our Lady (FMOL) Health System, to develop inHealth. Mills held various roles with the FMOL system from 2004 through 2017, including joining as chief medical information officer, then becoming chief information officer for the system and later, vice president of quality and innovation. FMOL created Healthy Lives, a comprehensive, patient-centered preventive care and wellness program, with Mills' leadership.

Proper Use of CPT® Codes 76376 & 76377

CPT code 76367 deals with the work of generating a full three-dimensional model using existing axial, coronal and sagittal images. CPT code 76377 further requires that the work be performed at a separate (usually dedicated) workstation. These codes are not appropriate to use when generating coronal and sagittal images of a CT scan, such as is typically done with in-office cone beam CT scans. Coronal and sagittal reformations are standard components of CT scans and are included in the base payment for the scan. They are also considered to be two-dimensional reconstructions and do not meet the definition of 3D renderings.

"Dr. Mills' experience, passion and dedication to healthcare in Louisiana will allow her to immediately make a transformative impact at Blue Cross as we continue to focus on our mission of improving the health and lives all of Louisianians," said Udvarhelyi.

Before moving into healthcare executive roles, Mills practiced pediatric emergency medicine, including serving as the medical director for the pediatric ER at Our Lady of the Lake Regional Medical Center in Baton Rouge.

Mills is considered a thought leader about healthcare technology, care transformation processes and population health strategies. She is frequently invited to present lectures on these topics for national audiences.

"Blue Cross is in a unique position to impact health for all Louisianians," said Mills. "I'm excited to join the talented clinical team and help drive positive change in my home state."

Mills earned a bachelor's degree from LSU and earned her doctor of medicine degree from The Johns Hopkins University School of Medicine. She also holds a Master of Science degree in healthcare management from Harvard T.H. Chan School of Public Health.



MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on iLinkBlue at www.BCBSLA.com/ilinkblue, under the "Authorizations" menu option.

Updated Medical Policies

Policy No. Policy Name

Effective September 14, 2020

- 00350 Allergy Test of Unknown Efficacy
- 00385 Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products
- 00562 Molecular Testing in the Management of Pulmonary Nodules
- 00652 Netarsudil Ophthalmic Products (Rhopressa®, Rocklatan®)
- 00682 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

Effective October 1, 2020

- 00026 Retinal Telescreening for Diabetic Retinopathy
- 00155 Extracranial Carotid Angioplasty/Stenting
- 00583 Temporomandibular Joint Dysfunction

Effective October 12, 2020

- 00012 Botulinum Toxins
- 00017 Cochlear Implant
- 00172 Treatment of Hyperhidrosis
- 00218 rituximab (Rituxan®), rituximab-abbs (Truxima®), rituximab-pvvr (Ruxience™), rituximab and hyaluronidase, human (Rituxan Hycela™)
- 00254 Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
- 00312 Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis
- 00318 Topical Corticosteroids
- 00337 Migraine Medications (Oral, Injectable, Transdermal, and Nasal)
- 00356 Proton Pump Inhibitors (PPIs)
- 00365 Topical Pain Patches
- 00488 Identification of Microorganisms Using Nucleic Acid Probes
- 00525 Anticoagulant Agents (Pradaxa®, Savaysa®)
- 00567 dupilumab (Dupixent®)
- 00646 Calcitonin Gene-Related Peptide (CGRP) Antagonists

Effective November 1, 2020

- 00292 Sinus Ostial Dilatation with Balloon Catheter for Rhinosinusitis
- 00458 Amniotic Membrane and Amniotic Fluid

Effective November 9, 2020

- 00267 Catheter Ablation as Treatment for Atrial Fibrillation
- 00387 Drug Testing in Pain Management and Substance Use Disorder Treatment
- 00541 Select Anti-epileptic Drugs
- 00633 burosumab (Crysvita®)

Effective December 1, 2020

- 00148 Laboratory Tests for Heart and Kidney Transplant Rejection
- 00480 Prostatic Urethral Lift

Effective December 14, 2020

- 00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- 00249 Plasma Exchange (PE)

Effective December 14, 2020 (cont.)

- 00257 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer
- 00327 ivacaftor (Kalydeco™)
- 00359 Sedative Hypnotics
- 00432 secukinumab (Cosentyx™)
- 00485 Drug-Eluting Sinus Stents and Implants for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinonasal Polyposis
- 00586 nitisinone (Orfadin®, Nityr™, generics)
- 00605 Chimeric Antigen Receptor T cell Therapy (CAR-T)
- 00617 Lyrica CR® (pregabalin)
- 00684 Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia
- 00703 luspatercept-aamt (Reblozyl®)

Effective January 1, 2021

- 00141 Risk-reducing Mastectomy
- 00200 certolizumab (Cimzia®)
- 00214 abatacept (Orencia®)
- 00219 etanercept (Enbrel®)
- 00223 golimumab (Simponi Aria®, Simponi)
- 00239 Teriparatide Products
- 00242 ustekinumab (Stelara®)
- 00352 tofacitinib (Xeljanz®/Xeljanz® XR)
- 00388 Cialis® 5 mg, generics (tadalafil)
- 00573 abaloparatide (Tymlos™)
- 00585 anakinra (Kineret®)
- 00587 brodalumab (Siliq™)
- 00588 guselkumab (Tremfya™)
- 00589 sarilumab (Kevzara®)
- 00637 baricitinib (Olumiant®)

New Medical Policies

Policy No. Policy Name

Effective October 12, 2020

- 00709 peanut (*Arachis hypogaea*) allergen powder-dnfp (Palforzia™)
- 00718 afamelanotide (Scenesse®)
- 00719 diroximel fumarate (Vumerity®)

Effective December 1, 2020

- 00710 Lipid Apheresis
- 00711 Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis

Effective December 14, 2020

- 00713 Zerviate™ (cetirizine ophthalmic solution)
- 00714 bempedoic acid Products (Nexlcto™, Nexlizet™)
- 00721 osilodrostat (Isturisa®)
- 00722 selumetinib (Koselugo™)

Effective January 1, 2021

- 00726 Select Erectile Dysfunction Medications

MEDICAL POLICY UPDATE

Pharmacy Medical Policies Effective January 1, 2021

Each month Blue Cross and Blue Shield of Louisiana develops, reviews and updates medical policies. As a result of our most recent review, we developed four new medical policies and revised 14 existing medical policies effective for dates of service on and after January 1, 2021.*

New Policies

Policy No.	Policy Name
00715	nitrofurantoin 25 mg capsules (generic, Macrochantin®)
00716	Cromolyn Nebulized Solution
00717	Select Topical Antibiotics/Combinations
00720	Select Fenofibrate Products

Revised Policies

Policy No.	Policy Name
00239	Teriparatide Products
00252	tocilizumab (Actemra®)
00323	Opioid Management/Long Acting Oral Opioid Step Therapy
00341	Tetracyclines (oral)
00342	Topical Retinoids
00343	Topical Acne Products
00353	Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
00363	Select Ophthalmic Prostaglandins
00513	ixekizumab (Taltz®)
00526	Select Inhaled Respiratory Agents
00527	Topical Antifungals
00550	Treatment for Spinal Muscular Atrophy
00568	Topical Rosacea Products
00579	Topical Actinic Keratosis Products

**Under Louisiana law, some members may not be affected by these policy changes until their 2021 contract renewal.*



STAY CONNECTED



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www.BCBSLA.com/providers



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

MEDICAL MANAGEMENT

HEDIS® Spotlight: Changes in Comprehensive Diabetes Care Measure

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of healthcare performance measures. HEDIS is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Comprehensive Diabetes Care (CDC) measures a percentage of our BCBSLA members 18–75 years of age with type 1 or type 2 diabetes.

Members will need to complete the following components to become compliant for this measure:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy (applies to Healthcare Marketplace members only)
- BP control (<140/90 mm Hg)

Changes to the measure for the 2020 measurement year include:

- Retiring the "Medical Attention for Nephropathy" indicator for the commercial product line only
- Retiring the HbA1c control (<7)
- Telephone visits, e-visits and virtual check-ins are appropriate settings for blood pressure (BP) readings
- BP readings reported or taken by the member digitally are eligible for reporting
- Clarification that documentation of "HB1c" meets criteria for the hybrid specification of the HbA1c testing indicator
- Clarification that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria for the eye exam sub-measure
- The addition of palliative care as an exclusion and the diagnosis of polycystic ovarian syndrome as an optional exclusion

If you have any HEDIS related questions for the BCBSLA Health and Quality Management OPS Team, please email us at HEDISTeam@bcbsla.com. For more information on this topic, please refer to www.ncqa.org.

MEDICAL MANAGEMENT

Blue Cross, New Directions Working to Educate on Substance Use Disorder

One in three people is affected by addiction or mental illness. To help fight that statistic, Blue Cross and Blue Shield of Louisiana, in partnership with New Directions Behavioral Health, is proud to offer our members a new program called **Just Five**.

We're giving our members—your patients—access to Shatterproof's Just Five learning modules, which include short, compelling and easy-to-access educational resources designed to give users important facts and information about substance use disorders.

In five-minute online lessons, your patients and their loved ones can learn who's at risk, how to know if a person has a substance use disorder, how to find trustworthy help and more.

Blue Cross members can sign up for Just Five by logging in to their member account at www.BCBSLA.com. On the right side of the landing page will be a button for Addiction Resources that takes them to Just Five.

They can also go to www.justfive.org/bcbsla to get started.

Your patients' use of Just Five is completely confidential and voluntary. Blue Cross and Blue Shield of Louisiana, Shatterproof and New Directions do not receive any data or information about any individual participant or their utilization of the Just Five program.

We hope your patients find the information helpful as they walk their journey to recovery.

UPCOMING EVENTS

Be On the Lookout: Upcoming Webinars in 2021



As always, keeping you up to date with all things Blue Cross is important to us. We will host several provider webinars throughout the upcoming year, with dates and times to be announced in the coming weeks. Invitations are sent via email a month before scheduled webinars. Please remember that pre-registration is required to attend these events.

We are always looking to keep providers up to date on policies, procedures and best practices for working with Blue Cross. With that in mind, we will host several provider webinars over the course of 2021:

- Our annual webinars for professional, facility, behavioral health and Blue Advantage providers
- We will also have webinars for providers that are new to our networks, the BlueCard® program, credentialing and more!

Dates and times for each of these events will be announced in the coming months. Invitations are sent via email a month before each event. Please remember that pre-registration is required to attend these events.

RESOURCES

We are Changing How You Update Your Information With Us

We have made some changes to our provider update process. Our new Provider Update Request Form will be available via DocuSign® online at www.BCBSLA.com/providers, click "Resources," then "Forms."

Our new Provider Update Request Form will allow you to update more information in one place:

- Your demographic information, including: the correspondence information we use for our provider communications
- EFT information
- Changing Tax ID Number
- A change in practice location under an existing Tax ID Number
- Provider Group information, if you are an existing provider joining a new group
- Terminating participation in Blue Cross networks

This move to a single form is a result of consideration of provider feedback regarding issues in filling out the correct information. All of these forms will be included under the new Provider Update Request Form, in one convenient DocuSign® link. If you need more information on DocuSign, we created a DocuSign guide that is available online at www.BCBSLA.com/providers, then click "Join Our Networks."

DocuSIGN® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Questions about Provider Contracting?

Blue Cross's Provider Contracting Department has a new email address for questions regarding network participating agreements: provider.contracting@bcbsla.com.



Louisiana

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

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What's New on the Web

www.BCBSLA.com/providers

- Updated Manuals, Tidbits, Network Speed Guides, as well as forms and medical policies can be viewed under the "Resources" section.

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

iLinkBlue & EDI

1-800-216-BLUE
(1-800-216-2583)
EDIServices@bcbsla.com

PCDM

1-800-716-2299, Opt. 2 Provider
Credentialing, Opt. 3 Data
Management

Customer Care Center

1-800-922-8866

Claims Filing Address

P.O. Box 98029
Baton Rouge, LA 70809

Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available online at www.BCBSLA.com/providers > Resources > Forms.

Network News

Network News is a quarterly newsletter for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

View this newsletter online at www.BCBSLA.com/providers > Newsletters.

The content of this newsletter may not be applicable for Blue Advantage (HMO) and Blue Advantage (PPO), our Medicare Advantage products and provider networks. For more on Blue Advantage, go to <https://providers.bcbsla.com/ba-resources>.

Get News Electronically

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

Please share this newsletter with your insurance and billing staff!