

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

- This helps prevent background noise (e.g. unmuted phones or phones put on hold) during the webinar
- This also means we are unable to hear you during the webinar
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### **How to submit questions:**

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- In the "Send to" field, select "Webinar Host"
- Once your question is typed in, hit the "Send" button to send it to the presenter
- We will address submitted questions at the end of the webinar



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

# Blue Advantage Musculoskeletal (MSK) and Cardiology Program Webinar

## February 2019

**Presented by:**  
**Patricia O'Gwynn**  
[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)



Blue Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal. HMO Louisiana, Inc. offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

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

# Program Overview

The purpose of this webinar is to educate providers on the new components of the Blue Advantage Utilization Management (UM) Program that are effective for dates of services on and after March 1, 2019

# Why is Blue Advantage implementing new Utilization Management (UM) programs?

- To improve members' quality of care
- Align clinical needs to appropriate cardiology and MSK services
- Avoid unnecessary non-emergent services

# What is included in the Blue Advantage Utilization Management (UM) programs?

UM program	Effective Date
Radiation Oncology Program*	In effect since January 2015
Cardiology Program	Effective March 1, 2019
Musculoskeletal (MSK) Program	

*\*Radiation oncology program details will not be discussed in this webinar. For more information on this program please refer to our Blue Advantage Provider Administrative Manual.*

# Cardiology Services

## What services are reviewed as part of the cardiology program?

This program reviews the following non-emergent office and outpatient procedures:

### Diagnostic:

- Echocardiography
- Coronary angiography/cardiac catheterization (*Note: Coronary angiography/cardiac catheterization for management of acute coronary syndrome is excluded from this program*)
- Arterial ultrasound

### Interventional Services:

- Percutaneous coronary interventions (PCIs) such as coronary stents and balloon angioplasty

# MSK Services

## What services are reviewed as part of the MSK program?

This program reviews the following non-emergent ambulatory surgical, outpatient and inpatient procedures:

Spine Surgery – Cervical, thoracic, lumbar and sacral (including all concurrent spinal procedures and all associated revision surgeries):

- Bone grafts
- Bone growth simulators
- Cervical/lumbar spinal fusions
- Cervical/lumbar spinal laminectomies
- Cervical/lumbar spinal discectomies
- Cervical/lumbar spinal disc arthroplasty (replacement)
- Spinal deformity (scoliosis/kyphosis)
- Vertebroplasty/kyphoplasty

## Interventional Spine Pain Management

- Epidural steroid injections
- Facet injections
- Spinal cord stimulators
- Radiofrequency ablation

## Joint Surgery

- Joint Replacement (Hip, Knee & Shoulder)
- Arthroscopy and Open Procedures (Shoulder & Knee)
- Hip Arthroscopy
- Meniscal Allograft Transplantation of the Knee
- Treatment of Osteochondral Defects

# Who administers each new program?

## **AIM Specialty Health® (AIM) will administer:**

- Office cardiology services
- Outpatient cardiology services
- Outpatient MSK services



AIM is an independent specialty benefits management company that Blue Cross has contracted with to provide prior authorizations, provider assessments (*OptiNet®*), shopper tools (AIM Specialty Care Shopper) and utilization management programs


## **Lumeris will administer:**

- Inpatient MSK services



Lumeris offers expertise in Medicare Advantage plan management and pioneers in population health management solutions, assisting with improvement in quality of care measures, better coordination, transition of care and self-management

# Support Documents


**Louisiana**

Blue Advantage (HMO) | Blue Advantage (PPO)

**Blue Advantage Utilization Management (UM) Program Musculoskeletal (MSK) Listing of Codes**

Blue Advantage (HMO) and Blue Advantage (PPO) are implementing a new utilization management (UM) program that requires providers to request prior authorization for non-emergent musculoskeletal (MSK) services. This program supports care that is appropriate, safe and consistent with evidence-based medicine. The listing of codes below represents MSK (spine surgery, interventional pain management and joint surgery) services that will be reviewed to determine medical necessity based on criteria.

Inclusion of a CPT®/HCPCS code on this listing does not guarantee that the service is covered under all member contracts/certificates. Please always verify benefits and eligibility prior to rendering services through the Blue Advantage Provider Portal, which is accessible through iLinkBlue ([www.BCRLA.com/linkblue](http://www.BCRLA.com/linkblue)), then click on "Blue Advantage" under Other Sites.

This listing is current as of December 1, 2018, and is subject to change. New codes may be periodically added/removed from the review process as deemed necessary.

If you have any questions, please contact Provider Relations at [provider.relations@bcsla.com](mailto:provider.relations@bcsla.com) or 1-800-716-2299, option 4.

**Outpatient Spine Surgery Services Reviewed by AIM Specialty Health:**

Code	Code	Code	Code	Code	Code
22510	22512	22514	22526	20932	20934
22511	22513	22515	22527	20933	42262
					02747
					02757

**Inpatient Spine Surgery Services Reviewed by Lumeris:**

Code	Code	Code	Code	Code	Code	Code	Code
20951	22224	22614	22830	22857	62380	63050	63091
20957	22226	22630	22840	22858	63001	63051	63101
20958	22533	22632	22842	22859	63005	63056	63102
20974	22534	22633	22843	22861	63012	63057	63103
22206	22551	22634	22844	63015	63075	63100	
22207	22552	22800	22845	22864	63017	63076	63101
22208	22554	22802	22846	22865	63020	63081	63102
22210	22558	22804	22847	22867	63030	63082	63103
22212	22585	22808	22848	22868	63035	63085	63104
22214	22586	22810	22849	22869	63040	63086	63105
22216	22600	22812	22851	22870	63045	63087	63106
22220	22610	22818	22854	22779	63047	63088	63107
22222	22612	22819	22856	62287	63048	63090	63108

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HMO Louisiana, Inc. offers Blue Advantage (HMO), Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association. Blue Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal. This list is current as of December 1, 2018.


**Louisiana**

Blue Advantage (HMO) | Blue Advantage (PPO)

**Blue Advantage Utilization Management (UM) Program Cardiology Listing of Codes**

Blue Advantage (HMO) and Blue Advantage (PPO) are implementing a new utilization management (UM) program that requires providers to request prior authorization for non-emergent cardiology services. This program supports care that is appropriate, safe and consistent with evidence-based medicine. The listing of codes below represents cardiology services that will be reviewed to determine medical necessity based on criteria.

Inclusion of a CPT®/HCPCS code on this listing does not guarantee that the service is covered under all member contracts/certificates. Please always verify benefits and eligibility prior to rendering services through the Blue Advantage Provider Portal, which is accessible through iLinkBlue ([www.BCRLA.com/linkblue](http://www.BCRLA.com/linkblue)), then click on "Blue Advantage" under Other Sites.

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If you have any questions, please contact Provider Relations at [provider.relations@bcsla.com](mailto:provider.relations@bcsla.com) or 1-800-716-2299, option 4.

**Cardiology Codes Reviewed by AIM Specialty Health:**

Code	Code	Code	Code	Code	Code	Code	Code
92943	93108*	93147*	93405	93460	93923	93931	
93103*	93121*	93131*	93456	93461	93924	93978	
93304*	93313*	93350*	93457	93880	93925	93979	
93306*	93314*	93351*	93458	93882	93926		
93307*	93315*	93454	93459	93922	93930		

\*currently requires prior authorization

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**Blue Advantage Utilization Management (UM) Program Frequently Asked Questions**

Blue Advantage (HMO) and Blue Advantage (PPO) are implementing two new utilization management (UM) programs that require providers to request a prior authorization for non-emergent cardiology and musculoskeletal (MSK) services. These programs support care that is appropriate, safe and consistent with evidence-based medicine.

**General Questions**

**Why is Blue Advantage implementing a UM program for MSK and cardiology services?**  
The purpose of the program is to improve our Blue Advantage members' quality of care, align clinical needs to appropriate MSK and cardiology services and avoid unnecessary non-emergent services.

**What is included in the Blue Advantage UM program?**  
Currently Blue Advantage requires UM review on radiation oncology therapy services. Effective March 1, 2019, Blue Advantage will also require UM review on:

- cardiology services
- musculoskeletal (MSK) services
  - spine surgery
  - joint surgery
  - interventional pain management

**Who will administer these programs?**  
For office and outpatient cardiology and outpatient MSK services, AIM Specialty Health, (AIM) will administer medical necessity reviews based on both Blue Advantage and AIM appropriate-use criteria.

For inpatient MSK services, Lumeris will administer medical necessity reviews based on both Blue Advantage and Lumeris appropriate-use criteria.

**Which members are included in the UM programs?**  
All Blue Advantage members will be included in the program.

**How does the UM program work?**  
Blue Advantage will require prior authorization for cardiology and MSK services for dates of service on and after March 1, 2019. Claims received without a prior authorization will be denied for a post-claim review. You must request a medical necessity review for determination then resubmit the claim. Services will be reviewed based on appropriate-use criteria. Services that do not clearly meet criteria will be reviewed further by board-certified-like specialists before a determination is made. Services that do not meet criteria will be denied as not medically necessary and are not billable to the member.

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# Services supported by AIM

AIM **ProviderPortal**<sub>SM</sub>  
& AIM Call Center begin  
accepting requests

Program starts for dates of  
service on and after



### Includes:

Office or outpatient cardiology services:

- Diagnostic
- Interventional services

Ambulatory Surgical and Outpatient Hospital MSK Authorization:

- Spine Surgery
- Interventional Spine Pain Management
- Joint Surgery

# Clinical Appropriateness Review

*Please have the following available when requesting review*

## Order Request Checklist

### Demographic Information

- Member's first and last name and date of birth
- Ordering provider's first and last name
- Name and location of the facility
- Servicing provider's first and last name

### Clinical Information\*

- Date of the exam
- CPT code(s) or the name of the exam you are requesting
- Member's diagnosis



*\* Depending on service, additional clinical information may be required to determine clinical appropriateness*

# Clinical Review Process

## 1 Case intake

- **Submission captured** through the AIM *ProviderPortal*<sub>SM</sub> or directly with a referral specialist within AIM call centers
- Member demographics
- Ordering and servicing provider demographics
- Clinical case information

## 2 Case review

Requests are **reviewed in real time** against Blue Cross medical policy and AIM Clinical Appropriateness Guidelines

## 3 Education and intervention

- Messaging on appropriateness of request and link to guidelines
- **Peer-to-peer discussion** if previous adjudication indicated that case does not meet clinical criteria

## 4 Case closure

- Document final review outcome
- Messaging of final review outcome to provider
- Case determination letter generated

## 5 Additional review options

Member and 1<sup>st</sup> level provider appeals managed by **Blue Advantage**

# Peer-to-peer Process

1

Cases heading toward a denial are **reviewed by an AIM physician**

2

**Peer-to-peer discussions** with an AIM physician can be performed in real time or scheduled

3

- If a case is not meeting medical necessity, cases can be reviewed with AIM physician reviewers up until 10 calendar days from case initiation
- After the 10 calendar days, the case will be closed and cannot be reopened
- Prior to the 10 calendar days, additional information may be faxed to AIM or provided via phone

4

Member and provider appeals are handled directly by **Blue Advantage**

# How Long is a Case Valid?



Non-emergent Office or Outpatient Cardiology Services

ORDER NUMBER EXPIRES:

**The day the case was  
entered + 30 calendar days**

# How Long is an Outpatient Case Valid?



Outpatient joint surgery

ORDER NUMBER EXPIRES:

**60 calendar days from the date the case was created**

*Date of service (DOS) can be adjusted up to **30 days** from the initial date of request.*

**Example:** *If a case was requested on January 1 for a DOS on January 2, the valid timeframe would be from January 2 to March 2. If the max extension was given until January 30 the new timeframe would be January 30 to March 30*

# How Long is an Outpatient Case Valid?

*Inpatient services are based on procedure being performed and inpatient authorization approval dates*



## Outpatient Spine and Joint Surgery

Order number expires:  
(calendar)

**60 days**

from the date the case was  
created



## Outpatient Interventional Pain Management

Order number expires:  
(business)

**10 days\***

from the date the case was  
closed

*\*Date of service can be adjusted up to  
30 days from the date of request*

# Case Closure Rules

## Case Turn-around Times

- Providers will receive a mid-case outreach, by fax or phone, between **3 to 5 days** from case initiation
- Case decisions will be received after **10 days**
- Providers have **10 days** from case initiation to have a peer-to-peer review conducted



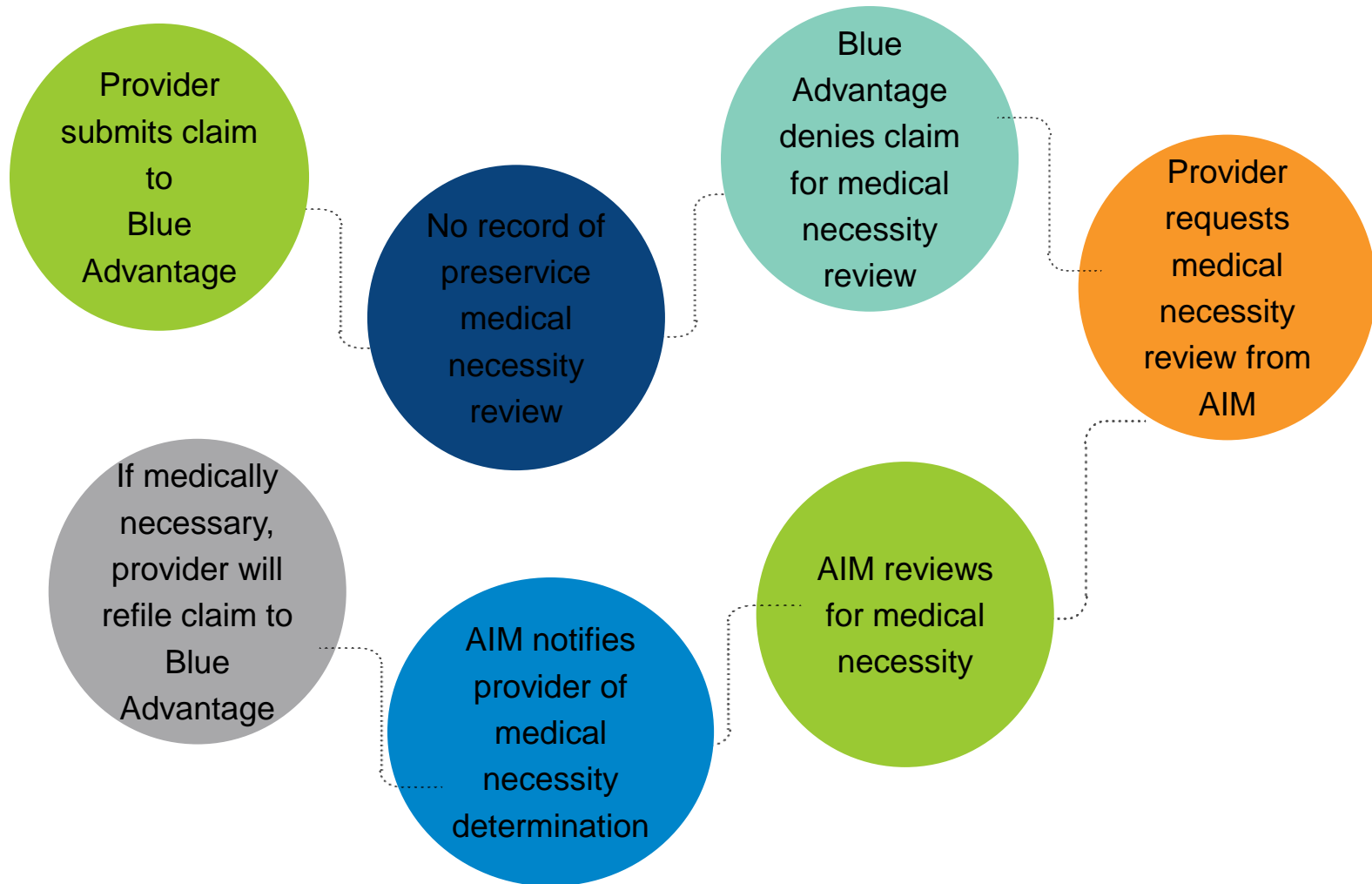
## Additional Clinical Review Options

**If a case is not meeting medical necessity**, cases can be reviewed with AIM physician reviewers up to **10 calendar days** from case initiation. After the 10 days, the case will be closed and cannot be reopened.

- Prior to the 10 calendar days additional information may be submitted to AIM via fax or phone



# Clinical Review Workflow: Post Claim Clinical Appropriateness



# Submitting an Order Request

## AIM *ProviderPortal*<sub>SM</sub>



- Access the AIM *ProviderPortal*<sub>SM</sub> directly through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)). Click on “Authorizations” then “AIM Specialty Health Authorizations.”
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12–6 p.m. CT
- AIM Clinical Guidelines available on the *ProviderPortal*<sub>SM</sub>

## AIM Call Center



- Dedicated toll-free number: 1-866-455-8416
- Call center hours: Monday–Friday, 8 a.m.–5 p.m. CT
- Voicemails received after business hours will be responded to the next business day

AIM Call Center is closed on the following holidays:

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

# What you Need to Access the AIM *ProviderPortal*<sub>SM</sub>

If you already have access to iLinkBlue, access to the AIM ***ProviderPortal***<sub>SM</sub> is included:

1. Log into iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))
2. Click on the "Authorizations" menu option
3. Click on the "AIM Specialty Health Authorizations" link



**If you do not have access to iLinkBlue**, then you need to request access from your administrative representative. This is the person at your organization that is responsible for giving appropriate user staff access to our secure online services, including **iLinkBlue**.

If you do not have an administrative representative, please contact the Provider Identity Management (PIM) Team at [PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com) or 1-800-716-2299, option 5

# AIM program resources

## Cardiology Comprehensive Program Resources

AIM Clinical Appropriateness Guidelines for the cardiology program are online at [www.AIMSpecialtyHealth.com](http://www.AIMSpecialtyHealth.com), click on “Download Now,” and then on “Cardiology”

Additional resources are available at [www.aimproviders.com/cardiology](http://www.aimproviders.com/cardiology):

- Onsite clinical engagement
- Clinical guidelines
- Checklists
- Webinars

## MSK Comprehensive Program Resources

AIM Clinical Guidelines for the MSK joint surgery program are online at [www.AIMSpecialtyHealth.com](http://www.AIMSpecialtyHealth.com), click on “Download Now,” and then on “Musculoskeletal”

Additional resources are available at [www.AIMProvider.com/MSK](http://www.AIMProvider.com/MSK):

- Clinical guidelines
- How to enter an order request
- Order request checklists
- General FAQs
- Member engagement

# Services supported by Lumeris

Lumeris will begin  
accepting requests

Program starts for dates of  
service on and after



### **Includes:**

Inpatient Hospital MSK Authorizations:

- Spine Surgery
- Joint Surgery

# Clinical Appropriateness Review

*Please have the following available when requesting review*

## Order Request Checklist

### Demographic Information

- Member's first and last name and date of birth
- Treating provider's first and last name
- Name and location of inpatient facility performing procedure
- Servicing provider's first and last name

### Clinical Information\*

- Date of planned procedure
- Procedure codes to be billed
- Member's diagnosis

### Supporting Clinical Documentation

- Condition onset/severity including functional limitations
- Applicable test results
- Unsuccessful conservative treatment history or documentation of why conservative treatments are not appropriate
- Absence of conditions contraindicating surgical approach

*\*Additional clinical information may be requested on a case-by-case basis*

# Clinical Review Process

## 1 Case intake

Request submissions accepted via fax or phone

## 2 Case review

Requests are **reviewed** against:

- CMS National Coverage Decisions (NCDs)
- Local Coverage Decisions (LCDs)
- Blue Cross medical policies
- Blue Cross-approved Lumeris medical policies
- InterQual and Hayes Technology assessments
- Current CMS inpatient only list

## 3 Outreach

- Three attempts to obtain additional clinical information for determination
- Requests not meeting criteria are forwarded to a physician advisor for final decision

## 4 Peer-to-peer Review

- **Peer-to-peer discussions** may be requested for any adverse determination
- Decisions may not be changed outside of appeals process
- Criteria used to make individual determinations are available upon request

## 5 Case closure

- Document final review outcome
- Communication of final review outcome to provider
- Case determination letter generated

# How Long is Authorization Valid?



## Inpatient MSK Procedures

Authorizations are valid for:

**1 day** beginning with the date of  
the planned procedure

Inpatient facilities should notify the plan within one business day of admission to begin the concurrent review process

*If the date of the planned procedure changes, the requesting provider is responsible for notifying Lumeris/Blue Advantage prior to performing the procedure.*

# Case Closure Rules

## Standard

- Determination and member notification provided within 14 days of receipt (not emergent/urgent care)
- Favorable – member and provider notified verbally or in writing within 14 days of request
- Partially Favorable or Denied – member and provider notified verbally or in writing within 14 days of receipt
- Integrated Denial Notice (IDN) mailed to member within three days of oral communication

## Expedited

- Determination and member notification provided within 72 hours of receipt (emergent/urgent care)
- Favorable – member and provider notified verbally or in writing within 72 hours of request
- Partially Favorable or Denied – member and provider notified verbally or in writing within 72 hours of receipt
- Integrated Denial Notice (IDN) mailed to member within three days

*\*By requesting an expedited decision, providers are indicating that a standard determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function*

# Submitting an Order Request



**Requests can be submitted to Lumeris via phone/fax:**

*Fax*

- *1-877-528-5816 (all requests and supporting clinical information)*

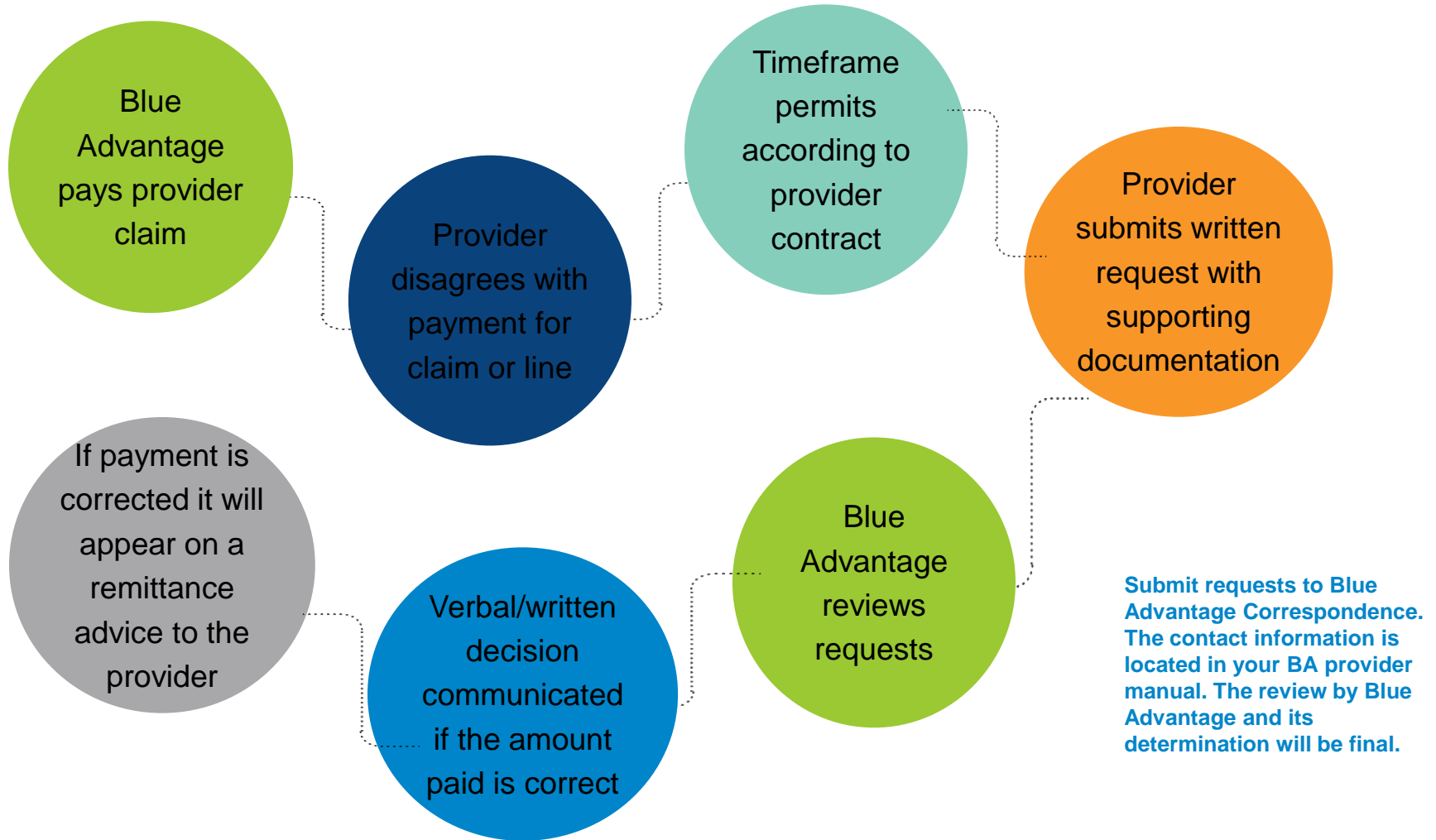
*Phone (Blue Advantage Medical Management)*

- *1-866-508-7145*

**Lumeris is closed on the following holidays:**

- New Year's Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

# Provider Payment Dispute Process



# Questions?