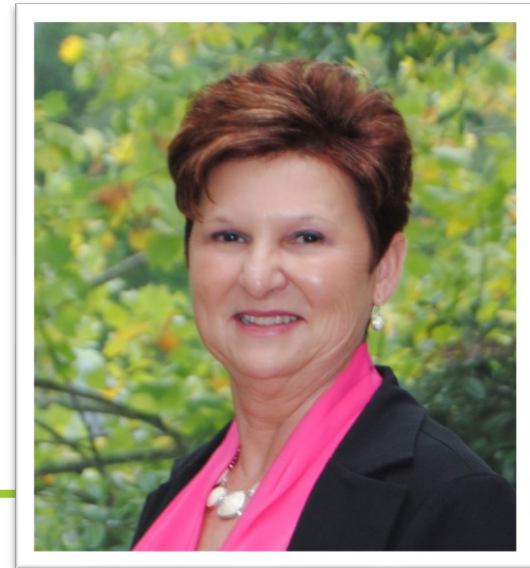




# Louisiana

## Welcome to the Blue Cross Network – *Professional Webinar* November 2020



***Presented by Patricia Ogywnn***  
*Provider Relations Department*  
*Blue Cross and Blue Shield of Louisiana*

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

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

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

Blue Cross has comprehensive provider networks

Included on the next slides are brief overviews of our networks and large employee groups so you can better understand your patients' coverage:

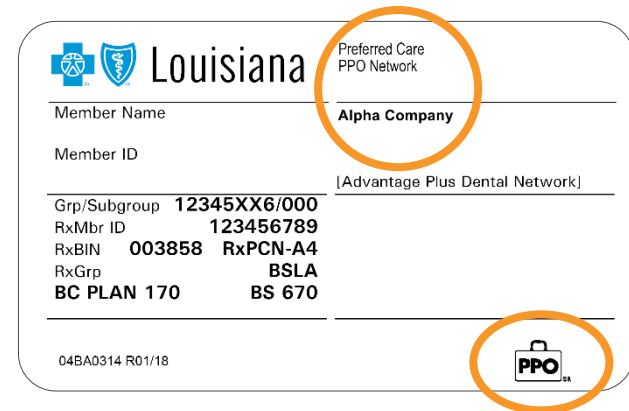
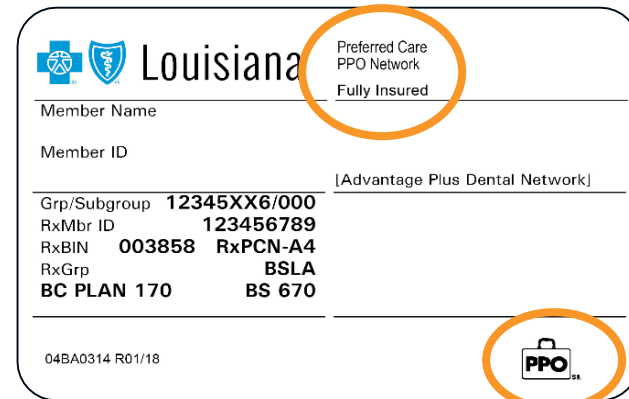
- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- Community Blue
- Precision Blue
- Signature Blue
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Healthy Blue Dual Advantage (HMO D-SNP)



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)) or call the number on the member ID card.

## Prefix Varies

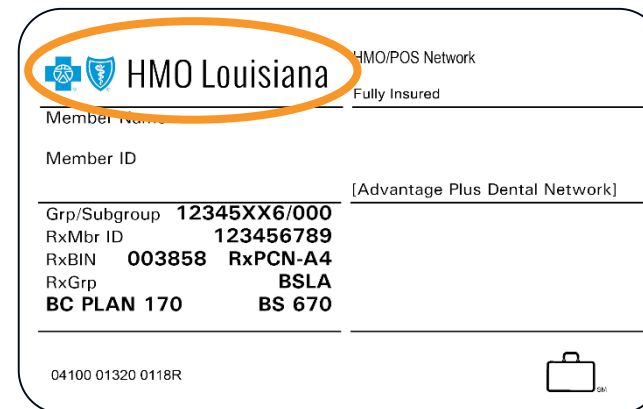
- Our Preferred Care PPO Network is available statewide
- Members with PPO benefits receive the **highest level of benefits** when they receive services from PPO providers
- Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and the Preferred Care PPO Network name printed on member ID cards
- The “PPO” in a suitcase logo identifies the nationwide BlueCard® Program



For more information, view the *Preferred Care PPO Network Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
> Resources > Speed Guides

## Prefix Varies



- Our HMO Louisiana Network is available statewide
- HMO Louisiana members have one of two styles of benefits: HMO or HMO Point of Service (POS)
- HMO members receive **no benefits** while HMO POS members receive a **lower level** of benefits when using providers not in the HMO Louisiana network
- The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the member ID card. Cards also indicate the product type as either an HMO or HMO/POS Plan.

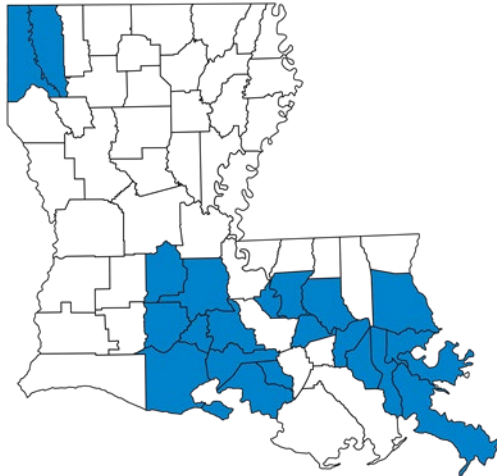


For more information, view the *HMO Louisiana Network Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides

## Prefixes: XUF, XUG, XUU and XUV

- Blue Connect is an HMO POS product currently available to groups and individuals residing in 21 parishes
- Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Blue Connect Network

 HMO Louisiana	Blue Connect HMO/POS Network Fully Insured
Member Name	
Member ID	
	[Advantage Plus Dental Network]
Grp/Subgroup	12345XX6/000
RxMbr ID	123456789
RxBIN	003858 RxPCN-A4
RxGrp	BSLA
BC PLAN	170 BS 670
04100 01320 0118R	



### New Orleans area

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

### Baton Rouge area

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

### Lafayette area

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

### Shreveport area

Bossier and Caddo parishes

For more information, view the *Blue Connect Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides




## Prefixes: XUD, XUJ and XUT

- Community Blue is an HMO POS product currently available to groups and individuals residing in four parishes

### Baton Rouge area:

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



  HMO Louisiana	Community Blue HMO/POS Network Fully Insured	
Member Name		
Member ID		
[Advantage Plus Dental Network]		
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170	BS 670	
04100 01320 0118R		
		

Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Community Blue Network

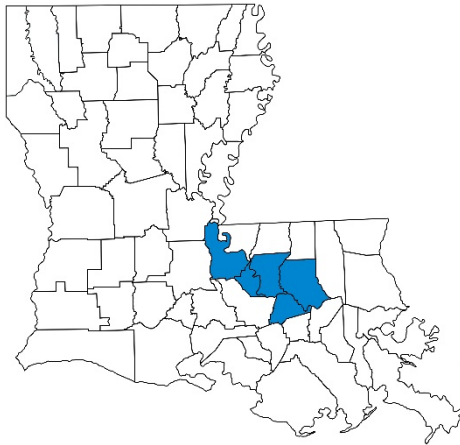
For more information, view the *Community Blue Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides



## Prefixes: FQA, FQT or FQW

- Precision Blue is an HMO POS product currently available to groups and individuals residing in five parishes

## Baton Rouge area:

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



 HMO Louisiana	Precision Blue HMO/POS Network Fully Insured	
Member Name		
Member ID		
Grp/Subgroup	78P03ERC/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170 BS PLAN 670		
04100 01320 0118R		

Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Precision Blue Network

For more information, view the *Precision Blue Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Speed Guides

## Prefixes: QBB, QBE, QBG and QBS



- Signature Blue is a HMO POS product that is available to groups and individuals residing in two parishes

### New Orleans area:

Jefferson and Orleans parishes



Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Signature Blue Network

 HMO Louisiana	Signature Blue HMO/POS Network Fully Insured
Member Name	
Member ID	
Grp/Subgroup	12345XX6/000
RxMbr ID	123456789
RxBIN	003858 RxPCN-A4
RxGrp	BSLA
BC PLAN	170 BS 670
Advantage Plus Dental Network	
04100 01320 0118R	

For more information, view the *Signature Blue Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
>Resources >Speed Guides





## Prefixes: XUM and XUN

- Blue Advantage (HMO) and Blue Advantage (PPO) are our Medicare Advantage products currently available to Medicare-eligible members statewide
- Blue Advantage members **must use** Blue Advantage network providers except for select situations such as emergency care



### Louisiana

*Blue Advantage (HMO)*

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**John Q. Subscriber**  
**ID: XUM000000000**

RxBIN: 003858  
 RxPCN: MD  
 RxGROUP: MY9A

GROUP #: BLA00001  
 DOB: 01/01/1900  
 EFFECTIVE: 01/01/2019  
 PCP INFORMATION:  
 Smith, John MD  
 (555) 123-4567

PCP Visit	\$0.00
Specialist	\$45.00
Emergency Room	\$90.00

CMS HXXXX-001

**MEDICARE ADVANTAGE HMO**

**MedicareRx**  
Prescription Drug Coverage X

**Prefix: XUM**

### Louisiana

*Blue Advantage (PPO)*

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**Jane Q. Subscriber**  
**ID: XUN000000000**

RxBIN: 003858  
 RxPCN: MD  
 RxGROUP: MY9A

GROUP #: BLA00008  
 DOB: 01/01/1900  
 EFFECTIVE: 01/01/2019  
 PCP INFORMATION:  
 Smith, John MD  
 (555) 123-4567

**IN-NETWORK BENEFITS**

PCP Visit	\$0.00
Specialist	\$40.00
Emergency Room	\$90.00

Medicare limiting charges apply

CMS HXXXX-001

**MA PPO**  
MEDICARE ADVANTAGE

**MedicareRx**  
Prescription Drug Coverage X

**Prefix: XUN**



# Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)



## Prefix: JLA

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

Serving the following parishes:

Acadia	Jefferson	St. John the Baptist
Ascension	Lafayette	St. Martin
Assumption	Lafourche	St. Mary
Bossier	Livingston	St. Tammany
Caddo	Orleans	Terrebonne
DeSoto	Pointe Coupee	Washington
East Baton Rouge	St. Bernard	West Baton Rouge
East Feliciana	St. Charles	Rouge
Iberville	St. Helena	West Feliciana
	St. James	

**Healthy Blue Dual Advantage (HMO D-SNP)**

---

John Q. Subscriber PCP:  
Dental - LIBERTY

Member ID: XXX123456789

---

Group: Dual Eligible Member Pays \$0 for  
 Plan: Plan covered medical services  
 RxBIN: Provider: Dual Member Cost  
 RxPCN: Share should be billed to member's  
 Issuer (80840): Medicaid  
 RxGRP:  
 RxID:

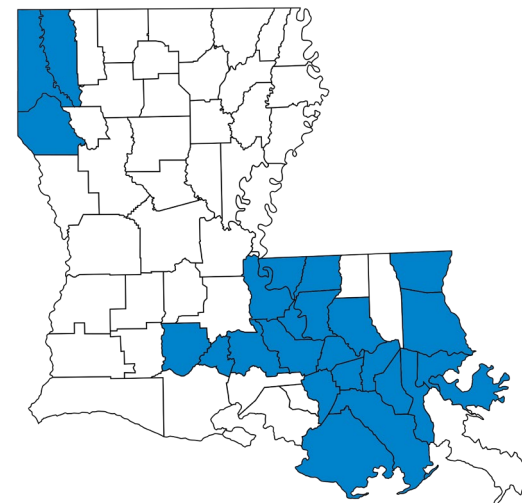
CMS H1947-001-000

**MEDICARE  
ADVANTAGE**

**HMO**

**MedicareRx**  
Prescription Drug Coverage

## Prefix: JLA



Network will be expanding beginning January 1, 2021.  
 For more information, go to  
[www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) >Other Sites  
 >Healthy Blue.

## Prefix: R (followed by 8 digits)

The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.

FEP members have three benefit plan options: Standard Option, Basic Option and FEP Blue Focus

### Standard

	Government-Wide Service Benefit Plan	
Federal Employee Program		
Member Name <b>John Q. Subscriber</b>	<b>www.fepblue.org</b>	
Member ID <b>R12345678</b>		
Enrollment Code <b>104</b>	RxIIN <b>610239</b>	
Effective Date <b>01/01/1900</b>	RxPCN <b>FPPRX</b>	
	RxGrp <b>65006500</b>	

✓ In-network

✓ Out-of-network

### Basic

	Government-Wide Service Benefit Plan	
Federal Employee Program		
Member Name <b>John Q. Subscriber</b>	<b>www.fepblue.org</b>	
Member ID <b>R12345678</b>		
Enrollment Code <b>112</b>	RxIIN <b>610239</b>	
Effective Date <b>01/01/1900</b>	RxPCN <b>FPPRX</b>	
	RxGrp <b>65006500</b>	

✓ In-network

✗ Out-of-network

### FEP Blue Focus

	Government-Wide Service Benefit Plan	
Federal Employee Program		FEP Blue Focus
Member Name <b>John Q. Subscriber</b>	<b>www.fepblue.org</b>	
Member ID <b>R12345678</b>		
Enrollment Code <b>133</b>	RxIIN <b>610239</b>	
Effective Date <b>01/01/2019</b>	RxPCN <b>FPPRX</b>	
	RxGrp <b>65006500</b>	

✓ LIMITED in-network

✗ Out-of-network

## Prefixes: OGS, LZB or LXS

Blue Cross administers benefits for Office of Group Benefits (OGB) state of Louisiana employees, retirees and dependents. There are five member benefit plans currently available to OGB members:

### **Pelican HRA 1000** (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- Consumer-driven health plan with health reimbursement arrangement
- Uses our OGB Preferred Care PPO provider network

### **Pelican HRA 775** (Active Employees Only)

- Prefix: OGS
- Consumer-driven health plan with health savings account
- Uses our OGB Preferred Care PPO provider network



### **Magnolia Local** (Active Employees & Retirees with and without Medicare)

- Uses our Blue Connect (prefix: LZB) or Community Blue (prefix: LXS) provider networks
- HMO POS
- There are no benefits for services performed by out-of-network providers

### **Magnolia Local Plus** (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- HMO benefit design that uses our OGB Preferred Care PPO provider network
- There are no benefits for services performed by out-of-network providers

### **Magnolia Open Access** (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- PPO benefit plan
- Uses our OGB Preferred Care PPO provider network



## Pelican HRA 1000

		Preferred Care PPO Network	
Member Name	OFFICE OF GROUP BENEFITS PELICAN HRA 1000		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN	170	All Other Providers	
	BS 670		
04BA0314 R01/18			

## Pelican HRA 775

		Preferred Care PPO Network	
Member Name	OFFICE OF GROUP BENEFITS PELICAN HRA 775		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN	170	All Other Providers	
	BS 670		
04BA0314 R01/18			

## Magnolia Local Blue Connect

		Blue Connect	
Member Name	OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN	170	Specialty Co-Pay	
	BS 670		
04100 01320 0118R			

## Magnolia Local Community Blue

		Community Blue	
Member Name	OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN	170	Specialty Co-Pay	
	BS 670		
04100 01320 0118R			

## Magnolia Local Plus

		Preferred Care PPO Network	
Member Name	OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL PLUS		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN	170	Specialty Co-Pay	
	BS 670		
04BA0314 R01/18			

## Magnolia Open Access

		Preferred Care PPO Network	
Member Name	OFFICE OF GROUP BENEFITS MAGNOLIA OPEN ACCESS		
Member ID			
Grp/Subgroup	ST222ERC/000	Device Code	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN	170	Specialty Co-Pay	
	BS 670		
04BA0314 R01/18			

For more information about our OGB benefit plans as well as important plan requirements, view the *OGB Speed Guide*, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides

- **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

**Note: BlueCard authorizations are handled through the members’ home plan**

You can find additional BlueCard guidelines in the *BlueCard Program Provider Manual*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Manuals

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.

## If you are a participating provider in our MA PPO network...

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.

## If you are NOT a participating provider in our MA PPO network...

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.

## If your practice is closed to new members...

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.



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

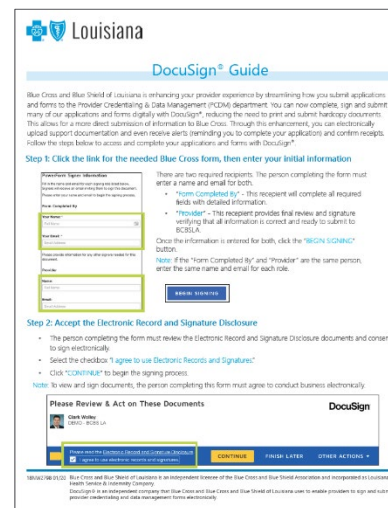
## The following applications and forms have been enhanced with DocuSign capabilities:

### Credentialing packets

- Professional (initial)
- Facility (initial)

### Provider Forms

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



Our DocuSign Guide is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Join Our Networks

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



Enter text

Instructions correspond to requirement of the active field

944-4CF0-9060-281288EF275B

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
[www.docusign.com](http://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 <small>Individual Provider Last Name</small>	Middle Initial
Individual Provider NPI	
Group <small>Group</small>	Group/Clinic NPI
Group <small>Group</small>	Effective Date
What is your specialty?	Are you a primary care provider (PCP)? <input type="radio"/> Yes <input type="radio"/> No

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

Billing Address

FILL IN

Navigation tool guides you through fields

Red outline indicates a required field

Tooltips provide information about field requirements

FINISH FINISH LATER OTHER ACTIONS



## 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](#)

[Facility Initial Credentialing 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 Packets *(including a checklist of all required documents)*
- ✓ Quick Links to provider update forms
- ✓ Credentialing Criteria

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

> Provider Networks > Join Our Networks

## Louisiana

### Credentialing Checklist for Professional Providers

You may choose to participate in our networks under a new provider agreement or join a provider group with an existing agreement. You can also simply obtain a provider record as a non-participating provider for the purpose of filing claims. Please complete the appropriate checklist below. [All required documents must be fully completed with a signature and date.](#) Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received. If you have any questions about our credentialing requirements, please visit our provider page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks. See Professional Providers Credentialing Criteria for more information.

<p><input type="checkbox"/> I wish to PARTICIPATE in Blue Cross' networks</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>New Contract</b> <small>Our Provider Contract Department will contact you regarding a new network agreement.</small></li> <li><input type="checkbox"/> Complete the Louisiana Standardized Credentialing Application                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Attachments A - Location Hours</li> <li><input type="checkbox"/> Complete the Louisiana Standardized Credentialing Application (if not currently available)</li> <li><input type="checkbox"/> Attachment B - Location Hours</li> <li><input type="checkbox"/> Include a copy of state license</li> <li><input type="checkbox"/> Include a copy of MALPRACTICE licenses (before application)</li> </ul> </li> <li><input type="checkbox"/> Complete the Business Associate Addendum to the Provider Service Agreement</li> <li><input type="checkbox"/> Complete the Electronic Funds Transfer (EFT) Credentialing Form</li> <li><input type="checkbox"/> Enclose a executed check/bank letter confirming account</li> <li><input type="checkbox"/> Complete the Administrative Representative Registration Form</li> <li><input type="checkbox"/> Complete the Administrative Representative Acknowledgment Form</li> <li><input type="checkbox"/> Include an IDW form</li> <li><input type="checkbox"/> Enclose a W-9 form</li> <li><input type="checkbox"/> Include a copy of state license</li> <li><input type="checkbox"/> Include a copy of DEA registration and CCS license (as applicable)</li> <li><input type="checkbox"/> Include a copy of Malpractice Liability Certificate (copy of policy acknowledgment)</li> <li><input type="checkbox"/> Include a copy of the Collaborating Physician Agreement/Supervising Physician Agreement (NPI/A)</li> <li><input type="checkbox"/> Include a copy of Malpractice Liability Certificate (copy of policy acknowledgment)</li> </ul>	<p><input type="checkbox"/> I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Joining an Existing Group</b> <small>Our Provider Contract Department will contact you regarding network agreements applicable to your organization.</small></li> <li><input type="checkbox"/> Complete the Louisiana Standardized Credentialing Application (if not currently available)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Attachment A - Location Hours</li> <li><input type="checkbox"/> Include a copy of state license</li> <li><input type="checkbox"/> Include a copy of MALPRACTICE licenses (before application)</li> </ul> </li> <li><input type="checkbox"/> Include a copy of Malpractice Liability Certificate (copy of policy acknowledgment)</li> <li><input type="checkbox"/> Include a Business Associate Addendum to the Provider Service Agreement</li> <li><input type="checkbox"/> Include a copy of the Collaborating Physician Agreement/Supervising Physician Agreement (NPI/A)</li> </ul>
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18062513 9/2020 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 B, a wholly owned company.

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- The credentialing process can take up to 90 days after all required information is received
- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department
- The committee approves credentialing twice per month
- Network providers are recredentialed every three years from their last credentialing acceptance date

**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)

Below is Blue Cross' policy for credentialing and provider data maintenance 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 applications
- Requests for provider data maintenance 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 in DocuSign format online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Provider Networks >Join Our Networks

Below are the most common reasons credentialing applications are returned:

- Incomplete or expired supporting documents
- No effective date listed
- Professional provider did not submit the current version of the **Louisiana Standardized Credentialing Application**
- 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.

## 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

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.

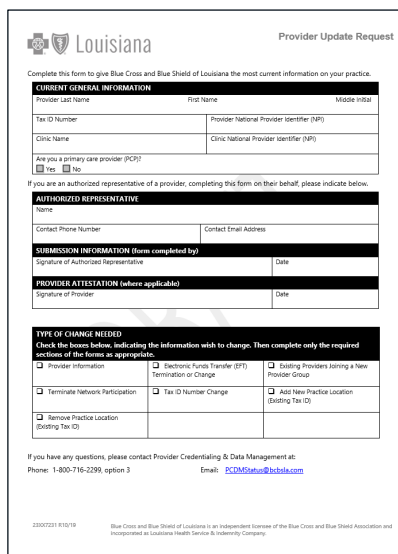
The following criteria must be met:

1. 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.
2. You **must have admitting privileges** to a network hospital. PCPs can have an arrangement with a hospitalist group to admit their patients. This letter must be on letterhead and signed by the physician or the hospitalist group that will admit on behalf of the provider.
3. Your **initial credentialing application** for network participation must include a written letter on letterhead and signed by the provider or authorized representative for the provider, requesting 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

It is important that we always have your most current information. Our revised **Provider Update Request Form** now accommodates all your change requests, which are handled directly by our Provider Data Management team.

When you access the form, check the appropriate box to indicate the type of change needed. You may select more than one option.



The screenshot shows the 'Provider Update Request' form from Louisiana. It includes sections for 'CURRENT GENERAL INFORMATION', 'AUTHORIZED REPRESENTATIVE', 'SUBMISSION INFORMATION', 'PROVIDER ATTESTATION', and 'TYPE OF CHANGE NEEDED'. The 'TYPE OF CHANGE NEEDED' section has a grid of checkboxes for various update types.

TYPE OF CHANGE NEEDED		
Check the boxes below, indicating the information with to change. Then complete only the required sections of the form as appropriate.		
<input type="checkbox"/> Provider Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation (Existing Tax ID)	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

- **Demographic Information** allows you to update your address, phone, fax, email address, hours of operation and more
- **EFT Termination or Change** option is to update your EFT information
- **Existing Providers Joining a New Provider Group** is used to link an individual provider to an existing provider group or clinic
- **Terminate Network Participation** is to request termination from one or more of our networks
- **Tax ID Number Change** is to report a change in your Tax ID number
- **Add a New Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID
- **Remove Practice Location** is for when a provider is removing a practice location(s) on an existing Tax ID

Complete these forms via a DocuSign link  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Forms





iLinkBlue is our secure online tool for professional and facility healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, payment queries and transactions.

The **iLinkBlue Application Packet** is available in DocuSign format at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms

These four documents are included in the initial credentialing packets and are required to access iLinkBlue :

The form is titled "Louisiana iLinkBlue Service Agreement". It contains a header with the Louisiana Department of Health logo and the title. Below the header, there is a section for "THIS AGREEMENT" with a date line. A "Section 1 Agreement" follows, containing three numbered items: 1. HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website... 2. PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate personal computer hardware... 3. HEALTH PLAN agrees to provide user instruction, manual and documentation or correspondence... The form ends with a footer containing the Louisiana Department of Health logo and address.

iLinkBlue Service Agreement

The form is titled "Louisiana Business Associate Addendum to the iLinkBlue Service Agreement". It contains a header with the Louisiana Department of Health logo and the title. Below the header, there is a section for "THIS ADDENDUM" with a date line. The main body of the form contains several paragraphs of text, including "WHEREAS, PROVIDER has entered the iLinkBlue Service Agreement with HEALTH PLAN..." and "WHEREAS, PROVIDER has contracted BUSINESS ASSOCIATE to conduct certain administrative services...". The form ends with a footer containing the Louisiana Department of Health logo and address.

Business Associate Addendum

**ALWAYS include NPI/tax ID on:**

- ✓ iLinkBlue Service Agreement
- ✓ Business Associate Addendum to the iLinkBlue Service Agreement
- ✓ Administrative Representative Registration Form
- ✓ Electronic Funds Transfer (EFT) Enrollment Form

The form is titled "Louisiana Electronic Funds Transfer (EFT) Enrollment Form". It contains a header with the Louisiana Department of Health logo and the title. Below the header, there is a section for "CONSENT" and "PROVIDER INFORMATION". The "PROVIDER INFORMATION" section includes fields for Name, Address, City, State, Zip, and Phone. Below this, there is a section for "PROVIDER CONTACT INFORMATION" with fields for Name, Title, and Phone. The form ends with a footer containing the Louisiana Department of Health logo and address.

Electronic Funds Transfer Enrollment Form

The form is titled "Louisiana Administrative Representative Registration Form". It contains a header with the Louisiana Department of Health logo and the title. Below the header, there is a section for "GENERAL PROVIDER INFORMATION" with fields for Name, Address, City, State, Zip, and Phone. Below this, there is a section for "ADMINISTRATIVE REPRESENTATIVE INFORMATION" with fields for Name, Title, and Phone. The form ends with a footer containing the Louisiana Department of Health logo and address.

Administrative Representative Registration Form

## What is an Administrative Representative?

- An administrative representative is a person at your organization who has registered with Blue Cross to designate user access to our secure online tools
- They only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities
- Your administrative representative must grant a user access to the following applications:
  - BCBSLA Authorizations
  - Behavioral Health Authorizations
  - Blue Advantage Provider Portal
  - Pre-Service Review
- One administrative representative is required to self-manage user access to our secure online services, but we recommend each organization assign more than one



If you do not have an administrative representative registered with Blue Cross, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page ([www.BCBSLA.com/providers](http://www.BCBSLA.com/providers))

We are committed to providing the highest level of protection when accessing our secure online services

Adding administrative representatives was the first step in placing our online services under a higher level of security. Our next step was to add multi-factor authentication (MFA) for administrative representatives when they log into the Security Setup Tool.

- MFA is a security feature that delivers a unique identifier via email, text and other formats. The administrative representatives must enter this identifier as a first step in the logon process in the Security Setup Tool.
- It provides improved security and privacy
- Administrative representatives can contact the Provider Identity Management (PIM) Team at **1-800-716-2299, option 5** or **[PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com)** for MFA assistance or questions



Administrative representatives have the option of using PingID to authenticate their identity through their mobile device



## Have an issue with a claim? We are here to help!

Depending on the type of claim issue, there are multiple ways to submit claims reviews that we will outline in this section:

- Action Requests
- Provider Disputes
- Medical Appeals
- Administrative Appeals & Grievances

Submitting an Action Request is a great option for getting a quick and accurate resolution for your claim's issues. Action Requests:

- Reduce the time it takes for providers to receive a response from Blue Cross
- Allow providers to see responses directly from the adjustments team after review
- Allow providers to submit additional questions once they have reviewed the Action Request response

Action Requests allow you to electronically communicate with Blue Cross when you have questions or concerns about a claim


## Common reasons to submit an Action Request

- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Claim denied for no authorization (but there is a matching authorization on file)
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Medical records receipt
- Recoupment request
- Status of an appeal
- Status of a grievance

**Action requests are  
NOT available for  
Blue Advantage**

**NOTE: Action Requests do not allow you to submit documentation regarding your claims review**


Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number 12345678900-1

---

iLinkBlue Number 12345  
NPI 123456789



Submit an Action Request through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))

- On each claim, providers have the option to submit an Action Request review for correct processing
- Click the **AR button** from the Claims Results screen or the **Action Request button** from the Claim Details screen to open a form that prepopulates with information on the specific claim
- Please include your contact information
- NOTE: You only have to do one AR per claim; not one AR per line item of the claim

As an alternative to filing an Action Request, you may also contact the **Customer Care Center at 1-800-922-8866**

Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number **12345678900-1**

---

iLinkBlue Number 12345  
NPI 123456789

Action Request

- Request a review for correct processing
- Be specific and detailed
- Allow 10-15 business days for first request
- Check iLinkBlue for a claims resolution
- Submit a second action request for a review
- Allow 10-15 business days for second request

If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

Email an overview of the issue along with two action request dates OR two customer service reference numbers if one of the following applies:

- You have made **at least two attempts** to have your claims reprocessed (via an action request or by calling the Customer Care Center) and have allowed 10-15 business days after second request, or
- It is a system issue affecting multiple claims

- Allows identification of high-risk patients
- Allows opportunities to engage patients in care management programs and care prevention initiatives
- Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross
- Reduces costs associated with submitting corrected claims





Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient



- Each page of the patient's medical records should include the following for a face-to-face visit:
  - ✓ Patient name
  - ✓ Date of birth or other unique identifier
  - ✓ Date of service including the year
- Provider signature (must be legible and include credentials)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (CMS-1500 claim forms can accommodate up to 12 diagnosis codes)
- Include all related diagnoses, including chronic conditions you are treating
- Medical records **must support ALL** diagnosis codes on claims
- Blue Cross offers free continued medical education courses for our primary care providers. More information is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources.

- Include chronic conditions in documentation
- Code to the highest specificity
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted
- Clarify whether a condition is **chronic** or **acute**
- Clarify whether a condition is **controlled** or **uncontrolled**
- Clarify the **type of diabetes** (if applicable)

Example: Notes may say "Diabetes Type II and CKD Stage III," but if stated as "CKD III Due to Diabetes," it would result in a different ICD-10 Code

**NOTE: Improper documentation could result in audits and/or the request of medical records**

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf

- Per your Blue Cross network agreement, **providers are not to charge a fee** for providing medical records to Blue Cross or agencies acting on our behalf
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee





## Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims
- Blue Cross' experienced EDI staff is ready to assist in determining the best electronic solution for your needs

## Electronic Transaction Exchange

- Various healthcare transactions can be submitted electronically to the Blue Cross clearinghouse in a system-to-system arrangement
- Blue Cross does not charge a fee for electronic transactions
- You can send your transactions to Blue Cross via indirect submission through a clearinghouse or through direct submission to the Blue Cross EDI Clearinghouse

For more information about system-to-system electronic transactions, please contact EDI Services at [EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com) or (225) 293-5465 or toll free at 1-800-216-BLUE (2583)

## HIPAA 835 Transaction

- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA)
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible
- ERA specifications are available from Blue Cross at no cost to vendors and providers, but they do require programming changes by your practice management billing system vendor. Traditionally, there is an upfront fee from your billing system vendor for programming.
- From that point, you may receive the Blue Cross weekly Remittance Advice/Payment Register at no charge

For more information, please contact Blue Cross EDI Services at [EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com) or (225) 293-5465 or toll free at 1-800-216-BLUE (2583)



## CMS-1500 (professional)

- If it is necessary to file a hardcopy claim, we only accept the original **RED** claim forms
- We no longer accept faxed claims

## Mailing Addresses

### For Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, Signature Blue & OGB Claims:

BCBSLA  
 P.O. Box 98029  
 Baton Rouge, LA 70898

### For FEP Claims:

BCBSLA  
 P.O. Box 98028  
 Baton Rouge, LA 70898

### For Blue Advantage Claims:

Blue Cross and Blue Shield of Louisiana/HMO Louisiana  
 P.O. Box 7003  
 Troy, MI 48007

### After January 1, 2021

Blue Cross and Blue Shield of Louisiana/HMO Louisiana  
 130 DeSiard St, Ste 322  
 Monroe, LA 71201

### For Healthy Blue Dual Advantage (D-SNP):

Healthy Blue  
 P.O. Box 61010  
 Virginia Beach, VA 23466

The fastest method of claim submission and payment is electronic submission

## **Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue & Signature Blue:**

- Claims must be filed within 15 months *(or length of time stated in the member's contract)* of date of service

## **FEP:**

- Claims must be filed by December 31 of the year after the year service was rendered

## **Blue Advantage:**

- Providers have 12 months from the date of service to file an initial claim
- Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim



## **OGB:**

- Claim must be filed within 12 months of the date of service
- Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim

## **Self-funded & BlueCard:**

- Timely filing standards may vary so always verify the member's benefits, including timely filing standards, through iLinkBlue

## **Healthy Blue Dual Advantage (HMO D-SNP):**

- Claim must be filed within 12 months of the date of service

The member and Blue Cross are held harmless when claims are denied or received after the timely filing deadline



Use the following billing guidelines to report required NDCs on professional CMS-1500 claims:

- NDC code editing will apply to any clinician-administered drugs billed on the claim, including immunizations. The claim must include any associated HCPCS or CPT code (except HCPCS codes beginning with the letter "A").
- Each clinician-administered drug must be billed on a separate line item
- Claims that do not meet the requirements will be rejected and returned on your "Not Accepted" report. Units indicated would be "1" or in accordance with the dosage amount specified in the descriptor of the HCPCS/CPT code appended for the individual drug.
- Providers may bill multiple lines with the same CPT or HCPCS code to report different NDCs
- The following NDC edits will apply to electronic and paper claims that require an NDC, but no valid NDC was included on the claim:
  - NDCREQD – NDC CODE REQUIRED
  - INVNDC – INVALID NDC

Failure to report NDCs on claims will result in automatic rejections



## For Hardcopy Claims

On the CMS-1500 claim form, report the NDC in the shaded area of Box 24A. We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N49999999999. The drug quantity and measurement/qualifier should be included.

## For Electronic Claims 837P

Report the 11-digit NDC in loop 2410, Segment LIN03 of the 837. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.

## For iLinkBlue Claims (Professional Only)

Select 24K to expand the claim line to report the NDC, Quantity and Measurement:

- NDC Code Field: Enter the 11-digit NDC code. No alpha characters, spaces or hyphens can be present.
- Quantity: Numeric value of quantity
- Measurement: Select the appropriate measurement from the drop-down menu
  - F2 – International Unit
  - GR – Gram
  - ME – Milligram
  - ML – Milliliter
  - UN – Unit



You must enter the NDC on your claim in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format.

**How should the NDC be entered on the claim? See the examples below:**

10-Digit Format on Package	10-Digit label format Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09



If the NDC is not submitted in the correct format, the claim will be denied

- Most of our members follow a Covered Drug List. Covered Drug Lists include thousands of generic and brand drugs, but not all drugs
- **Please consider prescribing drugs that are covered** or have lower out-of-pocket costs when you believe it is appropriate. If members fill a prescription drug that is not on the covered drug list, they could have to pay the full cost of the drug out of pocket.
- **You may ask for a clinical review** (similar to prior authorization) if your patient has a medically necessary need for a *non-formulary* drug. Find information about submitting a prior authorization at [www.BCBSLA.com](http://www.BCBSLA.com) > Provider > Pharmacy. This is not available for drugs excluded from coverage.



You and your patients can check the Covered Drug List and find up-to-date information about drug coverage at [www.BCBSLA.com/covereddrugs](http://www.BCBSLA.com/covereddrugs)

Quality Blue programs recognize providers who are working in partnership with Blue Cross to transform healthcare systems and improve the way care is delivered to Blue Cross patients to help them achieve better health outcomes

Blue Cross offers its network providers opportunities through Quality Blue to earn:

- Recognition
- Additional Payments
- Other Incentives



## **Quality Blue Programs currently offered:**

- Blue Distinction<sup>®</sup>
- Quality Blue Primary Care (QBPC)
- Quality Blue PT/OT Program
- Quality Blue Value Partnerships (QBVP)

- Blue Cross has a cost-saving program for members when services are performed by a Quality Blue provider
- Blue Cross reduces members' (depending on their plan) office copayment with visits to a Quality Blue enrolled primary care provider
- The Quality Blue Primary Care Claims-based (QBPC-CB) Program is a bridge program for practices that currently meet, or will soon meet, the requirements for QBPC. The goal of this program is to move the provider to the QBPC Outcomes program.
- To determine a member's QBPC cost share, visit iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))



- The Quality Blue program includes primary care providers—family medicine, internal medicine or general practice, geriatrics and nurse practitioner
- QBPC also includes pediatricians
- Providers enrolled in QBPC have their performance measured against established program clinical quality and efficiency measures
- To learn more about the QBPC Program, visit [www.BCBSLA.com/QBPC](http://www.BCBSLA.com/QBPC)

## Quality Blue

PRIMARY CARE

- Patient-focused care for **better health and lower costs**
- **Value-based care approach:** Doctors paid based on how well they coordinate care, get better health results and meet benchmarks



## Quality Blue

VALUE PARTNERSHIPS

- Enables large physician groups, or Accountable Care Organizations (ACOs), to be **responsible for improving health quality & saving costs of care** across the system – primary care and specialty care, hospitalizations, labs, etc.
- ACOs that improve quality and keep costs down get a percentage of savings reimbursement from Blue Cross

## Network providers should **always** refer members to other **network** providers

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your Blue Cross provider agreement
- **Providers who consistently refer to out-of-network providers will be audited and may be subject to a reduction in their network reimbursement**



- All of our network providers should refer members to preferred reference lab vendors when lab services are needed and are not performed in the office
- If you perform laboratory testing procedures in your office, we require a copy of your Clinical Laboratory Improvement Act (CLIA) certification
- HMO Louisiana, Blue Connect, Community Blue, Precision Blue and Signature Blue physicians may perform a selection of lab tests from our In-office Lab List

The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:

- CMS-1500: Block 17B
- 837P: 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element

The In-office Lab List is available in our *HMO Preferred Reference Lab Guide* which is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides





- Please make sure when referring your patients to behavioral health providers that they are in their behavioral health network
- We have partnered with New Directions for their expertise in the provision of behavioral health services
- New Directions manages authorizations for our members, performs all utilization and case management activities, as well as ABA case management
- Request authorizations online through iLinkBlue using the **Behavioral Health Authorizations** application
- New Directions' team of behavioral health professionals is available 24 hours a day, seven days a week to assist in obtaining the appropriate level of care for your patients
- For more information, such as medical necessity criteria, visit the [www.ndbh.com](http://www.ndbh.com)



Behavioral health services that require an authorization:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP) - excluding FEP
- Partial Hospitalization Program (PHP) - excluding FEP
- Residential Treatment Center (RTC)
- FEP Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

For more information, view the *Behavioral Health Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Speed Guides

Find network providers in our online provider directories at [www.BCBSLA.com](http://www.BCBSLA.com) > Find a Doctor

The screenshot shows the BCBSLA website interface. At the top, there is a navigation bar with links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Accessibility. A search icon and a 'Log In' button are also present. Below this, the 'Louisiana' logo is displayed, followed by a 'Show' dropdown menu and a 'Find a Doctor' dropdown menu, which is circled in orange. Other navigation options include 'Save', 'Wellness', 'Learn', and 'My Account'. The main content area is titled 'Find Doctor or Drug' and features a green 'Find Doctor or Drug' button. The page is organized into several sections: 'Find a Doctor' (with a sub-link 'Find a Doctor or Drug' and a description), 'Directories' (listing Louisiana Provider Directory, Quality Blue Directory, National Provider Directory, BlueDental Provider Directory, Davis Vision Directory, and Pharmacy Directory), 'Hospital Based Physicians' (with a sub-link 'ER/OR Information' and a description), 'Other Directories' (listing Blue Cross Blue Shield Global Core and Federal Employee Program (FEP)), 'Rx Drug Resources' (with a sub-link 'Rx Drug Resources' and a description), 'Quality Programs' (with a sub-link 'Quality Blue Programs' and a description), and 'See a Doctor Online 24/7' (with a sub-link 'Talk to a Doctor Anywhere, Anytime' and a description).

To refer Blue Advantage (HMO) | Blue Advantage (PPO) members to other providers, use the “Find a Provider” feature on the Blue Advantage Provider Portal (accessed through iLinkBlue)

**Louisiana**

MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATION INQUIRY **FIND A PROVIDER** FORMS & RESOURCES

### Find a Provider or Facility

To view the VISION provider network, please visit the [Davis Vision](#) provider search website.

Provider Facility

**Provider Search**

**By Location**  
Located

No preference  
 Within 5 Miles  
 Only inside

- of -  
Zip Code

Use current location

[More Search Options](#)

[Start Over](#)

**By Provider Detail**

Find PCP  
Provider Gender  
 Male  
 Female  
 Any Gender

Only show providers who are accepting new members

**By Coverage and Care Requirements**

Service Area  
Please Select

Plan  
Please Select

Provider Type  
Any Type

Specialty  
Any Specialty

[Find A Provider](#)

Preferred laboratories for all specimens for the Blue Advantage network



Clinical Pathology Labs (CPL)  
Quest Diagnostics  
Lab Corp

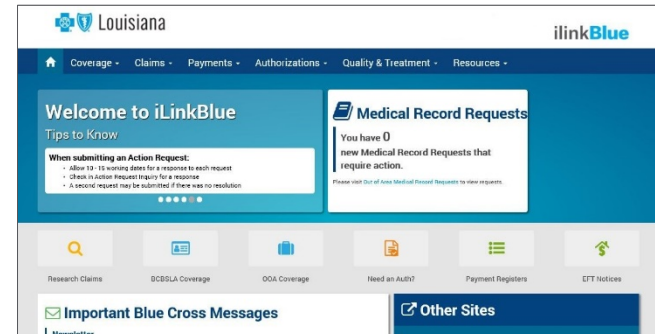
Providers are now required to use our self-service tools for:

- Member eligibility
- Claim status inquiries
- Professional allowable searches
- Medical policy searches

These services will no longer be handled directly by our Customer Care Center

## Self-service tools available to providers:

- iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))
- Interactive Voice Recognition (IVR) (1-800-922-8866)
  - The Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Tidbits
- HIPAA 27x transactions



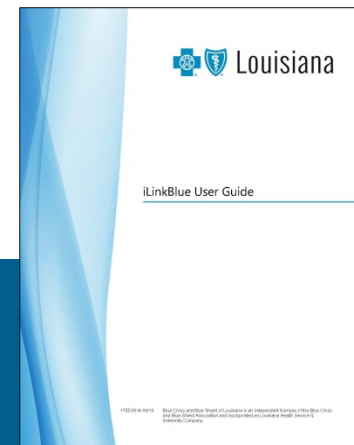
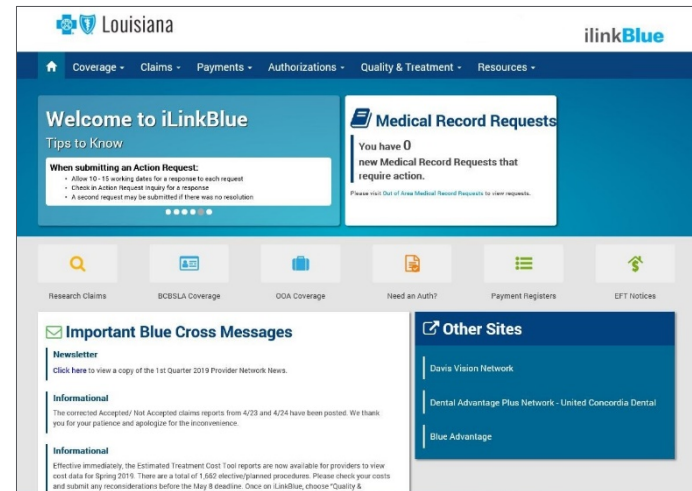
iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:

- Coverage & Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Status (BCBSLA, FEP and Out of Area)
- Medical Code Editing
- Payment Registers/EFT Notifications
- Allowables Search
- Authorizations
- Medical Policy
- 1500 Claims Entry

For iLinkBlue training and education, contact [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

## iLinkBlue

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



We have an *iLinkBlue User Guide* available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Resources"



**Important Blue Cross Messages**

**Newsletter**  
Click [here](#) to view a copy of the 1st Quarter 2019 Provider Network News.

**Informational**  
The corrected Accepted/ Not Accepted claims reports from 4/23 and 4/24 have been posted. We thank you for your patience and apologize for the inconvenience.

**Informational**  
Effective immediately, the Estimated Treatment Cost Tool reports are now available for providers to view cost data for Spring 2019. There are a total of 1,662 elective/planned procedures. Please check your costs and submit any reconsiderations before the May 8 deadline. Once on iLinkBlue, choose "Quality &

**Other Sites**

- Davis Vision Network
- Dental Advantage Plus Network - United Concordia Dental
- Blue Advantage

iLinkBlue has a message board that appears on the main landing page

This area contains posts for:

- Upcoming events
- New features
- System outages
- Holiday notices
- And other important bulletins

The main landing page also gives you an alert message when there are BlueCard® (out-of-area) medical record requests for your patients

**Medical Record Requests**

You have **0** new Medical Record Requests that require action.

Please visit [Out of Area Medical Record Requests](#) to view requests.

**1 Coverage Information**  
Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

1 Select Search Criteria      2 Enter Contract or Social Security Number

BCBSLA     

FEP     

Social Security Number

**2 Coverage Information**  
Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA      Enter BCBSLA contract number...     

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

Group/Non Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
1ES1 GROUP		223456789-0000	02/01/2000	26

Coverage Category: Medical      Coverage Type: Family      Effective From: 01/01/2018      Effective To: ---

**John Doe Subscriber**      Sex: Male      Married      11/30/1900

Address: 123 STREET ST, CITY, LA 70000

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2018	---	02/01/2000	Summary Benefits View COB

**Jane Doe Spouse**      Sex: Female      11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2018	---	02/01/2000	Summary Benefits View COB

**Jimmy Doe Child**      Sex: Male      01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	

**3 Medical Benefits Summary**

Contract Number: XUA123456789

**ACTIVE COVERAGE**  
Medical Effective Date: 01/01/2018

Subscriber Name: John Doe  
Member Name: John Doe  
Member Date of Birth: 11/30/1900  
Relation to Subscriber: Self  
Sex: Male  
Contract Type: HMO/PA POS

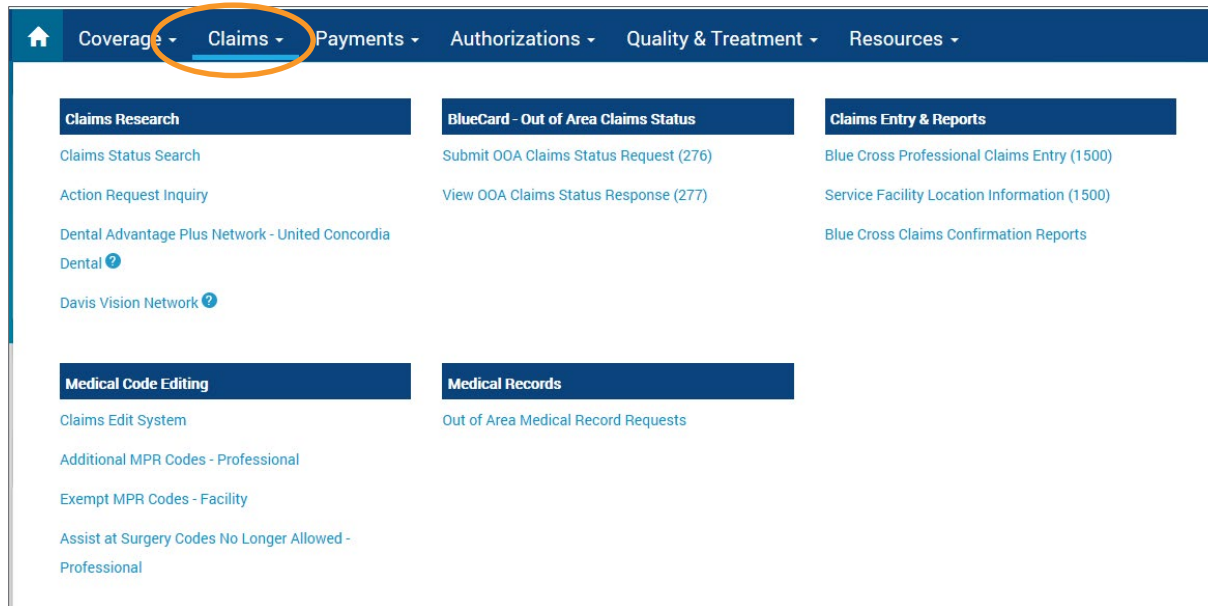
Copays	EPO Copays	QBPC Copays
Office Visit	\$10.00	---
Office Visit specialist	\$45.00	---
Outpatient Surgical	\$500.00	---
Emergency Room	\$100.00	---
Inpatient Hospital (In-network)	\$500.00	---
Inpatient Hospital Maximum	\$1,500.00	---
Inpatient Hospital (Out-of-network)	---	---
Outpatient X-ray & Lab	---	---
Outpatient Physical Therapy	\$10.00	---
Outpatient Speech Therapy	\$30.00	---
Cardiac Rehab	\$30.00	---
Vision Services	\$30.00	---
Outpatient Professional	---	---

Accumulations	Par Amounts	Non-Par Amounts	EPO Amounts
Deductible Amount	\$0.00	\$1,750.00	---
Deductible Remaining	\$0.00	\$1,750.00	---
Out-of-Pocket Amount	\$3,000.00	\$6,000.00	---
Out-of-Pocket Remaining	\$3,000.00	\$6,000.00	---

Coinsurance	BCBSLA Coverage	Member Responsibility
Par Percentage	50%	10%
Non-Par Percentage	70%	30%
EPO Percentage	---	---
QBPC Percentage	---	---

Use the "Coverage" menu option to research Blue Cross and Federal Employee Program (FEP) member eligibility, copays, deductibles and detailed contract information

Note: Blue Advantage (HMO) | Blue Advantage (PPO) member coverage and eligibility must be verified through the Blue Advantage Provider Portal

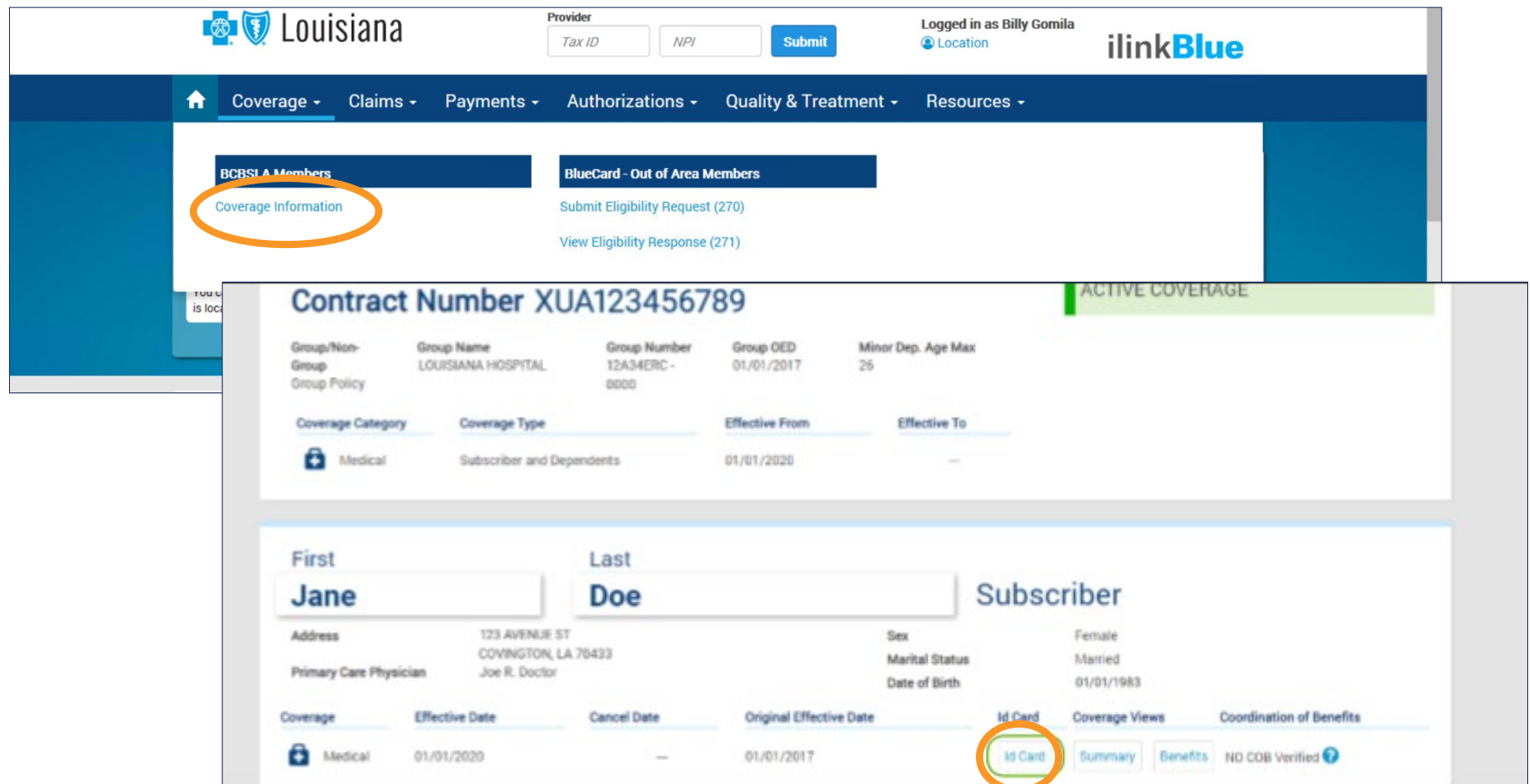


Use the “Claims” menu option to find online tools to:

- File CMS-1500 claims electronically using the **Blue Cross Professional Claims Entry** tool
- Perform **Claims Research** on claims that were submitted for processing
- Submit **BlueCard - Out of Area Claims Status** inquiries for BlueCard (out-of-area) members
- Check status of claims that were filed electronically (even if they were filed through a clearinghouse) using the **Blue Cross Claims Confirmation Reports** tool
- View medical record requests for your BlueCard (out-of-area) patients in our **Medical Records** section



Digital ID cards are accessible through iLinkBlue as a downloadable PDF. Click the "Coverage Information" menu option, enter the member contract number in the search bar and then click "ID Card"



The screenshot displays the iLinkBlue interface. At the top, the Louisiana logo is on the left, and the user is logged in as Billy Gomila. A navigation menu includes Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Under the Coverage menu, "Coverage Information" is highlighted with an orange circle. Below this, two tabs are visible: "BCBSLA Members" and "BlueCard - Out of Area Members". The "BlueCard" tab shows options to "Submit Eligibility Request (270)" and "View Eligibility Response (271)".

The main content area shows details for Contract Number XUA123456789, which is under "ACTIVE COVERAGE". The group information is as follows:

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	LOUISIANA HOSPITAL	12A34ERC - 0000	01/01/2017	25

The coverage details are:

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

The subscriber information is:

First	Last	Subscriber
Jane	Doe	

Additional subscriber details:

Address	Sex	Female
123 AVENUE ST COVINGTON, LA 70433	Female	Female

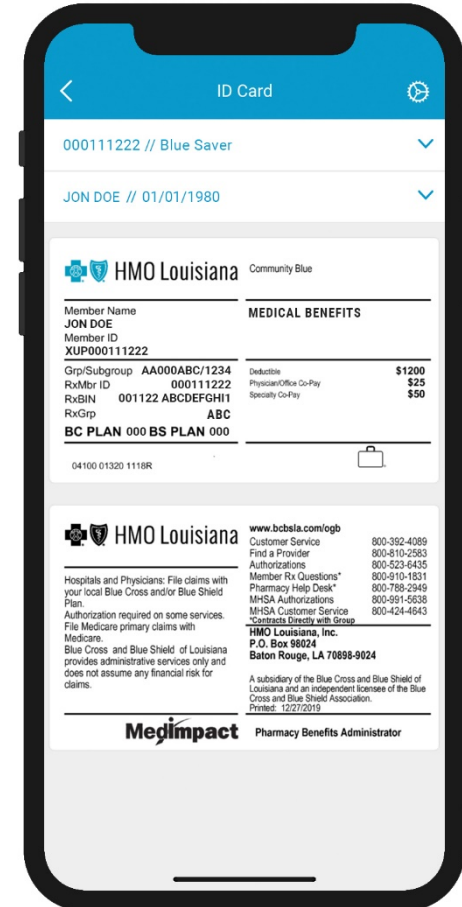
Primary Care Physician: Joe R. Doctor  
Marital Status: Married  
Date of Birth: 01/01/1983

At the bottom, a table lists coverage details with an "Id Card" button circled in orange:

Coverage	Effective Date	Cancel Date	Original Effective Date	Id Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	01/01/2017	<a href="#">Id Card</a>	<a href="#">Summary</a> <a href="#">Benefits</a>	NO COB Verified

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

- 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
- Blue Cross member portal: Log into the online member account at [www.BCBSLA.com](http://www.BCBSLA.com), then 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.



- We have 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
- Manages compliance with standard coding and billing practice between various types of services, such as:
  - Medical
  - Surgical
  - Lab and radiology



## Additional multiple procedure reduction codes have been updated

**Note:** The new CES edits applies for dates of service on and after August 1, 2019

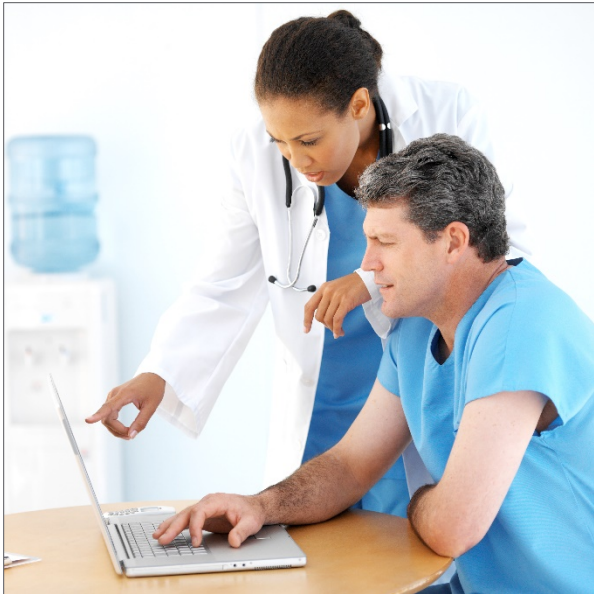
A listing of the additional Multiple Procedure Reduction codes can be found on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) > Claims > Additional MPR Codes – Professional)

**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.

20206	25001	29901	36470	44127
20500	25024	29921	36471	44204
20501	25025	30000	36510	44205
20520	25259	30020	36598	45138
20526	25275	30220	36600	45900
20650	25384	30210	36660	45905
20660	25430	30300	38220	45915
20665	25431	30560	38221	46020
20690	25651	30801	38300	46030
20692	25652	30901	38792	46050
20900	25671	30903	40800	46080
20902	26010	30905	40804	46330
20910	26011	30906	41000	46500
20912	26240	31000	41005	46900
20920	27086	31002	41250	46910
20922	27256	32400	41251	47000
20924	27257	32860	41252	47370
20926	27275	33010	41800	47371
20982	27570	33011	42000	47380
21100	27605	33915	42300	47381
21115	27860	33926	42310	47382
21355	28001	33933	42320	48102
23700	28002	33967	42400	48100
24300	28150	33979	42650	49400
24332	28630	33980	42660	49491
24340	28635	33987	42700	49492
24344	28660	36002	43113	50300
24345	28665	36405	43114	50390
24346	29066	36410	43410	50508
24640	29900	36440	44126	51600

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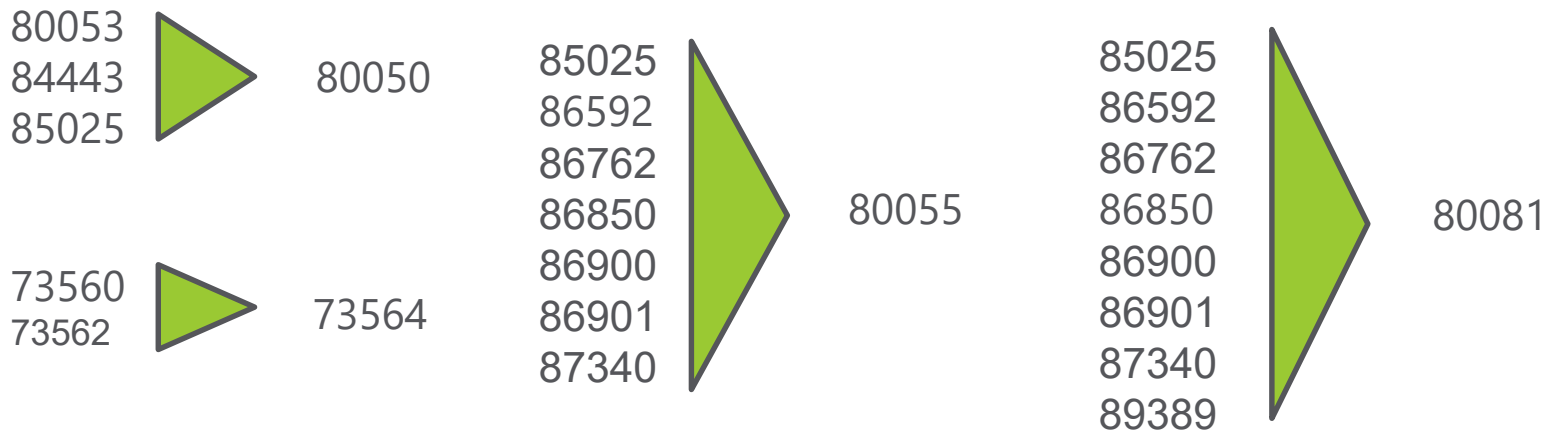


Certain codes will be denied because the services should be included with other services billed on the same day

**Examples:** Codes billed for general surgical supplies, quality measure codes (e.g., 0001F-9000F)

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:





- Most edits are based on date processed, **not** date of service\*
- Any claim adjustments processed **after the implementation date** of the new CES system are subject to edits in the new system
- **Explanation codes and descriptions** on payment register may be different in the new system
- CARC codes on the 835 may be different. Example: Where you previously saw **CARC 97** for mutually exclusive, incidental and, unbundle edits, you will now see CARC 97 for Incidental **AND** Unbundle and 231 for Mutually Exclusive.

\*With the exception of **multiple procedure reductions**

If you do not understand the way your claim was processed, follow these steps to troubleshoot

## Step 1

- Check that you are following the proper billing guidelines. Refer to resources in your:
  - Provider Manual
  - Code Book
  - Lists provided on iLinkBlue (You can locate these lists at [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) >Claims then look under the “Medical Code Editing” section)

## Step 2


- 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
- This tool is located at [www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) >Claims >Claims Edit System
- CES edits will appear in lower case

## Step 3


- Submit an Action Request
- Discussed previously in this presentation about how to submit an Action Request (refer to the “Resolving Claims Issues” section)
- In order to properly route your inquiry please choose “**Code Editing Inquiry**” from the action drop down box when submitting your action request



If after completing steps 1-3, you still believe your claim did not process appropriately, please refer to the **"A Guide for Disputing Claims"** tidbit



**providerTIDBIT**  
a guide to understanding our processes



---

**A Guide for Disputing Claims**

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to respond (and not respond) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For corrected claims, please review our Corrected Claims Tidbit, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Tidbits.

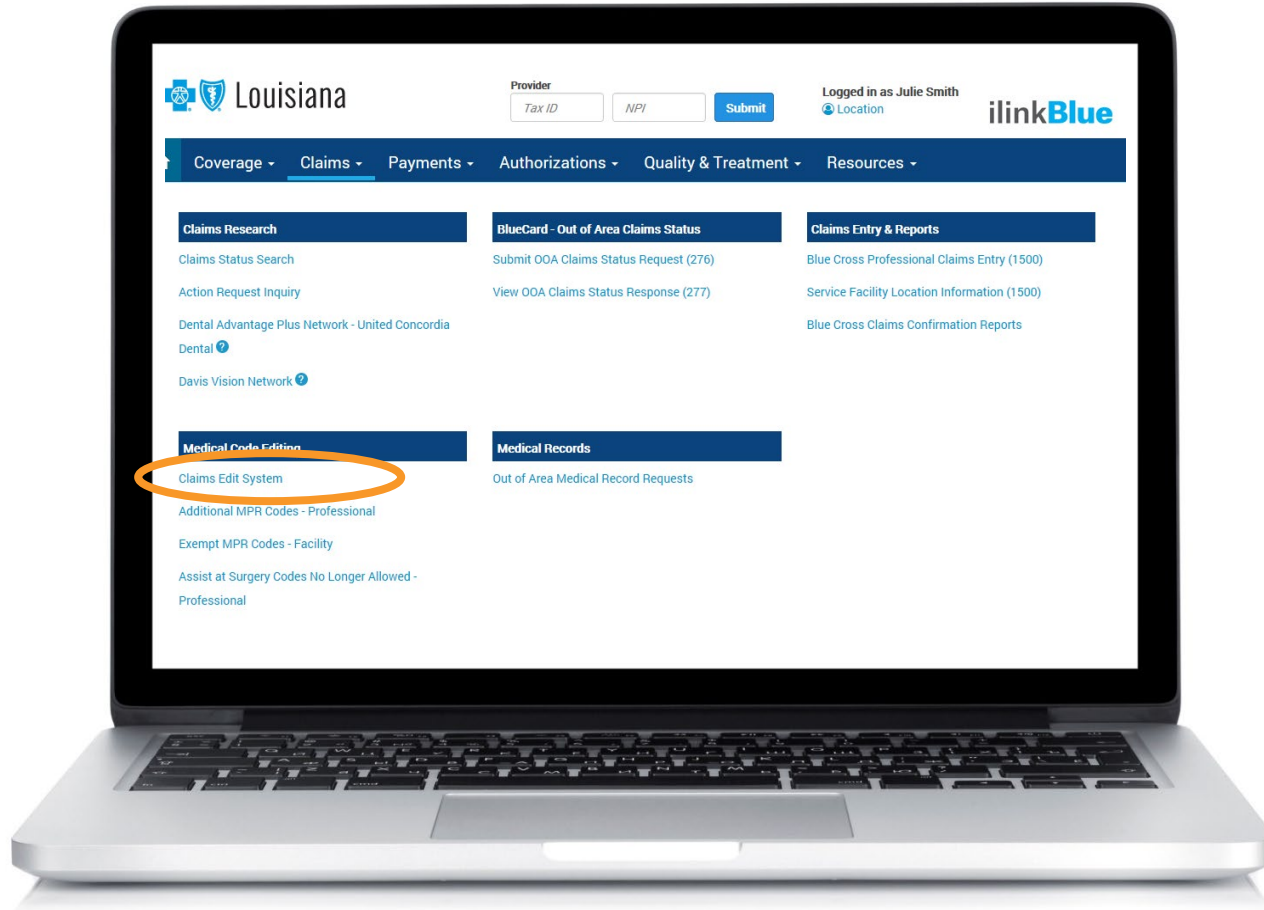
Claims issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denials for insufficient medical information	<ul style="list-style-type: none"> <li>• Supporting medical documentation &amp; copy of Blue Cross letter of request for medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Appeals and Claims Dispute Form</li> <li>• Claim Form</li> </ul>	BCBSLA - Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	<ul style="list-style-type: none"> <li>• iLinkBlue Action Request</li> <li>• Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Appeals and Claims Dispute Form</li> <li>• Letter of appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	<ul style="list-style-type: none"> <li>• iLinkBlue Action Request</li> <li>• Call Customer Care Center</li> </ul>	<ul style="list-style-type: none"> <li>• Written request</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or refer to the customer service number listed on the back of the member ID card
Claim denies for primary carrier's explanation of benefits (EOB)	<ul style="list-style-type: none"> <li>• Claim with EOB from primary carrier</li> </ul>	<ul style="list-style-type: none"> <li>• Appeals and Claims Dispute Form</li> <li>• Letter of appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/linkblue">www.BCBSLA.com/linkblue</a> or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denied for a BlueCard® member (issued through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none"> <li>• Appeals and Claims Dispute Form*</li> <li>• Formal letter of appeal including reason</li> <li>• Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Appeal Request Form</li> </ul>	BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029 or Fax to (225) 297-2727

\*The Appeals and Claims Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms. [More →](#)

TB0012.2013  
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[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Tidbits

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




This tool applies to **professional** claims and 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



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:  Date of Birth:  Claim Type:

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"/>

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## 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  Date of Birth  Claim Type

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"/>

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[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



## 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

Export to PDF
New Claim

Gender: **M**    Birth Year:    Claim Type: **Professional**

### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	24341		3	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags						
1	24341	2	0.0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f3f3f3;"> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.</td> <td style="text-align: center;">Deny</td> <td style="font-size: x-small;">The Maximum Frequency per Day (MFD) edits indicate the number of The descriptors of certain CPT? and Healthcare Common Procedure First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1</td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.	Deny	The Maximum Frequency per Day (MFD) edits indicate the number of The descriptors of certain CPT? and Healthcare Common Procedure First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1
Flag Description	Flag Status	Disclosure								
Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.	Deny	The Maximum Frequency per Day (MFD) edits indicate the number of The descriptors of certain CPT? and Healthcare Common Procedure First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1								
2		1	0.0	CLEAN LINE						
3		1	0.0	CLEAN LINE						

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CPT Code 24341 – Repair, tendon or muscle, upper arm or elbow daily max frequency limit of 2 units. Code on one line with 3 units – 2 units will pay, 1 unit will deny.

## Louisiana

Professional Claim Entry
Facility Claim Entry

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

Export to PDF
New Claim

Gender: **M**    Birth Year:    Claim Type: **Professional**

### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246		2	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags						
1	25246	1	0.0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>Procedure Code 25246 with an allowed daily frequency of 1 has been exceeded by 1 for date of service 07/01/2019.</td> <td>Deny</td> <td> <div style="font-size: x-small; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number o                      The descriptors of certain CPT? and Healthcare Common Procedure                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      Radio... MFD of 1                 </div> </td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	Procedure Code 25246 with an allowed daily frequency of 1 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="font-size: x-small; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number o                      The descriptors of certain CPT? and Healthcare Common Procedure                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      Radio... MFD of 1                 </div>
Flag Description	Flag Status	Disclosure								
Procedure Code 25246 with an allowed daily frequency of 1 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="font-size: x-small; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number o                      The descriptors of certain CPT? and Healthcare Common Procedure                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      Radio... MFD of 1                 </div>								
2			0.0	CLEAN LINE						
3		1	0.0	CLEAN LINE						



CPT Code 25246 – Injection procedure for wrist daily max frequency limit of 1 unit. Code on one line with 2 units – 1 unit will pay and one unit will deny.

**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

Export to PDF    New Claim

Gender: **M**    Birth Year:    Claim Type: **Professional**

### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	LT	1	A
2	07/01/2019	07/01/2019	25246	RT	1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	25246	1	0.0	CLEAN LINE
2	25246	1	0.0	CLEAN LINE
3		1	0.0	CLEAN LINE

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CPT 25246 (injection procedure) – billed correctly with Modifiers LT, RT and one unit, it will pay correctly



**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

Export to PDF | New Claim

Gender: **M** Birth Year: Claim Type: **Professional**

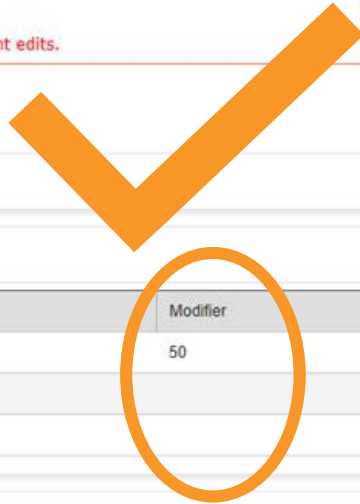
### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	50	1	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	25246	1	0.0	CLEAN LINE
2		1	0.0	CLEAN LINE
3		1	0.0	CLEAN LINE

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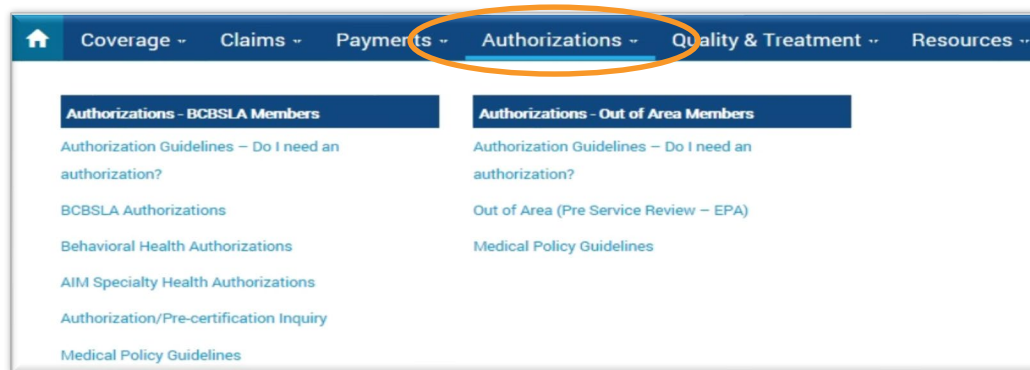
CPT 25246 (injection procedure) – billed correctly with Modifier 50

Use the "Payments" menu option to view payment registers, EFT notifications and research allowables

1.

2.

3.



Use the “Authorizations” menu option to access online authorization tools:

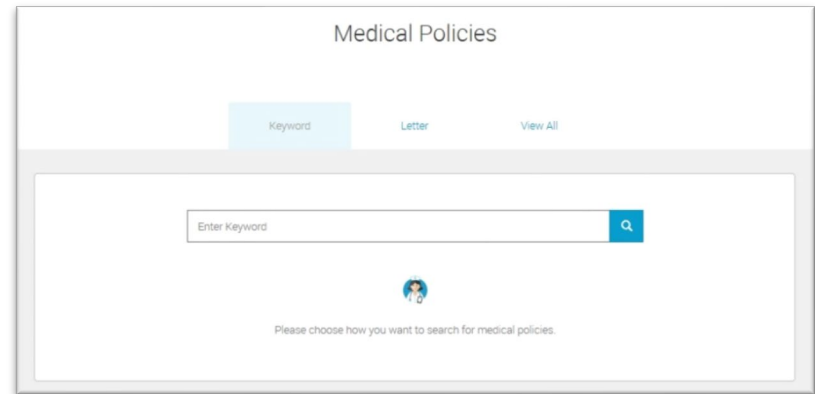
- The **BCBSLA Authorizations** tool allows you to submit and research authorizations for BCBSLA members
- Behavioral health providers must use the New Directions Webpass Portal application, located in the **Behavioral Health Authorizations** link, to submit authorization requests for behavioral services
- **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
- Our network providers can access pre-service information offered by other Blue Plans for BlueCard® (out-of-area) members in the **Out of Area (Pre-Service Review - EPA)** application



1.

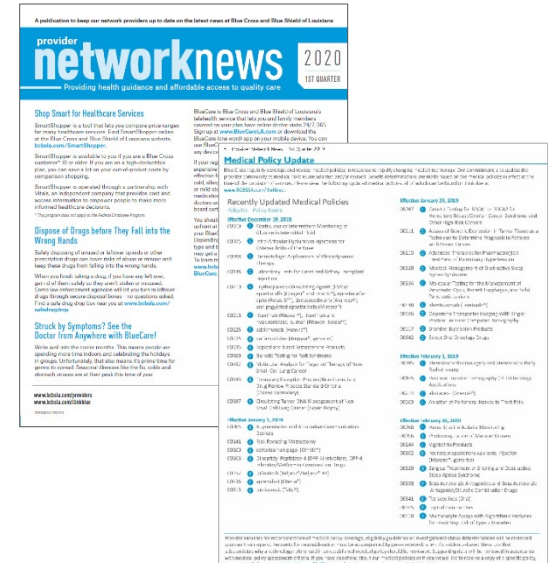


2.

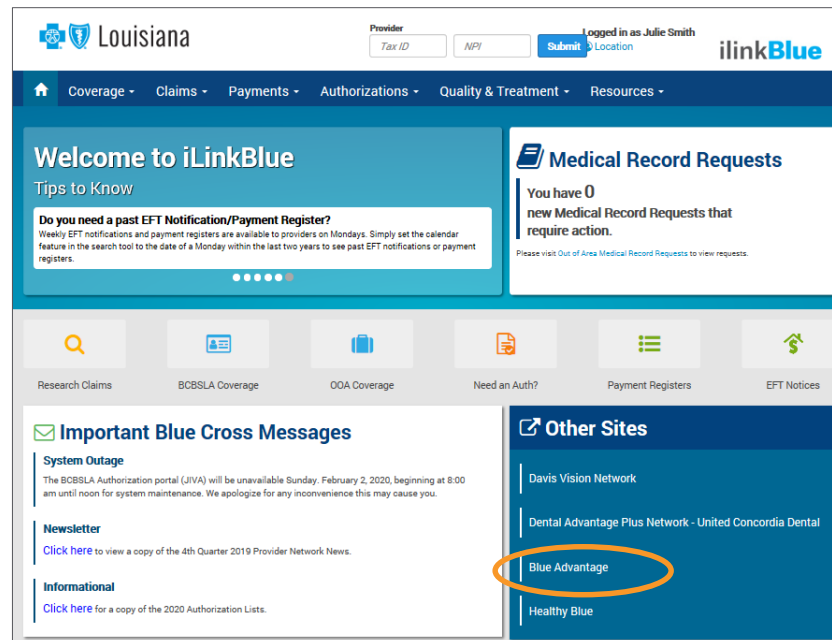


- Also use the “Authorizations” menu option to access our **Medical Policy Index**
- Policies are listed in alpha order or you may search by policy number or procedure code

Medical policies are reviewed annually and updated throughout the year as needed. We publish these updates in our quarterly *Provider Network News* newsletters, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Newsletters.



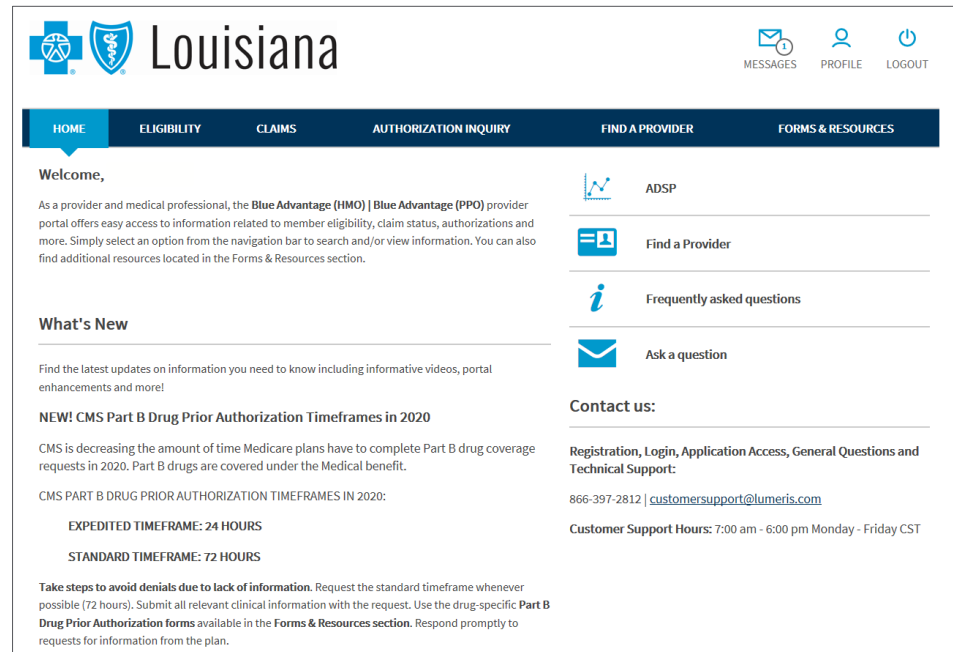
- The processes for Blue Advantage (HMO)/Blue Advantage (PPO) differ from our other provider network processes
- There is a separate portal for these contracted providers to access needed information
- You can access the Blue Advantage Provider Portal through iLinkBlue ([www.BCBSLA.com/iLinkBlue.com](http://www.BCBSLA.com/iLinkBlue.com)), under “Other Sites,” click “Blue Advantage”
- Access to the Blue Advantage Provider Portal requires a higher level of security that must be assigned to users by your organization's security administrative representative



The screenshot displays the iLinkBlue provider portal interface. At the top, there is a header with the Louisiana logo and the text "Louisiana". To the right, it says "Logged in as Julie Smith" and "iLinkBlue". Below the header is a navigation menu with options: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, there is a "Welcome to iLinkBlue" section with "Tips to Know" and a "Do you need a past EFT Notification/Payment Register?" section. On the right, there is a "Medical Record Requests" section stating "You have 0 new Medical Record Requests that require action." Below these sections is a row of icons for "Research Claims", "BCBSLA Coverage", "OOA Coverage", "Need an Auth?", "Payment Registers", and "EFT Notices". At the bottom, there is an "Important Blue Cross Messages" section with "System Outage", "Newsletter", and "Informational" links. To the right of this is an "Other Sites" section with links for "Davis Vision Network", "Dental Advantage Plus Network - United Concordia Dental", "Blue Advantage" (circled in orange), and "Healthy Blue".

The Blue Advantage Provider Portal offers resources such as:

- Office Manuals\*
- Guides\*
- Forms\*
- Eligibility
- Claims & Authorization Inquiries
- Accountable Delivery System Platform (ADSP) for Primary Care Providers (PCPs) only
- Provider & Pharmacy Search feature to refer members to other Blue Advantage network providers



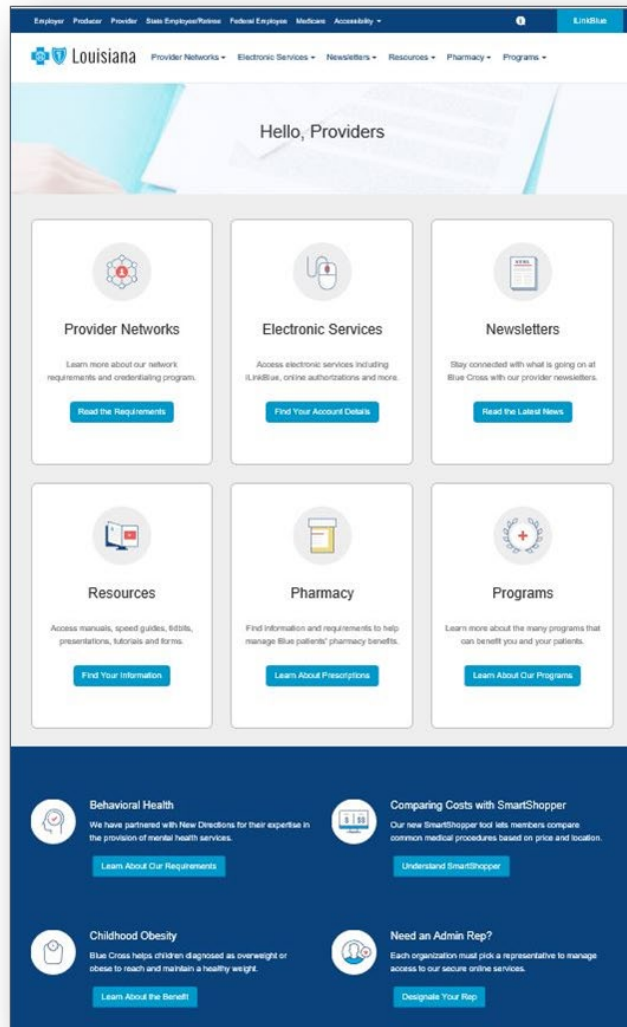
The screenshot shows the Louisiana Blue Advantage Provider Portal homepage. At the top, there is a navigation bar with the Louisiana logo and the word "Louisiana". To the right of the logo are icons for "MESSAGES", "PROFILE", and "LOGOUT". Below the navigation bar is a dark blue menu with the following items: "HOME", "ELIGIBILITY", "CLAIMS", "AUTHORIZATION INQUIRY", "FIND A PROVIDER", and "FORMS & RESOURCES". The main content area is divided into two columns. The left column contains a "Welcome" message, a "What's New" section with a link to "NEW! CMS Part B Drug Prior Authorization Timeframes in 2020", and a "Take steps to avoid denials due to lack of information" section. The right column contains a "Contact us" section with a link to "Registration, Login, Application Access, General Questions and Technical Support" and a "Customer Support Hours" section. The "What's New" section includes the following text: "Find the latest updates on information you need to know including informative videos, portal enhancements and more!" and "NEW! CMS Part B Drug Prior Authorization Timeframes in 2020. CMS is decreasing the amount of time Medicare plans have to complete Part B drug coverage requests in 2020. Part B drugs are covered under the Medical benefit. CMS PART B DRUG PRIOR AUTHORIZATION TIMEFRAMES IN 2020: EXPEDITED TIMEFRAME: 24 HOURS. STANDARD TIMEFRAME: 72 HOURS. Take steps to avoid denials due to lack of information. Request the standard timeframe whenever possible (72 hours). Submit all relevant clinical information with the request. Use the drug-specific Part B Drug Prior Authorization forms available in the Forms & Resources section. Respond promptly to requests for information from the plan."

\*These resources are also available on the Blue Advantage Resources page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)

Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the 2021 Blue Advantage Provider Portal, please reach out to your Administrative Representative.

- Effective **January 1, 2021**, we will be transitioning our Blue Advantage primary service administrator 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.

Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the 2021 Blue Advantage Provider Portal, please reach out to your Administrative Representative.

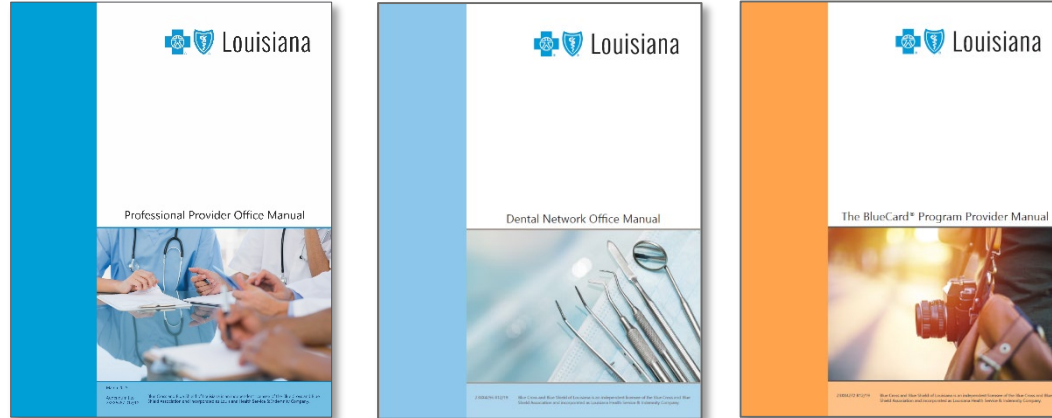


The Provider Page is home to online resources such as:

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

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





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

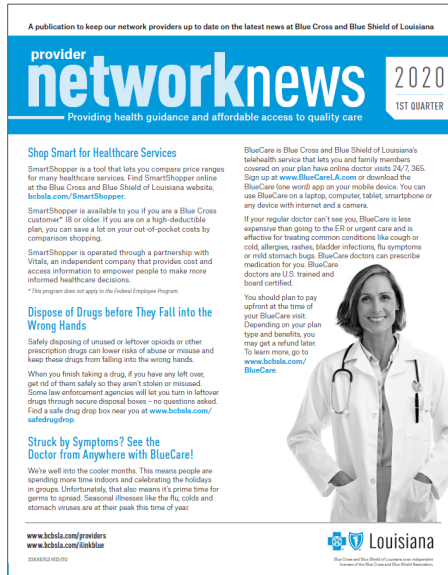
Our manuals are an extension of your member provider agreement

The manuals include the information you need as a participant in our networks:

- Reimbursement Information
- Claims Submission
- Billing Guidelines
- Medical Management
- Provider Disputes
- Network Overviews
- Authorization Requirements
- And much more

Stay connected with what is going on at Blue Cross with our **provider newsletters**

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



## Network News

Our quarterly newsletter for network providers



## Blue Advantage Insight

Our newsletter for our Blue Advantage (HMO) and Blue Advantage (PPO) network providers

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

[www.BCBSLA.com/providers](http://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 services 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. One lab on the right or our online provider directory, available at [www.BCBSLA.com](http://www.BCBSLA.com). Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.

Preoperative lab services rendered before an inpatient stay or inpatient 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 bill claims in accordance with your Claim Laboratory Improvement Act (CLA) certification.

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

**Special Arrangements**  
Special arrangements for weekend or after-hour analysis may be available at all preferred reference labs. Please contact the preferred reference labs directly to make special arrangements.

**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	Phone	Website
• Clinical Reference Labs	1-800-833-4773	<a href="http://www.crlabs.com">www.crlabs.com</a>
• Laboratory Corporation of America (LabCorp)	1-800-421-8037	<a href="http://www.labcorp.com">www.labcorp.com</a>
• Quest Diagnostics	1-866-ARQUEST (1-866-697-8378)	<a href="http://www.questdiagnostics.com">www.questdiagnostics.com</a>

**Regional Labs**

Region	Lab Name	Phone	Website
Atchafalaya Region	• BayL Regional Hospital Reference Lab	(504) 228-9123	
	• Women's Hospital Laboratory	(225) 924-8278	
Baton Rouge Region	• Acacia Laboratory, LLC	(225) 785-0951	
	• Eureka Medical Laboratory, Inc.	(225) 423-5565	
Lafayette Region	• Epsilon Laboratory, LLC	(337) 788-0929	
	• Premier Laboratory Services	(337) 706-4230	
Monroe Region	• Clinical Reference Laboratories	(337) 380-3143	
	• Security Drug Testing, LLC	(337) 428-8900	
New Orleans Region	• Precision Clinical Laboratories, LLC	(866) 872-9377	
	• New Orleans Laboratories	1-844-766-8202	
Shreveport and Alexandria Region	• Wellington Outpatient Lab Services	(318) 214-4032	
	• Premier Laboratory Services	(318) 460-3711	

**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](http://www.BCBSLA.com/providers). Check Online - They and email the member ID number to network, the city, parish or ZIP. Fax type "lab" for quality or beyond the 248 search.

### 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 to Signature Blue members to providers within the network so they receive the highest level of benefits. Benefits 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](http://www.BCBSLA.com/providers).

**Signature Blue Member ID Card**  
Printed CMS, CMS and QMS

**Service areas for the Signature Blue Network**

**New Orleans Area**

- Children's Hospital
- East Jefferson General Hospital
- New Orleans East Hospital
- Stour Infirmary

**New Orleans Area**

- Jefferson
- Calcasieu

**Admitting Privileges**  
Members receive a base 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
- Stour Infirmary

**University Medical Center**

- West Jefferson Medical Center

**Maternity Admissions**  
Maternity admissions do not require authorization if the expected 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.

**Submitting Claims**

Timed benefits apply to members of Signature Blue. More details about this coverage can be found in LHMIS ([www.BCBSLA.com/whs/lhmis](http://www.BCBSLA.com/whs/lhmis)).

**Exclusions**

- LandBlue CMS-1500 only
- Cleanings/brushes

**Eligibility**

Signature Blue Network  
P.O. Box 38023  
Baton Rouge, LA 70818-0023

Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide for information about this 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 processes

#### Identification Card Guide

Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Please refer to a copy of the member ID card at each visit. Member always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use LandBlue ([www.BCBSLA.com/landblue](http://www.BCBSLA.com/landblue)).

**Preferred Care PPO**

**Public Note:**  
Our Preferred Care PPO network includes hospitals, physicians 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 Member's printed on their ID cards. The "PPO-as-a-choice" logo indicates the member's PPO Network Special Guide, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).

Preferred Care PPO ID cards are issued to each member on the policy when the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage. It is indicated on the member ID card.

**HMO Louisiana, Inc.**

**Public Note:**  
HMO Louisiana, Inc. is a fully insured subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provides network to a select group of physicians, hospitals, and allied providers who provide services to individual and employer groups who manage their own benefit plans. The HMO Louisiana network is offered nationwide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a coinsurance when they receive services from primary care providers (PCPs) for more information visit the PPO User Guide at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).

HMO Louisiana ID cards are issued to each member on the policy when the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage. It is indicated on the member ID card. LandBlue ([www.BCBSLA.com/landblue](http://www.BCBSLA.com/landblue)) indicates the product type as either an HMO Plan or HMO/POS Plan.

**DISCLOSURE**  
This document is provided for the member's information only and does not constitute a contract. Please refer to the actual policy for the full terms and conditions. This document is not intended to constitute an offer of insurance. For more information, please contact your agent or the member service center at 1-800-833-4773.

### Louisiana providerTIDBIT

a guide to understanding our processes

#### Automated Benefits & Claim Status

Provider services is an automated KEYPAD or VOICE RESPONSE telephone system designed to help providers reach the area of service 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/contract and our medical policies. Claims are subject to allowable charges, which are established by Blue Cross at the maximum allowed amount for services covered under the member's contract/benefit.

Please have the following information ready when calling:

- Provider's NPI
- Member ID Number
- Provider's Tax 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. Dental 3. Dental 4. Life

**Please refer you to say or key-in policy type**  
Please say or enter your 10-digit NPI. Please refer you to say or key-in NPI.  
Please say or enter your 8-digit Tax ID. Please refer you to say or key-in Tax ID.

\*Note: If you have a claim status you will be asked if you wish to transfer the coverage, such as our online submission, please or confirm. Answer "yes" to your plan or to appropriate representative. Answer "no" to continue to the next menu item to reach the area needed.

**Provider Menu**

Provider menu: Which are you calling about?

1. Benefits
2. Claims
3. Authorizations
4. An Out-of-state Policy
5. A Payment Request for, or
6. None of the Above

**DISCLOSURE**  
This document is provided for the member's information only and does not constitute a contract. Please refer to the actual policy for the full terms and conditions. This document is not intended to constitute an offer of insurance. For more information, please contact your agent or the member service center at 1-800-833-4773.

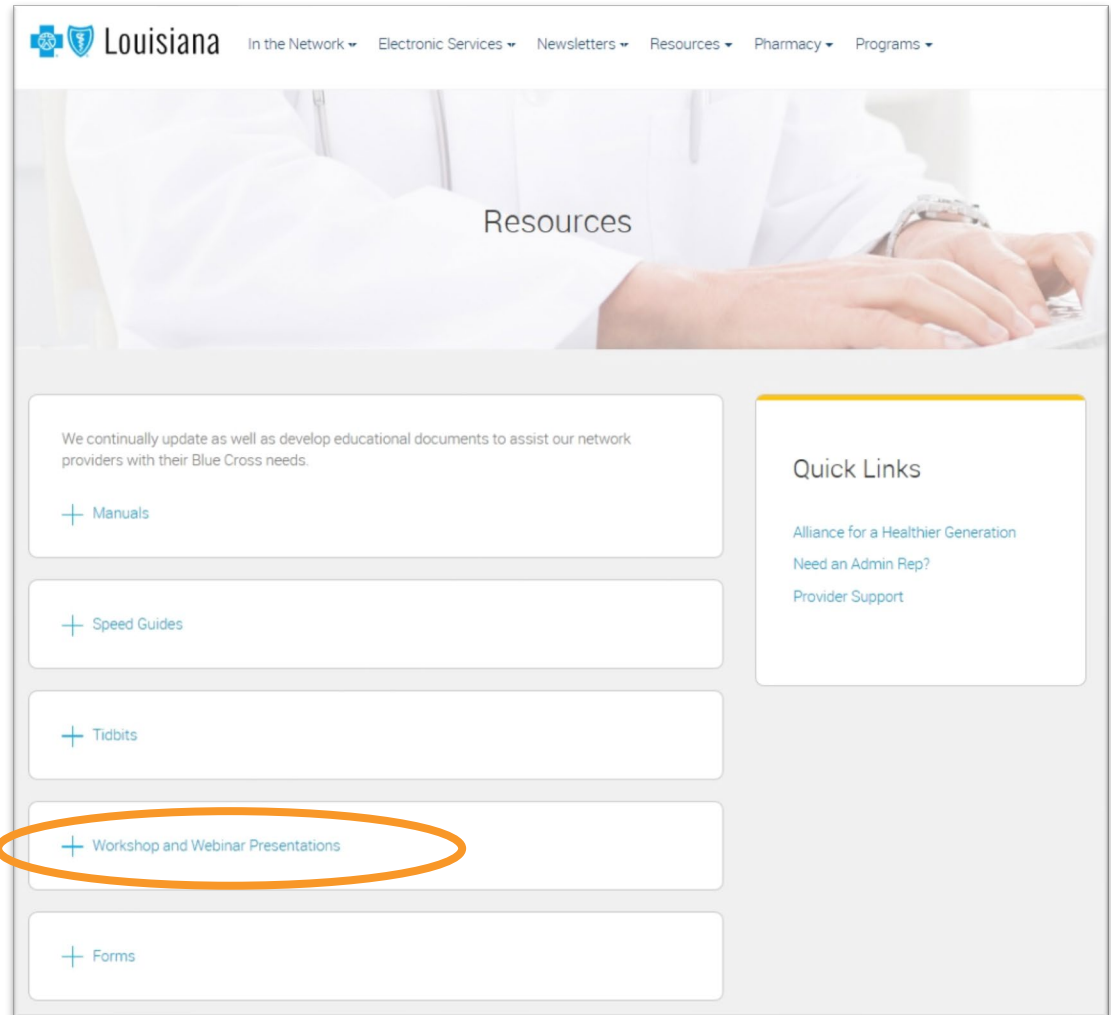
**Provider Tidbits** are quick guides designed to help you with our current business processes

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

**Provider Workshops and Webinars** are held throughout the year to offer training and updates on Blue Cross policies and procedures

Invites to attend these events are sent to the providers' correspondence email address

PDF copies of our workshops and webinars are available online



[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Workshop and Webinar Presentations

## Provider Support

There are several teams available to our network providers to help with network participation, credentialing, educational resources, electronic services and more.

+ EDI Clearinghouse Services

+ iLinkBlue Support

+ Network Development

+ Provider Credentialing & Data Management

+ Provider Identity Management Team

+ Provider Relations

### iLinkBlue

iLinkBLUE is our secure online tool designed to help providers quickly complete important functions such as:

- Eligibility/coverage verification
- Claims filing and review
- Payment queries & transactions

[Learn About iLinkBlue](#)

### Need an Admin Rep?

Designate an admin rep to manage access to our secure online services.

[Designate an Admin Rep](#)

We believe supporting our network providers is important

Our **Provider Support** page can help you find your:

- Network Development Representative
- Provider Relations Representative
- PCDM assistance with credentialing or demographic changes
- Electronic services support

<b>Customer Care Center</b>	<b>1-800-922-8866</b>
<b>FEP Dedicated Unit</b>	<b>1-800-272-3029</b>
<b>OGB Dedicated Unit</b>	<b>1-800-392-4089</b>
<b>Blue Advantage</b>	<b>1-877-250-9167</b>
<b>Healthy Blue Dual Advantage (HMO) D-SNP</b>	<b>1-844-209-5406</b>

**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

At this time, we will address the questions you submitted electronically through the webinar platform.

