provider
networknews

1st Quarter 2019

providing health guidance and affordable access to quality care

For more on our upcoming provider webinars, see Page 2.

May Is Skin Cancer Awareness Month

Authorization Requirement Change for High-tech Imaging

Blue Cross and Blue Shield of Louisiana will require prior authorization for fractional flow reserve using CT (FFR-CT) procedures. Effective for dates of service on and after June 15, 2019, FFR-CT procedures performed without a prior authorization are subject to penalties.* This change applies to Preferred Care PPO, HMO Louisiana, Inc., Blue Connect, Community Blue, Signature Blue and Office of Group Benefits (OGB) members.

FFR-CT CPT® codes included as part of this new prior authorization requirement are:

- 0501T
- 0503T
- 0502T
- 0504T

Updated authorization lists will be included in our speed guides and provider manuals by May 15, 2019. These documents are available online at www.BCBSLA.com/providers >Resources.

To view the medical criteria for these services, go to www.aimspecialtyhealth.com, then click the "Download Now" button. Choose the "Cardiology" guidelines to view the "AIM Clinical Appropriateness Guidelines for Advanced Imaging of the Heart" guidelines.

Our high-tech imaging prior authorization program is administered by AIM Specialty Health® (AIM), which reviews non-emergent imaging services for clinical appropriateness, decision support and medical necessity.

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

*Authorization penalties vary by policy. Please note that the penalty for Office of Group Benefits (OGB) members is the denial of payment for services. Authorization penalties or services that deny for no authorization are not billable to the member.

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

Louisiana

Provider Network

Upcoming Webinars

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

New to Blue Cross Webinar for Facility Providers
Wednesday, May 8 at 10 a.m.

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

New to Blue Cross Webinar for Professional Providers
Wednesday, May 8 at 2 p.m.

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

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

Pre-registration is required to attend these webinars.

Your Cost Data Is Available for Review

The Estimated Treatment Cost reports are now available for providers to view cost data for spring 2019. The reports contain the cost ranges calculated for facility and professional providers, as well as an overview of the methodology used to develop these cost ranges. The reports are based upon costs and volumes associated with 1,662 elective/planned procedures.

We encourage you to check your cost data in iLinkBlue (www.BCBSLA.com/ilinkblue) and submit any reconsideration requests no later than May 8, 2019.

To view a report of cost estimates, log onto iLinkBlue, click the "Quality & Treatment" menu option, then "View Cost Reports."

To request reconsideration, complete the Estimated Treatment Cost Reconsideration Form located on iLinkBlue. All required fields must be completed and the form must be submitted electronically through iLinkBlue. Faxed or mailed forms will not be accepted.

The Reconsideration Form will be available to providers during the reconsideration period only, which ends May 8, 2019.

Recent Professional Workshops

Professional provider workshops were conducted around the state in March and early April. If you attended a workshop, we hope you found the information presented helpful and informative. If you were unable to attend, we hope you will join us next year.

You can access a digital copy of the workshop presentation on our Provider page (www.BCBSLA.com/providers >Resources >Workshop and Webinar Presentations).

This fall, we will be conducting workshops for facilities. Be on the lookout for invitations for those workshops closer to the scheduled workshop dates.

Billing & Coding

Incident-to Policy Change

We are updating our Incident-to reimbursement rules. Effective June 1, 2019, the following is changing:

1. If network participation is available for a provider type, then that provider type is required to file claims under their own provider number. Services should not be billed under a supervising provider.

2. Only provider types that are not offered network participation are eligible to bill incident-to services and be reimbursed under a supervising provider's Blue Cross contract number.

Under this updated policy, provider types that will be required to file claims under their own provider number include (but may not be limited to) nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist and applied behavior analyst, as these provider types are eligible to participate in our networks.

If you are one of these provider types and you currently participate in our networks, you should bill your services directly to Blue Cross. Claims will periodically be reviewed to ensure billing by the appropriate provider type.

If you need to apply for network participation or obtain a Blue Cross record for billing claims, more information is available online at www.BCBSLA.com/providers >Provider Networks >Join Our Networks.

Submitting Corrected Claims

Blue Cross accepts corrected claims electronically or via paper forms.

Sometimes, we receive paper forms that are intended to be corrected claims but are not properly marked. This can cause the claim to be incorrectly adjusted, delayed or denied as a duplicate.

When submitting a corrected claim on a paper form, please be sure to:

- Clearly mark "Corrected Claim" on the form (if using the CMS-1500 form)

- Indicate the correct "Type of Bill" in Block 4 (if using the UB-04 form)

For full details on this process, including information on how to submit corrected claims electronically, refer to the "Submitting a Corrected Claim" Provider Tidbit, available online at www.BCBSLA.com/providers >Resources >Tidbits.

New Telemedicine Codes

Effective January 1, 2019, Blue Cross has added the following CPT® codes to our billing guidelines for telemedicine.

Evaluation & Management codes:

- New: 99203, 99204, 99205
- Established: 99213, 99214, 99215

Behavioral Health codes:

90785	90836	90839	90846	96151	96154
90791	90837	90840	90847	96152	96160
90792	90838	90845	96150	96153	96161

These changes do not affect existing codes and allowables. It simply allows our system to accept these codes appropriately for claims adjudication. These codes are reimbursable only if they are services within the scope of an individual provider's license.

Modifier 95 has also been added to indicate telemedicine delivered in real time. Modifier GT or 95, whichever is appropriate, must be used to indicate delivery of telemedicine services in real time.

The telemedicine section of our *Professional Provider Office Manual* is being addended to include this update. The manual is available online at www.BCBSLA.com/providers >Resources >Manuals.

We help Louisianians **protect every day.**

Billing & Coding

Updated Code Ranges

As a reminder from previous communications, based on reviews of new CPT® and HCPCS codes, we updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges, effective January 1, 2019, as follows:

The following codes were added to the Outpatient Procedure Services code list:

10004-10012	33285-33286	38531	0524T-0527T
11102-11107	33289	43762-43763	0530T-0532T
20932-20934	33440	50436-50437	0537T-0540T
27369	33866	53854	C9751-C9755
33274-33275	36572-36573	0510T-0520T	

The following codes were added to the Diagnostic and Therapeutic Services code range:

76391	82642	A9513	J3304
76978-76979	83722	A9589	J3316
76981-76983	90689	B4105	J3397
77046-77049	92273-92274	C1823	J3398
81163-81167	93264	C8937	J3591
81171-81174	95836	C9035-C9039	J7170
81177-81190	95976-95977	C9407-C9408	J7177
81204	95983-95984	G0068-G0071	J7203
81233-81234	96112-96113	G2010-G2012	J7318
81236-81237	96121	J0185	J7329
81239	96130-96133	J0517	J9044
81271	96136-96139	J0567	J9057
81274	96146	J0584	J9153
81284-81286	97151-97158	J0599	J9173
81289	99451-99454	J0841	J9229
81305-81306	99457	J1095	J9311-J9312
81312	99491	J1301	Q2042
81320	0509T	J1454	Q4183-Q4198
81329	0521T-0523T	J1628	Q4200-Q4204
81333	0528T-0529T	J1746	Q5107
81336-81337	0533T-0536T	J2062	Q5109
81343-81345	0541T-0542T	J2186	Q5111
81443	A4563	J2787	
81518	A5514	J2797	
81596	A6460-A6461	J3245	

These changes do not affect existing codes and allowable charges. It simply allows our system to accept these codes appropriately for claims adjudication. The above changes also apply for HMO Louisiana, Inc.

Pharmacy

New Form Requirement

As of January 1, 2019, all health plans are required to use a universal prior authorization form for prescription drug authorization requests. This new form is to be used for both retail pharmacy and medical drug authorizations.
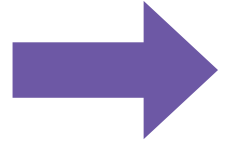
Before completing the prior authorization form, we recommend that you view the drug-specific clinical information we publish in our medical policies, which is available on iLinkBlue at www.BCBSLA.com/ilinkblue >Authorizations >Medical Policy Guidelines.

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

LOUISIANA UNIFORM PRESCRIPTION DRUG PRIOR AUTHORIZATION FORM

SECTION I — SUBMISSION

Submitted to: Blue Cross and Blue Shield of Louisiana/HMO Louisiana, Inc./Express Scripts	Phone: 1-800-842-2015	Fax: 1-877-251-5896	Date:

SECTION II — PRESCRIBER INFORMATION

Last Name, First Name MI:	NPI# or Plan Provider #:	Specialty:		
Address:	City:		State:	ZIP Code:
Phone:	Fax:	Office Contact Name:	Contact Phone:	

SECTION III — PATIENT INFORMATION

Last Name, First Name MI:	DOB:	Phone:	☐ Male ☐ Female ☐ Other ☐ Unknown
Address:	City:		State:	ZIP Code:

Plan Name (if different from Section I):	Member or Medicaid ID #:	Plan Provider ID:	

Patient is currently a hospital inpatient getting ready for discharge? ____ Yes ____ No   Date of Discharge:_____
Patient is being discharged from a psychiatric facility? ____ Yes ____ No   Date of Discharge:_____
Patient is being discharged from a residential substance use facility? ____ Yes ____ No   Date of Discharge:_____
Patient is a long-term care resident? ____ Yes ____ No   If yes, name and phone number:_____
EPSDT Support Coordinator contact information, if applicable:

SECTION IV — PRESCRIPTION DRUG INFORMATION

Requested Drug Name:

Strength:	Dosage Form:	Route of Admin:	Quantity:	Days' Supply:	Dosage Interval/Directions for Use:	Expected Therapy Duration/Start Date:

To the best of your knowledge this medication is: _____ New therapy/Initial request
_____ Continuation of therapy/Reauthorization request

For Provider Administered Drugs only:

HCPCS/CPT-4 Code:_____NDC#:_____Dose Per Administration:_____

Other Codes:_____

Will patient receive the drug in the physician's office? ____ Yes ____ No

– If no, list name and NPI of servicing provider/facility: _____

SECTION V — PATIENT CLINICAL INFORMATION

Primary diagnosis relevant to this request:	ICD-10 Diagnosis Code:	Date Diagnosed:
Secondary diagnosis relevant to this request:	ICD-10 Diagnosis Code:	Date Diagnosed:

For pain-related diagnoses, pain is: _____ Acute _____ Chronic
For postoperative pain-related diagnoses: Date of Surgery_____

Pertinent laboratory values and dates (attach or list below):

Date	Name of Test	Value

SECTION VI - This Section For Opioid Medications Only

Does the quantity requested exceed the max quantity limit allowed? ___Yes ___No (If yes, provide justification below.)

Cumulative daily MME_____

Does cumulative daily MME exceed the daily max MME allowed? ___Yes ___No (If yes, provide justification below.)

	YES (True)	NO (False)	THE PRESCRIBER ATTESTS TO THE FOLLOWING:
SHORT AND LONG-ACTING OPIOIDS			A. A complete **assessment** for pain and function was performed for this patient.
			B. The patient has been **screened for substance abuse / opioid dependence**. *(Not required for recipients in long-term care facility.)*
			C. The **PMP** will be accessed **each** time a controlled prescription is written for this patient.
			D. A **treatment plan** which includes current and previous goals of therapy for both pain and function has been developed for this patient.
			E. **Criteria** for failure of the opioid trial and for stopping or continuing the opioid has been established and explained to the patient.
			F. **Benefits and potential harms** of opioid use have been discussed with this patient.
			G. An **Opioid Treatment Agreement** signed by both the patient and prescriber is on file. *(Not required for recipients in long-term care facility.)*
LONG-ACTING OPIOIDS			H. The patient requires continuous **around the clock** analgesic therapy for which alternative treatment options have been inadequate or have not been tolerated.
			I. Patient previously utilized at least two weeks of short-acting opioids for this condition. Please enter drug(s), dose, duration and date of trial in pharmacologic/non-pharmacologic treatment section below.
			J. Medication has **not** been prescribed to treat acute pain, mild pain, or pain that is not expected to persist for an extended period of time.
			K. Medication has **not** been prescribed for use as an as-needed (PRN) analgesic.
			L. Prescribing information for requested product has been **thoroughly reviewed** by prescriber.

*IF NO FOR **ANY** OF THE ABOVE (A-L), PLEASE EXPLAIN:*

SECTION VII - Pharmacologic & non-pharmacologic treatment(s) used for this diagnosis (both previous & current):

Drug name	Strength	Frequency	Dates Started and Stopped or Approximate Duration	Describe Response, Reason

Drug Allergies: Height (if applicable):   Weight (if applicable):

Is there clinical evidence or patient history that suggests the use of the plan's pre-requisite medication(s), e.g. step medications, will be ineffective or cause an adverse reaction to the patient? ____Yes ____No (If yes, please explain in Section VIII below.)

SECTION VIII — JUSTIFICATION (SEE INSTRUCTIONS)

By signing this request, the prescriber attests that the information provided herein is true and accurate to the best of his/her knowledge. Also, by signing and submitting this request form, the prescriber attests to statements in the 'Attestation' section of the criteria specific to this request, if applicable.

Signature of Prescriber:_____   Date:_____

Version 1.0 - 2018-12

Medical Management

HEDIS® 2019 Is Underway

Healthcare Effectiveness Data and Information Set (HEDIS) chart requests and reviews began in February. Blue Cross would like to thank all of our providers and offices that continue to assist us during our HEDIS season. In addition, we want to make you aware of some changes to existing HEDIS measures:

- **Controlling High Blood Pressure.** The National Committee for Quality Assurance (NCQA) has revised this measure to reflect a new blood pressure target of <140/90 mm Hg for all adults age 18-85 with hypertension in accordance with updated clinical recommendations. NCQA also has updated the approach to allow for more administrative methods to collect the measure and added telehealth encounters to satisfy certain components of the measure.

- **Follow-up After Emergency Department Visit for Mental Illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator and a principal diagnosis of intentional self-harm with a secondary diagnosis of a mental health disorder to the numerator.

- **Follow-up After Hospitalization for Mental Illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator. For more on this measure, see Page 10.

- **Plan All-cause Readmissions.** This measure will now include observation stays as index hospitalizations and readmissions events for all product lines. The measure also will remove individuals with high-frequency hospitalization from the risk-adjusted

Blue Cross network providers are not to charge a fee for providing medical records to Blue Cross or agencies acting on our behalf. If you use a copy center or a vendor to provide medical records, please ensure we receive those records without a charge. A separate authorization is not required from the member.

readmission rate, and report a rate of these outlying individuals among the plan population for all product lines. NCQA added a separate readmissions rate among index hospitalizations discharged to a skilled nursing facility for the Medicare product line.

We are constantly working to develop optimal approaches that meet our organizational goals for quality, growth and sustainability. Provider engagement is key in succeeding in the dynamic and demanding healthcare marketplace today. We appreciate your cooperation with records retrieval for HEDIS purposes.

For a complete list of changes and updates, please visit www.ncqa.org/hedis/faq/ or www.ncqa.org/news/ncqa-updates-quality-measures-for-hedis-2019.

Not Getting Our Newsletters Electronically?

Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line.

Please include your name, organization name and contact information.

Medical Policy Update

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

Recently Updated Medical Policies

Policy No.   Policy Name

Effective December 19, 2018

Policy No.		Policy Name
00019	C	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
00075	C	Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee
00098	C	Dermatologic Applications of Photodynamic Therapy
00148	C	Laboratory Tests for Heart and Kidney Transplant Rejection
00210	C	Erythropoiesis-Stimulating Agents (ESA's): epoetin alfa (Epogen® and Procrit®), epoetin alfa-epbx (Retacrit™), darbepoetin alfa (Aranesp®), and pegylated epoetin beta (Mircera®)
00218	C	rituximab (Rituxan®), rituximab and hyaluronidase, human (Rituxan Hycela™)
00225	C	adalimumab (Humira®)
00275	C	dalfampridine (Ampyra®, generics)
00335	C	Topical and Nasal Testosterone Products
00369	C	Genetic Testing for Rett Syndrome
00452	C	Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer
00543	C	Formulary Exception Process/Non-Formulary Drug Review Process Standard Criteria (Closed Formulary)
00597	C	Circulating Tumor DNA Management of Non-Small Cell Lung Cancer (Liquid Biopsy)

Effective January 1, 2019

Policy No.		Policy Name
00005	C	Augmentative and Alternative Communication Devices
00141	C	Risk-Reducing Mastectomy
00200	C	certolizumab pegol (Cimzia®)
00306	C	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, DPP-4 Inhibitor/Metformin Combination Drugs
00352	C	tofacitinib (Xeljanz®/Xeljanz® XR)
00436	C	apremilast (Otezla®)
00513	C	ixekizumab (Taltz®)

Effective January 23, 2019

Policy No.		Policy Name
00047	C	Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers
00211	C	Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
00215	C	Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension
00328	C	Medical Management of Obstructive Sleep Apnea Syndrome
00334	I	Molecular Testing for the Management of Pancreatic Cysts, Barrett Esophagus, and Solid Pancreatic Lesions
00448	C	alemtuzumab (Lemtrada®)
00496	C	Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography
00517	C	Branded Bupropion Products
00642	C	Select Oral Oncology Drugs

Effective February 1, 2019

Policy No.		Policy Name
00045	C	Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
00105	C	Positron Emission Tomography (PET) Oncology Applications
00214	C	abatacept (Orencia®)
00503	I	Ablation of Peripheral Nerves to Treat Pain

Effective February 20, 2019

Policy No.		Policy Name
00068	I	Home Uterine Activity Monitoring
00096	I	Photocoagulation of Macular Drusen
00244	C	Vigabatrin Products
00302	C	hydroxyprogesterone caproate Injection (Makena®, generics)
00329	C	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
00338	C	Beta Adrenergic Antagonists and Beta Adrenergic Antagonist/Diuretic Combination Drugs
00341	C	Tetracyclines (Oral)
00365	C	Topical Pain Patches
00418	I	Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes

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

Recently Updated Medical Policies (cont.)

Policy No.   Policy Name

Effective February 20, 2019 (cont'd)

00421   C   Aqueous Shunts and Stents for Glaucoma

00463   I   Intravenous Anesthetics for the Treatment of Chronic Pain

00494   C   Transcatheter Mitral Valve Repair

00501   C   mepolizumab (Nucala®)

00601   C   Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)

00606   C   benralizumab (Fasenra™)

00614   C   emicizumab-kxwh (Hemlibra®)

00646   C   Calcitonin Gene-Related Peptide (CGRP) Antagonists

Effective March 1, 2019

00046   C   Gastric Electrical Stimulation

Medical Policy Coverage Legend

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

I   Investigational

C   Eligible for coverage with medical criteria

N   Not medically necessary

New Medical Policies

Policy No.   Policy Name

Effective December 19, 2018

00643   C   Sex Reassignment Surgery

00651   C   tildrakizumab-asmn (Ilumya™)

00652   C   Rhopressa® (netarsudil ophthalmic)

00653   C   migalastat (Galafold™)

00654   C   lanadelumab-flyo (Takhzyro™)

00655   C   riluzole (Tiglutik™)

00656   I   Next-Generation Sequencing for the Assessment of Measurable Residual Disease

Effective January 1, 2019

00639   I   Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer

Effective January 23, 2019

00657   I   Minimally Invasive Treatment of Nasal Valve Collapse

Effective February 20, 2019

00659   C   Orilissa® (elagolix)

00660   C   Qbrexza™ (glycopyrronium)

00661   C   Xepi™ (ozenoxacin)

Louisiana STRONGER THAN

STRONGER THAN is a mindset, a way of engaging members—and their providers—on the journey to optimal health. This platform will allow us to tell our Care Management story from a cohesive, user-centered experience that brings our services to their lives in a meaningful way to drive positive behaviors and build powerful relationships.

More information is available online at **www.BCBSLA.com/stronger.**

Medical Management

Follow-up After Hospitalization for Mental Illness HEDIS® Measure

Blue Cross partners with New Directions to promote quality care for our members. One way we do so is to increase the number of members who are are seen by an outpatient provider within seven days of discharge from an inpatient setting.

For members in acute inpatient settings, post-discharge management is crucial. In fact, research shows that patients who are treated within seven days of discharge are less likely to be readmitted. This is one of the reasons the "Follow-up After Hospitalization for Mental Illness" HEDIS® measure is so important.

Our behavioral health facilities can:

- Encourage patients to allow you, the discharging facility, to schedule their follow-up appointment within seven days of discharge. This appointment cannot be on the same day as discharge and must be with a behavioral health provider (not a PCP or walk-in clinic). Documentation must include provider name and credentials as well as the appointment date and time.

- Use New Direction's rainmaker list* to schedule the follow-up appointment for patients. Rainmakers are behavioral health providers who have agreed to see patients within seven calendar days of discharge. If you are not receiving the rainmaker list, please email LouisianaPR@ndbh.com, to be added to the monthly distribution list.

If you need assistance with scheduling the follow-up appointment, contact New Directions at 1-877-300-5909 or email at Louisiana_CM@ndbh.com. Include your facility name, contact name and phone number. To protect the patient's PHI, please do not include patient information in your message. A New Directions representative will return your call or email promptly.

Note that a release-of-information form is not required for a provider to share a member's information with New Directions Behavioral Health staff per HIPAA Privacy Rule at 45 CFR 164.501.

For more information, please refer to the "HEDIS – Follow-up After Hospitalization for Mental Illness" Tidbit found at www.BCBSLA.com/providers >Resources >Tidbits.

*New Directions is seeking Rainmakers: behavioral health professionals who are able to see patients within seven days of discharge from an inpatient stay. If you are willing to open access to care for newly discharged patients, please email LouisianaPR@ndbh.com. Include "Rainmaker" in the subject line.

Federal Employee Program

New Speed Guide Available for FEP

We have created a provider speed guide about the Federal Employee Program (FEP). This guide outlines the requirements as they differ between the three benefit plans available to the FEP members. The guide also lists the services that require prior authorization, including penalties for failure to obtain prior authorization.

The new FEP speed guide is available online at www.BCBSLA.com/providers >Resources >Speed Guides.

STAY CONNECTED

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

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Electronic Services

New Email Security Technology

We take great strides to protect the personal information of our customers. We maintain a comprehensive privacy and security program to give you the highest degree of security and confidentiality. As part of that promise, we are always looking for new ways to keep that information secure.

We recently updated our email encryption technology and how you receive secure emails from us. We transitioned from a product called Zix to a new product called Proofpoint.

What to expect with this change...

From Zix

- Secure emails were no longer sent using this product as of mid-March
- Recipients can still log into Zix and retrieve emails and attachments for up to 90 days after receipt

From Proofpoint

- All secure emails are now sent using this product as of mid-March
- Recipients are required to set up a new user name and password to access Proofpoint. The credentials used for the Zix product will not carry over into the new Proofpoint system.

Louisiana

networknews

P. O. BOX 98029 • BATON ROUGE, LA 70898-9029

What's New on the Web

www.BCBSLA.com/providers

- **UPDATED** *Professional Provider Office Manual* was addended to include newly added CPT® codes and modifier for telemedicine providers. It is available under the "Resources" section.

Important Contact Information

Authorization
See member's ID card

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

FEP
1-800-272-3029

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

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

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

Provider Services Call Center
1-800-922-8866

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

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

Updating Your Contact Information

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

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

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

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

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

Get This Newsletter Electronically

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

Please share this newsletter with your insurance and billing staff!