Blue Cross and Blue Shield of Louisiana
PROFESSIONAL WEBINAR

Spring 2021

Louisiana

Our Mission

To improve the health and lives of Louisianians.

Our Core Values

- Health
- Affordability
- Experience

- Sustainability
- Foundations

Our Vision

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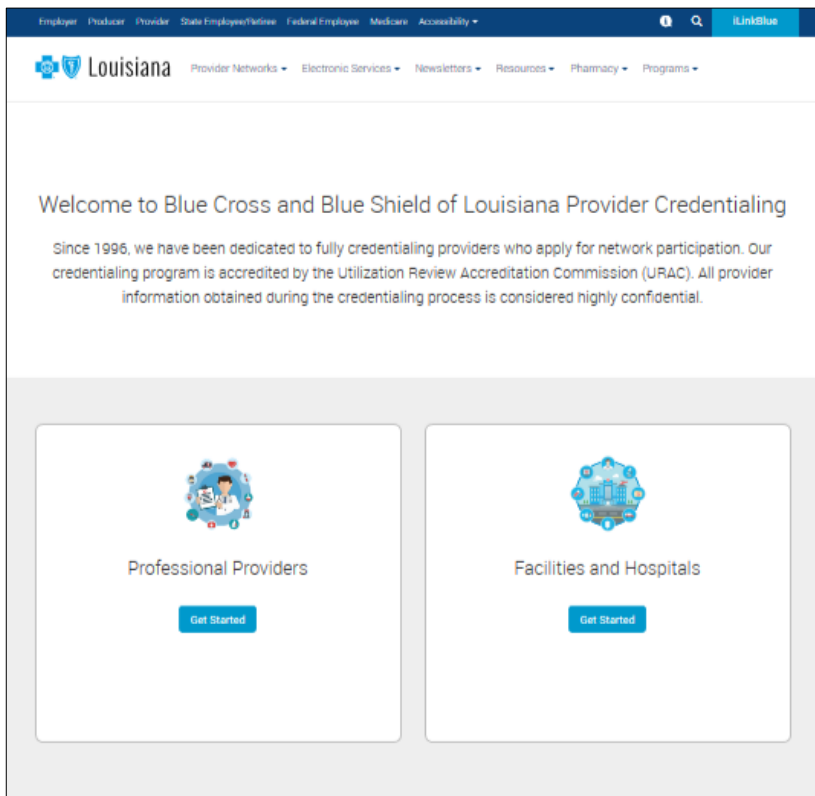
Agenda

Provider Credentialing & Data Management

Join Our Networks

To join our networks, you must complete and submit documentation to start the credentialing process or to obtain a provider record.

Go to the **Join Our Networks** page then, select **Professional Providers** or **Facilities and Hospitals** to find:

- Credentialing packets

- Quick links to the Provider Update Request Form

- Credentialing criteria for professional, facility and hospital-based providers

- Frequently asked questions

www.BCBSLA.com/providers > Provider Networks > Join Our Networks

Credentialing Process

- 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 and executed 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**.

Credentialing Update

- Blue Cross and Blue Shield of Louisiana has partnered with Symplr: Healthcare Governance, Risk and Compliance (GRC) Solutions, to assist with the verification of our recredentialing applications.

- Providers may be directly contacted by Symplr to verify application details and supporting documentation and direct you how to submit needed documentation.

- If you have additional questions, you may email our Provider Credentialing & Data Management Department at **pcdmstatus@bcbsla.com**.

- We appreciate your understanding as we work to expedite our application processing.

Credentialing Criteria - Professional

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

- Acupuncturist
- Applied Behavioral Analyst (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer

- Louisiana Addictive Counselor (LAC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- 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** >Provider Networks >Join Our Networks >Professional Providers >Credentialing Process.
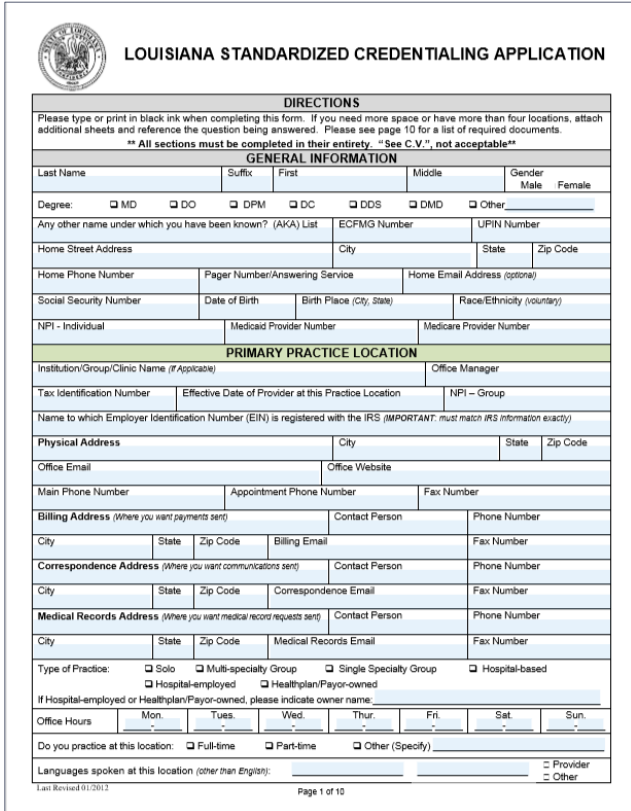
Reimbursement During Credentialing

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 admitting arrangement with a hospitalist group to admit patients on their behalf. This letter must be on letterhead and signed by the physician or the hospitalist group that will admit on behalf of the provider. This letter must be attached to the Reimbursement During Credentialing Request.

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** >Resources >Forms.

Required Recredentialing Documents

- Network providers who are due for recredentialing will receive a notification letter six months in advance of their due date.

- The notification will be emailed by DocuSign® to the correspondence email address on file with Blue Cross.

- DocuSign will send reminder emails every seven days until the application has been submitted.

- Current providers seeking recredentialing should use the Louisiana Standardized Credentialing Application that is included in the link that is sent via DocuSign.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

LSCA Attachment A – Location Hours

- This new form is required as an attachment to the LSCA.

- Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location.

- Location information reported on this form must correlate to the locations reported on the LSCA, as applicable.

- We use the information from this form to determine if the provider meets the qualifications to be listed in our provider directory.

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

How to Update Your Information

Now on DocuSign

Maintaining information within your provider record is a key piece to participating in Blue Cross and Blue Shield of Louisiana provider networks or obtaining a provider record. It is important that you keep us abreast of any changes to the information in your record. This allows us to keep our directories current, contact you when needed as well as disperse payments. These forms are in DocuSign® format, allowing you to easily submit them to Blue Cross electronically.

What changes do you need to make?

Provider Update Request Form – to update information such as:

- Demographic Information – for updating contact information

- Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group

- Add Practice Location – to add a practice location(s)

- Remove Practice Location – to remove a practice location(s)

- Tax Identification Number (TIN) Change – to change your Tax ID number

- Terminate Network Participation – to terminate existing network participation or an entire provider record

- EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method

Submit these forms online at **www.BCBSLA.com/providers** >Provider Networks >Professional Provider >Update Your Information.

Digitally Submitting Applications & Forms to Blue Cross with DocuSign®

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

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

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

To help with this transition, we created a DocuSign guide that is available online at **www.BCBSLA.com/providers** >Provider Networks >Professional Providers >Join Our Networks.

Easily complete packets & forms with DocuSign

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

Credentialing packets:

- **Professional (initial)**
- **Facility (initial)**

Forms:

- **Provider Update Request Form** – to update information such as:
  - Demographic Information – for updating contact information
  - Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group
  - Add Practice Location – to add a practice location(s)
  - Remove Practice Location – to remove a practice location(s)
  - Tax Identification Number (TIN) Change – to change your Tax ID number
  - Terminate Network Participation – to terminate existing network participation or an entire provider record
  - EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method
- **EFT Enrollment Form** – to begin receiving payments via electronic funds transfer (EFT)

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

www.BCBSLA.com/providers >Provider Networks >Join Our Networks >Professional Providers

Easily Complete Forms with DocuSign

Find our *DocuSign® Guide* at **www.BCBSLA.com/providers** >Provider Networks >Join Our Networks >Professional Providers >Join Our Networks.

Frequently Asked Questions

| Overview | Credentialing Process | Join Our Networks | Update Your Information | **Frequently Asked Questions** |

Frequently Asked Questions

✕ Credentialing Application and Process

How long does it take to complete the credentialing process?
The process can take up to 90 days for completion once BCBSLA receives all the required information.

How will I know if Blue Cross received my application?
Once your application is finalized through DocuSign®, you will receive a confirmation email to notify you the signing process is complete and submitted to Blue Cross for processing.

What credentialing forms are available online?
BCBSLA offers both the professional provider application and the facility credentialing application online through DocuSign. They can be found under the Provider Networks >Join Our Networks section of this site.

Do I need to submit a full credentialing application?
If the provider is **NOT** credentialed, please fully complete and submit the professional initial credentialing packet. Facilities should submit the facility initial credentialing packet.

How do I know what credentialing criteria are required specifically for my specialty type?
We have charts online to help you determine what criteria are needed. These charts are based on provider specialty. They are available on this site under Provider Networks >Join Our Networks and look under the appropriate section (Professional Provider or Facilities or Hospitals).

What are the requirements for reimbursement during credentialing?

A list of FAQs are available at **www.BCBSLA.com/providers** >Provider Networks >Join Our Networks >Professional Providers >Frequently Asked Questions.

Our Networks

Our Provider Networks

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

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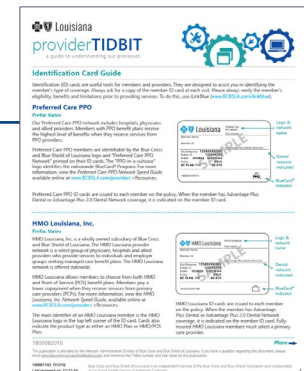
Our Provider Networks

BLUE CONNECT
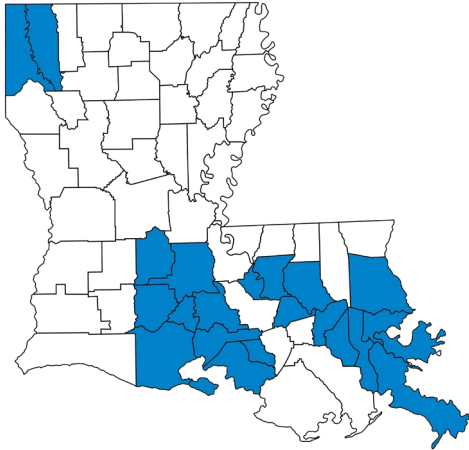
New Orleans area

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

Lafayette area

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

Baton Rouge area

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

Shreveport area

Bossier and Caddo parishes

COMMUNITY BLUE

Baton Rouge area

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

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Our Provider Networks

BLUE HPN

Lafayette area

Acadia, Evangeline, Iberia, Jefferson, Lafayette parishes

Shreveport area

Bossier and Caddo parishes

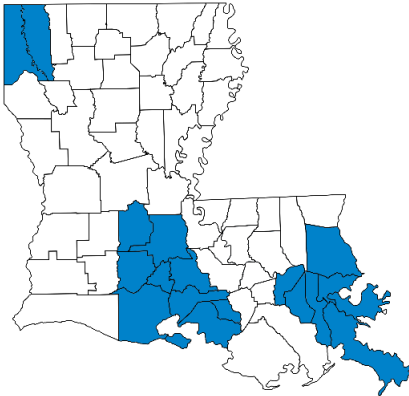### New Orleans area

Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany and Vermilion parishes

Blue HPN members are identifiable by the HPN in a **suitcase logo** in the bottom right-hand corner of the card.

HPN®

HMO Louisiana

Blue High Performance Network℠

Member Name   LA HEALTH SERVICE & INDEMNITY CO

Member ID

Grp/Subgroup
RxMbr ID
RxBIN   003858   RxPCN-A4
RxGrp   BSLA
BC PLAN 170 BS PLAN 670

04BA0314 R11/18   HPN®

Our Provider Networks

PRECISION BLUE

Baton Rouge area

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

SIGNATURE BLUE

New Orleans area

Jefferson and Orleans parishes

Federal Employee Program

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

STANDARD OPTION

✓ In-network

✓ Out-of-network

BASIC OPTION

✓ In-network

✗ Out-of-network

FEP BLUE FOCUS

✓ **LIMITED** in-network

✗ Out-of-network

New Timely Filing guidelines:
In Network PPO providers must file claims within 15 months of the Date of Service.

An FEP Speed Guide is available at **www.BCBSLA.com/providers** >Resources >Speed Guides.

Our Blue Advantage Networks

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

Prefix: PMV

Prefix: MDV

Our Provider Networks

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

HEALTHY BLUE DUAL ADVANTAGE (HMO D-SNP)

Statewide with the exception of the following parishes:

- Concordia
- East Carroll
- Iberia
- Lincoln

- Madison
- Tangipahoa
- Webster
- West Carroll

BlueCard® Program

- 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.
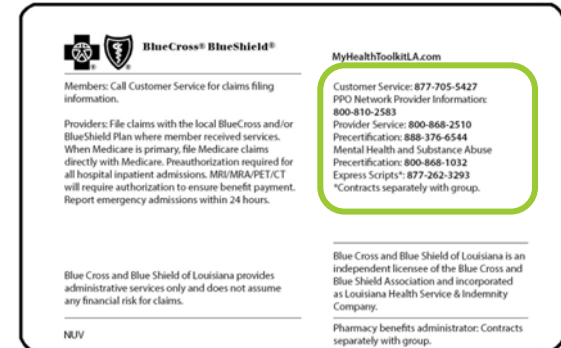
- The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network^{SM} (Blue HPN) product.

National Alliance

(South Carolina Partnership)

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).

- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.

- Claims are processed through the BlueCard program.

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

Fully Insured vs. Self-insured

Member ID Card Differences

FULLY INSURED

Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.
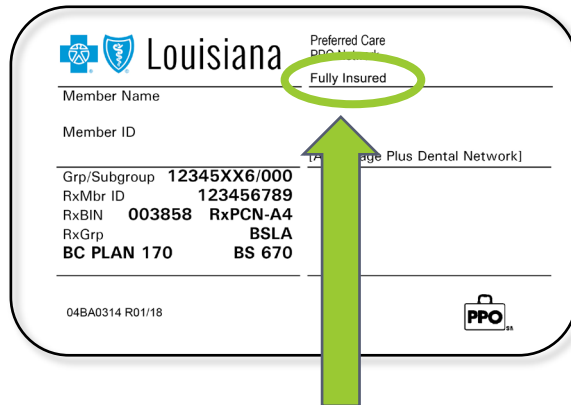
"Fully Insured" notation

SELF FUNDED

Group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA.
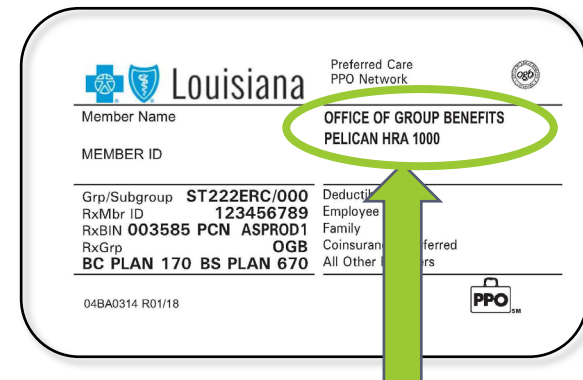
- **"Fully Insured" NOT noted**
- **Self-funded group name listed**

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

Out-of-network Referrals

The impact on your patients when you refer Blue Cross members to out-of-network providers:

- Out-of-network member benefits often include higher copayments, coinsurances and deductibles.

- Some members have no benefits for services provided by non-participating providers.

- Non-participating providers can balance bill the member for all amounts not paid by Blue Cross.

> If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

Billing Guidelines

Claims by Provider Types

Effective June 1, 2019, if Blue Cross offers network participation for a provider type, then that provider is required to file claims under their own name and provider number for services rendered.

For provider types not eligible for network participation, Blue Cross follows CMS Intent-to guidelines for processing intent-to claims.

If you are reading, be the first to type "Bingo" in the chat section to win a prize.

Provider types include:

- Nurse Practitioner
- Physician Assistant
- Dietitian
- Audiologist
- Certified Nurse Anesthetist
- Behavior Analyst

COVID-19 Vaccination Billing

- Administration costs for the COVID-19 vaccines listed below are eligible for Blue Cross payment.
- Properly billed multiple dose vaccinations should include the first and second administration code.
- Providers should not bill Blue Cross for CPT® codes 91300, 91301, 91302 and 91303. The federal government covers these COVID-19 vaccines.

Vaccine	Code Guidelines
Pfizer	• 91300 – vaccine • 0001A – first administration • 0002A – second administration
Moderna	• 91301 – vaccine • 0011A – first administration • 0012A – second administration
AstraZeneca	• 91302 – vaccine • 0021A – first administration • 0022A – second administration
Janssen (Johnson & Johnson)	• 91303 – vaccine • 0031A – administration (single dose)

Work Related COVID Testing

- Return to work related COVID testing is not covered by BCBSLA.
- Do not file work-related COVID testing claims to BCBSLA.

Ordering/Referring Policy

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

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

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

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

Paper Claims	• CMS-1500 Health Insurance Claim Form: Block 17B
Electronic 837P, Professional Claims	• Referring Provider - Claim Level: 2310A loop, NM1 Segment • Referring Provider - Line Level: 2420F loop, NM1 Segment • Ordering Provider - Line Level: 2420E loop, NM1 Segment

Blue Advantage Changes

BA Transition to Vantage Health Plan

- Effective **January 1, 2021**, we transitioned our Blue Advantage primary service administrator from Lumeris Healthcare Outcomes to **Vantage Health Plan**, a Louisiana-based company.

- This new partnership allows 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.

Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the Blue Advantage Provider Portal, please reach out to your Group Moderator (Admin Rep).

BA Claims Filing Guidelines

Date of Service	**Submit to Lumeris** (payor ID 84555) Blue Cross Blue Shield of Louisiana/HMO Louisiana, Inc. P. O. Box 7003 Troy, MI 48007	**Submit to Vantage** (Payor ID 72107) Blue Cross Blue Shield of Louisiana/HMO Louisiana, Inc. 130 DeSiard St. Ste 322 Monroe, LA 71201
2020 dates of service submitted before 6/30/2021	✔	
All 2021 dates of services AND 2020 dates of service submitted after 6/30/2021		✔

All electronic claims must be received via Change Healthcare. Blue Advantage is unable to receive claims filed directly from any other source. Blue Advantage Customer Service -1-866-508-7145.

COVID member cost share

COVID-19 Member Cost Shares

For dates of service on or after January 1, 2021, member cost shares for our **fully insured members** was reinstituted for visits associated with the treatment of COVID-19 for all places of service.

Member cost share will continue to be waived for the following services until the applicable time periods defined in the respective state and federal laws have concluded.

Service	Requirement
Applicable for diagnosis codes U07.1, Z03.818 and Z20.822	
COVID-19 Testing (viral detection and antibody testing)	With a provider order and excluding public health, school-related and return to work testing
Office Visit	When COVID-19 testing is performed during the same visit
Urgent Care Visit	
Emergency Room Visit	
Telehealth Visit	

COVID-19 Provider Resources Page

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

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

- Authorizations

- Telehealth

- Billing & Coding Guidelines

- Credentialing & Provider Data Management

- Quality Blue

Check this page often for updated information.

COVID-19 Provider Resources

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

GENERAL NOTICES

COVID-19: Continued Advancements in Treatment   Learn More

December 30, 2020

There continue to be advancements in the treatment of COVID-19, which we closely monitor. This includes the progress of vaccines and new drugs. This notice is an update on billing COVID-19 vaccines and drugs to Blue Cross.

COVID Update – Member Cost Shares, Authorizations, Vaccines and more   Learn More

December 2, 2020

The long weeks and months that have passed since early 2020 prove that COVID-19 will be with us for the long haul. We now consider COVID-19 not a temporary, but a long-term health problem that we can expect to face for an indefinite time. -- **CORRECTED LETTER**

Telehealth

Telehealth Policy

- BCBSLA outlines existing and expanded allowed direct-to-consumer telehealth encounters.

- Providers must follow the telehealth billing guidelines in the provider manual, fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines and agree to Blue Cross' allowable charges.

- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.

- Telehealth Guidelines can be found on the COVID-19 Provider Resource page (**www.BCBSLA.com/providers**, then click the link at the top of the page) for expanded COVID-19 provisions, as they will not display in iLinkBlue.

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

iLinkBlue Highlights

Digital ID Cards in iLinkBlue

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

Digital ID Cards

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

- To access through the Blue Cross mobile app, log on and choose the "My ID Card" option on the front page and use the dropdown menu to choose from the ID cards available.

- To access through the Blue Cross member portal, log into the online member account at **www.BCBSLA.com**. There, click on "My ID Card" and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.
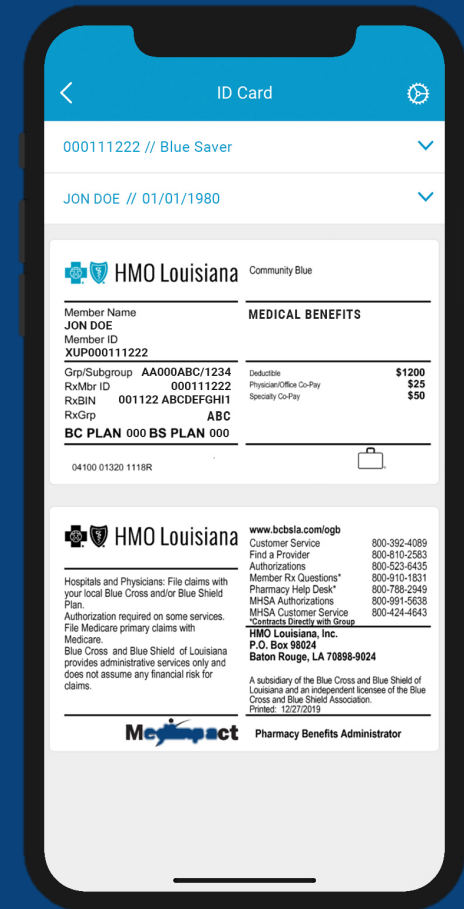
Document Upload Feature

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

The new feature is quick, secure and available at any time through the iLinkBlue provider portal.
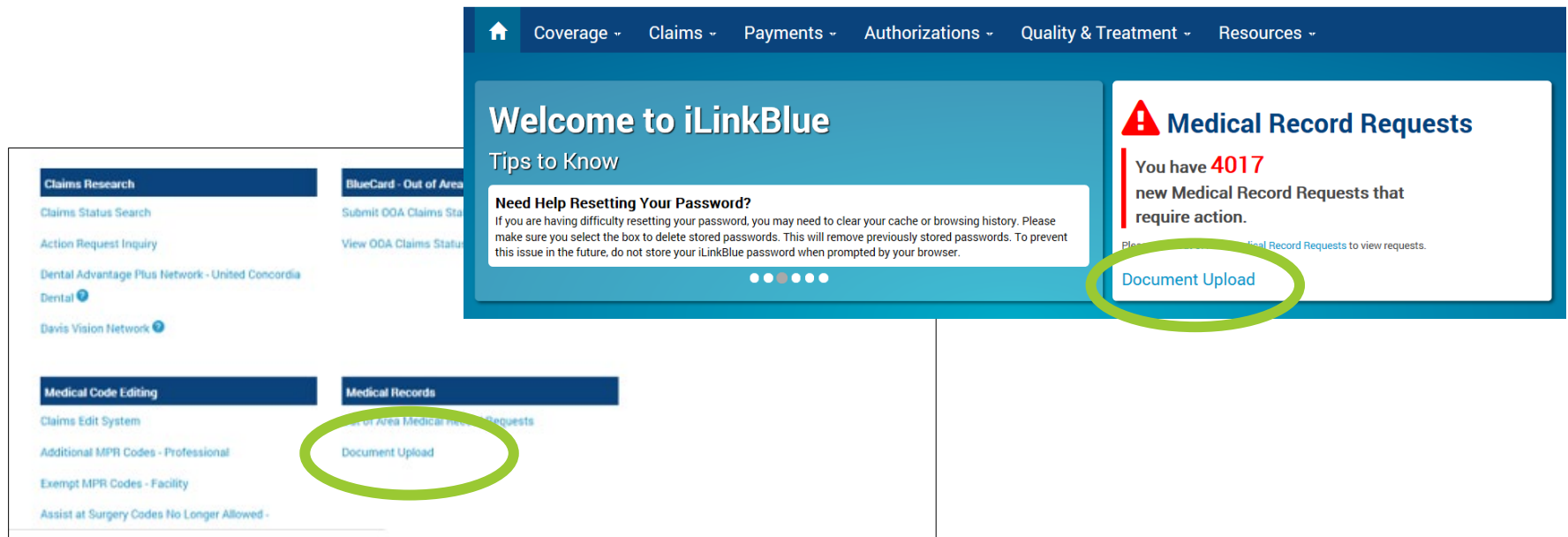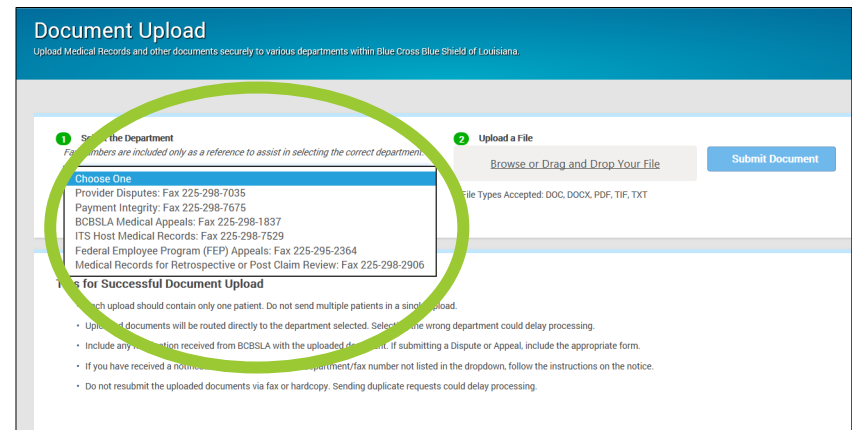
The Document Upload feature can be accessed on iLinkBlue (**www.BCBSLA.com/ilinkblue**) or under Claims > Medical Records > Document Upload.

Document Upload Feature

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

- Provider Disputes

- Payment Integrity

- BCBSLA Medical Appeals

- ITS Host Medical Records

- Federal Employee Program (FEP) Appeals

- Medical Records for Retrospective or Post Claim Review

Document Upload Feature FAQs

What should be included in the uploaded document?

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

What file types are allowed in the upload process?

- DOC, DOCX, PDF, TIF, TXT

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

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

Is there a file size limitation?

- Flies that are over 10MB in size will not be accepted for upload. Documents that exceed this limit will need to be faxed or mailed to BCBSLA.

For a copy of the Document Upload Feature FAQs send an email to **provider.relations@bcbsla.com**.
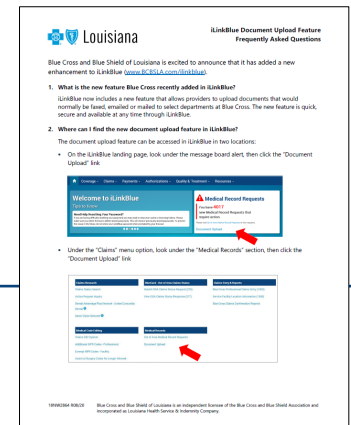
Blue Cross Claims Confirmation Reports

- Provide detailed claim information on transactions that were accepted or not accepted by Blue Cross for processing.

- You may access these reports via iLinkBlue (Claims >Blue Cross Claims Confirmation Reports).

- Reports are available up to 120 days.

- The reports include claims that are submitted iLinkBlue as well as through a clearinghouse or billing agency.

Blue Cross Claims Confirmation Reports

Blue Cross Claims Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims appearing on the "Not Accepted" report.

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# Submitting a Corrected Claim

- When a claim is refiled for any reason, all services should be reported on the claim.

- Adjustment Claim – requests that a previously processed claim be changed (information or charges added to, taken away or changed).

- Void Claim – requests that the entire claim be removed, and any payments or rejections be retracted from the member's and provider's records.

- If submitting a corrected claim through iLinkBlue:

  - In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim)

  - In Field 19b, enter the Internal Control Number (ICN Number which is the original claim number)

For more information find our Submitting a Corrected Claim Tidbit at **www.BCBSLA.com/Providers** >Resources, then >Tidbits.
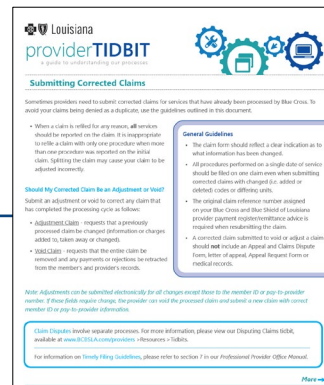
BlueCard Medical Record Request

- **Effective April 15, 2021**, providers will no longer receive hardcopy letters for BlueCard medical record requests. Instead, Blue Cross will only alert providers through iLinkBlue.

- This change does not affect non-BlueCard medical record requests. Blue Cross will continue to send hardcopy requests for non-BlueCard members.
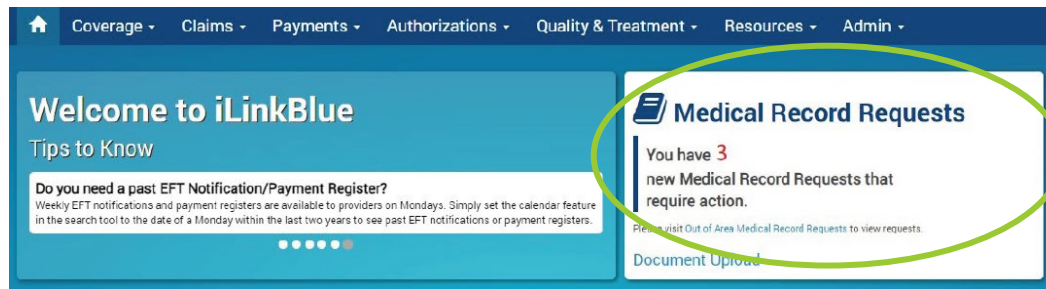
For more information find our Medical Record Guidelines for BlueCard tidbit at **www.BCBSLA.com/Providers** >Resources >Tidbits.

Authorizations

iLinkBlue – Authorizations Mandate

We have streamlined the process for requesting prior authorizations.

- **Effective April 1, 2021**, Blue Cross will no longer accept authorization requests via phone or fax, with a few exceptions including transplants, dental services covered under medical and out-of-state services.

- Prior authorization requests, including new and extension authorizations, must be submitted through our online BCBSLA Authorizations tool available in iLinkBlue.

- The tool allows providers to request authorizations 24 hours a day, seven days a week, in real time.

- **In some cases, the tool allows for immediate approval without Blue Cross personnel intervention.**

- **If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.**

- **Providers are responsible for checking member eligibility and benefits.**

For more information on how to use our BCBSLA Authorizations Tool, the *BCBSLA Authorizations Applications Professional User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals."
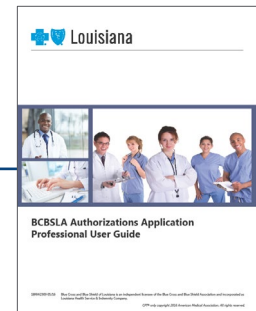
BCBSLA Authorization tool FAQs

What if my request is STAT, am I still required to use the authorization online?

- Yes. Please submit STAT requests through the BCBSLA Authorization tool. They will be addressed timely and accordingly.

How do I check the status of my authorization in the BCBSLA Authorization tool?

- You may search by the patient's member ID number (found on the member ID card). You may also search by the reference number of the pending request.

How do I submit clinical information to Blue Cross?

- Clinical information can be supplied in one of three ways:
  - Complete criteria review via InterQual (IQ). You may receive an online approval when IQ is completed, and criteria are met. Some services will require additional review, such as a benefit review or a medical policy review regardless of an IQ approval. Completing an IQ review is not required.
  - Upload clinical information to the authorization request through the BCBSLA Authorization tool.
  - Document the clinical information in the notes section of the authorization request in the BCBSLA Authorization tool. You must then generate an activity within the request. If an activity is not generated, the clinical information will not be available for Blue Cross to review.

View our Prior Authorization Mandate Frequently Asked Questions at **www.BCBSLA.com/providers** >Electronic Services >Authorizations, under the quick links section.

iLinkBlue – Authorizations

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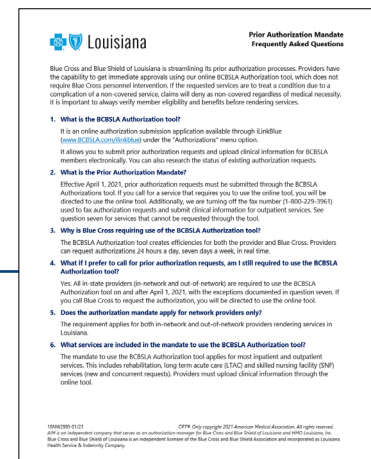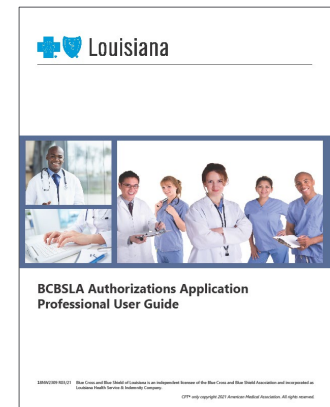 - Out of Area (Pre Service Review – EPA)

Authorizations Resources

Use the "Resources" menu option in iLinkBlue to access various provider manuals, including the **BCBSLA Authorization Tool User Guides**.

View our Prior Authorization Mandate Frequently Asked Questions at **www.BCBSLA.com/providers** >Electronic Services >Authorizations, under the quick links section.

Where to Find Authorization Requirements

Do I need an authorization?

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

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

Utilization Management Programs

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

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

Authorization requests may be completed online using the AIM **Provider**Portal_{SM} accessed through iLinkBlue. AIM clinical appropriateness guidelines are available at **www.aimspecialtyhealth.com**.

Additional information can be found in the **Professional Provider Office Manual.** Find it online at **www.BCBSLA.com/providers** >Resources >Manuals
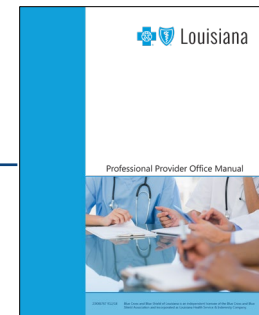
Imaging Authorizations

The ordering physician should always use the AIM ***Provider***Portal_{SM} in iLinkBlue to set up an authorization.

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

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

Top reasons for claim denials related to outpatient imaging authorizations:
- No authorization on file.
- Facility location (place of treatment) does not match authorization.
- Servicing provider does not match authorization.

Process for Changing a BCBSLA Authorization

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

- There is an approved authorization on file

- Provider states a claim has not been filed

- The requested code is surgical or diagnostic

- The requested code is not on a Blue Cross medical policy or a non-covered benefit

If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered. **This can be done by completing an Activity in the BCBSLA Authorization tool and uploading medical records and/or adding a note.**

If the procedure being added or changed is on a Blue Cross medical policy or is a non-covered benefit, it cannot be updated on the authorization.

Failure to Obtain an Authorizations

Failure to obtain a prior authorization can result in:

- A 30% penalty imposed on Preferred Care PPO and HMO Louisiana, Inc. network providers for failing to obtain authorization prior to performing an outpatient service that requires authorization.

- A $1,000 penalty applied to inpatient hospital claims if the patient's policy requires an inpatient stay to be authorized (Note: some policies contain a different inpatient penalty provision).

- The denial of payment for services for our Office of Group Benefits (OGB) members.

- If you are reading this, be the first to type "Bingo" in the chat section to win a prize.

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

OGB Authorizations

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

- The list of OGB authorization requirements can be found in our *Member Provider Policy and Procedure Office Manual* located on iLinkBlue.

- The list also appears on the OGB Speed Guide located on **www.BCBSLA.com/providers** >Resources.

Find a copy of the OGB Speed Guide at **www.BCBSLA.com/providers**
>Resources >Speed Guides.

OptiNet Registration Tool in iLinkBlue

- AIM Specialty Health® offers **OptiNet**® an online registration tool that gathers information about the technical component capabilities of diagnostic imaging services and calculates provider scores based on self reported information.

- Through this tool, we can offer members and their ordering providers the option to "shop" for quality, lower-cost diagnostic imaging services.

- Without an **OptiNet**® score, you miss out on this opportunity for exposure to Blue members.

Why Is Your Score So Important?

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

OptiNet Registration Tool in iLinkBlue

How Is Your Score Calculated?

- The site score measures basic performance indicators that are applicable for the facility, such as general site access, quality assurance and staffing

- The modality specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality

How to Access OptiNet?

- Log into iLinkBlue (**www.BCBSLA.com/ilinkblue**)

- Click on the "Authorizations" menu option Click on the "AIM Specialty Health Authorizations" link; this link takes you to the AIM **Provider**Portal$_{SM}$

- Click on "Access Your OptiNet Registration" on the left menu bar

- Click the green "Access Your OptiNet Registration" button

Claims Editing System

Claims Editing Software

Not Separately Reimbursable

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

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

New Patient Visit

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

Rebundles

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

Examples:

80053 84443 85025	▶	80050
73560 73562	▶	73564

85025 86592 86762 86850 86900 86901 87340	▶	80055

85025 86592 86762 86850 86900 86901 87340 89389	▶	80081

Claims Editing System Tool

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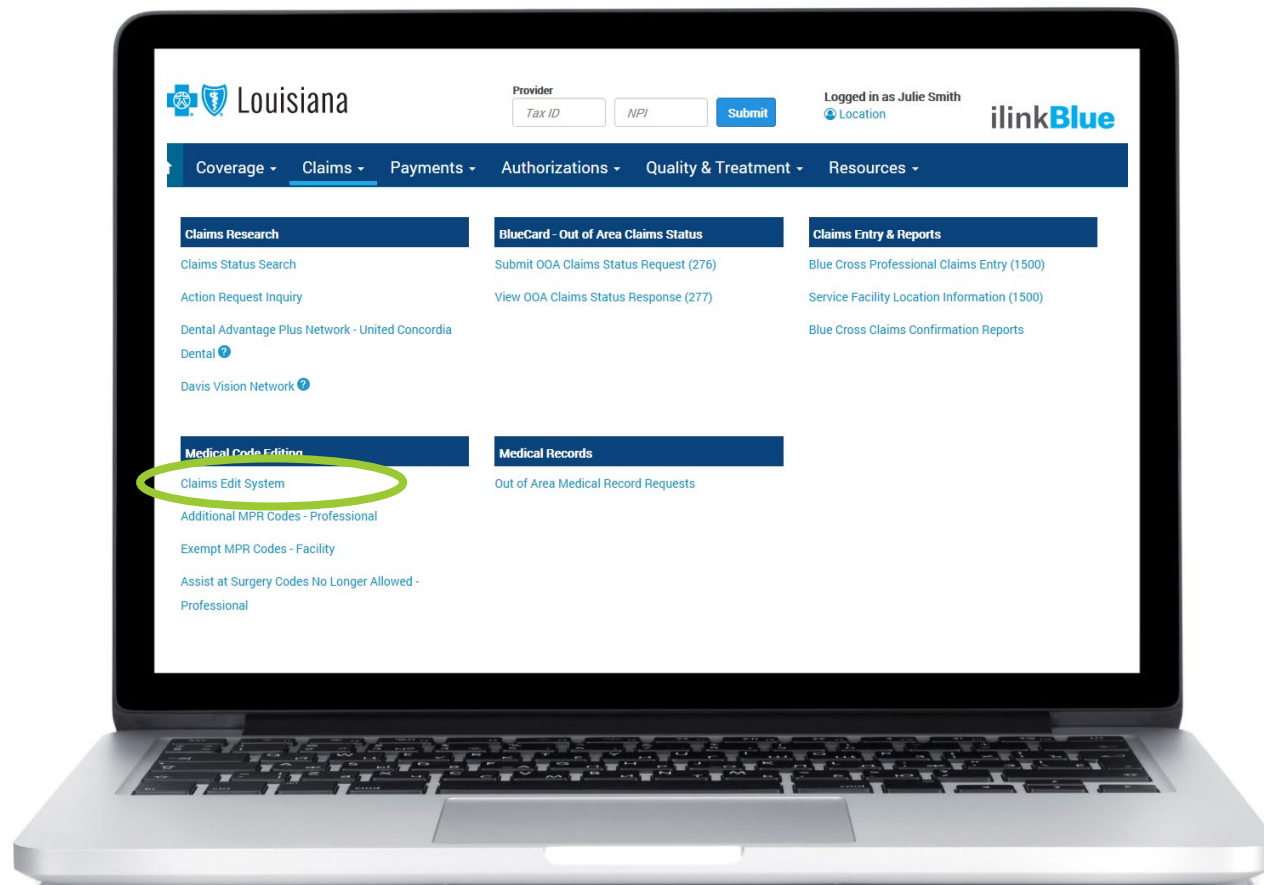
Claims Editing System Tool

This tool does not guarantee claims payment.

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

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

Claims Editing System Tool

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

Claims Editing System Tool

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

CES Inquiry

- Check the new CES provider portal tool to determine if the CES system is processing according to the new edits based on the rejection code. (CES edits will appear in lower case.)

- Submit an action request.

- In order to properly route your inquiry please choose "**Code Editing Inquiry**" from the action drop down box when submitting your action request.

- Please include your contact information.

- Be specific and detailed.

- Allow up to 15 working days for a response to each request.

- Check in "Action Request Inquiry" for a response.

- A second request may be submitted if there was no resolution.

Questions?

Appendix

Future Webinars

- Behavioral Health (ABA, Facility and Professional)

  - August 3-5, 2021

- New to Blue Cross (Facility & Professional)

  - August 25, 2021

- Provider Credentialing & Data Management

  - September 15, 2021

- BlueCard

  - October 20, 2021

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

Provider Page
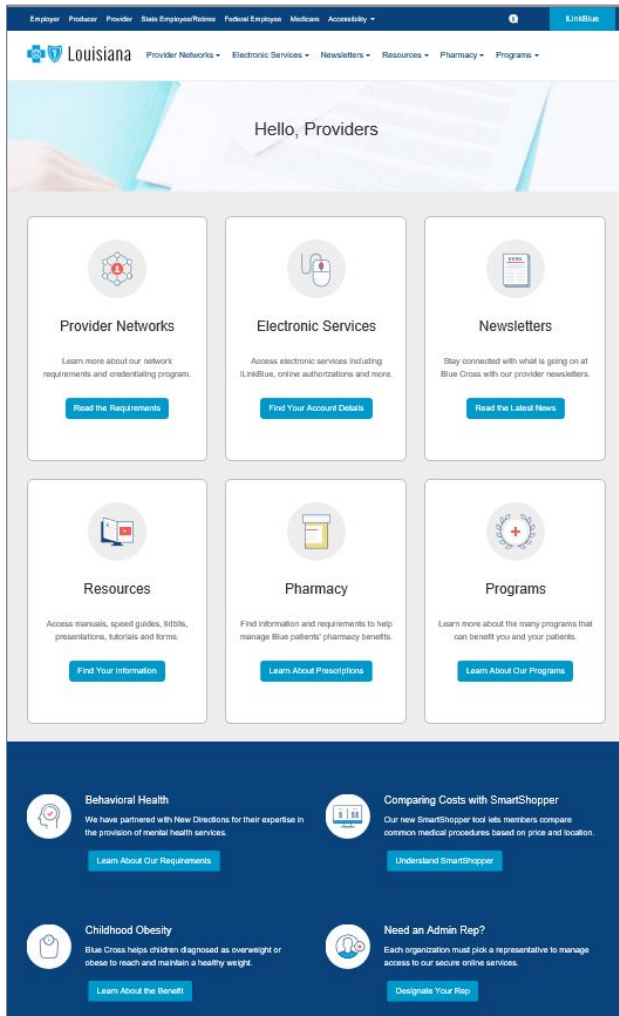
www.BCBSLA.com/providers

The Provider page is home to online resources such as:

- Provider manuals

- Network speed guides

- Newsletters

- Provider forms

- And more

Manuals & Newsletters

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

www.BCBSLA.com/providers >Resources

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

www.BCBSLA.com/providers >Newsletters
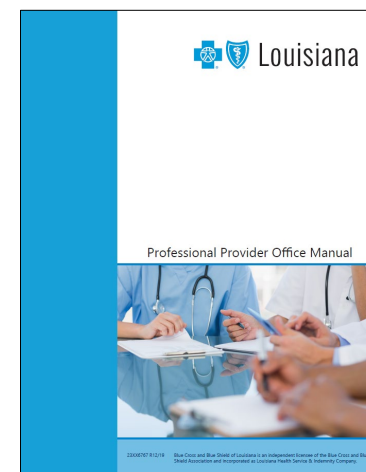
Not Getting Our Newsletters Electronically?

Send an email to **provider.communications@bcbsla.com**. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

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Speed Guides & Tidbits

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

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

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

www.BCBSLA.com/providers
>Resources >Tidbits

Call Centers

Customer Care Center	**1-800-922-8866**	
FEP Dedicated Unit	**1-800-272-3029**	**For information NOT available on iLinkBlue**
OGB Dedicated Unit	**1-800-392-4089**	
Blue Advantage	**1-866-508-7145**	

Other Provider Phone Lines

BlueCard Eligibility Line® – 1-800-676-BLUE (1-800-676-2583)
for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249
Call 24/7 and you can remain anonymous as all reports are confidential

Network Administration – 1-800-716-2299

  option 1 – for questions regarding provider contracts

  option 2 – for questions regarding credentialing/recredentialing

  option 3 – for questions regarding your provider data management

  option 4 – for questions regarding provider relations

  option 5 – for questions regarding administrative representative setup

Provider Relations

Provider Education & Outreach

Kim Gassie director

Jami Zachary manager

Anna Granen
Jefferson, Orleans, Plaquemines, St. Bernard

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

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

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

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

Melonie Martin
East Baton Rouge

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

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

Jennifer Aucoin   Angela Jackson   Paden Mouton   Brittany Thompson

Provider Contracting

Shelton Evans director – shelton.evans@bcbsla.com

Jode Burkett manager – jode.burkett@bcbsla.com

Danielle Jackson manager – danielle.jackson@bcbsla.com

Ashley Wilson – **ashley.wilson@bcbsla.com**
Northshore

Cora LeBlanc – **cora.leblanc@bcbsla.com**
Houma, Thibodeaux

Dayna Roy – **dayna.roy@bcbsla.com**
Alexandria, Lake Charles

Jason Heck – **jason.heck@bcbsla.com**
Shreveport

Jill Taylor – **jill.taylor@bcbsla.com**
New Orleans

Mica Toups – **mica.toups@bcbsla.com**
Lafayette

Sue Condon – **sue.condon@bcbsla.com**
Baton Rouge

Shannon Taylor – **shannon.taylor@bcbsla.com**
Monroe

network.development@bcbsla.com | **1-800-716-2299, option 1**

Doreen Prejean   Mary Landry   Karen Armstrong

Provider Credentialing & Data Management

Provider Network Setup, Credentialing & Demographic Changes

Justin Bright director

Mary Reising manager – mary.reising@bcbsla.com

Anne Monroe provider information supervisor – anne.monroe@bcbsla.com

Rhonda Dyer provider information supervisor – rhonda.dyer@bcbsla.com

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

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

Annual Provider Survey

- As a result of the 2020 survey, we implemented a new Provider Outreach initiative. We provide training and assistance for newly credentialed providers.

- We have received positive feedback regarding this initiative and look forward to hearing your additional ideas.

Remember to take our Provider Survey later this year!