

provider networknews

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your insurance
and billing staff!

January 2007

It pays to have:

EFT
Electronic Funds Transfer



iLink
BLUE

Provider
Suite

At Blue Cross and Blue Shield of Louisiana and HMO Louisiana Inc. (HMOLA), our wholly owned subsidiary, we strive to keep up with today's technologies by offering services that are effective and useful in helping you manage your Blue Cross patient base and payments. Two such services that we provide are electronic funds transfer (EFT) and iLinkBLUE *Provider Suite*.

Both the iLinkBLUE *Provider Suite*, a secure, online self-service provider tool; and EFT, a service where Blue Cross deposits your payment directly into your checking account, are **available free of charge**, and as a health care provider in Louisiana, you are eligible to use EFT and iLinkBLUE for your Blue Cross members.

On January 1, 2007, Blue Cross implemented a policy that requires providers to use both EFT and iLinkBLUE, as there is a need to phase out inefficient processes. Because the conversion process will take time, Blue Cross has given providers until September 1, 2007, to enroll in EFT and iLinkBLUE.

After September 1, 2007, providers not enrolled in iLinkBLUE and EFT will no longer receive hardcopy payment registers as they will only be available electronically through iLinkBLUE.

With EFT, your payments are directly deposited into your bank account, and your weekly payment register information is obtained through iLinkBLUE, which is also your one-stop source for claims research, benefits information, allowable charges, medical policies and provider manuals.

For a copy of our EFT speed guide and EFT frequently asked questions, visit the Provider page of our website at www.bcbsla.com.

If you have questions regarding your participation in iLinkBLUE and/or EFT, please contact the *LINKLine* at (225) 293-LINK (5465) or call Network Operations at (800) 716-2299, option 3.

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**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross
and Blue Shield Association.



blues BEAT

No payment for ZERO CDT codes

It is important to file dental claims with current American Dental Association (ADA) CDT codes. In the past, Blue Cross has always processed dental claims filed with deleted CDT codes that begin with a zero. In Facets, our new claims processing system, deleted codes cannot be processed, and claims filed with deleted CDT codes beginning with a zero are being returned to the provider for the correct dental code(s). Dental codes now start with a “D” instead of “0” (e.g. 00120 was deleted and replaced by D0120).

Note: It is a HIPAA requirement that you submit all dental claims with valid CDT codes.

BCBSA terminates license for Allianz AG

Effective December 31, 2006, Allianz AG is no longer contracted with the Blue Cross and Blue Shield Association. **Providers should no longer accept member ID cards with the prefixes ZZC (Italy), ZZD (Germany) and ZZP (United Kingdom).** If you have claims for these members with a date of service before January 1, 2007, claims must be filed before March 2, 2007, to be processed through the BlueCard® Program.

New LA law: Act 819

On August 15, 2006, Senate Bill 570 was passed into Louisiana law (Act 819) for the protection of rural hospitals. This law prohibits physicians from making referrals to rural health care facilities in which they or their immediate family member(s) maintain a direct or indirect ownership interest.

Please note that this new law must now be taken into consideration during a provider audit.

Referrals to participating providers

Blue Cross is committed to offering cost-effective health care benefits to our customers. Providers can help members get the most cost-effective health care by referring patients to participating providers throughout the treatment process. This is one of your responsibilities as a Blue Cross participating provider.

Recently, it has come to our attention that some physicians are making referrals to non-participating DME providers including out-of-state providers. Specifically, we are aware of a large number of referrals for TENS units, neurostimulators and related supplies that are being directed to out-of-state, non-participating providers.

Routine referrals should be made to Blue Cross network providers. Our provider contracts include a provision that allows for referrals to non-contracted providers only in emergency situations, or if a service is not available from a network provider.

You may access our online provider directories at www.bcbsla.com, or call *BlueLine* at (800) 392-4076 for further assistance with identifying participating providers.

Blue Cross policy for after hours CPT codes

After hours Physicians' Current Procedural Terminology (CPT®) codes are reimbursed as follows:

- 99050 pays separately when billed with one of the following E/M codes:
99201-99215
99241-99245
- 99056 and 99058 pay separately when billed with one of the following E/M codes:
99201-99215

After hours CPT codes are only reimbursed separately when submitted with E/M codes listed above and the provider's documentation should support the need for these services. (Codes 99051, 99053 and 99060 are not reimbursed separately.)

Urgent care/after hours not reimbursed for facility fees

Urgent care/after hours clinic services should be consistent with services rendered in a physician's office. Claims should be filed on a HCFA-1500 claim form (electronically or hardcopy) using CPT-4/HCPCS codes to identify services performed.

Blue Cross does not reimburse separately for “facility” or “treatment room” fees in these settings as this is included in the overhead component of the professional service(s).

HCPCS S9088 should not be billed for “facility” or “treatment room” fees. This code is informational only and identifies the setting or place of treatment where the urgent care or after hours service(s) were performed. S9088 will not be separately reimbursed, and the member cannot be billed for these charges, which is consistent with our policies regarding services that are an integral part of another service.

NPI

National Provider Identifier

Moving forward

May 23, 2007, the deadline requiring providers to use a National Provider Identifier (NPI) for all transactions with Blue Cross, is only a few months away. HIPAA requires the adoption of a standard unique identifier—the NPI—for health care providers.

Get it.

How to Apply for the NPI:

You can apply for an NPI in one of three ways:

1. Apply through a web-based application process at www.nppes.cms.hhs.gov.
2. Prepare and send a paper application form to the Enumerator (NPPES). Call the Enumerator at (800) 465-3203 to request a blank application form.
3. Electronic File Interchange (EFI), a process by which a health care provider or group of providers can have a particular organization apply for NPIs on their behalf. For more information, you may visit www.cms.hhs.gov/NationalProvIdentStand.

Share it.

Do you have your NPI number, and if so, have you notified Blue Cross of your NPI?

It is important that you notify us of your NPI(s) **as soon as possible** to assist in guaranteeing payment in May 2007. After you have given Blue Cross your NPI(s), you may continue to file your claims with just your Blue Cross number or you may file claims with both your NPI and Blue Cross provider number until May 23, 2007.

To do so, you may use one of the following ways:

1. Include it on your Louisiana Standardized Credentialing Application (LSCA), Health Delivery Organization (HDO) application or Blue Cross recredentialing application.
2. Include it on the Provider Update Form available online at www.bcbsla.com/web/general/forms/5a3.asp.
3. Submit it along with your name and tax-ID or Social Security number printed on your office letterhead by fax to (225) 297-2750 or by mail to BCBSLA, Attn. Network Administration, P. O. Box 98029, Baton Rouge, LA 70898-9029.

Please Note: *We are unable to accept your NPI on claim forms as notification of your NPI.*

Use it.

Did you know that Blue Cross will require an NPI for all claims, both electronic and paper, regardless of provider's network participation?

On October 1, 2006, Blue Cross began accepting the new HCFA-1500 form, which has designated fields for your NPI(s), and by March 1, 2007, we will begin accepting the new UB-04 form. The NPI is now required to apply for a Blue Cross provider number and to be recredentialed, regardless of network participation.

Getting an NPI is free – not having one can be costly.

Louisiana hospitals named Centers of Blue Distinction

Blue Distinction is a nationwide program of the Blue Cross and Blue Shield Association that creates an unprecedented level of transparency for both consumers and providers of health care. Driven by quality, collaboration and affordability, Blue Distinction has two goals. The program seeks to engage consumers to become more involved in making health care decisions and to collaborate with providers to improve patient outcomes through specialty centers that meet high standards of care.

Christus St. Frances Cabrini Hospital, Louisiana Heart Hospital, Ochsner Clinic Foundation Hospital, Our Lady of the Lake Regional Medical Center and St. Francis Medical Center were accepted as Blue Distinction Centers for cardiac care based on their ability to provide a broad spectrum of cardiac care services, including inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery.

Ochsner Clinic Foundation Hospital also has been designated a Blue Distinction Center for adult heart transplants. To become a Blue Distinction Center for transplants, a facility must be a full-service, accredited inpatient hospital facility performing a required volume of transplant procedures. The experience and credentials of the transplant team are taken into account, as well as patient outcomes.

As a Blue Distinction Center for bariatric surgery, **Southwest Medical Center** provides a full range of bariatric surgical care services, including inpatient care, post-operative care, follow-up and patient education. (Bariatric surgery is not a covered service under many Blue Cross plans.)

More information about Blue Distinction is available at www.bcbs.com/bluedistinction.

AccordantCare™ program for FEP members

Federal Employee Program (FEP) members now have the option to participate in the AccordantCare™ program. This program is designed to support the physician's treatment goals for patients with certain complex, chronic conditions including, but not limited to the following:

seizure disorders, rheumatoid arthritis, multiple sclerosis, Parkinson's disease, systemic lupus erythematosus (SLE), myasthenia gravis, sickle cell disease, cystic fibrosis, hemophilia, scleroderma, polymyositis, chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), amyotrophic lateral sclerosis (ALS), dermatomyositis, Gaucher Disease.

Through AccordantCare's disease management program, enrolled FEP patients are routinely assessed and provided with education and support to help them prevent complications and better understand and cope with their conditions. AccordantCare notifies the treating physician via phone, fax or mail of pertinent changes in clinical status or other issues that may require the physician's attention.

For more information about this program visit www.fepblue.org/accordant or call AccordantCare at (866) 648-4222 or e-mail intakes@accordant.net.

Blue Cross to use AIM for radiology program

Blue Cross and HMOLA have contracted with American Imaging Management, Inc. (AIM), a radiology management company that provides review and prior authorization. As part of Blue Cross' Diagnostic Imaging Quality Initiative, AIM will administer a review program for elective high-tech imaging services provided on an outpatient, non-emergent basis.

Effective April 2, 2007, ordering physicians for Blue Cross members of our Preferred Care PPO, Advantage Blue Point of Service (POS) and HMOLA networks can connect to AIM through iLinkBLUE at www.bcbsla.com/ilinkblue, the Blue Cross call center at (800) 523-6435, or directly at (866) 455-8416, to obtain a notification number or complete a review for the following outpatient, non-emergent imaging services:

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

Please Note: FEP members will be included in the radiology program in the third quarter of 2007.

Be on the lookout for more information on this program in February's mail and in upcoming provider newsletters.



Children across Louisiana will learn to be smart about their bodies again this year as a unique nutrition, health and fitness educational program comes to schools throughout the state. “Smart Bodies” is an interactive educational program designed to help prevent childhood obesity through classroom activities that teach children healthy eating habits and the importance of physical exercise. The program has been offered since 2005, and research shows it’s making a difference for the youngsters who have participated.

The Body Walk consists of 10 stations:

- Brain
- Mouth
- Stomach
- Small Intestine
- Heart
- Lungs
- Bones
- Muscles
- Skin
- Pathway for Life

Smart Bodies is a three-pronged approach that includes:

- The Louisiana Body Walk - a large walk-through exhibit representing the human body
- The OrganWise Guys - fun puppet characters that help young children understand healthy behaviors
- Take 10! - a series of classroom-based educational tools that encourage short bouts of physical activity integrated with academic lessons

“The whole idea behind this program is to combat childhood obesity and the health problems it can lead to later in life,” said Richard Williams, senior vice president of provider and community relations at Blue Cross and Blue Shield of Louisiana. “By teaching children about making healthy choices

early in life, we feel Smart Bodies can head off some of the devastating problems later in life that stem from inactivity and improper nutrition.”

During the 2005-06 school year, 37,000 children participated in the Smart Bodies program. In addition, 18 East Baton Rouge Parish elementary schools were part of the formal research project, which evaluated the effectiveness of the program by having nine of them participate in Smart Bodies and using the other nine schools as a control group.

Throughout the 2005-06 school year, the Smart Bodies program was implemented in 101 elementary schools in 34 parishes across Louisiana. Those parishes include Acadia, Ascension, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Claiborne, Concordia, DeSoto, East Baton Rouge, Evangeline, Grant, Iberia, Jackson, Jefferson, Lafayette, Lafourche, Livingston, Morehouse, Orleans, Ouachita, Rapides, Sabine, St. Bernard, St. Charles, St. John, St. Tammany, Tangipahoa, Vermilion, Webster and Winn.

To learn more about the Smart Bodies program visit www.smartbodies.org.



Help your patients protect their medical identity

According to the Federal Trade Commission, an estimated 200,000 people a year are victims of medical identity theft. Medical identity theft happens when someone uses another person’s name and other parts of their identity to obtain medical services or to file false claims for medical services. The effects can be devastating to the victim’s financial and medical records. Medical files might list the wrong blood type, diagnosis or incorrect prescriptions. Help prevent medical identity fraud by properly identifying patients.

If you encounter someone using a Blue Cross ID card fraudulently, please contact our Fraud Hotline at (800) 392-9249 or e-mail fraud@bcbsla.com.

Formulary updates

The pharmaceutical market is constantly changing. Every year many drugs – branded and generic – are introduced into the marketplace and new and updated clinical information is being published. To ensure that we are offering a responsible and cost-effective drug program, Blue Cross has made three changes to our pharmacy benefit. We updated our preferred medication list (formulary), updated our quantity per dispensing (QPD) limitations and also limited prescriptions for specialty drugs to the amount of drug that a member can get from a retail pharmacy (typically 30-34 day supply).

In 2006, our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists, changed the copayment tier for the following drugs from a Tier 3 copayment to a Tier 2 copayment level: Actoplus Met[®], Aldara[®], Atripla[®], Avandaryl[®], Campral[®], Dynacirc CR[®], Emend[®], Exjade[®], Plevpac[®], Prezista[®], QVAR[®], Requip Starter Pack[®], Suboxone[®] and Vesicare[®]. On January 1, 2007, Blue Cross implemented copayment tier changes for the following prescription medications:

Tier 3 Medication (High Copayment)	Tier 2 Alternatives (Middle Copayment)	Tier 1 Alternatives (Lowest Copayment)
Famvir [®]	Valtrex [®]	acyclovir
Serevent [®] / Serevent Diskus [®]	Foradil [®]	

Members who are affected by the copayment tier changes, as well as physicians who have prescribed any of the above listed medications that now require a higher, Tier 3 copayment, should have received a separate notification containing information regarding the lower copayment brand and generic alternatives.

In addition, based on the recommendation of the Pharmacy and Therapeutics Committee, we have changed the QPD limits for several prescription medications. QPD is the amount of medication that a member can have filled at one time and is designed to promote member safety and encourage appropriate and cost-effective medication use.

Also effective January 1, 2007, prescriptions for specialty drugs are limited to the retail day supply limitation (typically 30-34 days). Since specialty medications typically cost thousands of dollars per prescription, limiting each fill to the retail day supply helps decrease waste when the prescribed therapy is not continued for 90 days.

Both the 2007 preferred medication list and the quantity per dispensing (QPD) level limits listing are available online at www.bcbsla.com/pharmacy. Physicians may also use both ePocrates Inc. and Pocketscripts to view the Blue Cross formulary through their personal digital assistants (PDAs). For more information, visit www.epocrates.com.

Magellan Health Services selected for behavioral health medical management services

Blue Cross is pleased to announce that we have selected Magellan Health Services to handle utilization review and case management for all behavioral health cases for our Preferred Care PPO and Advantage Blue Point of Service (POS) products effective January 1, 2007. Magellan Health Services is accredited by URAC and licensed as a utilization review agent in Louisiana.

Magellan will perform pre-certification, utilization management, concurrent review, discharge planning, reconsideration and medical necessity appeals for behavioral health services for covered members using Magellan's medical necessity criteria which can be found at www.magellanhealth.com.

To obtain authorization for behavioral health services, providers should continue to call the number on the Blue Cross member's ID card and choose the behavioral health option. Your call will be routed to Magellan Health Services. Providers calling after normal business hours should leave a message and the call will be returned the next business day.

If you have questions about this change, please call the *BlueLine* at (800) 392-4076.



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.

Medical policies are now available at our iLinkBLUE *Provider Suite* (www.bcbsla.com/ilinkblue). Providers can easily search for approved and current medical policies using an index where policies are listed in alphabetical order.

Please see the following updated medical policies below:

New medical policy guidelines

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
Sept. 20, 2006	Abatacept (Orencia®)	Eligible for coverage with criteria Must be ordered by a rheumatologist Prior authorization required
Sept. 20, 2006	Natalizumab (Tysabri®)	Ordering physician must be enrolled in TOUCH program Prior authorization required
Sept. 20, 2006	Whole Body Computed Tomography Scan as a Screening Test	Investigational
Oct. 18, 2006	Efalizumab (Raptiva®)	Eligible for coverage with criteria Prior authorization required
Oct. 18, 2006	Imfliximab (Remicade®)	Eligible for coverage with criteria Prior authorization required
Oct. 18, 2006	Interferon gamma-1b (Actimmune®)	Eligible for coverage with criteria
Oct. 18, 2006	Rituximab (Rituxan®)	Eligible for coverage with criteria Prior authorization required
Dec. 1, 2006	Breast Brachytherapy	Eligible for coverage with criteria
Dec. 1, 2006	Fentanyl Oral Transmucosal Opioid Analgesic	Eligible for coverage with criteria Prior authorization required
Mar. 1, 2007	Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	Investigational
Mar. 1, 2007	Genetic Testing for Congenital Long QT Syndrome	Investigational
Mar. 1, 2007	Genetic Testing for Mutations Associated with Malignant Melanoma Susceptibility	Investigational

Coverage eligibility changes to existing medical policy guidelines

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
Sept. 20, 2006	Botulinum Toxin	Eligible for coverage in the treatment of incontinence due to detrusor overactivity caused by spinal cord injury that is inadequately controlled with anticholinergic therapy Prior Authorization Required

Provider inquiries related to medical policy coverage, eligibility guidelines or investigational status determinations will be considered upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in a medical policy should be considered. 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, please call the BlueLine at (800) 392-4076.

Susan Slocum brings more to providers



For the past four years, Susan Slocum has served as Blue Cross' senior network development representative for Lafayette and Lake Charles area providers. Recently, she was promoted to the position of Regional Manager of Network Development for North, Central and Southwest Louisiana. She will continue to work from the Lafayette office and will manage provider contracting and network development for Lafayette and Lake Charles area providers as well as the Alexandria, Shreveport and Monroe area providers. She brings to Blue Cross more than 18 years of medical profession and health care industry experience.

Susan is a seasoned leader who truly has a heart for community volunteerism and is actively involved in keeping philanthropy opportunities in the local communities where they belong. She understands and recognizes the importance of community involvement and how it supports the mission of affordable health care for all Louisianians.

Recently, Blue Cross' Lafayette office was selected as "Outstanding Philanthropic Organization in Acadiana" for 2006 by the Planned Giving Council of Acadiana. "Volunteerism allows Blue Cross to continue to be visible in the community," says Slocum. "It allows the people, providers and members to personally get to know you."

In addition to working for Blue Cross, Slocum is also an active member of the Lafayette Chamber of Commerce/Health Care Committee, the Lafayette Community Health Care Clinic Foundation Board and the American College of Healthcare Executives.

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