

October 2007

Accreditation required for sleep lab facilities

All Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. (HMOLA), our wholly owned subsidiary, member policies will require sleep centers to be certified through either Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or American Academy of Sleep Medicine (AASM) to be eligible for benefits consideration and authorizations, regardless of network participation. This includes hospital-based sleep lab facilities.

This member policy change is effective for Blue Cross and HMOLA member policies issued or renewed on and after January 1, 2008. Some member policies have no sleep lab benefits when services are rendered in a non-accredited sleep lab facility. If your sleep lab is not accredited, we encourage you to obtain accreditation, and then contact Network Administration at (800) 716-2299, option 3, to update your accreditation status.

Hospital requirements for billing sleep studies

It is important for accredited acute care hospitals to have their sleep lab facility included on their existing acute care JCAHO accreditation to receive authorizations and claim payments for sleep lab services after January 1, 2008. Hospitals should use their acute care provider number when filing sleep lab claims, and reimbursement is based on the diagnostic and therapeutic services reimbursement schedule. Sleep lab services filed with a provider number other than the hospital's acute care provider number may not pay appropriately and will be subject to retrospective review.

Let us know your NPI(s)

In the coming months, we will require all claims to be filed with "NPIs-only." We are currently in the "Dual Use" period, which allows you to submit claims with both your NPI and Blue Cross provider number. If you are not currently filing claims with both your NPI and Blue Cross provider number, we encourage you to do so as soon as possible.

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Sign up for iLinkBLUE and electronic funds transfer (EFT) today—it's easy & it's FREE!



FEP added to AIM radiology program

In April 2007, Blue Cross and HMOLA contracted with American Imaging Management, Inc. (AIM), an independent company that provides review and prior authorization for elective high-tech imaging services provided on an outpatient, non-emergent basis. Effective August 13, 2007, Federal Employee Program (FEP) members are now included in the AIM authorization program. This means that **ordering physicians** are now required to obtain imaging service authorizations through AIM for FEP, Blue Cross and HMOLA members for the following imaging services:

- computerized tomography (CT) scans
- magnetic resonance imaging (MRI)
- magnetic resonance angiography (MRA)
- nuclear cardiology
- positron-emission tomography (PET) scans

Ordering physicians can contact AIM to obtain a notification number or complete a review for the above outpatient, non-emergent imaging services in one of three ways:

- 1 logging onto iLinkBLUE at www.bcbsla.com/ilinkblue
- 2 contacting AIM directly by calling (866) 455-8416
- 3 calling the Blue Cross call center at (800) 523-6435

One AIM authorization good for multiple procedures

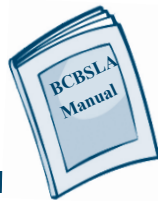
Did you know that you can enter one authorization request for patients who need multiple diagnostic services when requesting radiology authorizations through AIM via iLinkBLUE? When requesting online authorization for multiple radiology services (e.g. MRI and CT scan) for the same patient and same date of service, AIM issues one authorization number for all services, which means there's no need to submit multiple copies of supporting documentation. Blue Cross is able to process all related claims under one authorization number.

It's simple. After entering your first imaging service authorization request using the AIM **ProviderPortal_{SM}** (available on iLinkBLUE), the system will ask if you want to enter another exam. Simply confirm that you have additional services then enter authorization requests for the additional diagnostic services.

Updated Manuals available online

We recently updated the following provider manuals:

- **The BlueCard® Program Provider Manual**
- **Dental Network Office Manual**
- **HMOLA Provider Office Manual**
- **Member Provider Hospital Manual**
(available only on iLinkBLUE)
- **Professional Provider Office Manual**



You can always find our provider manuals under the Reference Guides section of our Provider page at www.bcbsla.com. Our provider manuals are also available under the manual section of iLinkBLUE.

Electronic Funds Transfer & iLinkBLUE

Effective January 1, 2007, Blue Cross began converting all providers to electronic funds transfer (EFT), a service that directly deposits your provider payments into your bank account. Providers, with EFT, view their weekly payment register information at iLinkBLUE. With iLinkBLUE, you can also research claims, benefits information, allowable charges, medical policies, as well as access AIM's **ProviderPortal**, provider manuals and more!

If you do not have EFT and/or iLinkBLUE, please contact the *LinkLine* at (800) 216-BLUE or (225) 293-LINK (5465) to sign up for these free services.

The 2007 Provider Performance Feedback Survey is underway and should conclude by early November. If you receive a call from our research vendor, Chadwick Martin Bailey, we encourage you to participate. Your feedback is important to us.



Get new facts with Healthcare Facts®

We are in the process of updating Healthcare Facts®, Blue Cross' online resource for hospital information. We have contacted large and community hospitals regarding the upcoming Healthcare Facts data refresh. Over the last several months, we have worked with Louisiana Hospital Association and local focus groups to obtain feedback on how Healthcare Facts can better serve consumers. Based on this feedback and additions to the Leapfrog metrics, we re-evaluated some of the Healthcare Facts measures and will be making changes.

We have sent requests to participating Healthcare Facts eligible acute care hospitals to update their information. Invitations have also been extended to eligible acute care hospitals that do not currently participate in Healthcare Facts. Updated Healthcare Facts information will be available to the public by December 2007.

Healthcare Facts brings consumers the facts and figures about Louisiana hospitals in an easy-to-understand format that they already know: the food nutrition label. Healthcare Facts helps consumers shop for the best fit, best price and best value in hospital choices through factual and descriptive information.

Healthcare Facts is a free, public service to all Louisiana healthcare consumers. You can access Healthcare Facts by visiting our website at www.bcbsla.com or you can go directly to www.healthcarefacts.org.

Let us know your NPI(s) *(continued from Page 1)*

Once we make the transition to NPI-only, claims filed with NPIs that are not on file with Blue Cross will be returned. Let us know your NPI in advance and remember that clinic, individual and hospital NPIs cannot be the same NPI number.

Provider with access to iLinkBLUE may view and update NPI information on the NPI pop-up window. Providers may also go to the NPI section of www.bcbsla.com to notify us of their NPI using one of the following forms:

1. the Individual NPI update form
2. the Facility NPI update form
3. the Provider Update form

Furthermore, if you've previously given us your NPI number(s), but have since made changes with the enumerator, please notify us so we can update your Blue Cross record. This will help avoid claims being returned to you once NPI-only is mandated.



blues BEAT



New MS-DRGs for hospitals

On August 1, 2007, the Centers for Medicare and Medicaid Services (CMS) issued its final rule for federal fiscal year 2008, announcing its plans to move ahead with a new Medicare Severity-Diagnosis Related Group (MS-DRG) system. The rule creates 745 new severity-adjusted MS-DRGs to replace the current 538 DRGs. Due to the limited amount of time allowed to analyze and implement the new MS-DRGs, Blue Cross and Blue Shield of Louisiana has decided **not** to implement the 2008 DRG Grouper (version 25 or MS-DRGs) on October 1, 2007. We will continue using the 2007 DRG Grouper (version 24) until September 2008. Programming will be implemented to accept new ICD-9 diagnosis codes on October 1, 2007. We will keep you informed of our progress in converting to the new MS-DRG system.

Remind OB patients to add infants to policies

Parenthood brings many new responsibilities. Most new parents and parents-to-be probably remember to buy a car seat, choose a pediatrician and baby-proof the house, but they may not remember to add their new baby to their insurance policy. Please ask your office staff to remind parents-to-be that they need to let Blue Cross know they are adding a baby to their policy. For specific guidelines, parents should call the number on the back of their ID card. Following the appropriate guidelines will help patients and physicians avoid pending or denied claims.

Scott inducted into industry hall of fame

The American Institute of Certified Public Accountants has selected Peggy Scott, Blue Cross' executive vice president and chief financial officer, as one of this year's inductees into the Business and Industry Hall of Fame.

Scott is one of only three inductees who were chosen from among 44 nominees for this honor. She was selected by a distinguished panel of judges for embodying the "core values of today's strategic CPA," which include objectivity and ethical commitment, the ability to create value by managing technology and resources, leading by example and inspiring and motivating others to excellence.

A CPA and Certified Valuation Analyst, Scott earned a B.S. degree in accounting from LSU and an MBA from Tulane University. She was named the IMA/Robert Half National Financial Executive of the Year in 2004. She also has been selected as Tulane's Outstanding Accounting Alumnus and was named a Woman of Achievement by New Orleans City Business magazine.



Sleep lab requirements for LTAC & Rehab

Beginning January 1, 2008, accredited long-term acute care (LTAC) and rehabilitation facilities must obtain separate accreditation for their sleep lab facilities to be eligible for sleep lab benefits consideration and authorizations, regardless of network participation.

LTAC and rehabilitation facilities should only use their designated sleep lab provider number when filing sleep study facility claims. Sleep lab services billed under the LTAC or rehabilitation facility Blue Cross provider number will be denied for ineligible provider type.

We recently sent LTAC and rehabilitation facilities information regarding their designated sleep lab provider number for the sole use of billing sleep lab services. Using this provider number for sleep lab claims ensures proper reimbursement based on either Blue Cross or HMOLA allowables instead of a percentage of billed charges. Please call Network Administration at (800) 716-2299, option 3, if you don't know your sleep lab provider number.

Please note: current LTAC and rehabilitation facility reimbursement is not changing.

Sleep lab accreditation is required for:

- Blue Cross/HMOLA network participation
- authorization of sleep lab services*
- benefits coverage*

*Effective for Blue Cross and HMOLA member policies issued or renewed on and after January 1, 2008.

Medical policy used to determine sleep lab approval

Diagnosis of Sleep Related Disorders and Management of Sleep Apnea medical policy criteria are used in the authorization process to determine if a service is eligible for coverage. Medical records such as progress notes and Epworth sleepiness scales may be required in reviewing each authorization request.

Sleep studies are eligible for coverage when member benefits are available and the Diagnosis of Sleep Related Disorders and Management of Sleep Apnea medical policy criteria are met.

Providers may obtain this medical policy as well as other currently approved medical policies on [iLinkBLUE](http://www.bcbsla.com/ilinkblue) at www.bcbsla.com/ilinkblue.

Sleep Studies require prior-authorization

By February 1, 2008, all Blue Cross member policies will require authorization for sleep lab services. Failure to authorize sleep studies may result in reduced or denied benefits. Call the authorization line at (800) 376-7973 to obtain authorization for sleep lab services.

See Page 1 for more on sleep lab requirements.

premature maternity deductibles deliver overdue refunds

Blue Cross generally reimburses prenatal services as part of the delivery payment. It is common practice for obstetricians' offices to ask patients to prepay applicable maternity deductibles. This prevents the patient from having to pay a large deductible amount after the delivery. This practice can be beneficial for patients with a low-deductible policy, as there is a set deductible per member on the policy that applies to select services.

However, high-deductible policies, such as our BlueSaver policies, differ from policies with low deductibles. High-deductible policies have one common deductible for all members covered under the policy, which must be met before Blue Cross benefit payments begin.

Requiring maternity deductible prepayments on high-deductible policies can place hardships on the member. This is because the deductible is applied to other claims for the maternity patient and/or other members on the policy throughout the member's pregnancy. When the obstetrician's delivery claim is processed, the applicable deductible, may be either much lower or met. The maternity member must then request a refund for the overpayment of the deductible paid to the obstetrician, which is owed to the member within 30 days of discovering the overpayment.

We suggest that obstetricians handle high-deductible policies differently due to the fact that maternity claims are not usually filed until the baby is delivered. By doing this, it will reduce overpayments of the deductible, which may result in large refunds due to the patient after the delivery claim is processed. It also allows the patient to apply funds—which are often paid with a healthcare debit card—to other medical claims.

While obstetricians may continue to collect the deductible up-front, it is in both their best interest and the member's to first file the claim, then collect any applied deductible from the member. Chances are the deductible will have been met prior to the delivery and the provider will not have the headache of refunding overpayments.

Quick tips to get in-network benefits

1 Participating providers should use in-network laboratories or authorized lab vendors. Sending lab work to out-of-network providers may result in low-level or no benefits for the member. **Note:** Physicians may perform lab work in their offices.

Finding participating providers is easy. Search for participating providers using our electronic provider directories, available online at www.bcbsla.com. You may also call the *BlueLine* at (800) 392-4076.

2 For services that require authorization, it is important to obtain authorization **prior** to service delivery. Failure to preauthorize services that require authorization may result in low-level or no benefits on Blue Cross member claims. Please call the authorization number on the member's ID.

Quick tip for claims appeals

Claims appeals should always include a copy of your claim along with any related medical materials, such as operative reports.

Depression management for SC members

BlueCross BlueShield of South Carolina members treated for depression and/or prescribed an antidepressant now have access to a voluntary depression management program called Essential Solutions_{sm}, provided by Companion Benefit Alternatives, Inc. The program is designed to help encourage antidepressant medication adherence and physician monitoring of depression treatment consistent with American Psychiatric Association guidelines.

If you treat a BlueCross BlueShield South Carolina member for depression and you feel your patient would benefit from behavioral health counseling, please contact Companion Benefit Alternatives at (800) 868-1032 to verify the member's Essential Solutions eligibility.

View this provider newsletter and past newsletters on the Provider page of our website at www.bcbsla.com.



Get in step...

Stepping up with the Louisiana 2 Step

Are you or your patients Doing the 2? If you visit regularly, you probably know that a lot has been happening at www.Louisiana2Step.com.

More than 6,000 visitors have now registered with the Louisiana 2 Step campaign and pledged to improve their health by eating right and moving more. Participants can now choose to actually hear encouraging words from their coach—I.E. Fontenot, Pepper, Doc, Coach, Mrs. Fitz or our newest coach, Mike Karney. Participants must be registered to hear a coach’s voice, and registration is easy and free. If your patients are not already “doing the 2,” please encourage them to take a moment today to visit www.Louisiana2Step.com and check it out.

Gerry Lane auto dealerships join Blue Cross in promoting better health

Gerry Lane Enterprises, which owns four car dealerships in Baton Rouge, is the first Louisiana company to team up with Blue Cross as a 2 Step Company. The firm not only signed up its employees for the Louisiana 2 Step program, it also furnished Blue Cross with a Saturn Outlook SUV to be the first 2 Step-Mobile.

“We are excited to be able to give our employees a way to get motivated to make healthier lifestyle choices,” said Eric Lane, Vice-President of Gerry Lane Enterprises. “We are also pleased to contribute to Blue Cross’ efforts to spread this good health message by providing a Saturn Outlook that will carry the 2 Step program all over our state.”

Gerry Lane, whose dealerships also sell GMC, Chevrolet, Pontiac, Buick, Saab and Hummer automobiles, will continue to provide demo vehicles for the Louisiana 2 Step program as needed.

Saints fullback Mike Karney challenges Louisiana mayors to Do the 2

New Orleans Saints starting fullback **Mike Karney** is challenging Louisiana’s mayors to sign up for the 2 Step program.

Karney recently joined the Louisiana 2 Step as a spokesperson and motivational coach. The star player, whose own physique is an inspiration to those wanting to get in better shape, is calling on mayors statewide to sign up and to encourage their own city employees to do the same.

New Iberia, a town of about 33,000 people located south of Lafayette, is the first 2 Step City, with Mayor Hilda Curry and 200 city employees agreeing to register with the program. Way to go, New Iberia! Karney will be writing to and visiting mayors of other cities statewide to encourage them to do the same.



Medical policy highlights:

Home Uterine Activity Monitoring (HUAM) Investigational / Effective December 1, 2007

Additional documentation based on reports from the Agency for Healthcare Research and Quality (AHRQ), the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG) has been added to the medical policy further supporting Blue Cross’ decision to deny HUAM services as investigational.

Recombinant Human Erythropoietin: Epoetin (Epogen® and Procrit®) and Darbepoetin (Aranesp®) Effective December 1, 2007

Preauthorization will be required for both epoetin and darbepoetin, regardless of the line-of-therapy. The updated medical policy still specifies that darbepoetin selection criteria must first be met (e.g. epoetin criteria met with treatment failure or documented side effects of epoetin) before the patient is considered for darbepoetin authorization.



medical policies update

Blue Cross continuously 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. Please see the following updated medical policies, all of which can be found on iLinkBLUE at www.bcbsla.com/ilinkblue.

New Medical Policies

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
06/20/2007	Home Prothrombin Time Monitoring	Eligible with criteria

Changes to Coverage Eligibility of Recently Reviewed Medical Policies

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
06/20/2007	Endoluminal Radiofrequency or Laser Ablation for Treatment of Varicose Veins/Venous Insufficiency	Venous Insufficiency was added to the title. Revised to include small saphenous and great saphenous vein greater than 12 mm
06/20/2007	Endovascular Grafts for Abdominal Aortic Aneurysm	Investigational statement added to include the use of endoprosthesis as a treatment of a ruptured abdominal aortic aneurysm
06/20/2007	HDC with SCS for Solid Tumors of Childhood	Policy statement added to indicate that multiple cycle high-dose chemotherapy and hematopoietic stem-cell support is considered to be investigational for the treatment of neuroblastoma
06/20/2007	Intrastromal Corneal Ring Segments	Policy statement indicating when services are not medically necessary was deleted. Myopia was deleted from the investigational section
06/20/2007	Laser Treatment of Congenital Port Wine Stain Hemangiomas	Term "Stain" added to policy title. Policy statement changed to "Based on review of available data, the Company may consider laser treatment of congenital port wine stain hemangiomas to be reconstructive surgery that is eligible for coverage."
06/20/2007	PET Miscellaneous Applications	Chronic osteomyelitis added as "may be medically necessary," and giant cell arteritis added as "investigational."
06/20/2007	PET Oncology Applications	Removed the differential between small cell and non small cell lung cancer.
06/20/2007	Total Hip Resurfacing	Metal-on-metal total hip resurfacing with an FDA-approved device system is now eligible for coverage as an alternative to total hip replacement in patients who are candidates for total hip replacement who are likely to outlive a traditional prosthesis.
06/20/2007	Wireless Capsule Endoscopy	Added the statement "Coverage eligibility will be considered for surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome."
07/18/2007	Breast Brachytherapy	Brachytherapy in patients with stage I or II disease as the sole form of radiotherapy after surgical excision now considered eligible with criteria.
07/18/2007	Intravenous Antibiotic Therapy for Lyme Disease	Title changed to include associated diagnostic testing for lyme disease. Uncomplicated cranial nerve palsy is no longer considered a medically necessary indication for intravenous antibiotics
07/18/2007	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Policy statement added for radiofrequency ablation of osteoid osteomas to be eligible for coverage
08/15/2007	Automatic Implantable Cardioverter Defibrillator	Removed not medically necessary policy statement for when AICD is used in selected conditions.

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 or call the BlueLine at (800) 392-4076.**

Blue Cross bidding on business

The U.S. government, acting by and through the U.S. Department of Defense TRICARE Management Activity (TMA), is seeking bid proposals from qualified organizations to serve as the program administrator for the existing TRICARE Managed Care Support (MCS) contracts in Louisiana.

Blue Cross is participating with other proposed network subcontractors with the purpose of creating a network of providers across the South Region to assist in serving the healthcare needs of the approximately 9.2 million active duty and retired members of the Uniformed Services that are eligible for TRICARE, including the members of Army, Navy, Air Force, Marine Corps, U.S. Coast Guard, the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration, and their spouses, children and surviving family members.



Blue Cross sent providers a Letter of Intent (LOI) because we would like you to participate in the proposed TRICARE network for the MCS contract. **It is important for providers to acknowledge their intent to participate in a TRICARE network by signing and returning the LOI to Blue Cross.**

Proposals for the TRICARE Request For Participation will be submitted later this year to the U.S. government, and Blue Cross anticipates that the contract will be awarded mid-2008 with transition to new contracts occurring in early 2009.

If you still have not done so, please return your LOI to Blue Cross today. If you have questions regarding the LOI, you may contact your Blue Cross TRICARE representative at (800) 363-9150.

Thank you for helping Blue Cross with the TRICARE bid.

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