A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana.

provider
networknews
Providing health guidance and affordable access to quality care

2024
1ST QUARTER

New Blue Cross Authorizations Application is Coming

Blue Cross is replacing our BCBSLA Authorizations application on iLinkBlue (www.bcbsla.com/ilinkblue) on April 22, 2024. The new application is powered by **Epic Systems Corporation (Epic)**.

We require no action from you for this transition. Your login information will carry over to the new BCBSLA Authorizations application.

One of the goals for this new authorizations application is to be more user-friendly and efficient. Users may view and load authorizations for multiple providers during a single session. The provider NPI:Tax ID must link to your iLinkBlue user account for this option. If you do not have access to submit authorizations, please contact your administrative representative.

Note: This change does not affect the Behavioral Health Authorizations and Carelon Authorizations applications.

If you or your staff have questions about this change, send an email to provider.relations@bcbsla.com.

Webinars Available for the New Authorizations Application Powered by Epic

Blue Cross will host webinars starting on April 9 to showcase the new BCBSLA Authorizations application. These sessions will discuss the features and functions of the new application, plus include a live demonstration for inpatient/outpatient authorizations. Attendees will have the option to submit questions during the presentation.

Who should attend?

Professional and facility clinical and office staff who request prior authorizations using the BCBSLA Authorizations application should attend.

Each day listed below features sessions for inpatient authorizations at 10 a.m. and outpatient at 2 p.m.

Tuesday, April 9, 2024
Wednesday, April 10, 2024
Thursday, April 11, 2024
Tuesday, April 16, 2024
Wednesday, April 17, 2024
Thursday, April 18, 2024

Registration links for the webinars are available on the iLinkBlue (www.bcbsla.com/ilinkblue) message board and in our Weekly Digests.

Epic is a trademark of Epic Systems Corporation.

PROVIDER NETWORK

Genetic Testing Management Program Coming in July 2024

Blue Cross is implementing a new genetic testing program. We are transitioning the review of genetic testing to Carelon Medical Benefits Management (Carelon) effective for dates of service on and after July 1, 2024.

This program promotes quality care while reducing costs associated with testing that is not evidence-based, and ensures our members have access to appropriate testing.

We require all providers who request genetic testing to participate in the new program and submit preservice reviews to Carelon for all outpatient genetic testing for dates of services on or after July 1, 2024. This program is for all fully insured and self-funded members, including Office of Group Benefits (OGB) members. At this time, Federal Employee Program (FEP) members are not in the program.

Perks for participating in this program can include:

- Engaging genetic testing experts in the clinical process to confirm that genetic testing requests are clinically appropriate.
- Improving the clinical appropriateness of genetic testing through the application of evidence-based guidelines in an efficient and effective review process.
- Referring to Carelon clinical guidelines to review services for medical necessity.

For testing scheduled to occur through June 30, providers must obtain prior authorization for genetic testing from Blue Cross. Prior authorization requests made before the July 1 transition date will be honored and claims will process. Always obtain prior authorization before rendering services. Genetic testing that is performed without a prior authorization may be subject to the retrospective review process and applicable penalties will be applied.

For testing scheduled to occur on or after July 1, ordering providers must obtain prior authorization from Carelon. Genetic testing services will be subjected to Carelon's clinical guidelines in lieu of Blue Cross medical policies.

Carelon will begin accepting prior authorization requests on June 17. On that date, labs can no longer submit prior authorization requests for genetic testing. Requests and order number verficications must come from the ordering provider using one of the following methods:

- Online using iLinkBlue (www.bcbsla.com/ilinkblue) to access the Carelon MBM Provider Portal. The portal is available under the "Authorizations" menu option, through the "Carelon Authorizations" application.
- By calling Carelon at 1-866-455-8416, Monday through Friday from 8 a.m. – 5 p.m.

Our Provider Relations Department is hosting educational webinars in June. We encourage providers and staff who perform authorizations to attend, even if already familiar with the Carelon Authorizations application. Be on the lookout for registration links for these webinars in our upcoming Weekly Digest.

For more information on this program, visit https://providers.carelonmedicalbenefitsmanagement.com/genetictesting/.

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

PROVIDER NETWORK

Updated Availability Standards for Blue Cross Providers

We are 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. A copy of these standards can be found online in our *Availability Standards for Blue Cross Providers* tidbit, available online at www.bcbsla.com/providers >Resources >Tidbits.

Service Type	Standard
Primary Care	
Routine	15-days
Urgent	7-days
Mental Health/Substance Use Disorder (MHSUD)	
Non-life-threatening Emergency	6-hours
Urgent	48-hours
Initial Visit Routine	10-business days
Follow-up Routine	30-days
High-impact Specialty Providers	
Routine	30-days
Urgent	15-days
High-volume Specialty Providers	
Routine	30-days
Urgent	15-days
Facilities	
Hospital/Emergency Room	Immediately
Non-hospital Inpatient Facility	30-hours
Urgent Care Center	30-hours
Outpatient Facility	15-days

Additional Availability Standards

- Routine care includes problems that could develop if untreated but do not substantially restrict a member's normal activity.
- Network physicians are responsible for assuring access to services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to assure patient awareness and access after hours to another participating physician.
- All network 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 or portal message 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.

Availability Asked on the Member Satisfaction Survey

Blue Cross updated its Availability Standards Policy to ensure member satisfaction with the delivery of care. Each year, we survey our members to better understand how our network providers are meeting their healthcare needs.

One question we ask our members is how often can they get an appointment with their specialist when needed. We also ask members about how often they were able to get care from their primary care provider (PCP), including in-person, telephone and telehealth visits.

PROVIDER NETWORK

Maintaining Gold Card Status for Authorizations

Blue Cross's Gold Card program for high-tech imaging went into effect on July 1, 2023. It is time to evaluate performance and determine if providers will continue in the Gold Card program. Providers may be added or removed from the program, as applicable.

If you are asked to upload clinical documentation to support the case for medical necessity approval of an authorization request made through Carelon's Provider Portal or Call Center, please do so. This enables us to audit your information.

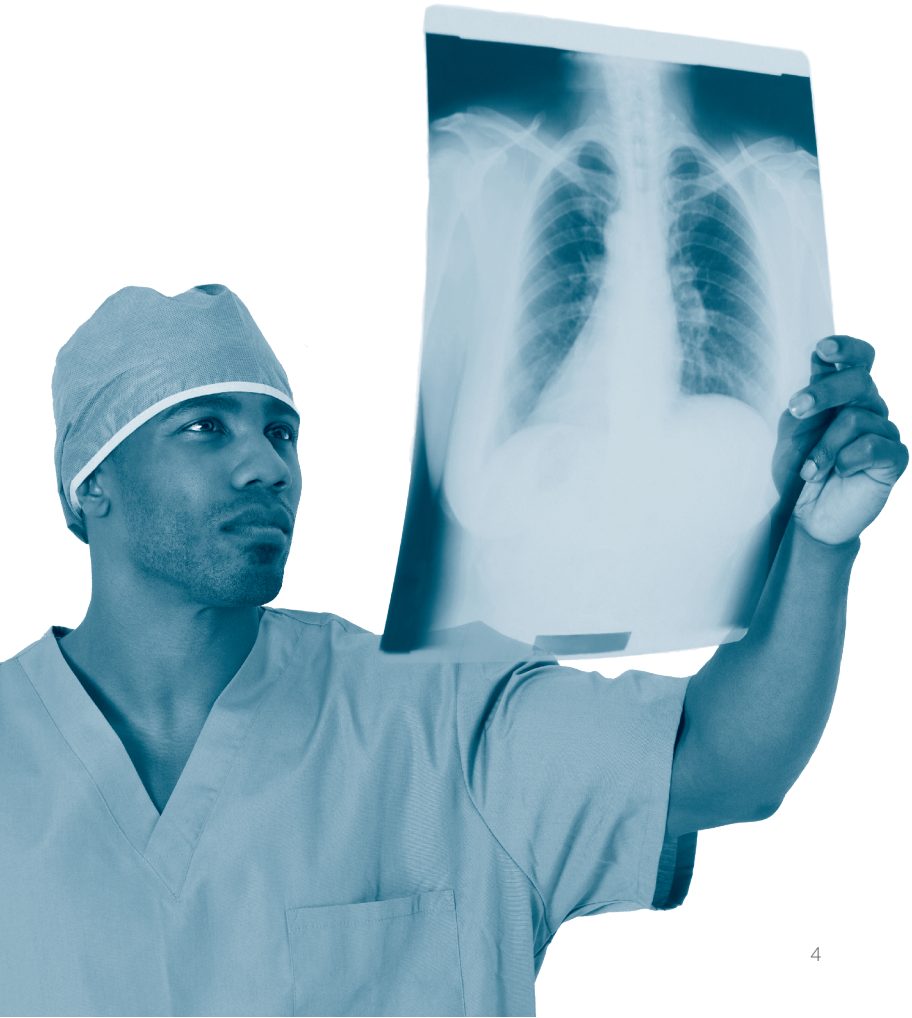
If we do not receive the requested clinical information for the audit case, we will consider the case "audit criteria not met," which could jeopardize the physician's eligibility for the program. All Gold Card cases submitted will be automatically approved for medical necessity. Failure to participate in the audit may result in a loss of future Gold Card status.

As a reminder, Gold Card providers must still request authorization. This is required to pay the claim, for auditing purposes, and necessary to continue in the Gold Card program.

Submit Your Online Authorizations Through iLinkBlue (www.bcbsla.com/ilinkblue)

If submitting authorizations online, please use iLinkBlue to access the "Carelon Authorizations" application, which is the Carelon MBM Provider Portal. Visit iLinkBlue, then click "Authorizations," and then "Carelon Authorizations."

Do not access this portal through Carelon's website if seeking an authorization for a Blue Cross member.



Share this newsletter with those at your office who work with Blue Cross authorizations and those who work in medical records.

BILLING & CODING

Updated Outpatient Service Code Ranges

Each quarter, we review new CPT® and HCPCS codes to determine needed updates to the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges. As a result of our recent review, we added the following codes.

Diagnostic and Therapeutic Services Codes

Effective Date January 1, 2024:
67516, 75580, 76984, 76987, 76988, 76989, 81457, 81458, 81459, 81462, 81463, 81464, 81517, 82166, 86041, 86042, 86043, 86366, 87523, 90589, 90623, 90683, 92622, 92623, 93150, 93151, 93152, 93153, 93584, 93585, 93586, 93587, 93588, 97037, 97550, 97551, 97552, 99459, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0427U, 0428U, 0429U, 0430U, 0431U, 0432U, 0433U, 0434U, 0435U, 0436U, 0437U, 0438U, 0788T, 0789T, 0811T, 0812T, 0815T, 0820T, 0821T, 0822T, 0826T, 0827T, 0828T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T, 0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0852T, 0853T, 0854T, 0855T, 0856T, 0857T, 0858T, 0859T, 0860T, 0865T, 0866T, A4287, A4457, A4468, A4540, A4541, A4542, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, A7023, A9608, A9609, C1600, C1601, C1602, C1603, C1604, C7903, C9159, C9160, C9161, C9162, C9163, C9164, C9165, C9793, C9794, E0492, E0493, E0530, E0678, E0679, E0680, E0681, E0682, E0732, E0733, E0734, E0735, E1301, E2001, E3000, G0017, G0018, G0019, G0022, G0023, G0024, G0136, G0137, G0140, G0146, G9886, G9887, G9888, J0184, J0217, J0391, J0402, J0576, J0688, J0873, J1105, J1246, J1304, J1412, J1413, J1596, J1939, J2404, J2508, J2679, J2799, J3401, J3425, J9052, J9072, J9172, J9255, J9258, J9286, J9321, J9324, J9333, J9334, L3161, L5615, L5926, Q4279, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q5132

Effective Date January 2, 2024:
G0011, G0012, G0013, J0750, J0751, J0799, Q0516, Q0517, Q0518

Outpatient Procedure Services Codes

Effective Date January 1, 2024:
22836, 22837, 22838, 27278, 31242, 31243, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 52284, 58580, 61889, 61891, 61892, 64596, 64597, 64598, 92972, 96547, 96548, 0784T, 0785T, 0786T, 0787T, 0790T, 0813T, 0814T, 0816T, 0817T, 0818T, 0819T, 0823T, 0824T, 0825T, 0861T, 0862T, 0863T, 0864T, C7556, C7557, C7558, C7560, C9795

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

G0330 for Facility Dental Services

Effective July 1, 2024, CPT code G0330 will no longer be in the Diagnostic and Therapeutic Services listing. It will be reclassified to the Outpatient Procedures Services listing and will be added to the Outpatient Procedures Reimbursement Schedule.

The new allowable charge for G0330 is available in iLinkBlue (www.bcbsla.com/ilinkblue) by selecting "Payments" followed by "Outpatient Facility Allowables Charges Search." Input "7/1/2024" as the date, select your facility, press continue, select a network, type "G0330" in the following box, and click "View Allowables."

Please use G0330 instead of 41899 for facility dental services.

BILLING & CODING

Modifiers for Continuous Glucose Monitoring

To align reimbursement to the appropriate types and cost of equipment provided, we require modifiers on continuous glucose monitoring sensor, transmitter and receiver codes A9276, A9277 and A9278. Effective July 1, 2024, a separate modifier is being added for Freestyle Libre sensors and receivers. Please bill the appropriate modifier(s) as outlined below.

A9276 - Sensors

- For Dexcom sensors, use code A9276 and Modifier JB in the first position and NU in the second position.
- For Medtronic sensors, use code A9276 and Modifier SC in the first position and NU in the second position.
- For Freestyle Libre sensors, use code A9276 and Modifier KX in the first position and NU in the second position.
- For sensors other than Dexcom, Medtronic or Freestyle Libre report Modifier KD in the first position and NU in the second position.

Coding examples for sensors:

- A9276JBNU – Dexcom sensor purchase
- A9276SCNU – Medtronic sensor purchase
- A9276KXNU – Freestyle Libre sensor purchase
- A9276KDNU – sensor purchase other than Dexcom, Medtronic or Freestyle Libre

A9278 – Receivers

- For Dexcom receivers, use code A9278 and Modifier JB in the first position and NU in the second position.
- For Freestyle Libre receivers, use code A9278 and Modifier KX in the first position and NU in the second position.
- For receivers other than Dexcom or Freestyle Libre, use Modifier KD in the first position and NU in the second position.

Coding examples for receivers:

- A9278JBNU – Dexcom receiver purchase
- A9278KXNU – Freestyle Libre receiver purchase
- A9278KDNU – transmitter purchase other than Dexcom or Freestyle Libre

For more information, see see Section 5.14, Durable Medical Equipment and Supplies, of our *Professional Provider Office Manual*. The manual is available online at www.bcbsla.com/providers >Resources >Manuals.

MEDICAL MANAGEMENT

Proper Documentation for Eye Exams

The Centers for Disease Control and Prevention (CDC) Retinal Exam NCQA HEDIS measure specifies that patients 18-75 years of age with Type 1 or Type 2 diabetes have a retinal or dilated eye exam performed in the current measurement year or a **negative** retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. Bilateral eye enucleation any time during the member's history through December 31 of the measurement year excludes the member from the measure.

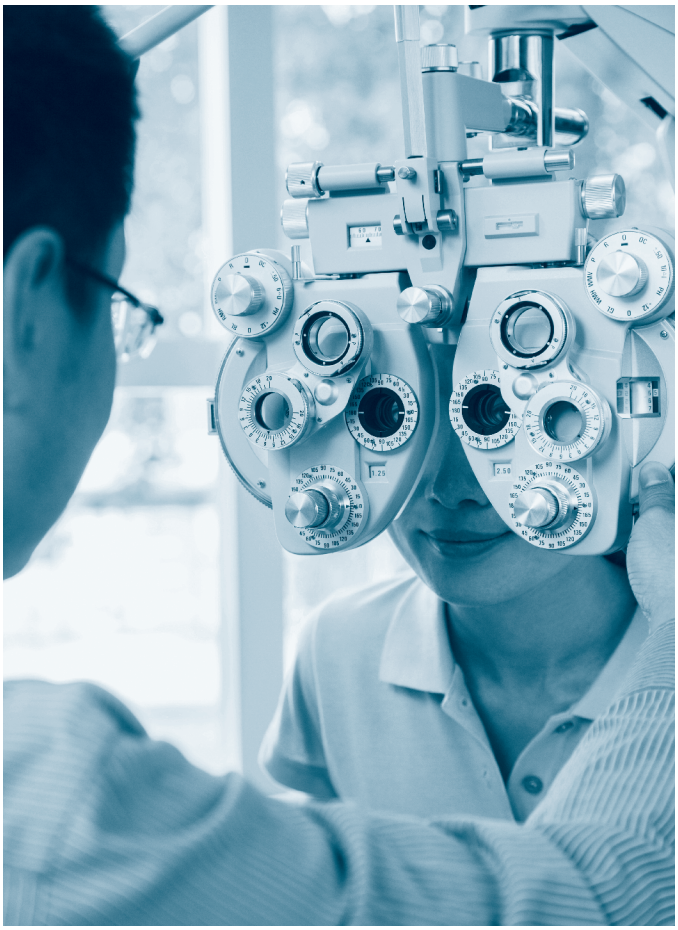
The measure requires documentation of the eye exam **with** results. This must include a note or letter prepared by an ophthalmologist, optometrist, primary care provider (PCP) or other healthcare professional indicating completion of an ophthalmoscopic exam by an eye care professional (optometrist or ophthalmologist). It must indicate completion of an exam by an eye care professional, including the results and performance date of the procedure.

The use of the ophthalmic fundus camera in primary care offices provides the opportunity to close retinal eye exam gaps in care for members who do not routinely see an eye care specialist. Using the funduscopic cameras, PCPs can take images of patients' eyes, without dilation, and send them to an eye care specialist for review and interpretation. If you use this system in your practice, please remember that requirements include a chart or photograph indicating the performance date of the fundus photography and one of the following:

- Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
- Evidence a qualified reading center that operates under the direction of a medical director who is a retinal specialist read the results.
- Evidence results that a system that provides an artificial intelligence (AI) interpretation read the results.

Remember that the phrases "diabetes without complications" or "eye exam current" are not acceptable documentation for the eye exam.

For any further questions, please contact us at HEDISteam@bcbsla.com.



Note on Stain Use in Tissue Specimens

During the past year, we have observed an increase in the use of special stains, most notably in gastric tissue specimens. As a reminder, Blue Cross aligns with the Centers for Medicare and Medicaid Services (CMS) guidelines regarding the use of special stains. These guidelines state "reflex or preorders for special stains and/or IHC stains prior to review of the routine H&E stain by a pathologist is not reasonable and necessary. A pathologist must first review the H&E stain prior to ordering special stains or IHC."

Blue Cross reminds you to always be diligent when referring laboratory services outside of your office. If a member requires outside laboratory/pathology services, please follow your provider agreement and refer to participating providers. This will ensure that your patient gets the most out of their benefits and avoids balance billing.

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 our Provider Page at www.bcbsla.com/providers, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective February 1, 2024

00034 Treatment of Varicose Veins/Venous Insufficiency

Effective February 12, 2024

00684 Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy

00697 elexacaftor/tezacaftor/ivacaftor (Trikafta™)

00829 Non-Invasive Positive Airway Pressure (Including Non-Invasive Home Mechanical Ventilation)

Effective February 18, 2024

00260 Spinal Cord and Dorsal Root Ganglion Stimulators

Effective March 1, 2024

00233 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer

Effective March 11, 2024

00142 Electrical Nerve Stimulation Devices

00641 Pharmacotherapy for Gaucher Disease

00805 Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products

00850 Pharmacotherapy for Geographic Atrophy

Effective April 1, 2024

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

Effective April 8, 2024

00090 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions

00306 Dipeptidyl Peptidase 4 (DPP-4) Inhibitors, DPP-4 Inhibitor/Metformin Combination Drugs

00343 Topical Acne Products

00439 vedolizumab (Entyvio®)

00526 Select Inhaled Respiratory Agents

00567 dupilumab (Dupixent®)

00692 upadacitinib (Rinvoq™)

00698 Select Novel Drug Formulations

00701 Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia and Gastroparesis

00733 Sphingosine-1-Phosphate Receptor Modulators (Gilenya®,Mayzent®, Zeposia®, Ponvory™, Tascenso ODT™, Velsipity™)

00834 Select External Insulin Infusion Pumps (Omnipod)

00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA1, BRCA2, PALB2)

00270 Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy

00399 Genetic Testing for Macular Degeneration

Effective April 14, 2024

00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

00260 Spinal Cord and Dorsal Root Ganglion Stimulators

00558 Sacroiliac Joint Fusion (Percutaneous Minimally Invasive Techniques)

New Medical Policies

Policy No. Policy Name

Effective January 15, 2024

00863 Select Hemophilia B Products

Effective February 12, 2024

00864 beremagene geperpavec-svdt (Vyjuvek™)

00865 rozanolixizumab-noli (Rystiggo®)

Effective March 11, 2024

00859 delandistrogene moxeparvovec-rokl (Elevidys®)

00866 Xdemvy™ (lotilaner ophthalmic solution)

00867 palovarotene (Sohonos™)

Effective April 8, 2024

00868 daprodustat (Jesduvroq™)

00869 zuranolone (Zurzuvae™)

00870 pozelimab-bbfg (Veopoz™)

00871 mirikizumab-mrkz (Omvoh™)

00872 Xphozah® (tenapanor)

00873 bimekizumab-bkzx (Bimzelx®)

QUALITY BLUE

Multi-factor Authentication Coming to Quality Blue (QB) Performance Insights Portal

Beginning April 15, 2024, Blue Cross will require multi-factor authentication (MFA) to securely access the QB Performance Insights (Pi) Portal.

MFA is a security feature that delivers a unique identifier via email, text and other formats. MFA is required as part of the Performance Insights Portal logIn process.

To set up MFA, you must register a device with PingID—an app that is available for free download through the app store on your mobile device.

A guide with detailed instructions to preregister for the MFA process was emailed to all existing users.

The guide is also available in the Pi Portal under the "Documentation" menu option, then "Dashboard Guides."

If you have any questions about this process, please email provider.relations@bcbsla.com.

PHARMACY

Flovent® Discontinued: What it Means For Your Patients

Pharmaceutical company GSK notified the FDA that brand Flovent® products are discontinued. As of January 1, 2024, Flovent®HFA (fluticasone propionate inhalation aerosol) and Flovent® Diskus® (fluticasone propionate inhalation powder) are no longer manufactured.

Our Blue Cross formulary considers Brand Flovent® products preferred agents as long as supply is available. Other preferred formulary inhaled corticosteroid (ICS) products are available on the Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. Covered Drug List without prior authorization:

- Arnuity™ Ellipta® (fluticasone furoate inhalation powder)
- Pulmicort Flexhaler™ (budesonide inhalation powder)
- QVAR® Redihaler™ (beclomethasone dipropionate HFA)

To prevent a delay in treatment, consider prescribing an alternative formulary ICS for your patients. For additional formulary information, please refer to the 2024 Covered Drug List, which can be found at https://providers.bcbsla.com/pharmacies.

Changes Coming to Levemir® Insulin Products

Novo Nordisk announced it will discontinue Levemir®FlexPen® (insulin detemir) April 1, 2024, and Levemir® (insulin detemir) vials December 31, 2024.

To help your patients get the most out of their benefits, we encourage prescribing covered alternatives. We cover other preferred formulary insulin products on the Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. Covered Drug Lists without prior authorization.

These include:

- Lantus® (insulin glargine)
- Lantus® SoloStar® (insulin glargine)
- Toujeo® Max SoloStar® (insulin glargine)
- Toujeo® SoloStar® (insulin glargine)
- Tresiba® (insulin degludec)
- Tresiba® FlexTouch® (insulin degludec)

To prevent a delay in treatment, consider prescribing an alternative formulary insulin for your patients. For additional formulary information please refer to our 2024 Covered Drug List at https://providers.bcbsla.com/pharmacies.

BEHAVIORAL HEALTH

Follow-up After Emergency Department Visit for Substance Use

Blue Cross collects data for HEDIS® to measure performance for certain areas of care and service. HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA®) to help establish accountability and improve quality of healthcare. Lucet, our behavioral health manager, helps collect these measures from our network providers.

These measures promote the importance of follow-up visits for members with a principal diagnosis of substance use disorder (SUD). They also apply to any diagnosis of drug overdose after visiting an emergency department (ED).

In 2016, studies classified 20.1 million Americans over 12 years of age—about 7.5% of the population—as having a substance use disorder. High ED use for individuals with SUD may signal a lack of access to care or issues with continuity of care. Timely follow-up care for individuals with SUD who sought care in the ED can associate with a reduction in the following:

- Substance use
- Future ED use
- Hospital admissions and bed days

Measurement Year 2024 HEDIS Guidelines

This guideline assesses ED visits for members age 13 and older. HEDIS suggests receiving a follow-up visit within seven days, but no later than 30 days of the ED visit. This applies to members with a principal diagnosis of SUD or any diagnosis of drug overdose, who had a follow-up visit or a pharmacotherapy dispensing event regarding the following:

- SUD
- Substance use
- Drug overdose with any healthcare practitioner

Follow-up visits and pharmacotherapy dispensing events may occur on the same date of the ED visit. Lucet reports two rates:

- ED visits for which member received follow-up within seven days of the ED visit (eight total days).
- ED visits for which member received follow-up within 30 days of the ED visit (31 total days).

The measure does not apply to members admitted to inpatient or residential treatment. It also does not apply to members in hospice or members with a principal diagnosis of mental illness disorder or intentional self-harm.

Per NCQA guidelines, same-day-of-discharge follow-up visits are not compliant after inpatient stays. Any of the following listed below qualify as a follow-up visit:

- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Medication assisted treatment
- Community mental health center
- Telehealth
- Telephone
- Online assessment (e-visit or virtual check-in)

If you need to refer a member or receive guidance on appropriate services, please call Lucet at 1-800-624-5544, prompt 3.

Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

BEHAVIORAL HEALTH

Lucet Has a Tool Kit for Post-Emergency Follow-up

We partner with Lucet to help manage the long-term success of patients discharged from emergency department (ED) visits. Post-discharge appointments are crucial to the well being of each patient.

Lucet has a free online ED toolkit to help healthcare providers and their patients.

This toolkit offers guidance and a better understanding of the HEDIS behavioral health performance measures. These relate to follow-up care for members after ED visits for mental illness, substance use or drug overdose.

You may find the toolkit online at https://lucethealth.com/emergency-department-toolkit/.

How You Can Help

Lucet offers these tips for behavioral health providers regarding patients in need of follow-up care:

Emergency Department

- Talk about the importance of follow-up to help the member engage in treatment.
- Assist with coordination of care to follow-up the member's visit with appropriate referrals and scheduling.
- Ensure the member has an appointment scheduled. Within seven days preferably, but no later than 30 days after ED visit.
  - Tip: Schedule follow-up visit within five days of ED visit to allow flexibility for rescheduling within seven days of ED visit.
- Before scheduling an appointment, verify details with the member. Consider things like transportation, location and time of the appointment.
- Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.

The Follow-up Provider

- Reach out proactively—within 24 hours—if the member does not keep the scheduled appointment to schedule another.
- Provide timely submission of claims with correct service coding and principal diagnosis.
- Follow-up providers maintain appointment availability for members with recent ED visits.
- Reinforce the treatment plan and evaluate the medication regimen considering the presence/absence of side effects.
- If the appointment does not occur within first seven days, schedule it within 30 days of ED visit.

Both ED and Follow-up Provider

- Identify and address any barriers to the member keeping the appointment.
- Provide reminder calls to confirm appointment.
- Encourage communication between the behavioral health specialist and primary care provider (PCP). Ensure that the member has a PCP and share the care transition plan with the PCP.

ONLINE RESOURCES

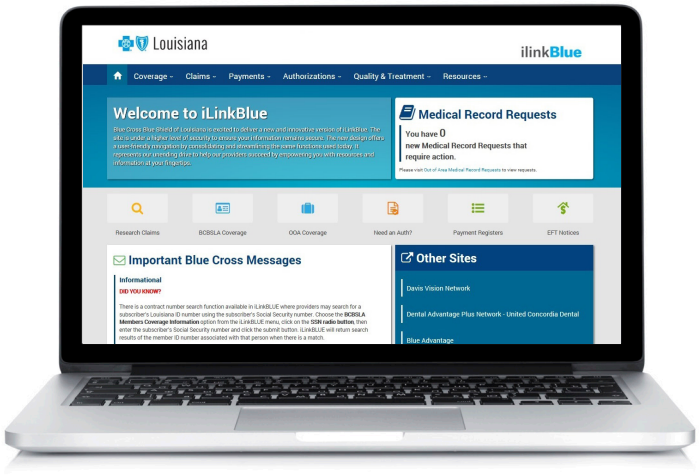
iLinkBlue (www.bcbsla.com/ilinkblue)

Professional Provider Allowable Charges Search

Our Professional Provider Allowable Charges Search can be found under the "Payments" menu on iLinkBlue. This application is designed to research professional allowable charges. Search by network, date of service, individual code or code ranges.

When searching for an allowable charge, enter the date of service, appropriate network and the code. The date of service is important because you can search current, past or future (when available) allowable charges.

Providers must use iLinkBlue for researching allowable charges. These services are no longer supported by our Customer Care Center.



The Provider Page (www.bcbsla.com/providers)

Is Your Information Current?

Our Provider Update Request Form is available on the Provider page under "Resources." Use the form for the following:

- Changes in demographic information, including the correspondence information we use for our provider communications
- New elections for EFT
- New 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

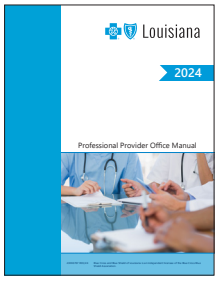
When completing the Provider Update Request Form, remember to only complete the sections appropriate for the type of change requested.

If you are changing a physical address for a provider group or clinic, you must complete a Provider Update Request Form for each individual provider changing locations.

Updated Resources

Blue Cross consistently reviews and updates its provider resource materials. Our goal is to ensure you have access to current information.

Check out these items in the "Resources" section of our Provider page:



- 2024 updates to our Provider Manuals
- Recent Blue Cross Webinar presentations, including our *2024 New to Blue* webinars for professional and facility providers
- Provider forms
- Network Speed Guides
- Provider Tidbits, including the recently updated *Availability Standards for Blue Cross Providers* tidbit

COMPANY NEWS

Blue Cross Partners With Community to Help Feed Louisianians

In a series of volunteer events recognizing Dr. Martin Luther King Jr. - National Day of Service, employees with Blue Cross, Healthy Blue and Entergy Louisiana packed 204,714 meals for Louisianians facing food insecurity.

Food banks, the Council on Aging and other organizations stocked shelf-stable red beans and rice meal kits that nearly 600 volunteers packed at eight events statewide. They will distribute meals throughout the year to families, seniors and others in need.

"Blue Cross, Healthy Blue and Entergy Louisiana have an authentic and enduring commitment to communities across Louisiana," said Bret Raymond, The Pack Shack chief executive officer. "Their collaboration to pack over 200,000 delicious, healthy meals demonstrates their concern for the practical needs of neighbors in need across the state, and their partnership clearly communicates what it means to #BeNeighborly!"

Blue Cross, Healthy Blue and Entergy Louisiana sponsored the meals in honor of their recognition as Louisiana businesses included among The Civic 50. This is an annual designation from the Points of Light Foundation of the 50 most community-minded companies in America.

In addition to employees from the sponsoring organizations, representatives from Miss Louisiana and the New Orleans Saints volunteered at these events.

"We know that food banks and community organizations addressing hunger typically have their lowest supplies at the beginning of the year, after giving meals during the holiday season and responding to the severe winter weather we recently had," said Michael Tipton, Blue Cross and Blue Shield of Louisiana Foundation president and head of Community Relations. "We are so thankful our volunteers gave their time to help them restock and continue meeting needs in our area."

Since 2018, Team Blue volunteers have packed nearly three-quarters of a million meals through these annual events, Tipton added.

"Healthy Blue is dedicated to enhancing the well-being of Louisianians in diverse communities across the entire state, with food security at the heart of our mission," said Dr. Christy Valentine Theard, president of Healthy Blue. "Our bold initiative to pack more than 200,000 meals represents not only our commitment to service, but also our devotion to the health, hope and unity of Louisiana. We are proud of our alliance with Blue Cross and Blue Shield of Louisiana and Entergy Louisiana in this mission, and even more proud of the monumental progress we have achieved toward building a healthier state."

"Entergy Louisiana is honored to stand alongside Blue Cross and Blue Shield of Louisiana and Healthy Blue in our shared commitment to serving the communities of Louisiana," said Phillip May, Entergy Louisiana president and CEO. "By collectively packing over 200,000 meals, we are not only addressing immediate food insecurity but also demonstrating our enduring dedication to supporting our neighbors in need. Together, we are making a meaningful impact on the lives of Louisiana families and seniors, embodying the spirit of community and compassion that defines our region."

UPCOMING EVENTS

Upcoming Blue Cross Workshops and Webinars

Our provider workshops and webinars keep you informed on information and processes relevant to how you serve your patients—our members. In the coming months, we will host our annual Professional Workshop, as well as sessions on our new Epic Payor Program, our Quality Blue (QB) program, our Provider Credentialing & Data Management (PCDM) Department and iLinkBlue (www.bcbsla.com/ilinkblue).

Preregistration is required to attend our workshops and webinars.

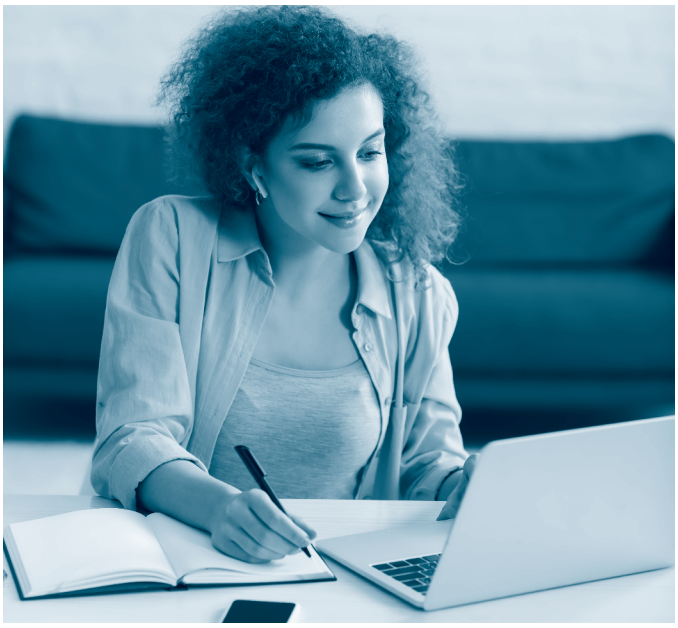
Register for our webinars through the Weekly Digest email, sent out each Thursday. This notice includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

Webinars currently scheduled for the coming months are as follows:

- April 9-11 & 16-18 – Epic Training
- April 30 – New to QB
- May 2 – QB Pi Dashboard
- June 4, 6, 11 & 13 – Carelon Genetic Testing
- June 5 – PCDM
- June 26 – New to iLinkBlue

Our Professional Provider Workshops will take place at multiple sites around the state on the following dates:

- May 15 – Lake Charles/Sulphur
- May 16 – Shreveport/Bossier City
- May 21 – Kenner
- May 23 – Baton Rouge



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STAY CONNECTED

Visit BCBSLA's Provider page:
www.bcbsla.com/providers

Connect with us on Facebook: @BCBSLA

Watch us on YouTube: @BCBSLA

Follow us on Instagram: @BCBSLA

Follow us on X: @BCBSLA

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

provider networknews

What's New on the Web

www.bcbsla.com/providers

Now Online: view our updated availability standards in our *Availability Standards for Blue Cross Providers* tidbit, located in our "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

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 >Resources >Forms.

Our Health Services Division Phone Options Have Changed

When calling our Health Services Division at 1-800-716-2299, our phone options are:

Option 1: Provider Contracting

Option 2: Provider Credentialing & Data Management

Option 3: iLinkBlue and Electronic Data Interchange (EDI)

Option 4: Provider Relations

Option 5: Provider Identity Management (PIM) Team

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.

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 www.bcbsla.com/providers >Blue Advantage Resources.