

# Professional Workshop

## Spring 2020

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Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

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# Our Mission

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To improve the health and lives of Louisianians

# Our Core Values

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- Health
- Affordability
- Experience
- Sustainability
- Foundations

# Our Vision

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To serve Louisianians as the statewide leader in offering access to affordable healthcare by improving quality, value and customer experience

# Welcome

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## Your Blue Cross and Blue Shield of Louisiana Provider Relations Team

**Left to right:** Marie Davis, Melonie Martin, Anna Granen, Patricia O’Gwynn, Jami Zachary, Mary Guy, Kelly Smith, Lisa Roth

# Thank You!

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**THANK YOU for all that you are doing** during this novel coronavirus (COVID-19) crisis. We are grateful and appreciative for the healthcare providers who are on the front lines fighting for all of us.

Please know that you can count on us to serve and support you throughout this crisis as it affects our members, providers, employees and the communities we serve. One way we are doing that is to help ease your administrative burdens when working with Blue Cross.



**Thank you** to the many Louisiana providers and hospitals on the front lines fighting for us through this COVID-19 crisis!

For policy and billing updates related to COVID-19, please visit our COVID-19 Provider Resources page by clicking the link at the top of the provider page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).

# Agenda

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# **Provider Credentialing & Data Management**

# Join Our Networks Webpage

## Join Our Networks

The documents below are available in DocuSign® format only. As of March 17, the PDF versions of these forms are no longer available. Submitting these forms in the DocuSign format allows the Provider Credentialing & Data Management staff to continue processing your requests as our employees take precautionary measures to prevent the spread of the novel Coronavirus (COVID-19). For details on completing DocuSign forms, [view this guide](#). When submitting DocuSign documents, please do not separately email them to Blue Cross. We automatically receive your submission from the DocuSign application. Double submissions (submitting through DocuSign and also sending an email of the completed form) could delay the processing time for your request.

Since 1996, we have been dedicated to fully credentialing providers who apply for network participation. Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC). All provider information obtained during the credentialing process is considered highly confidential.

### Credentialing Process

There are two options for obtaining a Blue Cross provider record. You may request network participation or just a provider record as a non-participating provider for the purpose of filing claims. Complete the correct credentialing packet below and return to Blue Cross with all required documents.

**DocuSign Format**  
[Professional Initial Credentialing Packet](#)  
[Professional Recredentialing Packet](#)  
[Facility Initial Credentialing Packet](#)  
[Facility Reverification Packet](#)

Receipt of an application or agreement does not guarantee acceptance into any network. The credentialing process takes up to 90 days when all required information is received. Providers will remain non-participating in our networks until their credentialing application has been approved by our Credentialing Committee.

We do not back-date network participation prior to the approval date. The credentialing approval date becomes the effective date of network participation, unless a future date is requested.

Providers may appeal committee decisions using our [Appeals and Terminations Guidelines](#).

### Quick Links

**DocuSign Format**  
[Provider Update Form](#)  
[Link to Group or Clinic Request Form](#)  
[Number of Tax Identification Number \(TIN\) Change](#)  
[Request for Termination Form](#)  
[Add Practice Location Form](#)  
[Remove Practice Location Form](#)

- Credentialing and Recredentialing Packets *(including a checklist of all required documents)*
- Quick Links to provider update forms
- Credentialing Criteria

# Credentialing Process

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- The credentialing process can take up to 90 days once Blue Cross receives all required information
- After 90 days you may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at **[PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com)** or 1-800-716-2299, option 2
- Required credentialing application packets are available online at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Provider Networks >Join Our Networks
- Blue Cross credentials professional, facility and ancillary providers
- To participate in our networks, providers must meet certain criteria as regulated by our accreditation body and the Blue Cross and Blue Shield Association
- Providers will remain non-participating in our networks until their application has been approved by the credentialing subcommittee. The credentialing subcommittee approves credentialing monthly.
- Network providers are recredentialed every three years from their last credentialing acceptance date

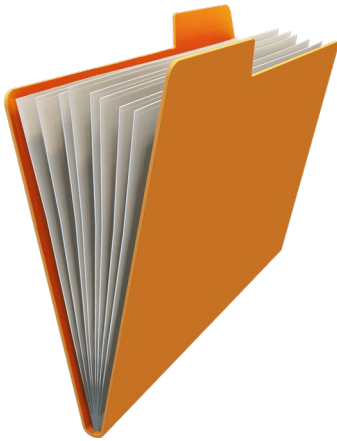


# Provider Credentialing & Data Management Policy

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Below is Blue Cross' policy for credentialing and provider data management requests, which helps ensure requests are processed timely:

- Requests to join our networks or maintain network participation, including the credentialing and recredentialing processes, must be submitted on appropriate forms
- Requests for provider data management must be submitted on the appropriate Blue Cross form



**Requests that are incomplete, missing information or submitted on the incorrect form will be returned.** The processing time will start over once all required information is received.

All forms and credentialing packets are available online at  
**[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Provider Networks >Join Our Networks

# Incomplete Credentialing Applications

Below are the most common reasons credentialing applications are returned:

- Professional provider did not submit the current version of the **Louisiana Standardized Credentialing Application**
- Facility did not submit the **Health Delivery Organization Information Form**
- Not submitting the proper attachments and/or forms
- An alternative application was submitted in place of the credentialing applications identified above (*we do not accept a CAQH application*)



The 90-day processing time begins when we receive all required information. The application processing time starts over once a completed application is returned to Blue Cross. Submitting a completed form is key to timely processing.

# Credentialing Criteria - Professional

**The following professional provider types must meet certain criteria to participate in our networks:**

- Acupuncturist
- Applied Behavioral Analyst (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer
- Louisiana Addictive Counselor (LAC)
- Licensed Clinical Social Worker (LCSW)
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (Ph.D.)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Speech-Language Pathologist & Audiologist (SLP)



View the *Credentialing Criteria* for these professional provider types at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Provider Networks >Join Our Networks

# Reimbursement During Credentialing

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Louisiana has expanded their law allowing additional healthcare provider types to request that Blue Cross reimburse their claims as if they are a network provider during the credentialing process. Claims for network providers are paid directly to the provider.

The following criteria must be met:

- You must be applying for network participation to **join a provider group** that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners.
- You **must have admitting privileges** to a network hospital. PCPs can have an arrangement with a hospitalist group to admit their patients.
- Your **initial credentialing application** for network participation must include a written letter of request asking Blue Cross to reimburse you at the group contract rate and an agreement to hold our members harmless for payments above the allowable amount

The Reimbursement During Credentialing Instruction Sheet is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms

# Required Recredentialing Documents

 **LOUISIANA STANDARDIZED CREDENTIALING APPLICATION**

**DIRECTIONS**  
Please type or print in black ink when completing this form. If you need more space or have more than four locations, attach additional sheets and reference the question being answered. Please see page 10 for a list of required documents.  
\*\* All sections must be completed in their entirety. "See C.V.", not acceptable\*\*

**GENERAL INFORMATION**

Last Name		Suffix	First	Middle	Gender
					Male Female
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> DC <input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> Other					
Any other name under which you have been known? (AKA) List			ECFMG Number		UPIN Number
Home Street Address		City		State	Zip Code
Home Phone Number		Pager Number/Answering Service		Home Email Address (optional)	
Social Security Number		Date of Birth	Birth Place (city, state)		Race/Ethnicity (voluntary)
NPI - Individual		Medicaid Provider Number		Medicare Provider Number	

**PRIMARY PRACTICE LOCATION**


Institution/Group/Clinic Name (if Applicable)			Office Manager					
Tax Identification Number		Effective Date of Provider at this Practice Location		NPI - Group				
Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT: must match IRS information exactly)								
Physical Address		City		State	Zip Code			
Office Email		Office Website						
Main Phone Number		Appointment Phone Number		Fax Number				
Billing Address (Where you want payments sent)			Contact Person		Phone Number			
City		State	Zip Code	Billing Email	Fax Number			
Correspondence Address (Where you want communications sent)			Contact Person		Phone Number			
City		State	Zip Code	Correspondence Email	Fax Number			
Medical Records Address (Where you want medical record requests sent)			Contact Person		Phone Number			
City		State	Zip Code	Medical Records Email	Fax Number			
Type of Practice: <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Hospital-based								
<input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payer-owned								
If Hospital-employed or Healthplan/Payer-owned, please indicate owner name:								
Office Hours		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Do you practice at this location: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (Specify)								
Languages spoken at this location (other than English):						<input type="checkbox"/> Provider <input type="checkbox"/> Other		

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- Network providers who are due for recredentialing will receive a notification letter eight months in advance of their due date
- Current providers seeking recredentialing should use the Louisiana Standardized Credentialing Application
- This application is part of the Professional Recredentialing Packet
- Submit your recredentialing packets (and find a checklist of all required documents) online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
> Provider Networks > Join Our Networks

# LSCA Attachment A – Location Hours

- This new form is required as an attachment to the LSCA
- Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location
- Location information reported on this form must correlate to the locations reported on the LSCA, as applicable
- We use the information from this form to determine if the provider meets the qualifications to be listed in our provider directory

 **Louisiana**

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

Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location.

This form is required as an attachment to the LSCA and location information reported on this form must correlate to the locations reported on the LSCA, as applicable. Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location.

GENERAL INFORMATION		
Individual Provider Last Name	First Name	Middle Initial
Individual Provider NPI		Group/Clinic Tax ID Number

FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE SECONDARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE THIRD PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

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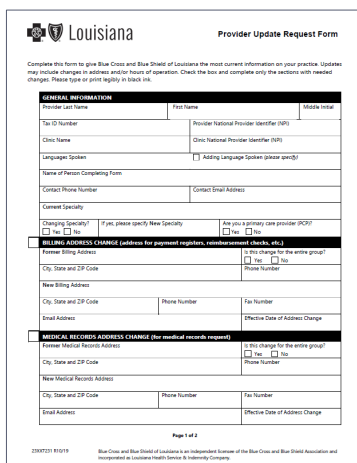
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

**In order to be listed in the directory professional providers must be available to schedule patients appointments a minimum of 16 hours per week at the location listed**

# How to Update Your Information

It is important that we always have your most current information in our files. Our Provider Data team manages demographic changes to your provider record.

Below are the **required** forms for making the indicated changes to your record:



**Provider Update Request Form**

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice. Updates may include changes to address and/or hours of operation. Check the box and complete only the sections with needed changes. Please type or print legibly in black ink.

**GENERAL INFORMATION**

Individual Provider Information: First Name, Middle Initial, Last Name, Social Security Number, Provider National Provider Identifier (NPI), Clinic Name, Clinic National Provider Identifier (NPI), Language Spoken, Adding Language Spoken (please specify), Name of Person Completing Form, Contact Phone Number, Contact Email Address, Current Specialty, Changing Specialty? (Yes/No), If yes, please specify New Specialty, Are you a primary care provider (PCP)? (Yes/No).

**BILLING ADDRESS CHANGE (for payment registers, reimbursement checks, etc.)**

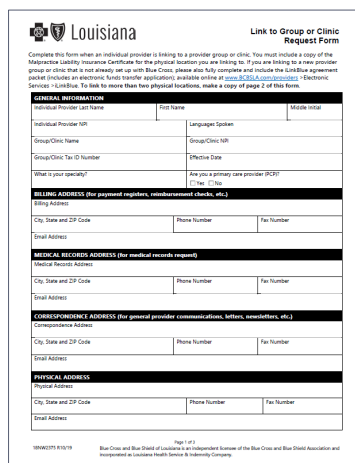
Are you changing for an entire group? (Yes/No), Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address, Effective Date of Address Change.

**MEDICAL RECORDS ADDRESS CHANGE (for medical records requests)**

Are you changing for an entire group? (Yes/No), Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address, Effective Date of Address Change.

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**Link to Group or Clinic Request Form**

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Independent Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Blue Cross, please also fully complete and include the LinkBlue agreement packet (provided as electronic links for the application) available online at <https://www.bcbsla.com/LinkBlue>. Electronic service - LinkBlue. To link to more than two physical locations, make a copy of page 2 of this form.

**GENERAL INFORMATION**

Individual Provider Information: First Name, Middle Initial, Last Name, Social Security Number, Provider National Provider Identifier (NPI), Group/Clinic Name, Group/Clinic NPI, Group/Clinic Tax ID Number, Effective Date, What is your specialty? (Yes/No), Are you a primary care provider (PCP)? (Yes/No).

**BILLING ADDRESS (for payment registers, reimbursement checks, etc.)**

Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

**MEDICAL RECORDS ADDRESS (for medical records requests)**

Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

**CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)**

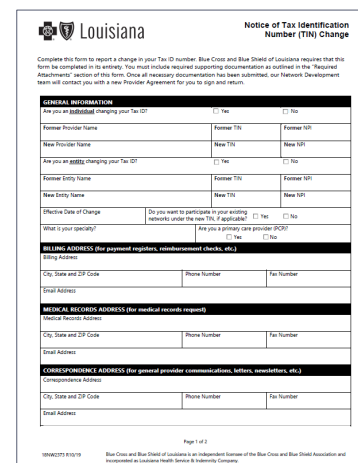
Correspondence Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

**PHYSICAL ADDRESS**

Physical Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

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**Notice of Tax Identification Number (TIN) Change**

Complete this form to report a change in your Tax ID number. Blue Cross and Blue Shield of Louisiana requires that this form be completed in its entirety. You must include required supporting documentation as outlined in the "Required Attachments" section of this form. Once all necessary documentation has been submitted, our Network Development team will contact you with a new Provider Agreement for you to sign and return.

**GENERAL INFORMATION**

Are you an **individual** changing your Tax ID? (Yes/No), Former Provider Name, Former TIN, Former LPI, New Provider Name, New TIN, New LPI, Are you an **entity** changing your Tax ID? (Yes/No), Former Entity Name, Former TIN, Former LPI, New Entity Name, New TIN, New LPI, Effective Date of Change, Do you want to participate in your existing network under the new TIN, if applicable? (Yes/No), What is your specialty? (Yes/No), Are you a primary care provider (PCP)? (Yes/No).

**BILLING ADDRESS (for payment registers, reimbursement checks, etc.)**

Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

**MEDICAL RECORDS ADDRESS (for medical records requests)**

Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

**CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)**

Correspondence Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

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Use our **Provider Update Request Form** if you have an address, phone, fax, email address or hours of operation change

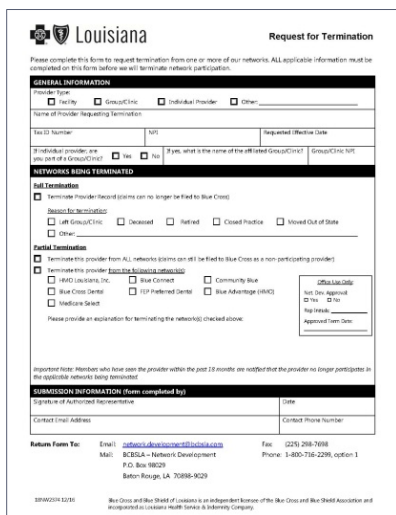
Use our **Link to Group or Clinic Request Form** when a credentialed provider is linking to a provider group or clinic

Use our **Notice of Tax Identification Number (TIN) Change** form to report a change in your Tax ID number

Submit these forms online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms

# How to Update Your Information

Below are the **required** forms for making the indicated changes to your record:



**Request for Termination**

Please complete this form to request termination from one or more of our networks. ALL applicable information must be completed on this form before we will terminate network participation.

**GENERAL INFORMATION**

Provider Type: ☐ Self ☐ Group/Clinic ☐ Individual Provider ☐ Other \_\_\_\_\_

Name of Provider Requesting Termination: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ NPI: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

If individual provider, are you part of a Group/Clinic? ☐ Yes ☐ No If yes, what is the name of the affiliated Group/Clinic? \_\_\_\_\_ Group/Clinic NPI: \_\_\_\_\_

**NETWORKS BEING TERMINATED**

**Individuals**

☐ Terminate Provider/Network(s) as no longer be tied to Blue Cross

**Reason for Termination**

☐ Left Group/Clinic ☐ Deceased ☐ Retired ☐ Closed Practice ☐ Moved Out of State ☐ Other \_\_\_\_\_

**Practice Termination**

☐ Terminate this provider from ALL network(s) as all be tied to Blue Cross as a non-participating provider

☐ Terminate this provider from the following network(s):

☐ HMO/Managed Care ☐ Blue Cross ☐ Community Blue ☐ Blue Cross Dental ☐ CIP Preferred Dental ☐ Blue Advantage (HMO) ☐ Medicare Select

Set Up Approval: ☐ Yes ☐ No ☐ No ☐ No

Approved Term Date: \_\_\_\_\_

Please provide an explanation for terminating the network(s) checked above: \_\_\_\_\_

Important Note: Members who have seen the provider within the past 18 months are notified that the provider no longer participates in the applicable network(s) being terminated.

**SUBMISSION INFORMATION (Items completed by)**

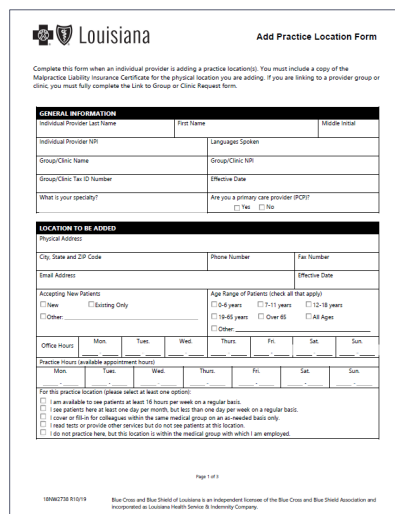
Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Return Form To:** Email: [networktermination@bluecross.com](mailto:networktermination@bluecross.com) Fax: (225) 297-2750  
Mail: BCBSLA - Network Development P.O. Box 98229 Baton Rouge, LA 70898-9829 Phone: 1-800-716-2299, option 1

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Use our **Request for Termination** form to request termination from one or more of our networks



**Add Practice Location Form**

Complete this form when an individual provider is adding a practice location(s). You must include a copy of the Magnitude Liability Insurance Certificate for the physical location you are adding. If you are linking to a provider group or clinic, you must fully complete the Link to Group or Clinic Request form.

**GENERAL INFORMATION**

Individual Provider Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Individual Provider NPI: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Group/Clinic Name: \_\_\_\_\_ Group/Clinic NPI: \_\_\_\_\_

Group/Clinic Tax ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Are you a primary care provider (PCP)? ☐ Yes ☐ No

**LOCATION TO BE ADDED**

Physical Address: \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Accepting New Patients: ☐ New ☐ Existing Only

Age Range of Patients (check all that apply): ☐ 0-4 years ☐ 5-11 years ☐ 12-18 years ☐ 19-64 years ☐ Over 65 ☐ All Ages

Office Hours: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Practice Hours (available appointment hours): Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

For this practice location (please select at least one option):

☐ I am available to see patients at least 16 hours per week on a regular basis.

☐ I see patients here at least one day per month, but less than one day per week on a regular basis.

☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.

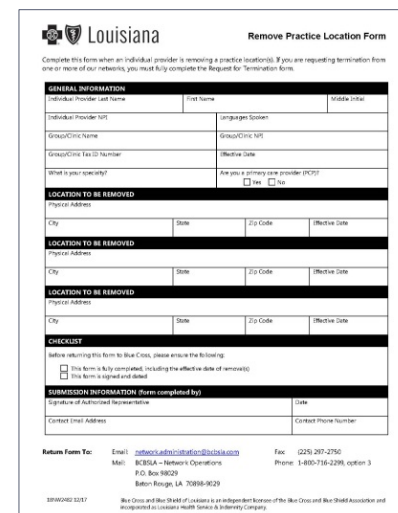
☐ I need tests or provide other services but do not see patients at this location.

☐ I do not practice here, but this location is within the medical group with which I am employed.

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Use our **Add Practice Location Form** when an individual provider is adding a practice location(s)



**Remove Practice Location Form**

Complete this form when an individual provider is removing a practice location(s). If you are requesting termination from one or more of our networks, you must fully complete the Request for Termination form.

**GENERAL INFORMATION**

Individual Provider Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Individual Provider NPI: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Group/Clinic Name: \_\_\_\_\_ Group/Clinic NPI: \_\_\_\_\_

Group/Clinic Tax ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

What is your specialty? \_\_\_\_\_ Are you a primary care provider (PCP)? ☐ Yes ☐ No

**LOCATION TO BE REMOVED**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**LOCATION TO BE REMOVED**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**LOCATION TO BE REMOVED**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**CHECKLIST**

Before referring this form to Blue Cross, please ensure the following:

☐ This form is fully completed, including the effective date of removal(s).

☐ This form is signed and dated.

**SUBMISSION INFORMATION (Items completed by)**

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Return Form To:** Email: [networktermination@bluecross.com](mailto:networktermination@bluecross.com) Fax: (225) 297-2750  
Mail: BCBSLA - Network Operations P.O. Box 98229 Baton Rouge, LA 70898-9829 Phone: 1-800-716-2299, option 3

SH000022 02/17 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Use our **Remove Practice Location Form** when an individual provider is removing a practice location(s)

Submit these forms online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms



# Digitally Submitting Applications & Forms to Blue Cross with DocuSign®

Blue Cross is excited to announce that we are enhancing your provider experience by streamlining how you can submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can now complete, sign and submit many of our applications and forms digitally with **DocuSign**.

This enhancement will help streamline your submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross. Through this enhancement, you will be able to electronically upload support documentation and even receive alerts reminding you to complete your application and confirm receipt.

## What is DocuSign?

As an innovator in e-signature technology, that helps organizations connect and automate how various documents are prepared, signed and managed

To help with this transition, we created a DocuSign guide that is available online at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** > **Join Our Networks**

The screenshot displays the 'DocuSign® Guide' for Louisiana. It begins with the Louisiana state logo and the text 'Blue Cross and Blue Shield of Louisiana is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) department. You can now complete, sign and submit many of our applications and forms digitally with DocuSign®, reducing the need to print and submit hardcopy documents. This allows for a more direct submission of information to Blue Cross. Through this enhancement, you can electronically upload support documentation and even receive alerts reminding you to complete your application and confirm receipt. Follow the steps below to access and complete your applications and forms with DocuSign®.'

**Step 1: Click the link for the needed Blue Cross form, then enter your initial information**

There are two required recipients. The person completing the form must enter a name and email for both:

- "Form Completed By" - This recipient will complete all required fields with detailed information.
- "Provider" - This recipient provides final review and signature verifying that all information is correct and ready to submit to BCBSLA.

Once the information is entered for both, click the "BEGIN SIGNING" button.

**Note:** If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

**Step 2: Accept the Electronic Record and Signature Disclosure**

- The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.
- Select the checkbox "I agree to use Electronic Records and Signatures".
- Click "CONTINUE" to begin the signing process.

**Note:** To view and sign documents, the person completing this form must agree to conduct business electronically.

The bottom section is titled 'Please Review & Act on These Documents' and shows a list of documents with checkboxes for 'I agree' and 'I disagree'. Below this list are buttons for 'CONTINUE', 'FINISH LATER', and 'OTHER ACTIONS'.

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# Easily complete packets & forms with DocuSign

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The following applications and forms have been enhanced with DocuSign capabilities:

## Credentialing packets

- Professional (initial)
- Professional (recredentialing)
- Facility (initial)
- Facility (reverification)

## Provider Forms

- Provider Update Request Form
- Link to Group or Clinic Request Form
- Notice of Tax Identification Number (TIN) Change Form
- Request for Termination Form
- Add Practice Location Form
- Remove Practice Location Form
- iLinkBlue Application Packet
- EFT Termination or Change Form

**After submitting your documents through DocuSign, please do not send via email**

# Easily complete forms with DocuSign

The screenshot shows a DocuSign interface for a 'Link to Group or Clinic Request Form'. The form is titled 'Louisiana' and includes a 'DEMONSTRATION DOCUMENT ONLY' notice. The form is divided into sections: 'GENERAL INFORMATION' and 'BILLING ADDRESS (for payment registers, reimbursement checks, etc.)'. The 'GENERAL INFORMATION' section contains fields for 'Required - Individual Provider Last Name', 'Individual Provider First Name', 'Middle Initial', 'Group/Clinic NPI', 'Effective Date', 'What is your specialty?', and 'Are you a primary care provider (PCP)?'. The 'BILLING ADDRESS' section contains a 'Billing Address' field. Annotations highlight key features: a 'FINISH' button in the top right, a 'FILL IN' button on the left, and red outlines around required fields. A 'Navigation tool' on the left guides the user through the fields, and a 'Tooltip' provides information about field requirements.

Enter text

Instructions correspond to requirement of the active field

FINISH FINISH LATER OTHER ACTIONS

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docusign.com

**Link to Group or Clinic Request Form**

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Malpractice Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Blue Cross, please also fully complete and include the iLinkBlue agreement packet (includes an electronic funds transfer application); available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Electronic Services > iLinkBlue

To link to more than two physical locations, make a copy of page 2 of this form.

**GENERAL INFORMATION**

Required - Individual Provider Last Name

Individual Provider First Name

Middle Initial

Individual Provider

Group/Clinic NPI

Group/Clinic T

Effective Date

What is your specialty?

Are you a primary care provider (PCP)?

☐ Yes ☐ No

**BILLING ADDRESS (for payment registers, reimbursement checks, etc.)**

Billing Address

Navigation tool guides you through fields

Red outline indicates a required field

Tooltips provide information about field requirements

Find our *DocuSign® Guide* at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks

# Our Networks

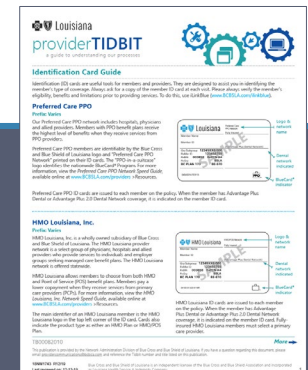
# Our Provider Networks



**Preferred Care PPO** and **HMO Louisiana, Inc.** networks are available statewide to members

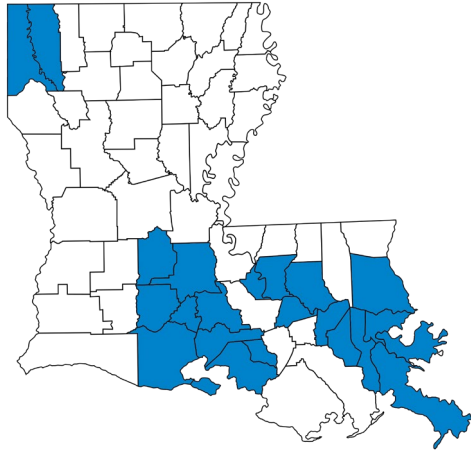


We have a Provider Tidbit to help identify a member's applicable network when looking at the ID card. The Identification Card Guide is available online at **[www.BCSLA.com/providers](http://www.BCSLA.com/providers)**, then click on "Resources." Provider Tidbits can also be accessed through iLinkBlue under the "Resources" menu option.



# Our Provider Networks

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## BLUE CONNECT

### New Orleans area

Jefferson, Orleans, Plaquemines,  
St. Bernard, St. Charles, St. John  
the Baptist and St. Tammany parishes

### Lafayette area

Acadia, Evangeline, Iberia, Lafayette,  
St. Landry, St. Martin, St. Mary and Vermilion  
parishes

### Baton Rouge area

Ascension, East Baton Rouge,  
Livingston and West Baton Rouge  
parishes

### Shreveport area

Bossier and Caddo parishes



## COMMUNITY BLUE

### Baton Rouge area

Ascension, East Baton Rouge,  
Livingston and West Baton  
Rouge parishes

# Our Provider Networks

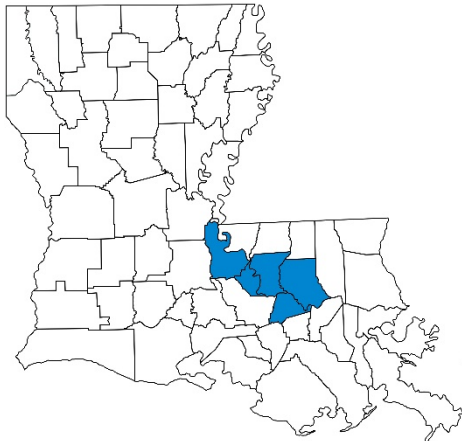
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## SIGNATURE BLUE

### **New Orleans area**

Jefferson and Orleans parishes



## PRECISION BLUE

### **Baton Rouge area**

Ascension, East Baton Rouge,  
Livingston, Pointe Coupee and  
West Baton Rouge parishes

# Federal Employee Program

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

## STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

## BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

## FEP BLUE FOCUS

- ✓ LIMITED in-network
- ✗ Out-of-network

New FEP Speed Guide available! Visit  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources  
 > Speed Guides

Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Prescription Treatment Center
FEP Standard Option	In-network benefits only Out-of-network benefits only	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP - \$15 copayment Specialty - \$35 copayment	\$30 copayment	Retail Pharmacy 1-800-624-5066 Specialty Drug Pharmacy 1-800-346-3731 Mail Service Prescription Drug 1-800-346-3731	Facility must be licensed and accredited; member must be enrolled in Care Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option	In-network benefits only No out-of-network benefits	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP - \$30 copayment Specialty - \$40 copayment	\$35 copayment	Retail Pharmacy 1-800-624-5066 Specialty Drug Pharmacy 1-800-346-3731 Mail Service Prescription Drug 1-800-346-3731	No non-preferred drug coverage
FEP Blue Focus	Limited in-network benefits only No out-of-network benefits	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP/Specialty - \$10 copayment PCP/HCP for first 30 visits; then deductible and coinsurance	\$25 copayment	Retail Pharmacy 1-800-624-5066 Specialty Drug Pharmacy 1-800-346-3731 No Mail Service Prescription Drug Coverage	No FEP Blue Focus, HMOs, PPOs, etc. are limited to 30 calendar days per year.



# Our Blue Advantage Networks

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Louisiana

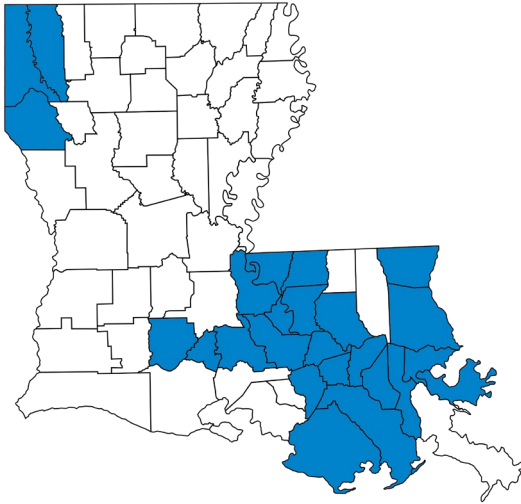
Blue Advantage (HMO) | Blue Advantage (PPO)



**Blue Advantage (HMO)** and **Blue Advantage (PPO)** networks are available statewide to Medicare eligible members

# Healthy Blue Dual Advantage (HMO D-SNP) Network

Healthy Blue Dual Advantage (HMO D-SNP) is our Medicare/Medicaid Dual Advantage special needs product currently available to Medicare/Medicaid-eligible members



## HEALTHY BLUE DUAL ADVANTAGE (HMO D-SNP)

### New Orleans area

Jefferson, Lafourche, Orleans,  
St. Bernard, St. Charles, St. Helena, St.  
John the Baptist, St. Tammany,  
Terrebonne and Washington parishes

### Lafayette area

Acadia, Lafayette,  
St. Martin and St. Mary parishes

### Baton Rouge area

Ascension, Assumption, East Baton  
Rouge, East Feliciana, Iberville, Pointe  
Coupee, Livingston, St. James, West  
Baton Rouge and West Feliciana parishes

### Shreveport area

Bossier, Caddo and De Soto parishes



Healthy Blue

# Medicare Advantage PPO Network Sharing

All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This allows Blue MA PPO members to obtain in-network benefits in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider.

<b>If you are a participating provider in our MA PPO network...</b>	<b>If you are NOT a participating provider in our MA PPO network...</b>	<b>If your practice is closed to new members...</b>
<p>you should provide the same access to care for Blue MA PPO members as you do for our members. Services will be reimbursed in accordance with your BCBSLA MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.</p>	<p>but do accept Medicare and you see Blue MA PPO members, you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.</p>	<p>you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.</p>



**Blue MA PPO members are recognizable by the "MA" suitcase on the member ID card**

# BlueCard® Program

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- BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area
- The main identifiers for BlueCard members are the prefix and the “suitcase” logo on the member ID card. The suitcase logo provides the following information about the member:



- The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic
- The PPO suitcase indicates the member is enrolled in a Blue Plan's PPO or EPO product
- The empty suitcase indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product

# National Alliance

## *(South Carolina Partnership)*

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC)
- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC
- Claims are processed through the BlueCard program

BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions, MRU/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

NUV

MyHealthToolkitLA.com

Customer Service: 877-705-5427  
PPO Network Provider Information: 800-810-2583  
Provider Service: 800-868-2510  
Precertification: 888-376-6544  
Mental Health and Substance Abuse Precertification: 800-868-1032  
Express Scripts®: 877-262-3293  
\*Contracts separately with group.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Pharmacy benefits administrator: Contracts separately with group.

BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME \_\_\_\_\_  
SUBSCRIBER'S LAST NAME \_\_\_\_\_

Member ID  
XXX123456789012

PLAN CODE 380  
RxBIN 003858  
RxGRP KESA  
RxPCN A4

MyHealthToolkitLA.com

PPO®

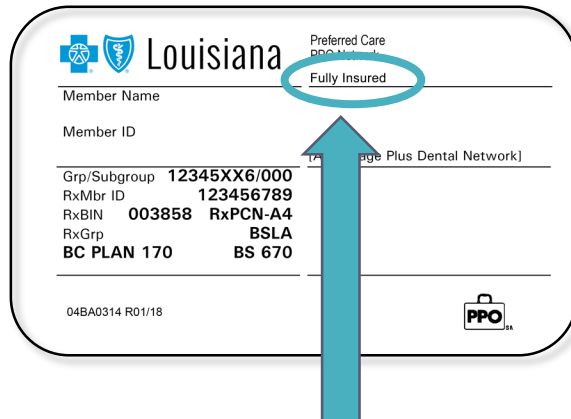
This list of prefixes is available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Resources" section

# Fully Insured vs. Self-insured

## Member ID Card Differences

### FULLY INSURED

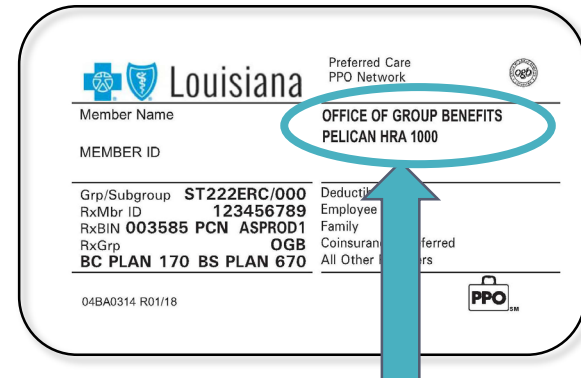
Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA



### “Fully Insured” notation

### SELF FUNDED

Group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA



- “Fully Insured” NOT noted
- Self-funded group name listed

The benefit, limitation, exclusion and authorization **requirements often vary for self-funded groups**. Please always verify the member’s eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).

# New Billing Requirements

# Ordering/Referring Policy

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The ordering/referring providers first name, last name and NPI are **required** on all claims for the following provider types:

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

Effective **March 1, 2020**, claims received without the ordering/referring provider's first name, last name and NPI will be returned and the claim must be refiled with the requested information. The ordering/referring provider should not be the same as the rendering provider.

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

Paper Claims	<ul style="list-style-type: none"><li>• CMS-1500 Health Insurance Claim Form: Block 17B</li></ul>
Electronic 837P, Professional Claims	<ul style="list-style-type: none"><li>• Referring Provider - Claim Level: 2310A loop, NM1 Segment</li><li>• Referring Provider - Line Level: 2420F loop, NM1 Segment</li><li>• Ordering Provider - Line Level: 2420E loop, NM1 Segment</li></ul>



# Consultations for Patients in Isolation

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As more people are diagnosed with COVID-19, some may require isolated inpatient hospitalization

Please follow these guidelines for billing inpatient consultations when the provider is not able to physically enter the room of a patient in isolation:

- Continue using the standard hospital-based codes (CPT<sup>®</sup> codes 99251-99255) for new and established patients
- Report Modifier CR for these services

For these patients, Blue Cross is waiving the requirement for a physical exam and the provider should fully document the scope of their services—including why a physical exam could not be performed—in the patient's medical record. Claims will be processed the same as consultations where the patient is able to be physically examined.

# Coverage of Antibody Testing for COVID-19

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- Effective for dates of service April 10 through May 31, 2020, Blue Cross is waiving the deductible, coinsurance and copayment amount for medically appropriate antibody tests for SARS CoV-2 when ordered by a licensed provider practicing within the scope of their license
- During this timeframe, providers should not collect any cost share from members for this testing as Blue Cross will pay 100% of the allowable so there is no member cost share
- At this time, we are not covering testing that is done solely for employment status determinations for fully insured members
- Blue Cross has established interim fees for antibody testing through May 31, 2020. When billing for the Antibody Testing for SARS CoV-2 the following CPT® codes should be used:
  - 86328 for an interim fee of \$20 per test
  - 86769 for an interim fee of \$25 per test

# Blue Advantage Changes

# BA Transition to Vantage Health Plan

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- Effective **January 1, 2021**, we will be transitioning this business from Lumeris Healthcare Outcomes to **Vantage Health Plan**, a Louisiana-based company
- This new partnership will allow us to further innovate and impact cost and quality of care, continue to deliver exceptional customer services and improve the health and lives of Louisianians
- Vantage has extensive Medicare Advantage experience, including operational resources, that aligns with our long-term strategy for the Blue Advantage networks. We are currently working with Lumeris to ensure this transition is seamless for both our members and providers.

# Temporary Telehealth Expansion

# Temporary Telehealth Policy Expansion

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- BCBSLA has continued to monitor the spread of COVID 19, as to the emergency, we have **temporarily** expanded our telehealth policy
- This expansion of our policy allows any credentialed, network physician, nurse practitioner, physician assistant, behavioral health specialist, chiropractic, registered dietitian or physical, occupational or speech therapist to provide telehealth services to replace office visits
- Providers must follow the telehealth billing guidelines in the provider manual and agree to Blue Cross' allowable charges
- The expanded telehealth policies are effective for dates of service on and after March 16, 2020 and will continue to be in effect until we are past the national emergency. Blue Cross will notify providers when the expanded telehealth policies are no longer effective.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Resources >Manuals

# Additional Temporary Telehealth Changes

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- Members in our HMO select networks (Blue Connect, Community Blue, Precision Blue and Signature Blue) may obtain telehealth and telephone-only services from any participating credentialed provider in any of our Blue Cross networks and the member's in-network level of benefits will be applied

For more information about our temporary telehealth changes visit our COVID-19 Provider Resources Page at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)**

# Telehealth Temporary Member Cost Share Waiver

- Effective April 15, 2020, individual members who buy their own healthcare coverage and those who are covered through fully insured groups have \$0 telehealth audio/video or phone-only visits. Self-insured employer groups have the option to waive the out-of-pocket costs for their employees if they desire. Visit the iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) message board for the list of self-insured employer groups that are not waiving the member cost share.
- **Ends May 31, 2020.** The member's contractual cost share for telehealth services will apply on claims for dates of service on and after June 1, 2020. This includes telehealth visits with in-network providers who offer these services and visits through BlueCare.
- **During this timeframe providers should not collect any money from the member for these services. Blue Cross will pay our members' cost share on telehealth claim payments with the exception of the self-insured employer groups that are not waiving the member cost share.**

Visit iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) message board for the list of self-insured employer groups that are **NOT** waiving the member cost share

Louisiana	
Self-Insured Employer Group Cost Share Waiver List	
Blue Cross is waiving member cost share (deductible, coinsurance and/or copayment) amounts for individual members who buy their own healthcare coverage, and those who are covered through a fully insured employer group whose services are performed by a Blue Cross-affiliated Louisiana participating provider for the following services:	
• COVID-19 Related Diagnostic Services - dates of service March 16, 2020, until the national emergency has ended	
• COVID-19 Related Medical Treatments - dates of service April 1 through May 31, 2020	
• All telehealth services - dates of service April 15, 2020, until the national emergency has ended	
Self-insured employer groups have the option to waive their members' cost share for COVID-19 related medical treatments and all telehealth services.	
The lists in this document are in order of the self-insured group number (found on the member identification card) and the associated group name. Member group numbers can also be found under the Coverage Information in iLinkBlue ( <a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> ).	
Groups Not Waiving Member Cost Share for COVID-19 Related Services	
The following list of self-insured employer groups ARE NOT waiving the cost share for their employees. Providers should bill the deductible, coinsurance and/or copayment for members of these groups:	
Group No.	Group Name
000001	Louisiana Teachers' Association
000002	Bayou State Credit Union
000003	Bayou State Credit Union
000004	Bayou State Credit Union
000005	Bayou State Credit Union
000006	Bayou State Credit Union
000007	Bayou State Credit Union
000008	Bayou State Credit Union
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000100	Bayou State Credit Union



# Chiropractic Telehealth Temporary Expansion

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The **temporary** expansion of telehealth policies includes Chiropractic services, effective for dates of service on and after March 16, 2020 and will continue to be in effect until we are past the national emergency. Blue Cross will notify providers when the expanded telehealth policies are no longer effective.

The following criteria also apply:

- In-network providers can deliver telehealth services through audio/video visits or by phone. As a reminder, chiropractors delivering telehealth services must continue to follow the billing and coding guidelines in Section 5.8 Chiropractic and Physical Medicine Services from our provider manual.
- Chiropractors may provide telehealth services to replace office visits, but the CPT® code billed should match the documentation of services provided in the medical record
- Services that require physical contact, manipulation, mechanical traction or massage therapy are not eligible for telehealth
- Provider must agree to Blue Cross' allowable charges
- Provider must fully document the encounter in the patient's medical record
- Provider must use either HIPAA-compliant or Health and Human Services Office of Civil Rights approved non-public facing platforms for telehealth services

The guidelines are outlined in our *Professional Provider Office Manual*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources

# Chiropractic Telehealth Guidelines

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## Billing Guidelines for Chiropractors:

- Telehealth claims should include the place of service code typically used by the chiropractor (e.g., 11) along with Modifier GT or 95
- Therapeutic procedures 97110, 97112, 97116, 97530 and 97535 are acceptable for telehealth services; however, they are excluded for telephone-only as it would be necessary to visually observe the patient
- For established patient office visits, the following CPT® codes are acceptable: 99211, 99212, 99213, 99214 and 99215
- For new patient office visits, the following CPT codes are acceptable: 99201, 99202, 99203, 99204 and 99205



Please refer to the evaluation and management (E&M) visit guidelines on p. 5.8-7 as well as p. 5.37-5 and p. 5.37-6 of our *Professional Provider Office Manual*

# Telehealth Temporary Therapy Services

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Until we are past the COVID-19 national emergency, any credentialed network physical, occupational or speech therapist can provide limited telehealth encounters to replace office visits. Blue Cross will notify providers when the expanded telehealth policies are no longer effective.

- Therapy providers filing claims for telehealth should use standard office billing practices and CPT codes along with a place of service code 11 and Modifier GT or 95 and must continue to adhere to the billing and coding outlined in Section 5.8 Chiropractic and Physical Medicine Services guidelines of our *Professional Provider Office Manual*
- Telehealth therapy services are limited to the following CPT® codes: 97161, 97162, 97164, 97110, 97112, 97116, 97530, 97535, 97165, 97166, 97168, 92507, 92521, 92523, 92524, 92610, 96105, 92522, 92526
- Blue Cross will not reimburse telehealth services for CPT codes 97163 and 97167 due to their complexity requiring a face-to-face encounter and examination

# Facility Outpatient Therapy Telehealth Services

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- The **temporary** expansion to our telehealth services also includes outpatient physical, occupational or speech therapy services delivered within credentialed network facilities as telehealth visits. This is effective for dates of service on and after March 16, 2020 and will remain in effect until we are past the novel coronavirus (COVID-19) national emergency. Blue Cross will notify providers when the expanded policies are no longer effective.
- The following criteria apply for outpatient therapy telehealth services:
  - Providers must operate within the scope of their license to deliver therapy services through telehealth encounters and must accept Blue Cross' allowable charges
  - The telehealth visit must be fully documented in the patient's medical record
  - Services must be provided using a non-public-facing platform for telehealth services that is either HIPAA-compliant or approved by the Health and Human Services Office of Civil Rights
  - Outpatient hospital claims for therapy telehealth services should indicate the appropriate CPT<sup>®</sup>/HCPCS code, along with Modifier GT or 95
  - Please refer to the previous slide on Telehealth Temporary Member Cost Share Waiver information related to this policy

# Temporary Telephone-only Telehealth Services

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Our telehealth policies were also expanded for telephone (audio-only) encounters as a replacement for office visits effective for dates of service on and after March 16, 2020. These policies will remain in effect until we are past this crisis. Blue Cross will notify providers when the expanded policies are no longer effective.

Credentialed network providers are allowed to bill office visit telephone encounters as follows:

- Claims for telehealth services delivered by telephone should include the place of service code typically used by the provider (e.g., 11), along with Modifier GT or 95
- Doctors, nurse practitioners, physician assistants and chiropractors can bill office visits for new patients using CPT codes 99201-99205. They can bill office visits for established patients using 99211-99215.
- Behavioral health specialists (psychiatrists, psychologists, licensed professional counselors and social workers) and registered dietitians can bill using their normal service codes for office visits
- Encounters must be fully documented in the patient's medical record
- Text messages and emails do not meet the complexity of services required for reimbursement
- Blue Cross will not reimburse calls for the sole purpose of one or two of the following: triaging patients, following up on test results, obtaining referrals to specialists, ordering tests, medication refills or other minimal services typically handled by physician offices through a routine telephone call

For more information about our telehealth requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Resources >Manuals

# Telehealth Temporary Expansion - Preventative Medicine

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## Blue Cross Preventive Medicine Temporary Telehealth Policies

During the COVID-19 crisis, credentialed network providers can deliver telehealth services through audio/video visits or by phone-only as a replacement for office visits. **Telehealth encounters for preventive medicine services are encouraged to be delivered as audio/video visits.**

- This is effective for dates of service on and after March 16, 2020 and will remain in effect until we are past the novel coronavirus (COVID-19) national emergency. Blue Cross will notify providers when the expanded policies are no longer effective.
- Please refer to the previous slide on Telehealth Temporary Member Cost Share Waiver information related to this policy
- Provider must adhere to the telehealth guidelines in the provider manual and agree to Blue Cross' allowable charges
- Services must be provided using a non-public-facing platform for telehealth services that is either HIPAA-compliant or approved by the Health and Human Services Office of Civil Rights
- Telehealth encounters must be fully documented in the patient's medical record

# Telehealth Preventative Medicine services

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- There are many components to the preventive medicine exam that are not possible through a telehealth encounter. Providers are asked to close all care gaps when the patient can be seen through a face-to-face encounter later in the year. Examples include:
  - Blood pressure measurement
  - Retinal exam in a diabetic patient
  - Providing immunizations
  - Critical exam components for children under two years and mapping growth chart progress
  - Labs and other tests typically done during a preventive health exam
- Telehealth claims for preventive medicine visits should include the place of service code typically used by the provider (e.g., 11), along with Modifier GT or 95
- Providers operating within the scope of their license to deliver preventive medicine E&M services are allowed to bill these services as telehealth visits
- For new patient visits, CPT® codes 99381-99387 are allowed for telehealth. For established patient visits, CPT codes 99391-99397 are allowed for telehealth.

# iLinkBlue Enhancements



# Digital ID Cards in iLinkBlue

Digital ID cards are downloadable PDFs that can be accessed through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Coverage Information" menu option, then click "ID Card"

The screenshot displays the iLinkBlue website interface. At the top, the Louisiana state logo and 'Louisiana' text are on the left, and 'Logged in as Billy Gomila' with a location icon is on the right. Below the header is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' menu is expanded, showing 'BCBSLA Members' and 'BlueCard - Out of Area Members'. Under 'BCBSLA Members', 'Coverage Information' is circled in red. Below this, there are links for 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. The main content area shows 'Contract Number XUA123456789' and 'ACTIVE COVERAGE'. Below this, a table lists coverage details: Group/Non-Group, Group Name, Group Number, Group OED, Minor Dep. Age Max, Coverage Category, Coverage Type, Effective From, and Effective To. The subscriber information section shows 'First Jane', 'Last Doe', 'Subscriber', 'Address', 'Primary Care Physician', 'Sex', 'Marital Status', and 'Date of Birth'. At the bottom, there are tabs for 'Id Card', 'Coverage Views', and 'Coordination of Benefits'. The 'Id Card' tab is selected and circled in red, showing a download button for the 'Id Card'.

**Louisiana** Provider    Logged in as Billy Gomila  **ilinkBlue**

**Coverage** Claims Payments Authorizations Quality & Treatment Resources

**BCBSLA Members** **BlueCard - Out of Area Members**

**Coverage Information** Submit Eligibility Request (270) View Eligibility Response (271)

**Contract Number XUA123456789** **ACTIVE COVERAGE**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	LOUISIANA HOSPITAL	12A34ERC - 0000	01/01/2017	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber and Dependents	01/01/2020	—

**First Jane Last Doe Subscriber**

**Address** 123 AVENUE ST COVINGTON, LA 70433 **Sex** Female **Marital Status** Married **Date of Birth** 01/01/1983

**Primary Care Physician** Joe R. Doctor

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	—	01/01/2017

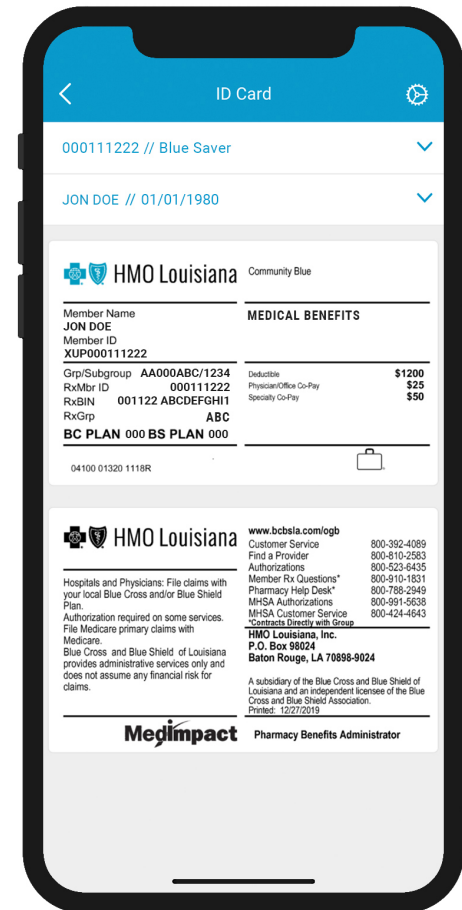
**Id Card** Coverage Views Coordination of Benefits

**Id Card** Summary Benefits NO COB Verified

# Members Can Access Their Digital ID Cards

Our members may also access their cards through their smartphone, via the Blue Cross mobile app or through our online member portal:

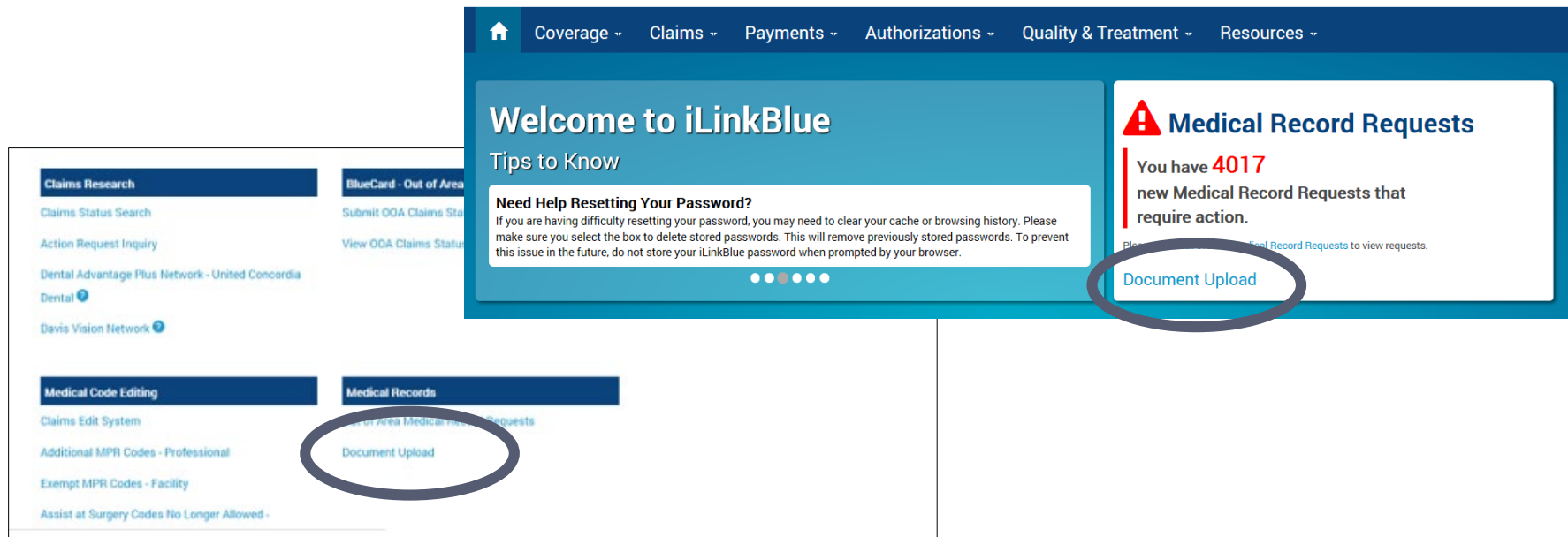
- To access through the Blue Cross mobile app, log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available
- To access through the Blue Cross member portal, log into the online member account at [www.BCBSLA.com](http://www.BCBSLA.com). There, click on “My ID Card” and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.



# Document Upload Feature

We now offer a feature that allows providers to upload documents that would normally be faxed, emailed or mailed to select departments

The new feature is quick, secure and available at any time through the iLinkBlue provider portal

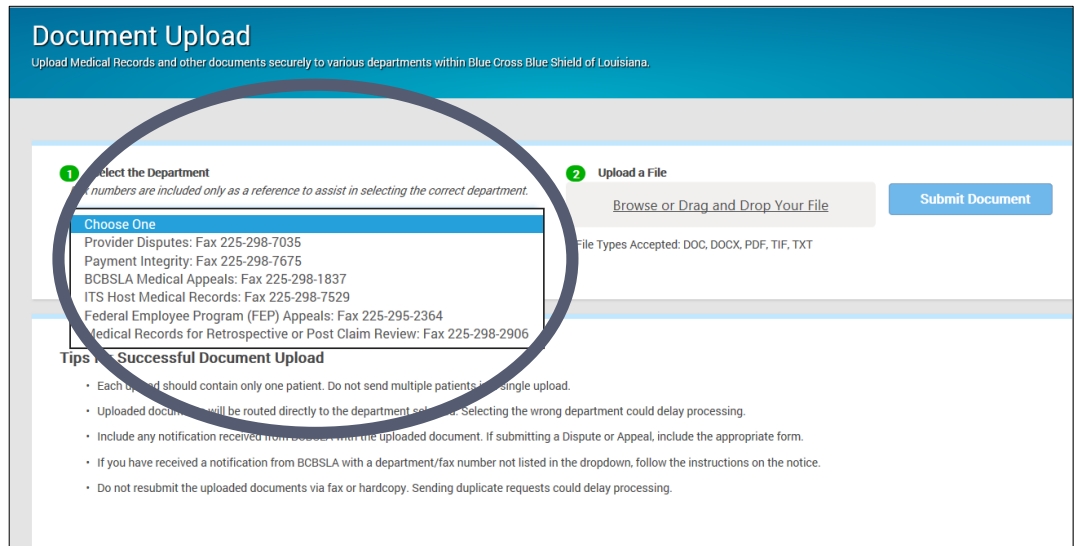


The Document Upload feature can be accessed on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) or under Claims > Medical Records > Document Upload

# Document Upload Feature

Select the department from the drop down list you wish to send your document. The fax numbers are included only as a reference to assist in selecting the correct department.

- Provider Disputes
- Payment Integrity
- BCBSLA Medical Appeals
- ITS Host Medical Records
- Federal Employee Program (FEP) Appeals
- Medical Records for Retrospective or Post Claim Review



The screenshot shows a web interface titled "Document Upload" with the subtitle "Upload Medical Records and other documents securely to various departments within Blue Cross Blue Shield of Louisiana." The interface is divided into two main sections: "1 Select the Department" and "2 Upload a File".

In the "1 Select the Department" section, a dropdown menu is open, showing a list of departments and their corresponding fax numbers. The list is titled "Choose One" and includes the following items:

- Provider Disputes: Fax 225-298-7035
- Payment Integrity: Fax 225-298-7675
- BCBSLA Medical Appeals: Fax 225-298-1837
- ITS Host Medical Records: Fax 225-298-7529
- Federal Employee Program (FEP) Appeals: Fax 225-295-2364
- Medical Records for Retrospective or Post Claim Review: Fax 225-298-2906

The "2 Upload a File" section includes a "Browse or Drag and Drop Your File" button, a "Submit Document" button, and a list of "File Types Accepted: DOC, DOCX, PDF, TIF, TXT".

Below the upload section, there is a "Tips for Successful Document Upload" section with the following bullet points:

- Each upload should contain only one patient. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

# Document Upload Feature FAQs

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## What should be included in the uploaded document?

Include any notification, letter or form that is required with the request along with the medical records or other documentation requested. If submitting a Dispute or Appeal, include the appropriate form.

## What file types are allowed in the upload process?

DOC, DOCX, PDF, TIF, TXT

## Do I need to send a fax or hard copy request in addition to upload?

No. Sending the uploaded document thru fax, email or hardcopy mail **in addition** to uploading, will result in duplicate requests being received at Blue Cross. This will delay the processing of the request.

More details will be emailed to our providers soon with a complete list of information and FAQs

# Authorizations

# iLinkBlue - Authorizations

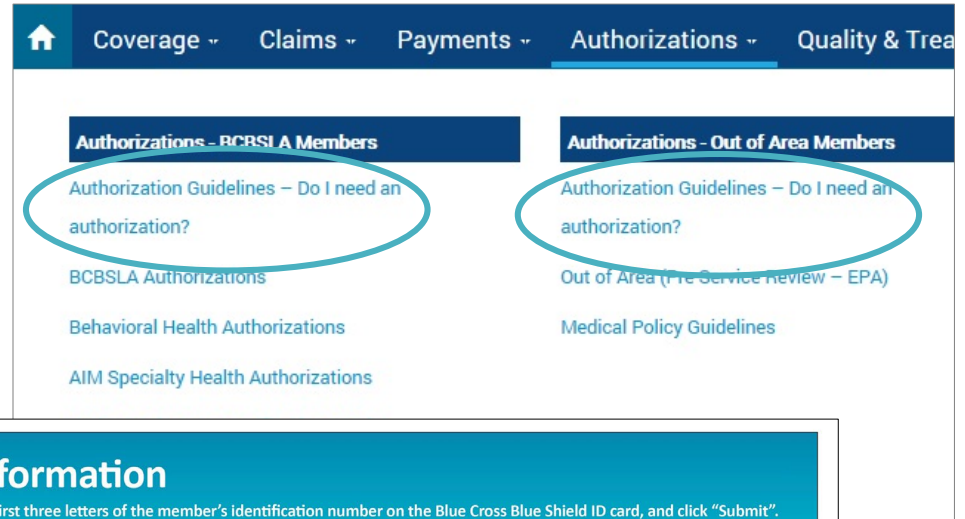


- Use the “Authorizations” menu option to access our authorization tools
- An administrative representative must grant a user access to the following applications before a request can be submitted:
  - BCBSLA Authorizations
  - Behavioral Health Authorizations
  - Out of Area (Pre Service Review – EPA)

# Where to Find Authorization Requirements

## Do I need an authorization?

The Authorizations Guidelines tool allows providers to research and view authorization requirements for BCBSLA and BlueCard (out-of-area) members



Home Coverage Claims Payments Authorizations Quality & Treatment

**Authorizations - BCBSLA Members**

- Authorization Guidelines – Do I need an authorization?
- BCBSLA Authorizations
- Behavioral Health Authorizations
- AIM Specialty Health Authorizations

**Authorizations - Out of Area Members**

- Authorization Guidelines – Do I need an authorization?
- Out of Area (Pre-Service Review – EPA)
- Medical Policy Guidelines

## Pre-Authorization/Pre-Certification Information

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Prefix

Submit

Simply enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information



# Utilization Management Programs

Blue Cross has several utilization management programs that require prior authorization for select elective services. AIM Specialty Health® (AIM), an independent specialty benefits management company, serves as our authorization manager for these services:

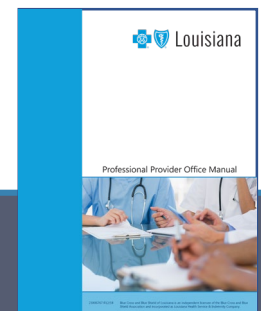
- Cardiology
- High-tech Imaging
- Radiation Oncology
- Musculoskeletal (MSK)
  - Interventional Pain Management
  - Joint Surgery
  - Spine Surgery

Authorization requests may be completed online using the AIM **ProviderPortal<sub>SM</sub>** accessed through iLinkBlue. AIM clinical appropriateness guidelines are available at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com).

AIM extensions - COVID Exceptions – For new authorizations requested from March 30 to June 30

- All new approved AIM authorizations are given a 90 day time span. Implemented March 30, 2020. This applies to all programs except Radiation therapy.
  - If the authorization was approved prior to March 30 and the time span has ran out, they must call and get a new authorization
- All CT's of the chest requested for known or suspected diagnosis of COVID-19 will get an auto approval by AIM. Implemented March 30, 2020. They still must request, but it will auto approve.

Additional information can be found in the **Professional Provider Office Manual**. Find it online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Manuals



# Imaging Authorizations

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The ordering physician should always use the AIM **ProviderPortal**<sub>SM</sub> in iLinkBlue to set up an authorization

AIM Specialty Health® allows you to submit and receive pre-authorizations over the web on a real-time basis eliminating the need to call AIM for the following outpatient high-tech diagnostic services:

- Computerized Tomography (CT) Scans
- Computerized Tomographic Angiography (CTA)
- Fractional Flow Reserve using CT (FFR-CT)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology Procedures
- Positron Emission Tomography (PET) Scans

Blue Advantage (HMO)/Blue Advantage (PPO) providers currently use AIM for their Blue Advantage members' authorizations for radiation oncology, high-tech radiology, musculoskeletal (outpatient only) and cardiology (office and outpatient)

## **Top reasons for claim denials related to outpatient imaging authorizations:**

- No authorization on file
- Facility location (place of treatment) does not match authorization
- Servicing provider does not match authorization

# AIM Clinical Update

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Effective **May 17, 2020**, AIM Specialty Health® (AIM) updated clinical appropriateness guidelines in the following areas:

- Vascular imaging
- Musculoskeletal (MSK) joint surgery

The full details for these new guidelines and all AIM appropriate-use criteria are available online at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com). Click “Download now” then choose the appropriate guidelines section

# OptiNet Registration Tool in iLinkBlue

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- AIM Specialty Health® offers **OptiNet**® an online registration tool that gathers information about the technical component capabilities of diagnostic imaging services and calculates provider scores based on self reported information
- Through this tool, we can offer members and their ordering providers the option to “shop” for quality, lower-cost diagnostic imaging services
- Without an OptiNet score, you miss out on this opportunity for exposure to Blue members

## Why Is Your Score So Important?

- For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in transparency programs such as our shopper program or future reimbursement incentives

# OptiNet Registration Tool in iLinkBlue

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## How Is Your Score Calculated?

- The site score measures basic performance indicators that are applicable for the facility, such as general site access, quality assurance and staffing
- The modality specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality

## How to Access OptiNet?

- Log into iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))
- Click on the "Authorizations" menu option Click on the "AIM Specialty Health Authorizations" link; this link takes you to the AIM **ProviderPortal**<sub>SM</sub>
- Click on "Access Your OptiNet Registration" on the left menu bar
- Click the green "Access Your OptiNet Registration" button

# Prior Authorizations

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- Services that require prior authorization can be found in our provider manuals and network speed guides. These are available in iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under "Resources."
- Authorization requirements may vary by product
- The **ordering/rendering provider must initiate the authorization** process at least 48 hours prior to the service by:
  - Using iLinkBlue to access our online authorization portal, or
  - Calling the authorization number on the member ID card

## Top reasons for claim denials related to authorizations:

- Place of treatment and/or date of service does not match authorization
- Diagnosis and/or procedure code does not match authorization
- Servicing provider does not match authorization

# Process for Changing an Authorizations

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You can ask our authorization department to change or add a code to an already approved authorization when **all of the following** conditions are met:

- There is an approved authorization on file
- Provider states a claim has not been filed
- The requested code is surgical or diagnostic
- The requested code is not on a Blue Cross medical policy or a non-covered benefit

If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered

If the procedure being added or changed is on a Blue Cross medical policy or is a non-covered benefit, it cannot be updated on the authorization. Once the claim is filed, fax medical records to (225) 298-2906 or 1-800-515-1150.

# Failure to Obtain an Authorizations

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## Failure to obtain a prior authorization can result in:

- A 30% penalty imposed on Preferred Care PPO and HMO Louisiana, Inc. network providers for failing to obtain authorization prior to performing an outpatient service that requires authorization
- A \$1,000 penalty applied to inpatient hospital claims if the patient's policy requires an inpatient stay to be authorized (Note: some policies contain a different inpatient penalty provision)
- The denial of payment for services for our Office of Group Benefits (OGB) members



Authorization penalties or services that deny for no authorization are not billable to the member



# OGB Authorizations

OGB authorization requirements are different. **Failure to obtain an authorization will result in denial of payment for services.**

## OGB PLAN SERVICES REQUIRING AUTHORIZATION

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, an authorization is required once the combined benefit limit of 50 visits of PT/OT have been achieved. Providers may request authorization by calling our Authorization line. Failure to obtain prior authorization for these services will result in the denial of payment for services.

Authorization requirements for the following services apply for all OGB benefit plans.

### INPATIENT

- Hospital Admissions (except routine maternity stays\*)
- Mental Health/Substance Use Disorder Admissions
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility

\* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery.

\*\* Request for prior authorization for these services are handled directly by AIM Specialty Health (AIM).



Failure to obtain prior authorization for these services for OGB members will result in denial of payment for services.



### OUTPATIENT

- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- CT Scans\*\*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- MRI/MRA\*\*
- Nuclear Cardiology\*\*
- Oral Surgery (not required when performed in a Physician's office)
- Organ Transplant Evaluation
- Orthotic Devices (greater than \$300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs
- PET Scans\*\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers)
- Pharmacy
- Physical/Occupational Therapy (greater than 50 visits)
- Prosthetic Appliances (greater than \$300)
- Residential Treatment Centers
- Sleep Studies (except those performed as a home sleep study)
- Stereotactic Radiosurgery, including but not limited to gamma knife and cyberknife procedures
- Vacuum Assisted Wound Closure Therapy

Blue Cross and Blue Shield of Louisiana  
Member Provider Policy & Procedure Manual

4-10  
December 2018

- The list of OGB authorization requirements can be found in our *Member Provider Policy and Procedure Office Manual* located on iLinkBlue
- The list also appears on the OGB Speed Guide located on [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources

Louisiana Office of Group Benefits Speed Guide					
Blue Cross and Blue Shield of Louisiana administers benefits for the Office of Group Benefits (OGB) rate of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HSA 100, Pelican HSA 775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefit plans.					
Blue Cross' OGB-Dedicated Customer Service: 1-800-392-4089   <a href="mailto:ogbhelp@bcbsla.com">ogbhelp@bcbsla.com</a>					
Benefit Plan Name	Provider Network (Network Name)	State of Member Residency	Member ID Card	Primary	Subsequent Health (Network Name)
Pelican HSA 100	Preferred Care PPO (OGB Network HSA)	CDHP with HSA (non-employer-driven health plan with health reimbursement arrangement)		Mediquest 1-800-785-2349	Preferred Care PPO (OGB Network HSA)
Pelican HSA 775	Preferred Care PPO (OGB Network HSA)	CDHP with HSA (non-employer-driven health plan with health reimbursement arrangement)		Superscripts, Inc. 1-800-785-7333	Preferred Care PPO (OGB Network HSA)
Magnolia Local	Blue Connect (Blue Cross, Blue Shield, Evangeline, Baton Rouge, Lafayette, Orleans, Rapides, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany and Terrebonne parishes)	HMO		Mediquest 1-800-785-2349	Blue Connect (OGB Network HSA)
Community Blue	Community Blue (OGB Network - Commercial)	Community Blue (OGB Network - Commercial)		Mediquest 1-800-785-2349	Community Blue (OGB Network HSA)
Magnolia Local Plus	Preferred Care PPO (OGB Network HSA)	HMO benefit design on PPO network		Mediquest 1-800-785-2349	Preferred Care PPO (OGB Network HSA)
Magnolia Open Access	Preferred Care PPO (OGB Network HSA)	PPO		Mediquest 1-800-785-2349	Preferred Care PPO (OGB Network HSA)

### Services That Require Prior Authorization

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary plan, does not require prior authorization until Medicare is exhausted or once the combined benefit limit of 50 visits of PT/OT has been achieved. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue. Authorization requirements for the following services apply for all OGB benefit plans effective January 1, 2020.

### Authorization of Outpatient Services and Supplies

- All Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis\*\*
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- CT Scans\*\*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Home Health Care
- Hospice
- Implantable Medical Devices over \$2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs\*\*
- Use Protein Food Products
- MRI/MRA\*\*
- Nuclear Cardiology\*\*
- Oral Surgery (not required when performed in a Physician's office)
- Orthotic Devices (greater than \$300)
- Outpatient pain rehabilitation or pain control programs
- Physical Rehabilitation Program\*\*
- PET Scans\*\*
- Physical/Occupational Therapy (greater than 50 visits)
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)
- Pharmacy
- Prosthetic Appliances (greater than \$300)
- Pulmonary Rehabilitation
- Residential Treatment Centers\*\*
- Deep Tissue (except those performed as a home deep tissue)
- Transplant Evaluation and Transplant
- Vacuum Assisted Wound Closure Therapy

### Inpatient and Emergency

The following inpatient and emergency admissions require authorization prior to the services being rendered:

- Inpatient Hospital Admissions (except routine maternity stays\*\*)
- Inpatient Mental Health and Substance Use Disorder Admissions\*\*
- Inpatient Organ, Tissue and Bone Marrow Transplant Services
- Inpatient Skilled Nursing Facility Services

### \*\*Maternity Admissions

Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient newborn services.

### To Request Prior Authorization

Please use the authorization tools that are available on iLinkBlue ([www.BCBSLA.com/iLinkBlue](http://www.BCBSLA.com/iLinkBlue)). They are located under the "Authorizations" menu option. You may also call the authorization number(s) on the member ID card.

\*\* High-tech imaging & utilization management program services are authorized through the AIM Authorization, by clicking the "AIM Imaging/Health Authorization" link.

\*\* Behavioral health services are authorized through the New Directions Healthcare Portal by clicking the "Behavioral Health Authorization" link.

For OGB members, failure to obtain prior authorization, when required, will result in the denial of payment for services. For details see in our provider manuals, when required, with the denial of payment for services.

Go online for more on OGB:  
[www.BCBSLA.com/OGB](http://www.BCBSLA.com/OGB)

iLinkBlue  
[www.BCBSLA.com/iLinkBlue](http://www.BCBSLA.com/iLinkBlue)

Find a copy of the OGB Speed Guide at  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides

# Urgent Authorizations

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The initial request for authorization of an urgent illness is processed as soon as possible based on the clinical situation, or within 72 hours of the request regardless of whether all information is received

The authorization process is designed only to evaluate the medical necessity of the service and is not a guarantee of payment or a confirmation of coverage for benefits

## Approved Requests

- The contact person/practitioner is notified by telephone
- A confirmation letter is sent to the member, physician and hospital, as applicable

## Denied Requests

- The contact person is notified by telephone and is given the reason for the denial and the procedure for initiating the expedited appeal process
- A letter listing appeal rights is sent to the member, physician and hospital, if applicable, within one business day of the determination

# Temporary Authorizations

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An authorization is required for many services. While authorizations are still required for those services, we are automatically approving all services related to the diagnosis or treatment of COVID-19 without medical review.

- This change applies to inpatient and outpatient services
- This automatic approval will be triggered by including the appropriate ICD-10 code for COVID-19:
  - B97.29 for dates of service prior to April 1, 2020
  - U07.1 for dates of service on and after April 1, 2020

Providers can electronically submit authorization requests for BCBSLA members through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) using our BCBSLA Authorizations tool under the "Authorizations" menu option, or you can call the number on the member ID card

# Temporary Authorization Requirements for hospitals

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We have implemented temporary changes to our authorization requirements for our credentialed Louisiana, participating facilities for emergent care. These updated provisions do not apply for non-participating and/or out of state facilities. They are effective for dates of service **March 16 to May 31, 2020**.

For initial inpatient admissions and acute hospital to acute hospital transfers:

- Continue to notify Blue Cross—upon admission—of basic patient information using the normal process you use today (BCBSLA Authorizations tool, authorizations number on the Member ID card or via fax)
- Blue Cross' Utilization Management staff will enter information into the system and authorize all admissions for seven days without a medical review
- At the end of seven days we will verify continued hospital stay and authorize additional days through discharge date without a medical review
- We are suspending concurrent record review, including for patients admitted prior to March 16, 2020

# Temporary Authorization Requirements for hospitals

---

## Non –Emergent Hospitalizations:

- Authorizations for non-emergent hospitalization (scheduled admissions for elective procedures) must be prior authorized if benefits require authorizations

## Behavioral Health authorizations:

- Authorization for behavioral health services (inpatient admissions, IOP, PHP, RTC and ABA services) must be prior authorized

## Transplant services:

- Transplant services must be prior authorized

# Temporary Change for Transfer Authorizations

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Transfers from an Acute Care Hospital to an LTACH, SNF or Inpatient Rehabilitation Facility (effective for dates of service March 16 to May 31, 2020)

- Blue Cross is **temporarily** suspending the requirement to obtain authorization to move patients from an acute care inpatient setting to a credentialed Louisiana participating LTACH, SNF or inpatient rehabilitation facility setting. The following applies:
  - The receiving facility should notify Blue Cross of the admission within 24 hours. We will automatically approve a three-day stay for the receiving facility.
  - Blue Cross will work with the receiving facility to perform a concurrent review by day four and authorize appropriate continued stay based on medical necessity

# COVID-19 Provider Resources Page

Since March 2020, we have been making provisions to help our providers as they work tirelessly to treat patients

Visit [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on the link at the top of the page to get more information on the provisions we have put in place for:

- Authorizations
- Telehealth
- Billing & Coding Guidelines
- Credentialing & Provider Data Management
- Quality Blue

Check this page often, as we are constantly updating it with new information

## COVID-19 Provider Resources

As new developments arise around treating patients for the novel Coronavirus (SARS CoV 2) and the illness it produces (COVID 19), Blue Cross and Blue Shield of Louisiana has been closely monitoring these developments so we can best meet the needs of our members and providers.

### GENERAL NOTICES

**THANK YOU to our providers for all they are doing!** [Learn More](#)

**April 17, 2020**  
In support of our providers, learn about a few of our COVID 19 relief provisions.

---

### AUTHORIZATIONS

**Blue Cross Suspends Pre-pay Itemized Bill Reviews** [Learn More](#)

**April 17, 2020**  
We are temporarily suspending the requirement to submit itemized bills for inpatient acute care claims greater than \$200,000 between April 13 to May 31, 2020.

**Temporary Authorization Requirements Policy** [Learn More](#)

**March 27, 2020**  
To help relieve the administrative burden on hospitals, we have implemented temporary authorization requirement changes.

---

### TELEHEALTH

**Telephone Telehealth Services** [Learn More](#)

**April 24, 2020**

# Claims Editing System



# Claims Editing Software

---

- We updated to a new claims editing software (CES) system that launched on July 27, 2019
- It applies edits to incoming claims to ensure proper coding and billing based on:
  - Reimbursement
  - Medical policy
  - Benefit rules
  - Industry standard and coding guidelines
- It promotes accurate and consistent payments
- It manages compliance with standard coding and billing practice between various types of services, such as:
  - Medical
  - Surgical
  - Lab and radiology

# Claims Editing Software

## Not Separately Reimbursable

- Certain codes will be denied because the services should be included with other services billed on the same day
- **Examples:** Codes billed for general surgical supplies, quality measure codes (e.g., 0001F-9000F)

## New Patient Visit

- New visit codes, (e.g., 99201-99205), will deny if the patient has been seen by the same provider within three years from the date of the previous services

## Multiple Procedure Reduction

- Additional multiple procedure reduction codes have been updated
- **Note:** The new CES edits applies for dates of service on and after August 1, 2019

A listing of the additional Multiple Procedure Reduction codes can be found on iLinkBlue [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) >Claims >Additional MPR Codes – Professional

# Louisiana

## Additional Multiple Procedure Reduction Codes (Professional)

Upon implementation of the new claims editing software system, the following list of codes will be included in the editing for Multiple Procedure Reduction when billed.

33208	33201	33202	33203	44127
33209	33204	33205	33206	44128
33210	33207	33208	33209	44129
33211	33210	33211	33212	44130
33212	33213	33214	33215	44131
33213	33216	33217	33218	44132
33214	33219	33220	33221	44133
33215	33222	33223	33224	44134
33216	33225	33226	33227	44135
33217	33228	33229	33230	44136
33218	33231	33232	33233	44137
33219	33234	33235	33236	44138
33220	33237	33238	33239	44139
33221	33240	33241	33242	44140
33222	33243	33244	33245	44141
33223	33246	33247	33248	44142
33224	33249	33250	33251	44143
33225	33253	33254	33255	44144
33226	33256	33257	33258	44145
33227	33259	33260	33261	44146
33228	33262	33263	33264	44147
33229	33265	33266	33267	44148
33230	33268	33269	33270	44149
33231	33271	33272	33273	44150
33232	33274	33275	33276	44151
33233	33277	33278	33279	44152
33234	33280	33281	33282	44153
33235	33283	33284	33285	44154
33236	33286	33287	33288	44155
33237	33289	33290	33291	44156
33238	33293	33294	33295	44157
33239	33296	33297	33298	44158
33240	33299	33300	33301	44159
33241	33302	33303	33304	44160
33242	33305	33306	33307	44161
33243	33308	33309	33310	44162
33244	33311	33312	33313	44163
33245	33314	33315	33316	44164
33246	33317	33318	33319	44165
33247	33320	33321	33322	44166
33248	33323	33324	33325	44167
33249	33326	33327	33328	44168
33250	33329	33330	33331	44169
33251	33332	33333	33334	44170
33252	33335	33336	33337	44171
33253	33338	33339	33340	44172
33254	33341	33342	33343	44173
33255	33344	33345	33346	44174
33256	33347	33348	33349	44175
33257	33350	33351	33352	44176
33258	33353	33354	33355	44177
33259	33356	33357	33358	44178
33260	33359	33360	33361	44179
33261	33362	33363	33364	44180
33262	33365	33366	33367	44181
33263	33368	33369	33370	44182
33264	33371	33372	33373	44183
33265	33374	33375	33376	44184
33266	33377	33378	33379	44185
33267	33380	33381	33382	44186
33268	33383	33384	33385	44187
33269	33386	33387	33388	44188
33270	33389	33390	33391	44189
33271	33392	33393	33394	44190
33272	33395	33396	33397	44191
33273	33398	33399	33400	44192
33274	33401	33402	33403	44193
33275	33404	33405	33406	44194
33276	33407	33408	33409	44195
33277	33410	33411	33412	44196
33278	33413	33414	33415	44197
33279	33416	33417	33418	44198
33280	33419	33420	33421	44199
33281	33422	33423	33424	44200
33282	33425	33426	33427	44201
33283	33428	33429	33430	44202
33284	33431	33432	33433	44203
33285	33434	33435	33436	44204
33286	33437	33438	33439	44205
33287	33440	33441	33442	44206
33288	33443	33444	33445	44207
33289	33446	33447	33448	44208
33290	33449	33450	33451	44209
33291	33452	33453	33454	44210
33292	33455	33456	33457	44211
33293	33458	33459	33460	44212
33294	33461	33462	33463	44213
33295	33464	33465	33466	44214
33296	33467	33468	33469	44215
33297	33470	33471	33472	44216
33298	33473	33474	33475	44217
33299	33476	33477	33478	44218
33300	33479	33480	33481	44219
33301	33482	33483	33484	44220
33302	33485	33486	33487	44221
33303	33488	33489	33490	44222
33304	33491	33492	33493	44223
33305	33494	33495	33496	44224
33306	33497	33498	33499	44225
33307	33500	33501	33502	44226
33308	33503	33504	33505	44227
33309	33506	33507	33508	44228
33310	33509	33510	33511	44229
33311	33512	33513	33514	44230
33312	33515	33516	33517	44231
33313	33518	33519	33520	44232
33314	33521	33522	33523	44233
33315	33524	33525	33526	44234
33316	33527	33528	33529	44235
33317	33530	33531	33532	44236
33318	33533	33534	33535	44237
33319	33536	33537	33538	44238
33320	33539	33540	33541	44239
33321	33542	33543	33544	44240
33322	33545	33546	33547	44241
33323	33548	33549	33550	44242
33324	33551	33552	33553	44243
33325	33554	33555	33556	44244
33326	33557	33558	33559	44245
33327	33560	33561	33562	44246
33328	33563	33564	33565	44247
33329	33566	33567	33568	44248
33330	33569	33570	33571	44249
33331	33572	33573	33574	44250
33332	33575	33576	33577	44251
33333	33578	33579	33580	44252
33334	33581	33582	33583	44253
33335	33584	33585	33586	44254
33336	33587	33588	33589	44255
33337	33590	33591	33592	44256
33338	33593	33594	33595	44257
33339	33596	33597	33598	44258
33340	33599	33600	33601	44259
33341	33602	33603	33604	44260
33342	33605	33606	33607	44261
33343	33608	33609	33610	44262
33344	33611	33612	33613	44263
33345	33614	33615	33616	44264
33346	33617	33618	33619	44265
33347	33620	33621	33622	44266
33348	33623	33624	33625	44267
33349	33626	33627	33628	44268
33350	33629	33630	33631	44269
33351	33632	33633	33634	44270
33352	33635	33636	33637	44271
33353	33638	33639	33640	44272
33354	33641	33642	33643	44273
33355	33644	33645	33646	44274
33356	33647	33648	33649	44275
33357	33650	33651	33652	44276
33358	33653	33654	33655	44277
33359	33656	33657	33658	44278
33360	33659	33660	33661	44279
33361	33662	33663	33664	44280
33362	33665	33666	33667	44281
33363	33668	33669	33670	44282
33364	33671	33672	33673	44283
33365	33674	33675	33676	44284
33366	33677	33678	33679	44285
33367	33680	33681	33682	44286
33368	33683	33684	33685	44287
33369	33686	33687	33688	44288
33370	33689	33690	33691	44289
33371	33692	33693	33694	44290
33372	33695	33696	33697	44291
33373	33698	33699	33700	44292
33374	33701	33702	33703	44293
33375	33704	33705	33706	44294
33376	33707	33708	33709	44295
33377	33710	33711	33712	44296
33378	33713	33714	33715	44297
33379	33716	33717	33718	44298
33380	33719	33720	33721	44299
33381	33722	33723	33724	44300
33382	33725	33726	33727	44301
33383	33728	33729	33730	44302
33384	33731	33732	33733	44303
33385	33734	33735	33736	44304
33386	33737	33738	33739	44305
33387	33740	33741	33742	44306
33388	33743	33744	33745	44307
33389	33746	33747	33748	44308
33390	33749	33750	33751	44309
33391	33753	33754	33755	44310
33392	33756	33757	33758	44311
33393	33759	33760	33761	44312
33394	33762	33763	33764	44313
33395	33765	33766	33767	44314
33396	33768	33769	33770	44315
33397	33771	33772	33773	44316
33398	33774	33775	33776	44317
33399	33777	33778	33779	44318
33400	33780	33781	33782	44319
33401	33783	33784	33785	44320
33402	33786	33787	33788	44321
33403	33789	33790	33791	44322
33404	33792	33793	33794	44323
33405	33795	33796	33797	44324
33406	33798	33799	33800	44325
33407	33801	33802	33803	44326
33408	33804	33805	33806	44327
33409	33807	33808	33809	44328
33410	33810	33811	33812	44329
33411	33813	33814	33815	44330
33412	33816	33817	33818	44331
33413	33819	33820	33821	44332
33414	33822	33823	33824	44333
33415	33825	33826	33827	44334
33416	33828	33829	33830	44335
33417	33831	33832	33833	44336
33418	33834	33835	33836	44337
33419	33837	33838	33839	44338
33420	33840	33841	33842	44339
33421	33843	33844	33845	44340
33422	33846	33847	33848	44341
33423	33849	33850	33851	44342
33424	33852	33853	33854	44343
33425	33855	33856	33857	44344
33426	33858	33859	33860	44345
33427	33861	33862	33863	44346
33428	33864	33865	33866	44347
33429	33867	33868	33869	44348
33430	33870	33871	33872	44349
33431	33873	33874	33875	44350
33432	33876	33877	33878	44351
33433	33879</			

# Rebundles

Individual lines will be denied when two or more component codes are billed instead of a more appropriate, comprehensive code. The provider will need to refile the correct, comprehensive code.

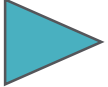
## Examples:

80053  
84443  
85025




80050

73560  
73562




73564

85025  
86592  
86762  
86850  
86900  
86901  
87340



80055

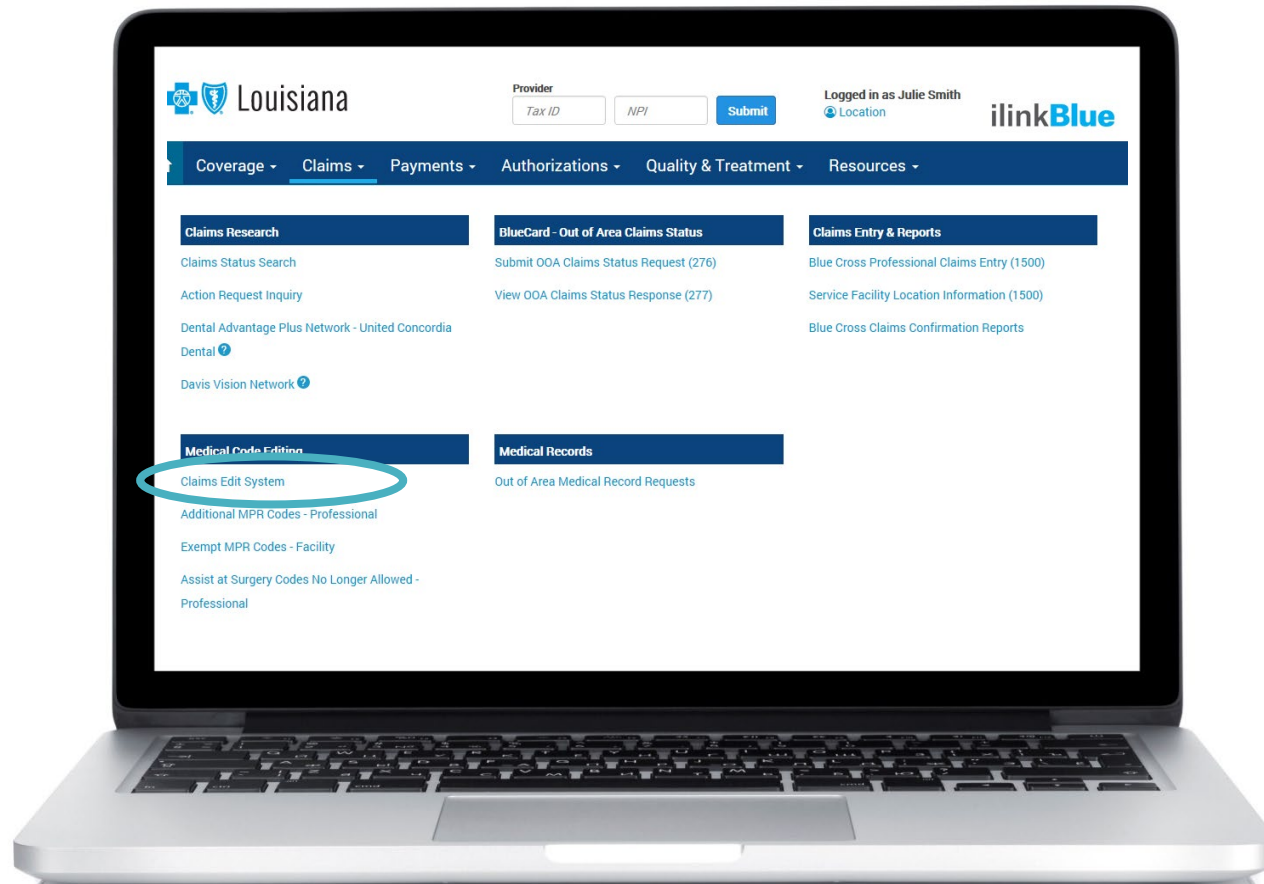
85025  
86592  
86762  
86850  
86900  
86901  
87340  
89389



80081

# Claims Editing System Tool

With the implementation of the new CES system, we have a new tool in iLinkBlue for providers to calculate claim-edit outcomes



# Claims Editing System Tool

---

This tool does not guarantee claims payment


The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits



# Claims Editing System Tool

The new CES tool is available for both outpatient facility and professional claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.



## Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry

Facility Claim Entry

Gender Male Date of Birth  Claim Type Professional


Add Lines

Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

[Privacy Policy](#)  
[Terms and Conditions](#)

# CES Tool Mandatory Fields



## Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim EntryFacility Claim Entry

Gender Male Date of Birth  Claim Type Professional

Add LinesSubmit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

[Privacy Policy](#)  
[Terms and Conditions](#)

**NOTE:** If you do not enter the Statement From or Through dates, no edits will be returned, so the dates are necessary

# CES Inquiry

---

- Check the new CES provider portal tool to determine if the CES system is processing according to the new edits based on the rejection code. (CES edits will appear in lower case.)
- Submit an action request
- In order to properly route your inquiry please choose “**Code Editing Inquiry**” from the action drop down box when submitting your action request
- Please include your contact information
- Be specific and detailed
- Allow up to 15 working days for a response to each request
- Check in “Action Request Inquiry” for a response
- A second request may be submitted if there was no resolution







**Questions?**

# Appendix

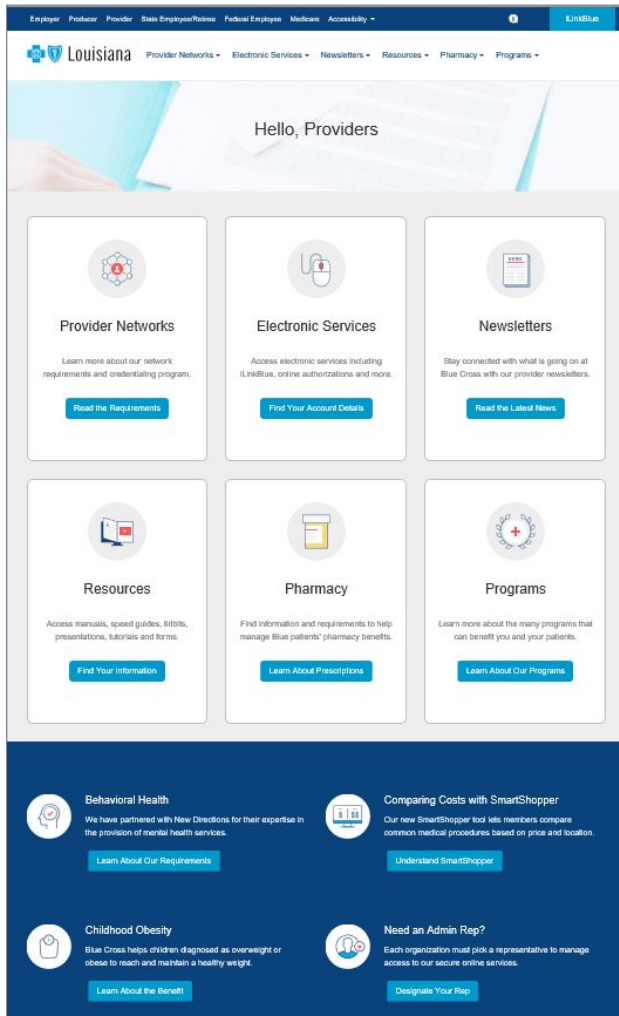
# Future Webinars

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- BlueCard
  - October 21, 2020
- New to Blue Cross (Facility & Professional)
  - November 18, 2020
- Provider Credentialing & Data Management
  - August 5, 2020
  - November 4, 2020

**Invitations for these webinars will be sent closer  
to the webinar dates**

# Provider Page



[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)

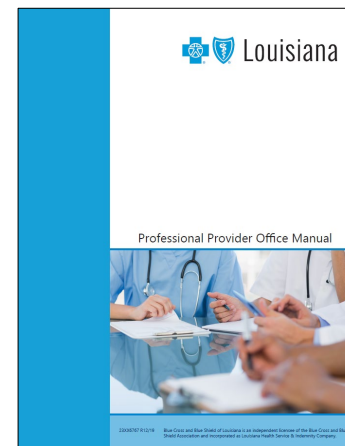
The Provider Page is home to online resources such as:

- Provider manuals
- Network speed guides
- Newsletters
- Provider forms
- And more

# Manuals & Newsletters

Our provider **manuals** are extensions of your network agreement(s). The manuals are designed to provide the information you need as a participant in our networks.

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources



Our provider **newsletters**, contain information and tips on changes to processes, such as claims filing procedures or reimbursement changes, along with a number of featured articles

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Newsletters

## Not Getting Our Newsletters Electronically?

Send an email to [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com). Put "newsletter" in the subject line. Please include your name, organization name and contact information.

# Speed Guides & Tidbits

**Speed guides** offer quick reference to network authorization requirements, policies and billing guidelines

**www.BCBSLA.com/providers**  
>Resources >Speed Guides

**Louisiana**

Preferred Care PPO Preferred Reference Lab Guide

Blue Cross and Blue Shield of Louisiana uses a preferred lab program with multiple statewide and regional lab vendors. Laboratory service provided to Preferred Care PPO members must be submitted to a preferred reference laboratory in the member's network when not performed in the provider's office. Physicians who do not adhere to these reference guidelines may be subject to penalties as described in their provider contracts. Please refer to the preferred lab requirements listed below to ensure your patients receive the maximum benefits to which they are entitled.

**Lab Program Requirements**

Laboratory services provided to PPO members must be submitted to a preferred reference laboratory in the member's network. If not performed in your office, [Click link on the right](#) or our online provider directories, available at [www.BCBSLA.com](#).

Contract preferred reference labs directly to obtain the necessary forms for submitting lab services.

Prepayment lab services rendered before an inpatient stay or outpatient procedure may be performed by Preferred Care PPO participating hospitals or the member's selected hospital but otherwise should be sent to a preferred reference lab.

If you perform laboratory testing procedures in your office, you must be able to communicate with your Clinical Laboratory Improvement Act (CLIA) certification.

For complete lab billing guidelines, refer to our Professional Provider Office Manual, available online at [www.BCBSLA.com/providers](#).

**Preferred Reference Labs**

Laboratory services provided to Preferred Care PPO members must be submitted to one of the following preferred reference labs when not performed in the provider's office:

**Statewide Labs**

- Clinical Pathology Labs
- Laboratory Corporation of America (LabCorp)
- Quest Diagnostics

**Regional Labs**

**Albany Region**

- Baptist Regional Hospital Reference Lab (257) 339-5123

**Baton Rouge Region**

- Women's Hospital Laboratory (225) 383-4278

**Lafayette Region**

- Acadia Laboratory, LLC (257) 782-0961
- Genex Medical Laboratory, Inc. (257) 467-5282
- Genex Medical Laboratory, LLC (257) 782-0961
- Precision Diagnostics (257) 358-2559
- Protein Laboratory Services (257) 460-3711

**Shreveport and Alexandria Region**

- White Springs Diagnostic Lab Services (504) 712-4022

**Monroe Region**

- Clinical Reference Laboratories (504) 388-3143
- Specialty Drug Testing, LLC (504) 478-9600

**New Orleans Region**

- Physicians Group Laboratories, LLC (800) 472-3373
- Stamps Clinical Laboratories (504) 789-6325

**Special Arrangements**

Special arrangements for weekend or after-hour patients may not be available at all preferred reference labs. Please contact the preferred reference lab directly to make special arrangements.

**Please note:** This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit [www.BCBSLA.com/providers](#). Call a laboratory or fax and enter the number ID number on member ID card. Do not call or fax for sample or request for test results.

**HMO Louisiana**

Signature Blue Network Speed Guide

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer Signature Blue members to providers within the network to see the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the **Professional Provider Office Manual**, which is available online at [www.BCBSLA.com/providers](#) > Resources.

**Signature Blue Member ID Card**

Prefix: QBB, QBE, QBS and QBS

Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue Network name printed on the member ID card. Fully insured Signature Blue members must select a primary care provider.

Tiered benefits apply to members of Signature Blue. More details about this coverage can be found in [LHM Blue \(www.BCBSLA.com/providers\)](#).

**Submitting Claims**

**Electronic**

- LHMBlue (CMS-1500 only)
- Cremaphores

**Background:**

HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70809-0029

**Service areas for the Signature Blue Network**

**New Orleans Area**

- Jefferson
- Orleans

**Admitting Privileges**

Members receive a lower level of benefits when using a facility that is not in the Signature Blue Network.

Providers—who are required to have admitting privileges—must have admitting privileges to at least one of the following hospitals to be a part of the Signature Blue Network:

**New Orleans Area**

- Children's Hospital
- East Jefferson General Hospital
- New Orleans East Hospital
- Touro Infirmary
- University Medical Center
- West Jefferson Medical Center

**Maternity Admissions**

Maternity admissions do not require authorization if the pregnant stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Member receives the highest level of benefits when services are performed at a Signature Blue facility.

Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide for information about the network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

**Louisiana**

providerTIDBIT

a guide to understanding our policies

**Identification Card Guide**

Identification (ID) cards are issued only for members and providers. They are designed to assist you in identifying the member's type of coverage, always and for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and restrictions prior to providing services. To do this, use [LinkBlue \(www.BCBSLA.com/providers\)](#).

**Preferred Care PPO**

**Prefix Varies**

Our Preferred Care PPO network includes hospital, physician and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO" on the member ID card identifies the nationwide BlueCross® Program, the most comprehensive, wide the Preferred Care PPO Network (see [www.BCBSLA.com/providers](#) > Resources).

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus Life/Disability Network coverage, it is indicated on the member ID card.

**HMO Louisiana, Inc.**

**Prefix Varies**

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to HMO Louisiana members and who are managed under benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Preferred Care PPO benefit plans. Member pays a lower copayment when they receive services from primary care providers (PCPs) or have information, visit the HMO Louisiana, Inc. Member Speed Guide, available online at [www.BCBSLA.com/providers](#) > Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo on the top left of the member ID card. It also includes the product type as either an HMO Plan or HMO/POS Plan.

**TIDBIT002010**

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**DISCLAIMER:** Blue Cross and Blue Shield of Louisiana is not responsible for the accuracy of the information contained in this document. It is the member's responsibility to verify the accuracy of the information contained in this document.

**Louisiana**

providerTIDBIT

a guide to understanding our policies

**Automated Benefits & Claim Status**

Provider services are automated via IVRS or VOICEMAIL. These services are designed to help providers reach the service of member needed. Use this guide to easily navigate this provider phone tool.

**Customer Care Center 1-800-922-8866**

Benefits are subject to the terms of a member's contract/endorsement and our medical policies. Claims are subject to additional charges, which are established by Blue Cross or the maximum amount allowed for services covered under the member's contract/endorsement.

Please have the following information ready when calling:

- Provider's ID#
- Member's ID#
- Member's 8-digit date of birth
- Provider's ZIP Code
- Date of Service

Welcome to Blue Cross and Blue Shield of Louisiana Provider Services. To expedite your call please have the member identification number available. Which type of policy are you calling about?

1. Medical      2. Vision\*      3. Dental      4. Life

(Please be sure to say "key" in a policy type)

Please say or enter your 16-digit MPN. Please say or enter your 16-digit MPN.

Please say or enter your rate class ID. (Please say or enter your rate class ID)

\*Note: Filing dental claims will be done on your call. If you have coverage for dental or vision services, please provide your member ID number, date of birth and your rate class ID to expedite your call.

**Provider Menu**

Provider menu: Which are you calling about?

- 1. Benefits
- 2. Claims
- 3. Authorizations
- 4. As Out-of-State Policy
- 5. Payment Register fax, or
- 6. None of the Above

**TIDBIT002010**

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**Provider tidbits** are quick guides designed to help you with our current business processes

**www.BCBSLA.com/providers**  
>Resources >Tidbits

# Continuing Medical Education

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- We are offering free continuing medical education (CME) credits for our primary care providers directly through the Washington University CME portal
- More than 30 courses are available on a variety of topics
- Please be sure to take advantage of these free CME credits before this opportunity ends on **December 31, 2020**



Accessing the Washington University CME Portal:

1. Go to <https://cmeonline.wustl.edu/bcbsl/>
2. Click "New Account"
3. Enter registration information (\* indicates required information)
4. Click "Sign Up"

# Call Centers

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Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-877-250-9167

For information  
NOT available on  
iLinkBlue

## Other Provider Phone Lines

**BlueCard Eligibility Line® – 1-800-676-BLUE (1-800-676-2583)**

for out-of-state member eligibility and benefits information

**Fraud & Abuse Hotline – 1-800-392-9249**

Call 24/7 and you can remain anonymous as all reports are confidential

**Network Administration – 1-800-716-2299**

**option 1** – for questions regarding provider contracts

**option 2** – for questions regarding credentialing/recredentialing

**option 3** – for questions regarding your provider data management

**option 4** – for questions regarding provider relations

**option 5** – for questions regarding administrative representative setup



# Provider Relations

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## Provider Education & Outreach

**Kim Gassie** director

**Jami Zachary** manager

**Anna Granen**

Jefferson, Orleans, Plaquemines, St. Bernard

**Kelly Smith**

Acadia, Ascension, Calcasieu, Cameron, Iberville,  
Jefferson Davis, Livingston, Pointe Coupee,  
St. Landry, St. Martin, Vermilion, West Baton Rouge

**Lisa Roth**

Bienville, Bossier, Caddo, Claiborne, Desoto, Grant,  
Jackson, Lincoln, Natchitoches, Red River, Sabine,  
Union, Webster, Winn

**Marie Davis**

Assumption, Iberia, Lafayette, Lafourche,  
St. Charles, St. James, St. John the Baptist,  
St. Mary, Terrebonne

**Mary Guy**

East Feliciana, St. Helena, St. Tammany, Tangipahoa,  
Washington, West Feliciana

**Melonie Martin**

East Baton Rouge

**Patricia O'Gwynn**

Allen, Avoyelles, Beauregard, Caldwell, Catahoula,  
Concordia, East Carroll, Evangeline, Franklin, LaSalle,  
Madison, Morehouse, Ouachita, Rapides, Richland,  
Tensas, Vernon, West Carroll

**provider.relations@bcbsla.com** | 1-800-716-2299, option 4

**Angela Jackson**

**Darnell Kling**

**Jennifer Aucoin**

# Network Development Provider Contracting

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**Shelton Evans** director – [shelton.evans@bcbsla.com](mailto:shelton.evans@bcbsla.com)

**Jode Burkett** manager – [jode.burkett@bcbsla.com](mailto:jode.burkett@bcbsla.com)

**Cora LeBlanc** – [cora.leblanc@bcbsla.com](mailto:cora.leblanc@bcbsla.com)

Assumption, Lafourche, St. Charles, St. James,  
St. John the Baptist, St. Mary, Terrebonne

**Dayna Roy** – [dayna.roy@bcbsla.com](mailto:dayna.roy@bcbsla.com)

Allen, Avoyelles, Beauregard, Calcasieu, Cameron,  
Catahoula, Concordia, Grant, Jefferson Davis, LaSalle,  
Natchitoches, Rapides, Sabine, Vernon, Winn

**Jason Heck** – [jason.heck@bcbsla.com](mailto:jason.heck@bcbsla.com)

Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto,  
East Carroll, Franklin, Jackson, Lincoln, Madison,  
Morehouse, Ouachita, Red River, Richland, Tensas, Union,  
Webster, West Carroll

**Jill Taylor** – [jill.taylor@bcbsla.com](mailto:jill.taylor@bcbsla.com)

Jefferson, Orleans, Plaquemines, St. Bernard

**Ashley Wilson** – [ashley.wilson@bcbsla.com](mailto:ashley.wilson@bcbsla.com)

St. Tammany, Tangipahoa, Washington

**Mica Toups** – [mica.toups@bcbsla.com](mailto:mica.toups@bcbsla.com)

Acadia, Evangeline, Iberia, Lafayette, St. Landry,  
St. Martin, Vermilion

**Sue Condon** – [sue.condon@bcbsla.com](mailto:sue.condon@bcbsla.com)

Ascension, East Baton Rouge, East Feliciana, Iberville,  
Livingston, Pointe Coupee, St. Helena, West Baton Rouge,  
West Feliciana

**Shannon Taylor** – [shannon.taylor@bcbsla.com](mailto:shannon.taylor@bcbsla.com)

Special Network Development Projects

[network.development@bcbsla.com](mailto:network.development@bcbsla.com) | 1-800-716-2299, option 1

**Doreen Prejean   Mary Landry   Karen Armstrong**

# Provider Credentialing & Data Management

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## Provider Network Setup, Credentialing & Demographic Changes

**Justin Bright** director

**Mary Reising** Manager – [mary.reising@bcbsla.com](mailto:mary.reising@bcbsla.com)

**Anne Monroe** Provider Information Supervisor - [anne.monroe@bcbsla.com](mailto:anne.monroe@bcbsla.com)

**Rhonda Dyer** Provider Information Supervisor - [rhonda.dyer@bcbsla.com](mailto:rhonda.dyer@bcbsla.com)

If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management Department by emailing [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com) or by calling 1-800-716-2299

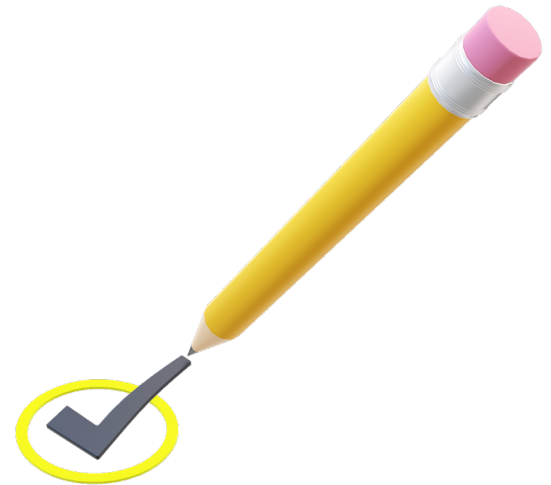
1-800-716-2299 | option 2 – credentialing | option 3 – provider data management  
Fax: 225-297-2750 • [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com)

# Annual Provider Survey

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## We value your input!

- As a result of the 2019 survey, we implemented a new Provider Outreach initiative. We provide training and assistance for newly credentialed providers.
- We have received positive feedback regarding this initiative and look forward to hearing your additional ideas.



**Remember to take our Provider Survey later this year!**