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

4th Quarter 2019

provider network news

providing health guidance and affordable access to quality care

INSIDE THIS ISSUE

We Are Changing How Members Find You

Blue Cross and Blue Shield of Louisiana wants to remind you that our new provider directory policy began on November 1, 2019.

We now limit the published locations of professional providers in our provider directories as follows:

1. professional providers must be available to schedule patient appointments at a minimum of 16 hours per week at the location listed in the directory
2. members must also be able to call and schedule a patient appointment at the location listed in the directory

Locations that do not meet these criteria will not be included in our online provider directories. This change will not impact the locations on a provider's record for the purpose of claims filing or authorization requests. It simply limits when a professional provider is listed in our online directories.

This policy supports Blue Cross' commitment of maintaining current and accurate information for both our members and providers.

Your location hours can be reported to Blue Cross in several ways:

- On the Louisiana Standardized Credentialing Application (LSCA) – Attachment A – for providers newly joining our network(s)
- On the Recredentialing Application – for existing network providers who are in the recredentialing process

Additionally, this information is now collected on the following forms:

- Provider Update Request Form
- Link to Group or Clinic Request Form
- Notice of Tax Identification Number (TIN) Change Form
- Add Practice Location Form

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

Louisiana

23XX6753 R12/19

Provider Network

Executed Provider Agreements & Amendments

There are times when a new provider agreement or amendment is required to meet the changing needs of our network providers. For example, if a provider changes Tax ID number or a facility adds a new service or unit, a new provider agreement or amendment is required. Provider agreements and amendments are effective on the date of execution (signed by both parties); not the date of requested change.

For this reason, it is important to give Blue Cross a 90-day advance notice of any change to ensure you do not experience a network disruption, which would affect your reimbursement, as well as the level of member benefits applied to claims.

2020 Holiday Schedule for AIM and New Directions

- Wednesday, January 1 – New Year's Day
- Monday, January 20 – Martin Luther King Jr. Day
- Monday, May 25 – Memorial Day
- Friday, July 3 – Independence Day
- Monday, September 7 – Labor Day
- Thursday, November 26 – Thanksgiving Day
- Friday, November 27 – Day after Thanksgiving
- Friday, December 25 – Christmas Day

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

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

New Product Enhancement Guide

The *2020 Product Enhancements Guide* is here!

It offers providers a breakdown of enhancements we added to our products and network requirements that are effective January 1, 2020 (and as member policies renew).

The guide offers greater detail on the benefit changes and the policies affected. We encourage you to fully review the new guide to determine if any product enhancements will affect your practice and/or Blue Cross patients.

It is available online at www.BCBSLA.com/providers >Resources >Newsletters.

New Blue Connect Benefit Option

Beginning January 1, 2020, Blue Connect has a member benefit plan that has copayment-style benefits. It is available to groups and individuals in the New Orleans area (Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes).

While this product is being sold in the New Orleans area only, members may still access Blue Connect providers in the Baton Rouge, Lafayette and Shreveport areas for in-network services.

This new benefit plan uses the existing Blue Connect network and member ID cards looks the same as for other Blue Connect benefit plans. More information about this new benefit plan is available in the 2020 Product Enhancement Guide.

New Precision Blue Network for 2020

Precision Blue is a new provider network and member benefit plan that begins January 1, 2020. It is an HMO point of service network that is available in Ascension, East Baton Rouge, Livingston, Pointe Coupee and West Baton Rouge parishes only. Additional details on this new network are available in the 2020 Product Enhancement Guide, as well as in the Precision Blue Network Speed Guide, available online at www.BCBSLA.com/providers >Resources.

Please always verify a member's benefits prior to rendering services, to ensure the cost share is collected accurately. Members receive the highest level of benefits when using network providers and with proper authorization, when required.

Provider Network

AIM Updating *OptiNet*®

Blue Cross uses ***Opti****Net*®, the AIM Specialty Health® online registration tool for gathering modality-specific data on imaging providers in areas such as facility qualifications, technician and physician qualifications, accreditation, equipment and technical registration. This tool is available through iLinkBlue in the AIM ***Provider****Portal*SM.

AIM has announced that the tool has been in the process of several enhancements since September of 2019. These enhancements will continue to roll out over the upcoming months, to help save providers time and provide them with the best user experience possible.

What is changing?

These changes are applicable for computed tomography (CT/CTA), magnetic resonance (MRI/MRA), positron emission tomography (PET) scans, nuclear imaging, ultrasound (abdominal, OB/GYN) and echocardiography.

Some of the featured enhancements include new and improved provider capabilities such as:

1. The ***Opti****Net*® Step Indicator tool display sequencing is being updated to display in the order of: 1) Site info, 2) Equipment, 3) Staff, 4) Quality control, 5) Review, 6) Complete

2. If your site has ACR, IAC, RadSite™ and/or American Institute of Ultrasound in Medicine (AIUM) accreditation and the expiration date is kept current, ***Opti****Net*® will no longer require staff credentials for the modalities that have one of these accreditations.

3. Providers now have the ability to add unlimited provider contacts (i.e., alternate contacts); replacing the former limit of one contact per registration.

It is important to keep your ***Opti****Net*® data updated:

Your data in ***Opti****Net*® is connected to AIM's Specialty Care Shopper program, which allows members to choose—based on quality and cost—where their diagnostic imaging services are rendered. For this reason, it is important that you keep your information updated in the ***Opti****Net*® tool. Please review and update your information in ***Opti****Net*®. It is on iLinkBlue under "Authorizations," then click on the "AIM Specialty Health Authorizations."

Fully-digital Credentialing Applications

We are excited to announce that in 2020, Blue Cross is making enhancements to your credentialing process!

Providers will soon be able to complete and sign credentialing applications using online forms supported by DocuSign®. An innovator in e-signature technology, DocuSign helps organizations connect and automate how various documents are prepared, signed and managed.

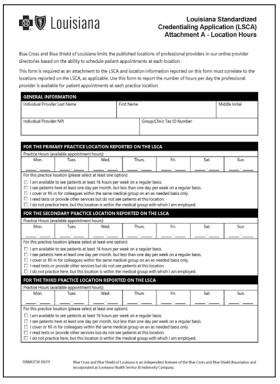
Through this enhancement, you will no longer need to submit hardcopy applications to Blue Cross via fax or email. Instead, your application process will be entirely digital. This change will include alerts reminding you to complete your application and will also confirm receipt.

The enhancements are expected to start in January 2020. While we make the transition, we will continue to accept both DocuSign submitted and traditional submission (via fax, email or hardcopy applications). It is expected that later in 2020, we will discontinue accepting fax, email and hardcopy applications. We will communicate these changes in advance to you.

The DocuSign forms will soon be available online on our Provider Page (www.BCBSLA.com/provider) under Resources >Forms, and under Provider Networks >Join our Networks.

We Updated the Professional Credentialing Packet to Include a New Form

LSCA - Attachment A - Location Hours


Louisiana

Louisiana Standardized Credentialing Application (LSCA) Attachment A - Location Hours

We updated our professional provider credentialing packet online. There is now a new form—the Louisiana Standardized Credentialing Application (LSCA) - Attachment A - Location Hours. As of November 1, 2019, all providers applying to join our networks must include this attachment with their application, or it will be returned as incomplete. See the cover story of this newsletter for more details.

Billing & Coding

Billing for Dry Needling

Effective January 1, 2020, the American Medical Association has issued new CPT® codes 20560 and 20561 for the reporting of dry needling (intramuscular manual therapy). However, Blue Cross will not recognize codes 20560 and 20561 for billing dry needling and claims with these codes will be denied.

We require dry needling to be billed under manual therapy code 97140. In order to identify that dry needling was performed as part of manual therapy, Modifier CG should be appended to the manual therapy code. For more information on billing for dry needling please see the Chiropractic and Physical Medicine guidelines in the *Professional Provider Office Manual*, available online at www.BCBSLA.com/provider >Resources >Manuals.

Place of Service 19 Not Valid for Claims

Blue Cross does not consider place of service 19 valid for claims submission. If a service is provided in the "office" setting, as described in the following criteria, place of service 11 should be used.

Office Setting:
Blue Cross follows AMA guidelines regarding the definition of "office" setting; however, Blue Cross also defines "office" setting as:

- Any office space within a hospital or facility which is separately identifiable as a provider's private practice.
- Any office space at a hospital or facility's off-campus or freestanding location which is separately identifiable as a provider's private practice.
- Any services performed in a provider's rented office space within a hospital or facility regardless of who owns the equipment (e.g., radiology, etc.)

If a service is provided in the "outpatient hospital" setting (on or off campus), place of service 22 should be used. All professional services in an office or clinic setting should be billed on the CMS-1500 claim form with an "office" place of service 11.

Place of service 19 should not be used to bill for any services.

Blue Cross does not recognize provider-based billing, which is a method of billing Medicare for certain clinics owned or affiliated with hospitals. For more information, please refer to Provider Based Billing section of the *Professional Provider Office Manual*, available online at www.BCBSLA.com/provider >Resources >Manuals.

Ordering/Referring Providers

Are you including the ordering/referring provider's information on your claims? If not, you will soon notice a difference in how your claims are processed.

Beginning March 1, 2020, claims for the following providers types will be returned when the ordering/referring provider's first name, last name and NPI are omitted from the claim:

- Diagnostic Radiology Center
- Durable Medical Equipment Supplier
- Infusion Therapy
- Laboratory
- Sleep Disorder Clinic/Lab
- Specialty Pharmacy

Providers will be required to update and refile the claim. The ordering/referring provider should not be the same as the rendering provider.

Please enter the ordering/referring provider information for paper and electronic professional claims as indicated below:

Paper Claims:

- CMS-1500 Claim Form: Block 17B

Electronic 837P Claims:

- Referring Provider - Claim Level: 2310A loop, NM1 Segment
- Referring Provider - Line Level: 2420F loop, NM1 Segment
- Ordering Provider - Line Level: 2420E loop, NM1 Segment

Billing & Coding

Billing Guidelines for Hearing Aids

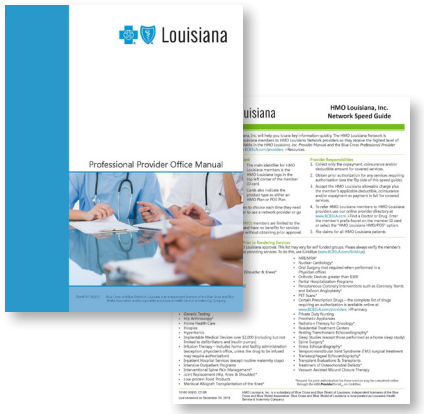
To ensure that your hearing aid claims are processed as quickly as possible, we would like to remind you of our guidelines:

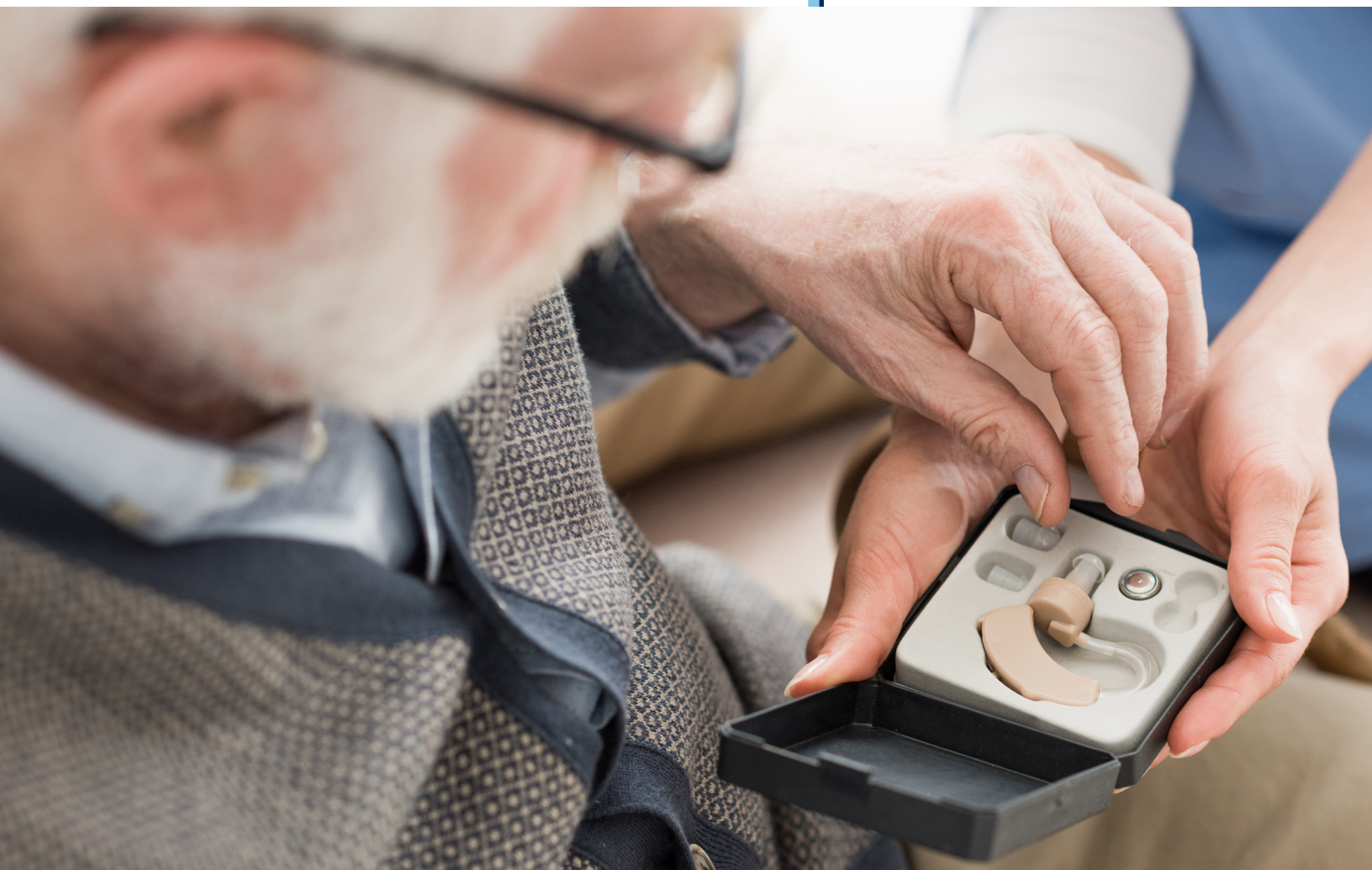
- The patient must receive medical clearance and a medically appropriate audiological evaluation from a physician.
- Hearing aids must be fitted and dispensed by a licensed audiologist or licensed hearing aid specialist following the physician's medical clearance.
- Dispensing fees should be billed globally with the hearing aid charge. Dispensing fees are not payable when billed separately.
- Hearing aid claims should be filed with the appropriate Modifier LT or RT if only billing for one ear. Because binaural means both ears, it is not appropriate to bill Modifier LT and/or RT for codes with "binaural" in the description. The fee on codes for binaural hearing aids is for both ears.

Always verify member benefits and eligibility prior to rendering services. Member benefits are available anytime on iLinkBlue (www.BCBSLA.com/iLinkBlue).

Updated Manuals & Speed Guides

Look for newly revised provider manuals and speed guides in January 2020. They are available online at www.BCBSLA.com/providers >Resources. Provider Manuals are also available through iLinkBlue at www.BCBSLA.com/ilinkblue >Resources >Manuals.





Billing & Coding

Guidance for Use of CPT® Code 77014 with Radiation Therapy

Remember to follow these guidelines for the use of CPT® code 77014 for daily image guidance:

- For daily CT guidance during radiation therapy when certain criteria are met. This is called IGRT (Image-Guided Radiation Therapy).
- IGRT is used during the delivery of radiation therapy using one of the following: ultrasound guidance, stereoscopic x-ray guidance, computed tomography (CT) image guidance and real-time intrafraction guidance.

AIM Specialty Health administers the medical necessity review for our Radiation Oncology program. The guidelines for IGRT can be found on AIM's website under Radiation Oncology Guidelines. If you are using CT guidance (77014) during radiation therapy, choose IGRT when getting authorization through AIM.

To select 77014 for IGRT in the AIM ***Provider****Portal*$_{SM}$ you will first choose the treatment modality (IMRT, Proton Beam, etc.), then select one of the following:

- Special radiation treatment (77470)
- Special radiation physics consult (77370)
- IGRT (77387) - This is the option for IGRT and code 77014, even though the code is not shown.

Then click continue. You will then answer a series of questions about the treatment plan, diagnosis and stage. If the criteria are met, you will be brought to a screen that gives you all codes approved with your authorization. This is where you will see code 77014.

77014 When used for Simulation

It is not appropriate to bill 77014 separately when used for planning. This work is bundled with 77295 and 77301. Code 77014 should be billed for image guidance and would not be appropriate to bill for CT simulation. Per the American Society for Radiation Oncology coding guidance, this code should no longer be billed with simulation as that work is bundled with the simulation code(s).

Providers are not to separately report CT guidance when reporting simulation services represented by codes 77280-77290 and code 77295.

The codes have been revised to reflect current practice, and since the use of CT guidance is integral to the simulation procedure it should no longer be reported separately. The value of the professional and technical components of CT guidance is now captured within the simulation service.

77014 With Simulation Codes

Since the development of the simulation codes, there have been significant changes in the process of care for physician and other qualified healthcare professionals, as well as the nature of the equipment utilized. For example, fluoroscopic simulators have largely been replaced with dedicated CT scanners and related work stations. As a result, 77014 is now included in the simulation codes. At the time of simulation, code 77014 may not be reported by the provider in either the freestanding or the hospital setting.

Since 2014, code 77295 has been reassigned and is now grouped under Medical Radiation Physics, Dosimetry, Treatment Devices and Special Services rather than simulations. Nevertheless, this same rule of not reporting 77014 when reporting code 77295 also applies.

The inclusion of CT guidance within the simulation service is documented in the definition of simulation which was added to the 2014 CPT book. The definition states, "Simulation is the process of defining relevant normal and abnormal target anatomy and acquiring the images and data necessary to develop the optimal radiation treatment process for the patient."

Refer to Participating Providers for Intra-operative Monitoring

We reimburse a global allowable charge for the professional component portions of all intra-operative monitoring services. All ancillary study codes bundle to intra-operative monitoring codes 95940, 95941 and G0453. The attending surgeon is responsible for ensuring the use of a participating provider for intra-operative monitoring services. Physicians who repeatedly fail to refer members to participating providers for intra-operative monitoring services may be subject to a reduction in their overall Blue Cross reimbursement rate at a percentage determined by Blue Cross in its sole discretion. For more information regarding intra-operative monitoring, please refer to the *Professional Provider Office Manual*, available online at www.BCBSLA.com/provider >Resources >Manuals.

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 policy 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.

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

Recently Updated Medical Policies

Policy No. Policy Name

Effective October 1, 2019

00129 **C** Urinary Biomarkers for Cancer Screening, Diagnosis and Surveillance

Effective October 9, 2019

00005 **C** Augmentative and Alternative Communication Devices

00239 **C** teriparatide (Forteo®)

00328 **C** Medical Management of Obstructive Sleep Apnea Syndrome

00375 **C** Pegylated Interferons (Pegasys®, PegIntron®) for Other (Non-Hepatitis C) Uses

00625 **C** Select Drug Quantity Management

00670 **C** Treatment of Hereditary Transthyretin-Mediated Amyloidosis in Adult Patients

Effective November 1, 2019

00458 **C** Amniotic Membrane and Amniotic Fluid

Effective November 10, 2019

00187 **C** Proton Beam Therapy

Effective November 13, 2019

00170 **C** Immune Globulin Therapy

00190 **C** Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes

00215 **C** Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension

00325 **C** Corneal Collagen Cross-linking

00327 **C** ivacaftor (Kalydeco™)

00397 **C** Treatment of Hepatitis C with a sofosbuvir (Sovaldi®) Based Regimen

00436 **C** apremilast (Otezla®)

00501 **C** mepolizumab (Nucala)

00503 **I** Ablation of Peripheral Nerves to Treat Pain

Effective November 13, 2019 (cont.)

00513 **C** ixekizumab (Taltz®)

00539 **C** infliximab-dyyb (Inflectra™)

00567 **C** dupilumab (Dupixent®)

00569 **C** Microwave Tumor Ablation

00586 **C** nitisinone (Orfadin®, Nityr™, generics)

00593 **C** Treatment of Hepatitis C with glecaprevir/pibrentasvir (Mavyret™)

00607 **C** infliximab-abda (Renflexis™)

00671 **C** ravulizumab (Ultomiris™)

Effective December 1, 2019

00073 **C** Implantable Hormone Pellets

New Medical Policies

Policy No. Policy Name

Effective October 1, 2019

00679 **I** Interspinous Fixation (Fusion) Devices

Effective October 9, 2019

00693 **C** Tirosint® Sol (levothyroxine sodium solution)

00694 **C** tafamidis Products (Vyndaqel®, Vyndamax™)

Effective November 1, 2019

00674 **C** Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy

00682 **C** Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

Effective November 13, 2019

00690 **C** Invasive Prenatal (Fetal) Diagnostic Testing

Effective December 1, 2019

00666 **C** Implantable Infusion Pump for Pain and Spasticity

00684 **I** Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia

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, go to iLinkBlue at www.BCBSLA.com/ilinkblue to access the Medical Policy Guidelines tool under the "Authorizations" menu option.

Provider Resources

Not Getting Our Newsletters Electronically?

Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line, and include your:

- Name
- Organization name
- Contact information

2020 workshops & webinars

Watch for Invitations to Upcoming Workshops and Webinars

It is important to us that our network providers know the latest information on policies, procedures and best practices for working with Blue Cross. With that in mind, we will be hosting several provider webinars, workshops and on-site trainings throughout 2020.

Dates, times and locations for upcoming events will be announced in upcoming newsletters, and invitations will be sent via email only, approximately a month before each event. Pre-registration is required to attend these events.

If we don't have a current email address on file for you, then you could miss out. To report a correspondence email address to Blue Cross, complete the correspondence section of the Provider Update Request Form. It is available online at www.BCBSLA.com/Providers >Resources >Forms.

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

Pharmacy

Uniform Prior Authorization Form for Prescription Drugs

Act 423 of the 2018 Louisiana Legislature requires all insurance issuers to use the Louisiana Uniform Prescription Drug Prior Authorization Form. This form is promulgated by the Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners. No health insurance issuer may accept any other form for prescription drug prior authorizations. The required Louisiana Uniform Prescription Drug Prior Authorization Form is available at www.BCBSLA.com/providers >Pharmacy. Drug-specific, clinical information needed to complete the Louisiana Uniform Prescription Drug Prior Authorization Form can be located on our Medical Policy Index in iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" section.

Medical Management

AIM Updates For 2020

Effective February 9, 2020, AIM is updating clinical appropriateness guidelines in the following areas:

- Advanced imaging of the abdomen and pelvis
- Spine surgery
- Radiation therapy

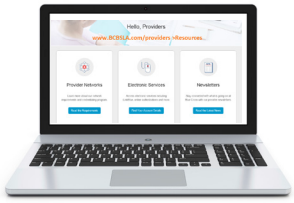
The full details for these new guidelines and all AIM appropriate-use criteria are available online at www.aimspecialtyhealth.com.

Click the "DOWNLOAD NOW" button then choose the appropriate guidelines section.

To request a medical necessity review, please access the AIM ***Provider****Portal*$_{SM}$ through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" menu option. You may also contact AIM directly at 1-866-455-8416.

Avoid Authorization Penalties

Updated listings of services that require an authorization are available online at www.BCBSLA.com/providers >Resources >Manuals.



Medical Management

HEDIS Spotlight: Diabetic Retinal Eye Exams

Diabetic retinopathy is the leading cause of blindness among working age adults in the United States. Up to 21 percent of people with Type 2 diabetes have retinopathy when they are first diagnosed with diabetes.

Early stages of the disease often lack symptoms, and when they occur, the disease already requires treatment. Early detection of diabetic retinopathy can significantly limit disease progression. For this reason, one of the components of the Comprehensive Diabetes Care Healthcare Effectiveness Data and Information Set (HEDIS) measurement is the diabetic retinal eye (DRE) exam.

Eligible population in this measurement are 18-75 years by December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes. Requirements are: a retinal or dilated eye exam by an eye care professional in the measurement year regardless of results, OR a retinal or dilated eye exam by an eye care professional in the year prior that was negative for retinopathy.

Questions asked by primary care physicians include:

Q. If ophthalmologists and optometrists can report on the eye exam component of the HEDIS measure, why are primary-care providers concerned about insufficient data being reported to the health plan for this measure?

According to the Centers for Disease Control and Prevention (CDC), "the age-adjusted percentage of adults aged 18 years or older with diagnosed diabetes receiving a dilated eye exam in the last year was 57 percent in 1994 and 62.8 percent in 2010."

Other organizations report less than 50 percent of diabetics receiving an eye exam. If 85 percent of diabetic patients see a physician regarding their diabetes and, according to the CDC, only 63 percent of diabetics receive an eye exam, there's a large gap in reporting to satisfy the HEDIS measure.

Q. How are primary-care providers working to achieve compliant results to report?

Some primary-care physicians (PCPs) are incorporating technology in their office by taking a retinal photograph. An ophthalmologist or an optometrist interprets the photograph remotely.

This approach assures the primary-care provider that his diabetic patients are receiving the required component of the HEDIS measure.

A study done at Austin Regional Clinic in Texas noted that the DRE screening rate for their diabetic patients was 35 percent. After incorporating the retinal photograph technology across nine clinics, their rates over a two-year period resulted in a 20-percent improvement in screening rates and a 70-percent improvement in follow-up rates on abnormal results.

This also resulted in an improvement in patient and physician satisfaction. If purchasing this technology is not an option for your practice, documentation by the PCP of an eye exam is acceptable.

Documentation requires one of the following: a note or letter from the ophthalmologist, optometrist, primary care physician, or other health care professional stating that the ophthalmoscopic exam was completed by an eye care professional, including the date and result of the exam.

For example, "Mrs. Smith had a dilated retinal eye exam in September of 2018 by Dr. Jones, optometrist, that showed no evidence of retinopathy" is compliant documentation for the measure. Documentation stating, "Eye exam-current," or "Eye exam-2018," would be considered non-compliant for the measure.

If you have any HEDIS related questions for the Blue Cross Health and Quality Management department, please email us at HEDISTeam@bcbsla.com.

Medical Management

Look For Signs of Seasonal Depression

The upcoming holiday season can mean extra stress, a breakdown in healthy habits or even depression. For some, it's more than just the holiday blues.

Seasonal Affective Disorder (SAD) is a type of depression that occurs during a particular season of the year. Most people with SAD are depressed during the fall and winter, when the days are shortest. Often, the depression disappears in the spring and summer.

Although many people say they get the "blues" in the winter, a person with SAD has much more difficulty coping during this season. Like other forms of depression, SAD interferes with daily life.

Signs of SAD include:

- Low energy
- Agitation of anxiety
- Conflict with others
- Hypersensitivity
- Craving sugar or starch
- Oversleeping
- Weight changes

SAD can affect anyone, although women are approximately 1.5 times more likely to develop SAD than men. Sufferers frequently have other family members with mental illness, such as depression or alcohol abuse.

Varying levels of the neurotransmitter serotonin are believed to play a role in SAD. The sleep hormone melatonin, which has been linked to depression, also may play a role. The body makes more melatonin in the dark, so the shorter, grayer days of winter boost levels of melatonin. People with a mild case of SAD can ease symptoms by increasing the time they are exposed to daylight during the day. For more severe cases, light therapy and possibly antidepressants may be appropriate.

How You Can Help Your Patients

In partnership with Blue Cross and Blue Shield of Louisiana, New Directions Behavioral Health offers a variety of clinical practice guidelines and community resources to support your patients with depression and other behavioral health concerns. To speak with a behavioral health professional for a consult or to refer a Blue Cross member for behavioral health services, call the New Directions Physician Help Line at 1-877-206-4865 or visit www.ndbh.com/Providers/BCBSLA/Resources to learn more.

Medical Management

Medication Adherence: The Provider's Role

As you know, medication non-adherence is common, especially among patients with a chronic disease. Your patients highest at risk of non-adherence are the elderly, those taking more than three medications and those who see more than one doctor for more than one condition.

Here are a few reminders of ways to make it easier for your Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. patients to stay on their drug therapy as you direct:

- Explain the drug's role in their treatment.
- Explain how to manage side effects.
- Set clear expectations for the drug.
- Send prescriptions electronically to the pharmacy.
- Consider 90-day supplies or mail order for patients stable on therapy.*
- Assess the need for more medication therapy support.

For chronic disease self-management:
Refer your Blue Cross and HMO Louisiana patients to our Care Management Unit at 1-800-317-2299.

To save patients out-of-pocket costs:
Consider lower cost tier drugs on formulary that will treat the patient. Find Blue Cross and HMO Louisiana Covered Drug Lists at www.BCBSLA.com/CoveredDrugs.

**Not all drugs are available in 90-day supplies or through mail order.*

Stronger Than Diabetes: Support for Members

Blue Cross encourages Louisianians to talk with their healthcare providers about their blood sugar levels and family history to know if they are at risk.

Diabetes is a common chronic condition in Louisiana. The state has higher-than-average rates—approximately one in eight Louisiana residents is living with diabetes. It's among the state's leading causes of death.

For Blue Cross members who have diabetes, the insurer's clinical team of nurses, dietitians and social workers offers health coaching and support. There is no cost for members to work with a Blue Cross health coach. Members may visit www.BCBSLA.com/Stronger to connect with a Blue Cross health coach or learn more about programs and services.

Louisiana networknews

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

PRST STD
US POSTAGE
PAID
BATON ROUGE, LA
PERMIT NO. 458

What's New on the Web

www.BCBSLA.com/providers

- **UPDATED** We have redesigned and updated our provider manuals, speed guides and tidbits, including new information on claims confirmation reports, under the "Resources" section.

Important Contact Information

Authorization
See member 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

Updating Your Contact Information

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

Network News

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

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

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

The content 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 News Electronically

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

Please share this newsletter with your insurance and billing staff!