

# Welcome to the Blue Cross Network

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform.



## How to submit questions:

- Open the chat feature at the bottom of your screen to type your question related to today's training webinar.
- In the "Send to" field, select "Hosts and Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.





# Louisiana

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



**Presented by Lisa Roth**  
Provider Relations Department  
Blue Cross and Blue Shield of Louisiana

August 2021

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, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

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
- BlueHPN
- 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.



	<b>Louisiana</b>	Preferred Care PPO Network
Member Name		Fully Insured
Member ID		[Advantage Plus Dental Network]
Grp/Subgroup <b>12345XX6/000</b>		
RxMbr ID <b>123456789</b>		
RxBIN <b>003858</b> RxPCN-A4		
RxGrp <b>BSLA</b>		
<b>BC PLAN 170</b> <b>BS 670</b>		
04BA0314 R01/18		
		

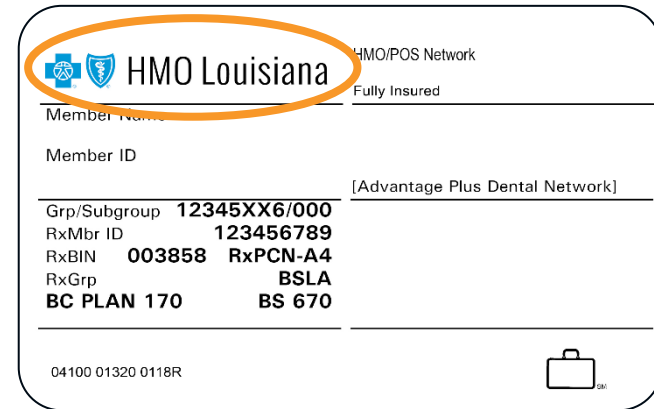
	<b>Louisiana</b>	Preferred Care PPO Network
Member Name		Alpha Company
Member ID		[Advantage Plus Dental Network]
Grp/Subgroup <b>12345XX6/000</b>		
RxMbr ID <b>123456789</b>		
RxBIN <b>003858</b> RxPCN-A4		
RxGrp <b>BSLA</b>		
<b>BC PLAN 170</b> <b>BS 670</b>		
04BA0314 R01/18		
		

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.



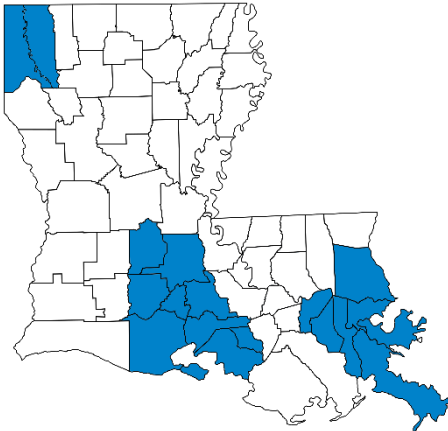
For more information, view the *HMO Louisiana Network Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides.



## 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

### 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 Network 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



 <b>HMO Louisiana</b>		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 Network Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides.



BlueHPN is an HMO product currently available to groups and individuals residing in the following parishes:

## Lafayette area

Acadia, Evangeline, Iberia, Jefferson, Lafayette 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

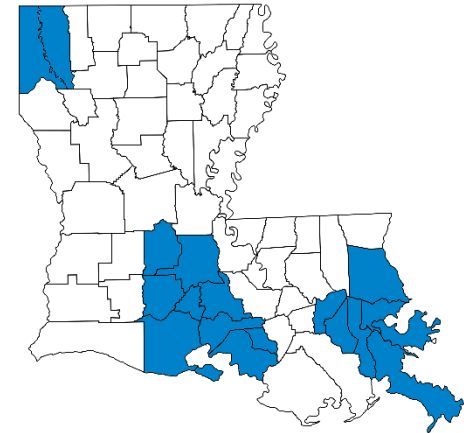
## Shreveport area

Bossier and Caddo parishes

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



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		



For more information, view the *BlueHPN Network 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



 <b>HMO Louisiana</b>		<b>Precision Blue</b> <b>HMO/POS Network</b> <b>Fully Insured</b>
Member Name		
Member ID		
Grp/Subgroup	78P03ERC/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
<b>BC PLAN 170 BS PLAN 670</b>		
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 Network Speed Guide*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides.

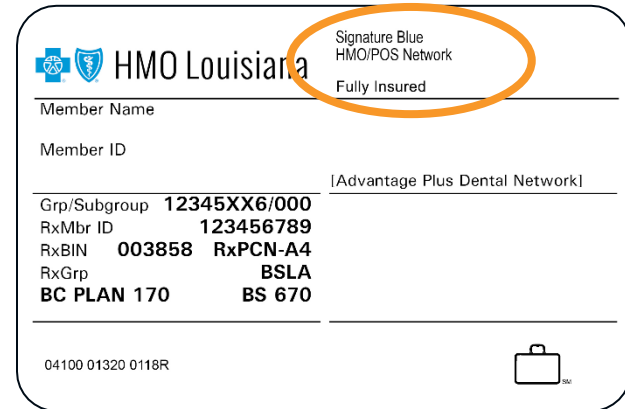


## Prefixes: QBB, QBE, QBG and QBS

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

## New Orleans area:

Jefferson and Orleans parishes



Signature Blue  
HMO/POS Network  
Fully Insured

HMO Louisiana

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 Signature Blue Network.

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



## Prefixes: PMV and MDV

- 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.
- Prefixes have changed on 2021 cards.



Louisiana		Blue Advantage (PPO)
RxBIN:	003858	PCP Visit \$ 5
RxPCN:	MD	Specialist Visit \$ 20
RxGROUP:	MY9A	Emergency Room \$ 50
EFFECTIVE:	01/01/2021	Major Diagnostic \$ 150
Medicare limiting charges apply.		Outpatient Surgery \$ 150
ID: PMV123456789		Outpatient Hospital \$ 150
John T Public		
		www.bcbsla.com/blueadvantage

Prefix: PMV

Louisiana		Blue Advantage (HMO)
RxBIN:	003858	PCP Visit \$
RxPCN:	MD	Specialist Visit \$
RxGROUP:	MY9A	Emergency Room \$
EFFECTIVE:	01/01/2021	Major Diagnostic \$
		Outpatient Surgery \$
		Outpatient Hospital \$
ID: MDV123456789		
John T Public		
		www.bcbsla.com/blueadvantage

Prefix: MDV



# 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.

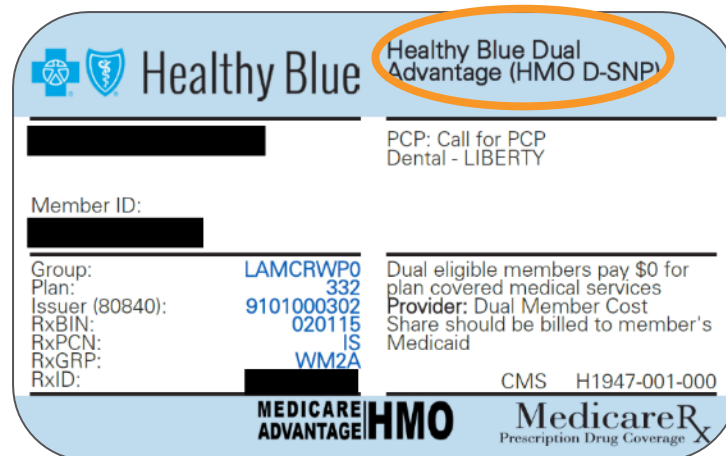
Statewide with the exception of the following parishes:

Concordia  
East Carroll  
Iberia

Lincoln  
Madison  
Tangipahoa

Webster  
West Carroll

For more information, go to  
[www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) > Other Sites  
> Healthy Blue.



Healthy Blue Dual Advantage (HMO D-SNP)

PCP: Call for PCP  
Dental - LIBERTY

Member ID: [REDACTED]

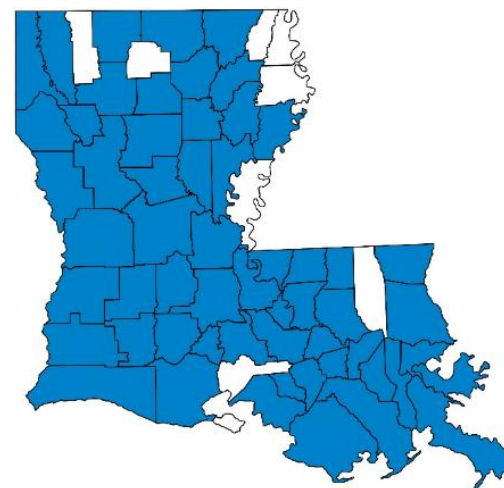
Group: LAMCRWP0  
Plan: 332  
Issuer (80840): 9101000302  
RxBIN: 020115  
RxPCN: IS  
RxGRP: WM2A  
RxID: [REDACTED]

Dual eligible members pay \$0 for plan covered medical services  
Provider: Dual Member Cost Share should be billed to member's Medicaid

CMS H1947-001-000

MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage

## Prefix: JLA







## 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

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



✓ In-network  
✓ Out-of-network

### Basic

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

✓ In-network  
✗ Out-of-network

### FEP Blue Focus

 Federal Employee Program	FEP Blue Focus	
<hr/>		
Member Name <b>John Q. Subscriber</b> Member ID <b>R12345678</b>	<b>www.fepblue.org</b>	
<hr/>		
Enrollment Code Effective Date	<b>133</b> <b>01/01/2019</b>	RxIIN RxPCN RxGrp <b>610239</b> <b>FPPRX</b> <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	Default Plan	
RxMbr ID	123456789	Employee only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN 170	BS 670	All Other Providers	
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	Default Plan	
RxMbr ID	123456789	Employee only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN 170	BS 670	All Other Providers	
04BA0314 R01/18			

## Magnolia Local Blue Connect

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

## Magnolia Local Community Blue

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



- The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network<sup>SM</sup> (BlueHPN) 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)

### 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](http://www.BCBSLA.com/providers) > Provider Networks  
> Join Our Networks > Professional Providers



Enter text

**FINISH** **FINISH LATER** **OTHER ACTIONS**

DocuSign Envelope ID: 1A01C5A7-3503-4226-8119-DEA232B827AD

**START**

**Louisiana**

**Provider Update Request Form**

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: ☒ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**


Provider Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID Number	Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.	
<input type="text"/>	<input type="text"/>	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
<input type="text"/>	<input type="text"/>	
Are you a primary care provider (PCP)?	Effective Date of Update	
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	

Authorized representative completing this form on behalf of:

**REPRESENTATIVE**

Contact Phone Number	Contact Email Address
<input type="text"/>	<input type="text"/>

**Submission Information** (form completed by)

Signature of Authorized Representative	Date
	February 18, 2021

Navigation tool guides you through fields

Instructions correspond to requirement of the active field

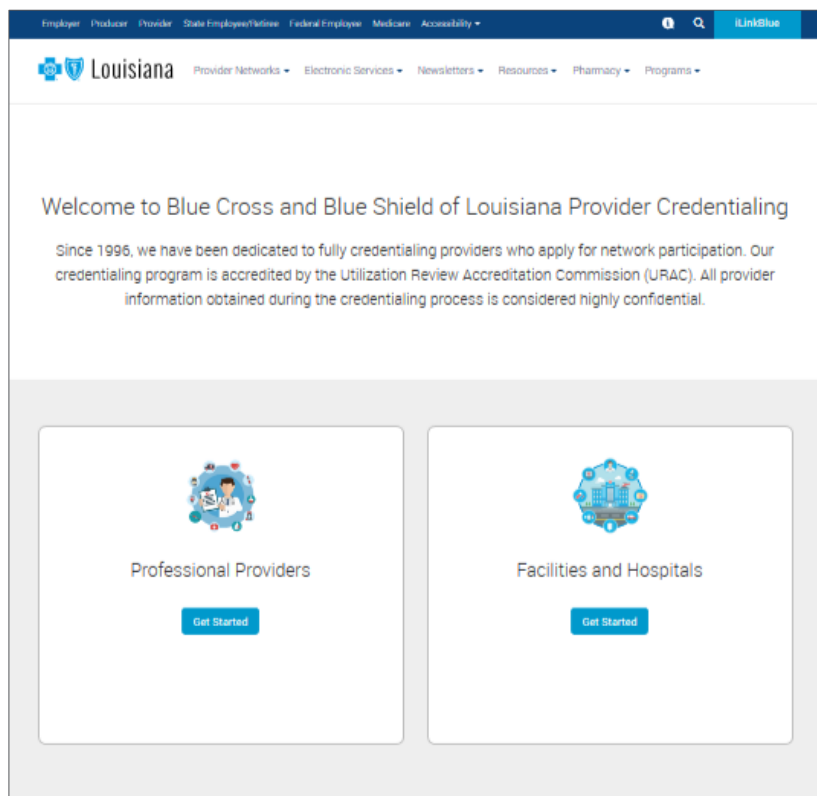
Tooltips provide information about field requirements

Red outline indicates a required field

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

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks





- 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
- Licensed Professional Counselor (LPC)
- 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 > Professional Providers > Credentialing Process.



Louisiana legislation was updated in 2021. House Bill 595 now allows 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:

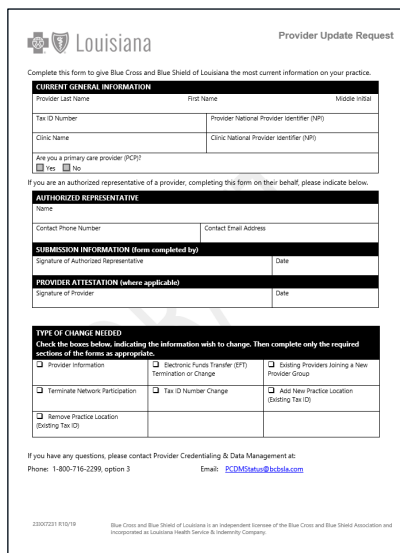
1. You must be applying for network participation to **join a provider group** that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners.
2. You must be an **active member on a hospital medical staff** and have listed this information in the Hospital Affiliations section on the Louisiana Standardized Credentialing Application (LSCA).
3. Nurse Practitioners (NP) and Physician Assistant's (PA) you will also need to submit your **Collaborative Physician Agreement** (NP) **and a Supervising Physician Agreement** (PA).
4. 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 form is titled "Provider Update Request" and includes the Blue Cross of Louisiana and Blue Shield of Louisiana logos. It contains several sections: "CURRENT GENERAL INFORMATION" with fields for Last Name, First Name, Middle Initial, Tax ID Number, and National Provider Identifier (NPI); "AUTHORIZED REPRESENTATIVE" with fields for Name, Contact Phone Number, and Contact Email Address; "SUBMISSION INFORMATION" with fields for Signature of Authorized Representative and Date; "PROVIDER ATTESTATION (where applicable)" with fields for Signature of Provider and Date; and "TYPE OF CHANGE NEEDED" with checkboxes for various update options. At the bottom, it provides contact information for the Provider Data Management team.

CURRENT GENERAL INFORMATION		
Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Clinic Name	Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTHORIZED REPRESENTATIVE	
Name	
Contact Phone Number	Contact Email Address

SUBMISSION INFORMATION (Items completed by)	
Signature of Authorized Representative	Date

PROVIDER ATTESTATION (where applicable)	
Signature of Provider	Date

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	<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)		

If you have any questions, please contact Provider Credentialing & Data Management at:  
Phone: 1-800-716-2299, option 3 Email: [PCD@blsbls.com](mailto:PCD@blsbls.com)

22070721 R1019 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 & Technology Company.

- **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 at  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms.



# iLinkBlue Application Packet



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:

This document is the iLinkBlue Service Agreement, which outlines the terms of service between the provider and the Louisiana Health Service & Senior Services (LHSS). It includes sections for provider information, service details, and a section for the provider to accept the terms of service.

iLinkBlue Service Agreement

This document is the Business Associate Addendum, which outlines the terms of service between the provider and the Louisiana Health Service & Senior Services (LHSS). It includes sections for provider information, service details, and a section for the provider to accept the terms of service.

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

This document is the Electronic Funds Transfer (EFT) Enrollment Form, which is used to enroll a provider in the iLinkBlue system. It includes sections for provider information, service details, and a section for the provider to accept the terms of service.

Electronic Funds Transfer Enrollment Form

This document is the Administrative Representative Registration Form, which is used to register an administrative representative for a provider. It includes sections for provider information, service details, and a section for the provider to accept the terms of service.

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 **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: <input type="text"/>				
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
<hr/>	
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: <input type="text"/>				
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
	

- 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.



- 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 at 1-800-716-2299, option 3.



## HIPAA 835 Transaction

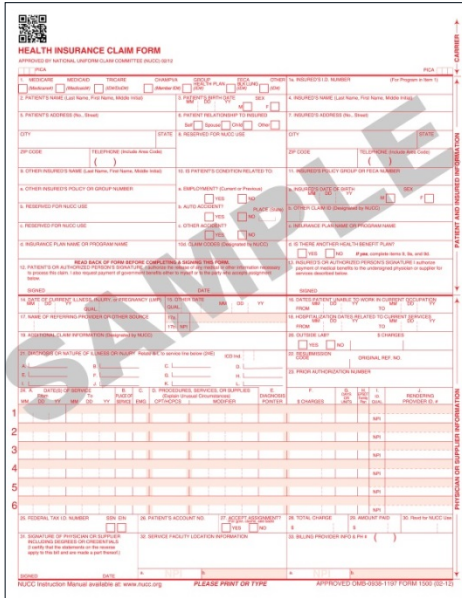
- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from Blue 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 at 1-800-716-2299, option 3.





## 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 BlueHPN Claims:**

HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898

**For Blue Advantage Claims:**

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, BlueHPN, 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:**

- Preferred Providers have within 15 months of the date of service to file claim.
- Members and non preferred providers 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.

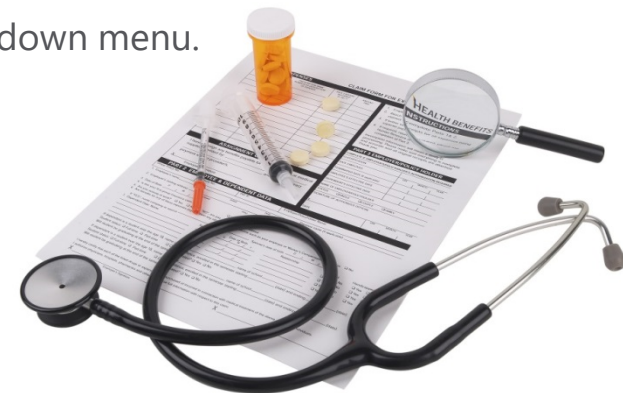
## For Electronic Claims 837P

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®
- 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

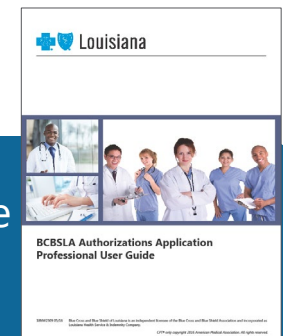
VALUE PARTNERSHIPS

- 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.



## We have streamlined the process for requesting prior authorizations

- **Effective April 1, 2021**, Blue Cross no longer accepts 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 Facility User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals."



## 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



Louisiana

Shop ▾

Find a Doctor ▾

Save ▾

Wellness ▾

Learn ▾

My Account ▾

## Find Doctor or Drug

Find Doctor or Drug

### Find a Doctor

#### [Find a Doctor or Drug](#)

Pick a directory to search or find other helpful information about drug resources, quality programs and more.

### Directories

#### [Local Provider Directory - New Name!](#)

Find a doctor near you or search for other doctors throughout Louisiana.

#### [Quality Blue Directory](#)

#### [National Provider Directory](#)

#### [BlueDental Provider Directory](#)

#### [Davis Vision Directory](#)

#### [Pharmacy Directory](#)

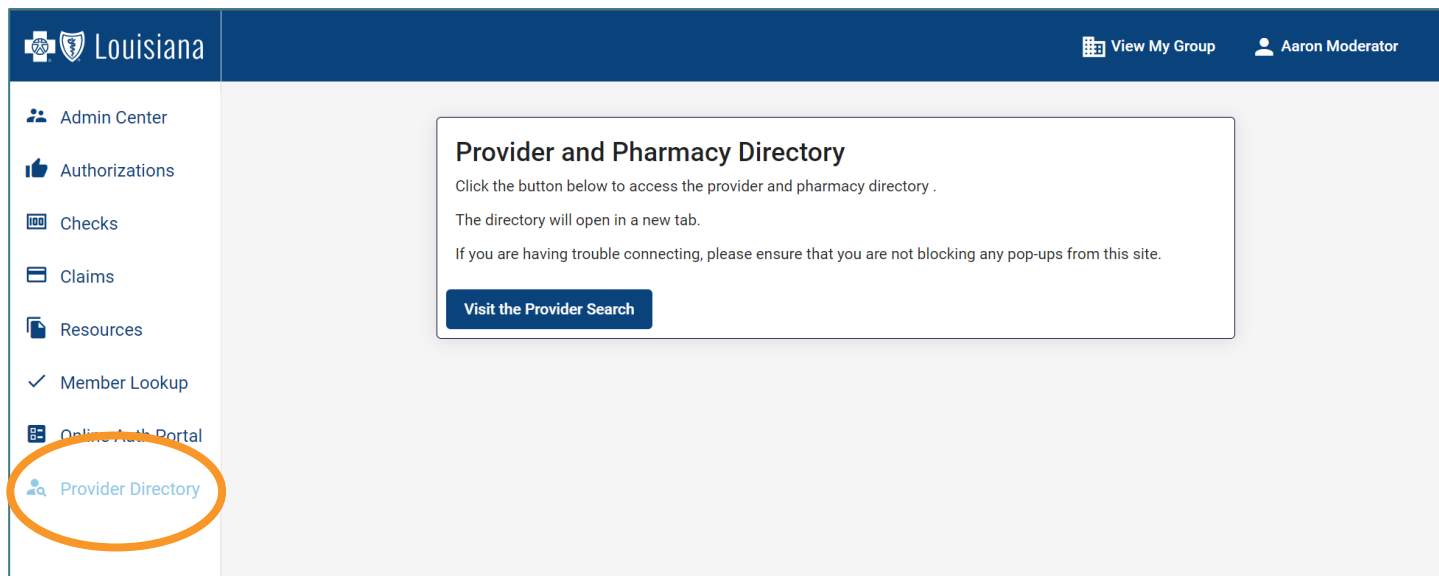
### Hospital Based Physicians

#### [ER/OR Information](#)

Are you planning a hospital stay? If you just found out that you need surgery, or if you will be admitted to a hospital or ambulatory surgical center for any reason, you will most likely receive some care during your stay from a hospital-based physician. Learn more.



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).



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



The image displays two screenshots of provider self-service tools. The top screenshot shows the iLinkBlue web portal, which includes a navigation bar with links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area features a 'Welcome to iLinkBlue' message, a 'Medical Record Requests' section indicating zero new requests, and a list of service categories: Research Claims, BCBSLA Coverage, OOA Coverage, Need an AUB?, Payment Registers, and EFT Notices. The bottom screenshot shows the providerTIDBIT IVR system, titled 'Automated Benefits & Claim Status'. It provides a customer care center number (1-800-922-8866) and lists required information for callers: Provider's NPI, Member ID Number, Provider's Tax ID Number, Member's 8-digit Date of Birth, Provider's ZIP Code, and Date of Service. The IVR menu includes options for Benefits, Claims, Authorizations, Out-of-state Policy, Payment Register Fax, and None of the Above.

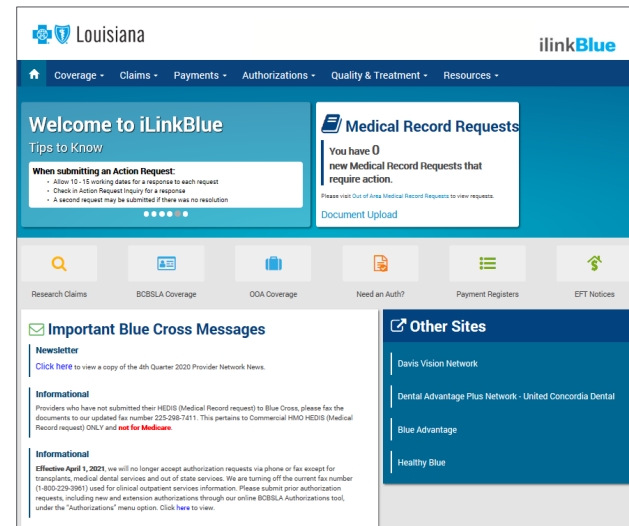


iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:

- 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

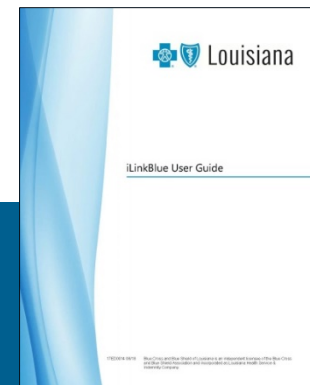
**iLinkBlue**

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

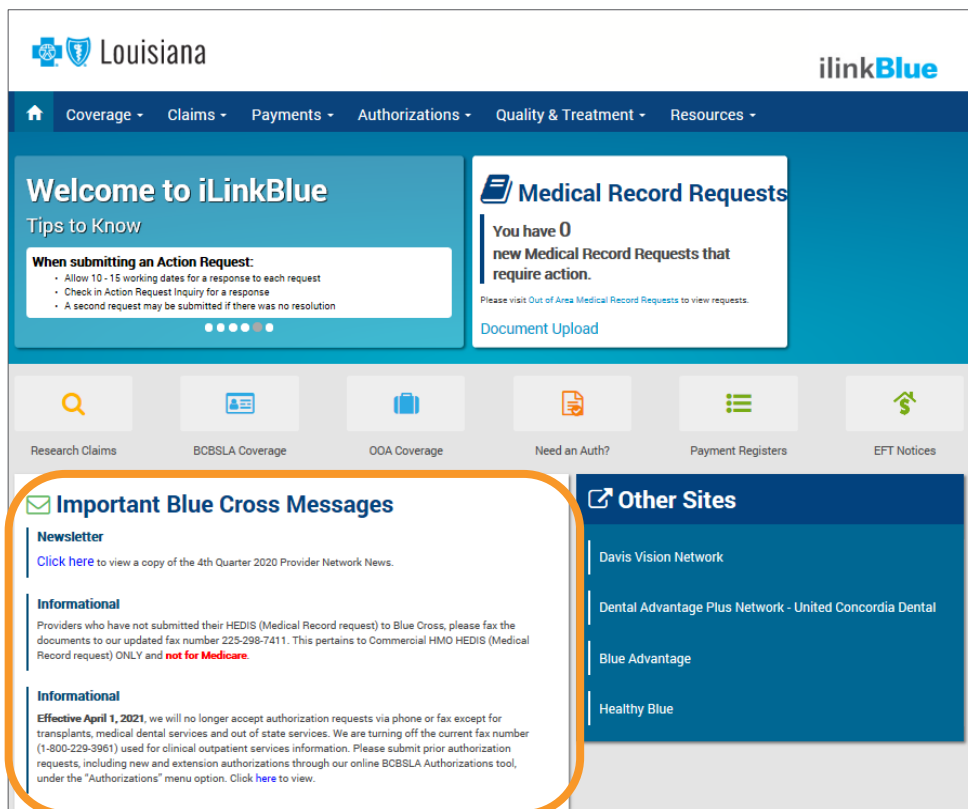


For iLinkBlue training and education, contact [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).

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







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.





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

Search

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...      Search

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

Group/Non-Group: BCBSLA      Group Name: TEST GROUP      Group Number: 223456789-0000      Group OED: 02/01/2000      Minor Dep. Age Max: 26

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

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

Address: 123 STREET ST, CITY, LA 70000

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

**Jane Doe Spouse**      Sex: Female      Date of Birth: 11/30/1900

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

**Jimmy Doe Child**      Sex: Male      Date of Birth: 01/01/1990

Coverage: Medical      Effective Date: 02/01/2009      Cancel Date: 05/31/2009      Original Effective Date: 02/01/2000      Coverage Views: Summary Benefits View COB

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/POS

**Copays**

	EPO Copays	QBPC Copays
Office Visit	\$30.00	---
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	\$50.00	---
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	\$5,000.00	\$6,000.00	---
Out-of-Pocket Remaining	\$5,000.00	\$6,000.00	---

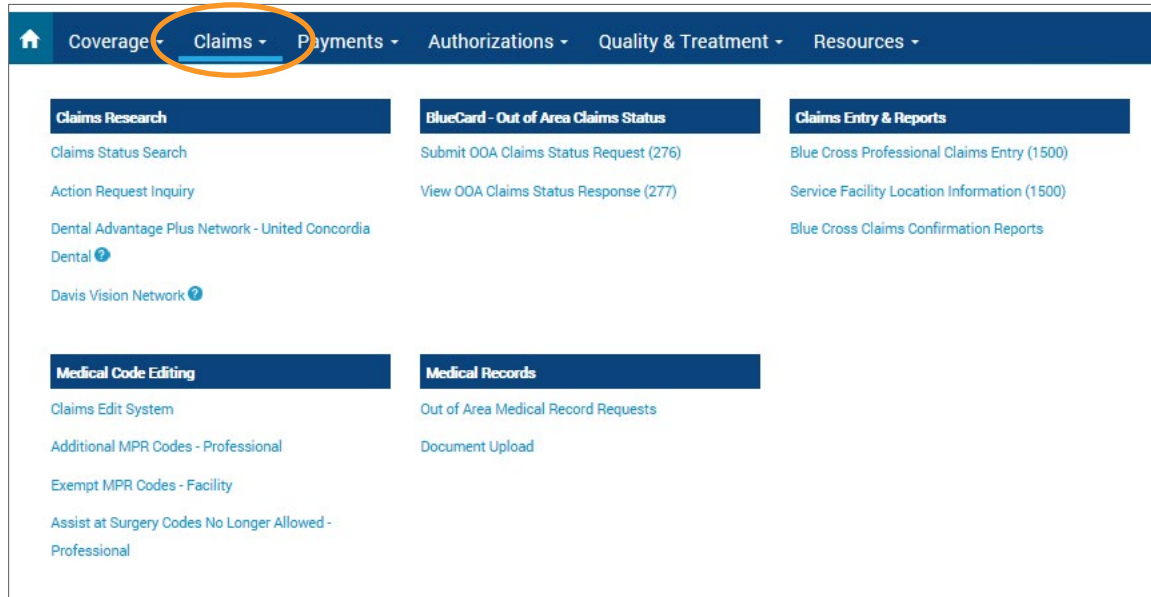
**Coinsurance**      BCBSLA Coverage      Member Responsibility

	Par Percentage	Non-Par Percentage	EPO Percentage	QBPC Percentage
Par Percentage	90%	10%	---	---
Non-Par Percentage	90%	90%	---	---
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.



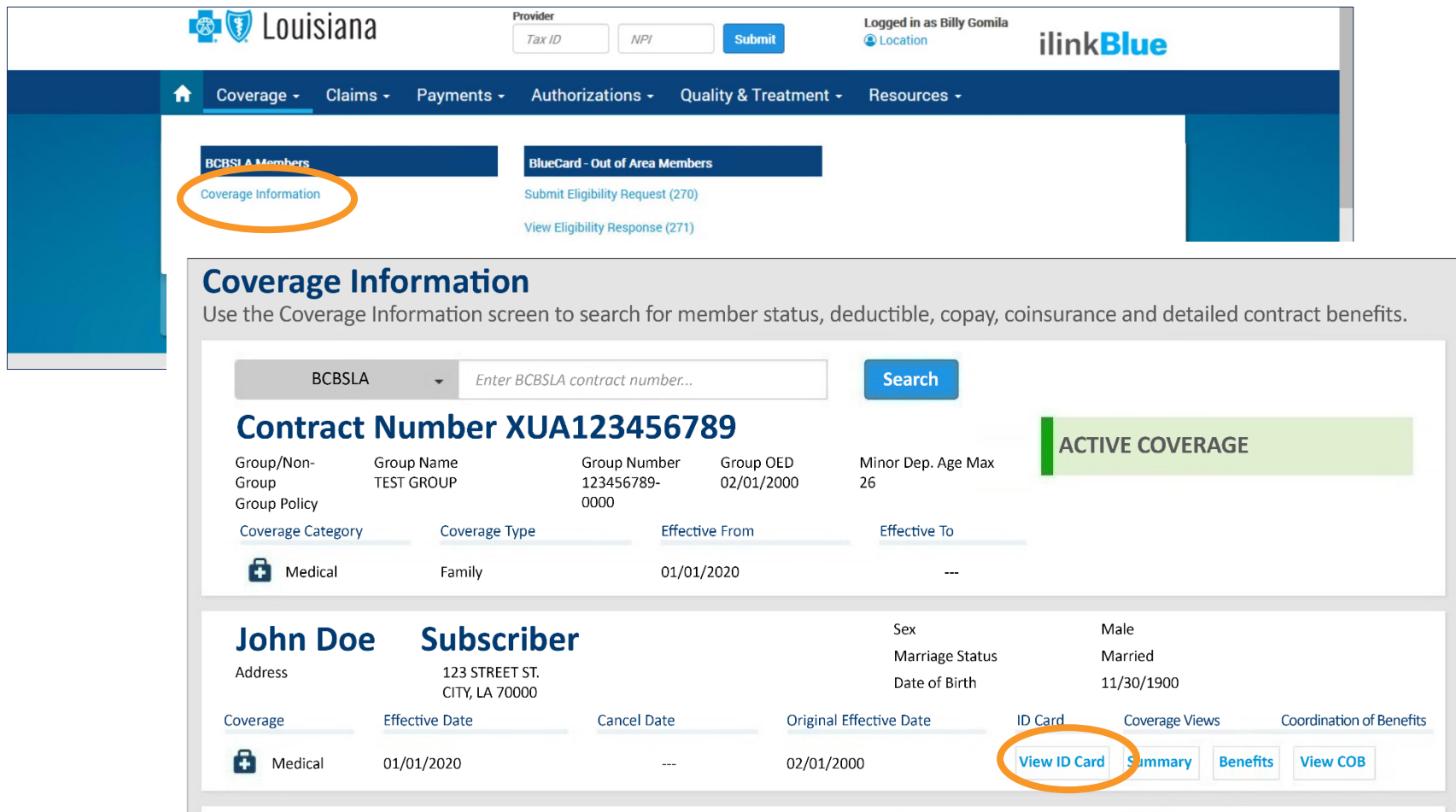
FEP Medical Policy Guidelines can now be found on iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), under Authorizations.



The screenshot displays the iLinkBlue website interface. At the top left is the Louisiana Department of Health logo, and at the top right is the iLinkBlue logo. A dark blue navigation bar contains a home icon and several menu items: Coverage, Claims, Payments, Authorizations (which is underlined), Quality & Treatment, and Resources. Below this bar, there are two main columns of links. The left column is titled 'Authorizations - BCBSLA Members' and includes links for 'Authorization Guidelines – Do I need an authorization?', 'BCBSLA Authorizations', 'Behavioral Health Authorizations', 'AIM Specialty Health Authorizations', 'Authorization/Pre-certification Inquiry', 'Medical Policy Guidelines', and 'FEP Medical Policy Guidelines'. The 'FEP Medical Policy Guidelines' link is circled in orange. The right column is titled 'Authorizations - Out of Area Members' and includes links for 'Authorization Guidelines – Do I need an authorization?', 'Out of Area (Pre Service Review – EPA)', and 'Medical Policy Guidelines'.



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."



**Louisiana** **ilinkBlue**

Provider: Tax ID, NPI, Submit. Logged in as Billy Gomila, Location.

Navigation: Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources.

BCBSLA Members (circled), BlueCard - Out of Area Members.

Submit Eligibility Request (270), View Eligibility Response (271).

### Coverage Information

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

BCBSLA Enter BCBSLA contract number... Search

**Contract Number XUA123456789**

**ACTIVE COVERAGE**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26
Group Policy				
Coverage Category	Coverage Type	Effective From	Effective To	
Medical	Family	01/01/2020	---	

**John Doe Subscriber**

Address: 123 STREET ST. CITY, LA 70000

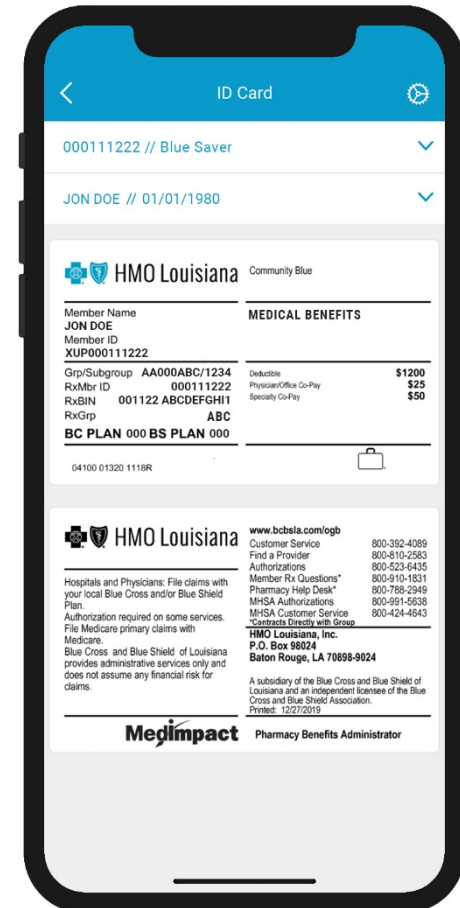
Sex: Male, Marriage Status: Married, Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card (circled)	Summary	Benefits View COB



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.






- 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.

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	29902	36471	44204
20501	25025	30000	36510	44205
20520	25259	30020	36588	45136
20526	25275	30200	36600	45900
20650	25394	30210	36660	45905
20660	25430	30300	38220	45915
20665	25431	30560	38221	46020
20690	25451	30801	38300	46030
20692	25452	30901	38782	46050
20900	25671	30903	40800	46080
20902	26020	30905	40804	46320
20910	26011	30906	41000	46500
20912	26240	31000	41005	46900
20920	27086	31002	41250	46910
20922	27286	32400	41251	47000
20924	27287	32960	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	49100
24100	28190	33979	42650	49400
24332	28630	33980	42660	49491
24342	28635	33987	42700	49492
24344	28660	36002	43113	50200
24345	28665	36405	43114	50390
24346	29086	36410	43460	50580
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:

80053  
84443  
85025




80050

73560  
73562




73564

85025  
86592  
86762  
86850  
86900  
86901  
87340



80055

85025  
86592  
86762  
86850  
86900  
86901  
87340  
89389



80081





- 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.

### 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>Provider 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>Provider Dispute Form</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</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/ilinkblue">www.BCBSLA.com/ilinkblue</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>Provider Dispute Form</li> <li>Letter of appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denied for a BlueCard* member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none"> <li>Provider 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 Provider Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Forms. The Medical Appeal or Administrative Appeal request forms are available at [www.BCBSLA.com/forms-and-tools](http://www.BCBSLA.com/forms-and-tools).

TB00122013  
This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email [providercommunications@bcbld.com](mailto:providercommunications@bcbld.com), and reference the Tidbit number and title listed on this publication.  
18NW0064 RS/20  
Last reviewed on: 8-04-20

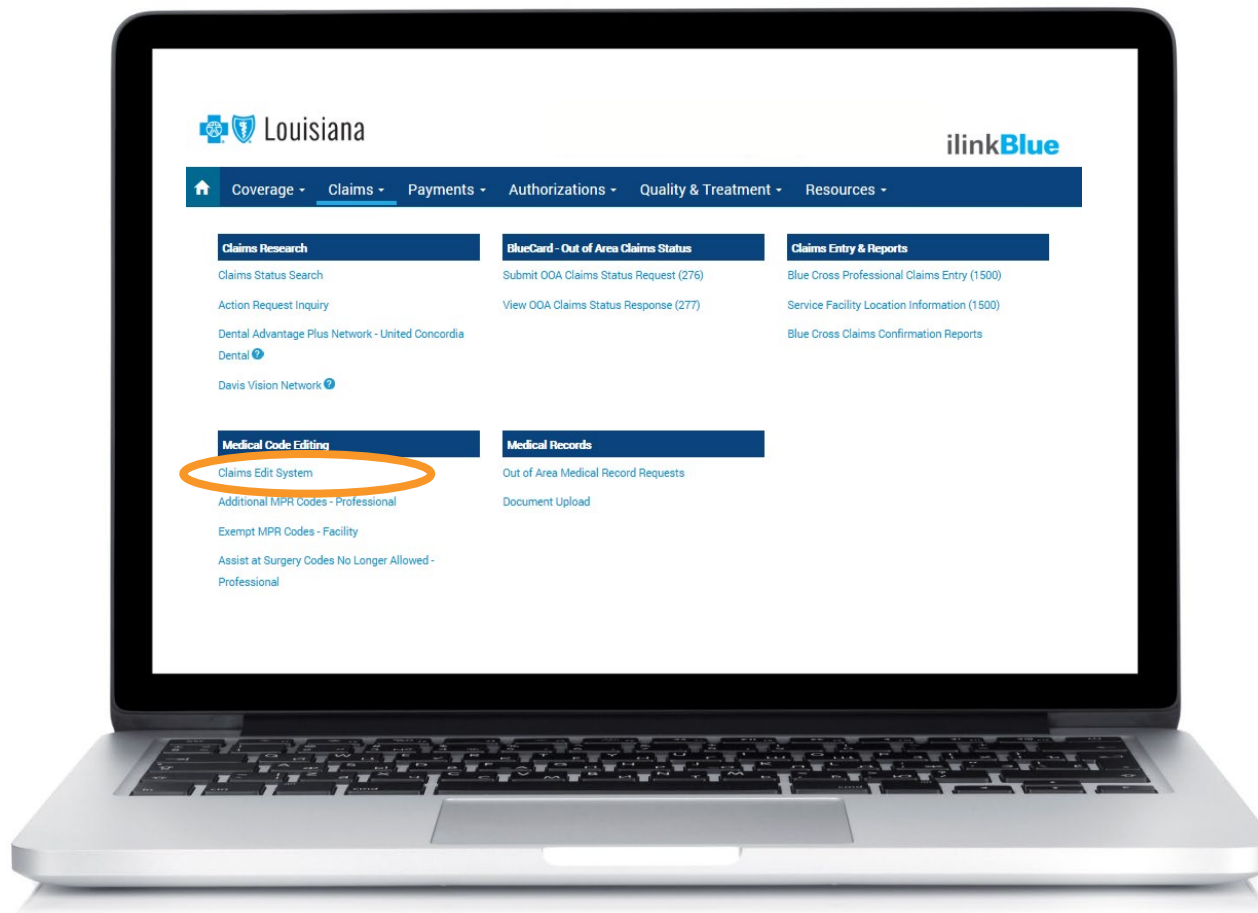
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[More →](#)

[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 Male ▼ Date of Birth  Claim Type Professional ▼


Add Lines

Submit

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

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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 Male 

Date of Birth

Claim Type Professional 

Add Lines


Submit

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

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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> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.</td> <td>Deny</td> <td>                     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                      Second 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 o The descriptors of certain CPT? and Healthcare Common Procedure First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1 Second 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 o The descriptors of certain CPT? and Healthcare Common Procedure First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1 Second 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

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		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> <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>                     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                      Radiation MFD of 1                 </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	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 Radiation MFD of 1
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	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 Radiation MFD of 1								
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.



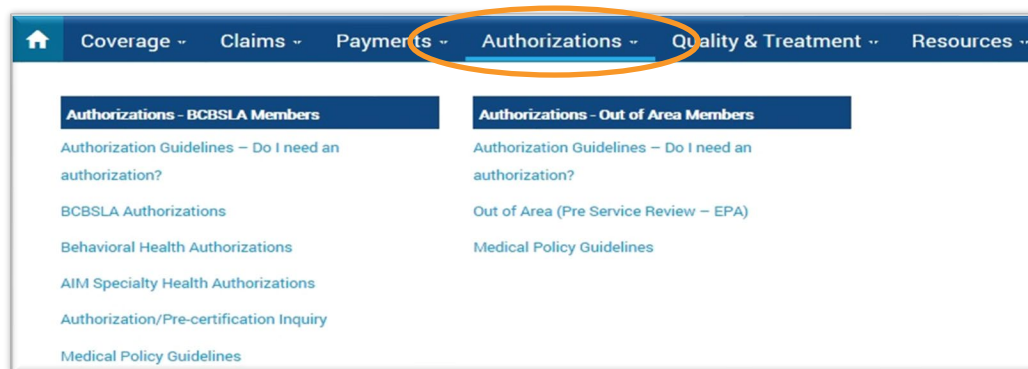
1.

## 2.

### 3.

78





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

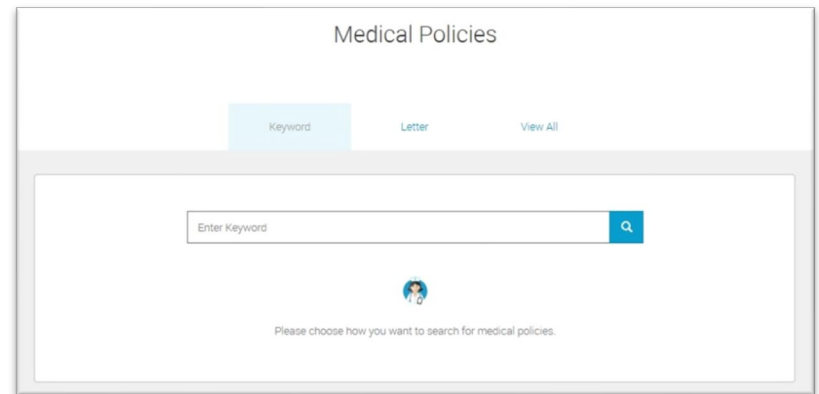
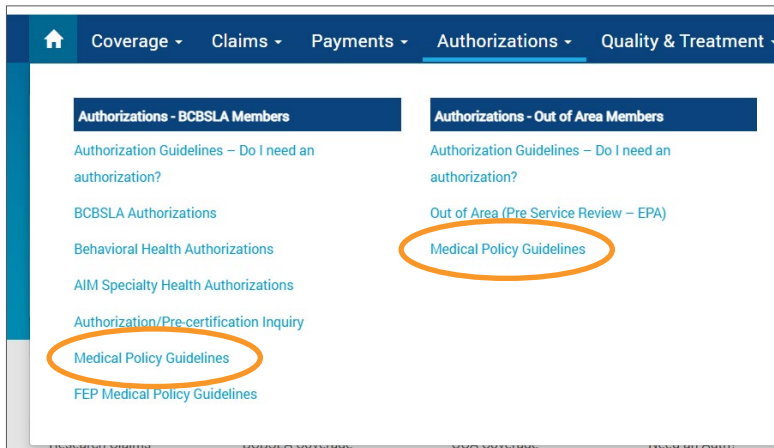
- The **BCBSLA Authorizations** tool allows you to submit and research authorizations for BCBSLA members.
- Behavioral health providers must use the New Directions Webpass Portal application, located in the **Behavioral Health Authorizations** link, to submit authorization requests for behavioral services.
- **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.



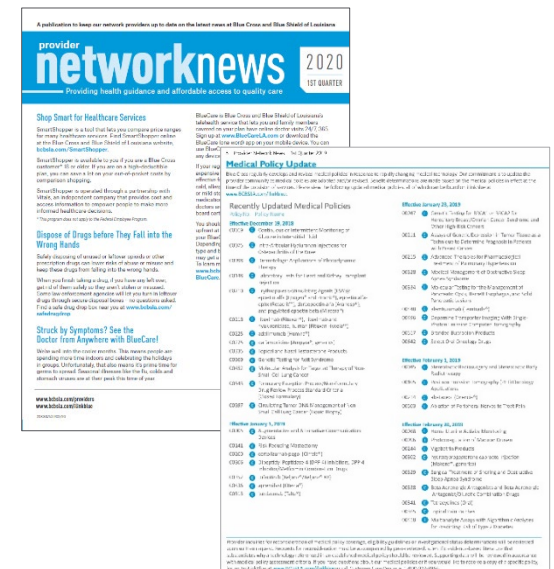
# Accessing Medical Policies in iLinkBlue



1. 2.



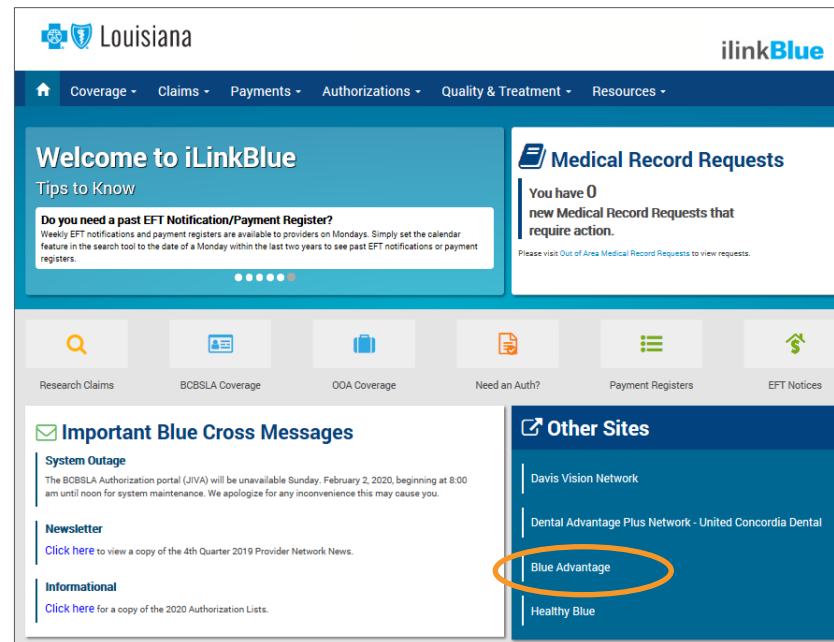
- Also use the “Authorizations” menu option to access our **Medical Policy Index**.
- Policies are listed in alpha order or you may search by policy number or procedure code.



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 > Newsletters**.



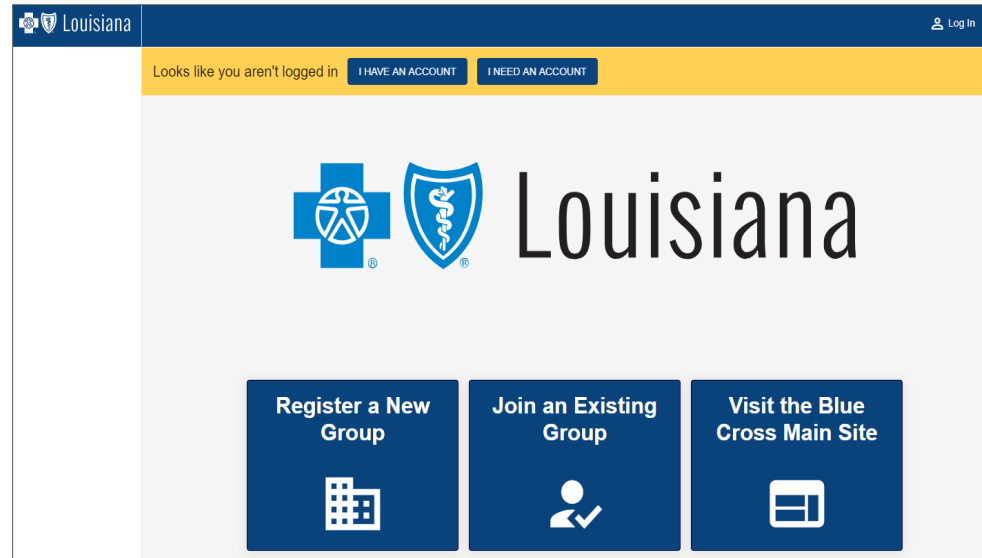
- The processes for Blue Advantage (HMO)/Blue Advantage (PPO) differ from our other provider network processes.
- There is a separate portal for these contracted providers to access needed information.
- You can access the Blue Advantage Provider Portal through iLinkBlue ([www.BCBSLA.com/iLinkBlue.com](http://www.BCBSLA.com/iLinkBlue.com)), 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 Blue Advantage Provider Portal offers resources such as:

- Office Manuals\*
- Guides\*
- Forms\*
- Eligibility
- Claims & Authorization Inquiries
- Provider & Pharmacy Search feature to refer members to other Blue Advantage network providers



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

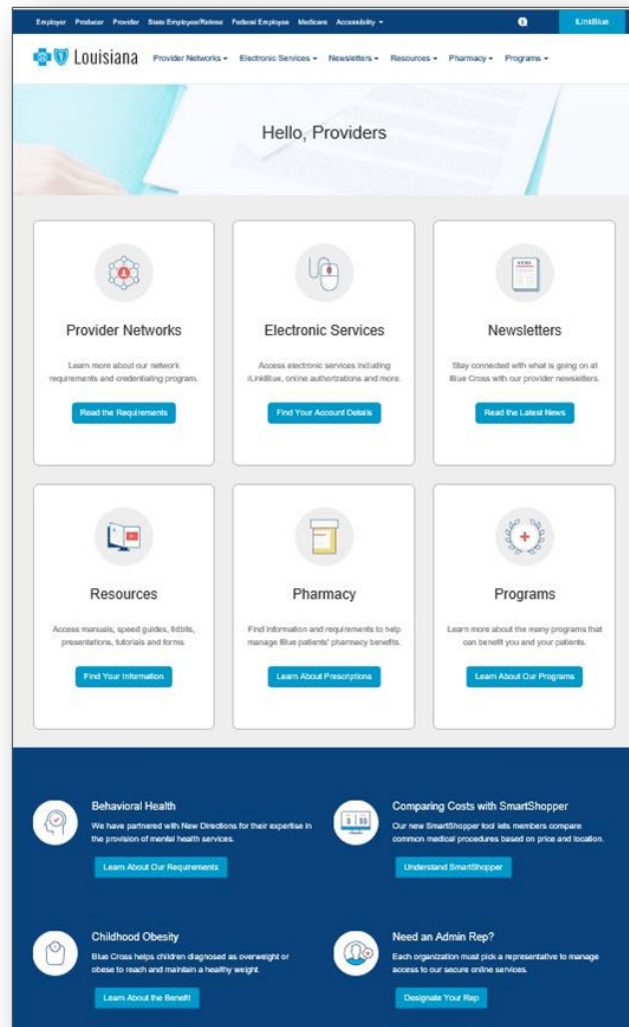
Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the Blue Advantage Provider Portal, please reach out to your Group Moderator.



- 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).



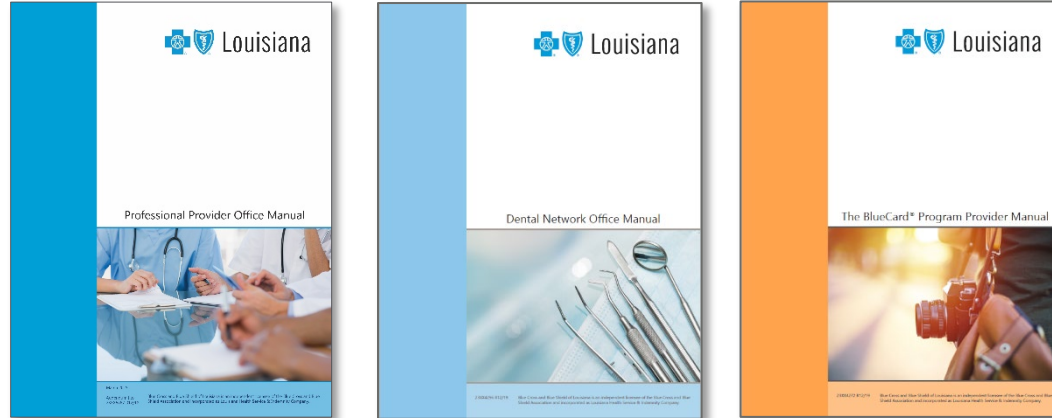


The Provider Page is home to online resources such as:

- 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.



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



# HMO Louisiana


## Signature Network Speed Guide

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

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

### Signature Blue Member ID Card

Print: QMR, QRC, QDC and QRS



Signature Network members are identifiable by the HMO Louisiana logo, logo and signature. HMO Louisiana labels printed on the member ID Card. Full-member Signature Blue members receive a primary care provider.

Tarred benefits may apply to members of Signature Blue. More detail about all member benefits can be found in [www.BCBSLA.com/SignatureBlue](http://www.BCBSLA.com/SignatureBlue).


#### Submitting Claims

- Electronic
- Louisiana CMS-1500 only
- Cashless

#### Healthplan

Wellness Louisiana  
 PO Box 98029  
 Baton Rouge, LA 70829-9029

### Service areas for the Signature Blue Network



#### New Orleans areas

- Jefferson
- Orleans

### Admitting Privileges

Members receive a level of benefits when using a facility that is not in the Signature Blue Network. Providers—who are required to have admitting privileges—have admitting privileges to at least one of the following hospitals, to the point of the Signature Blue Network.

#### New Orleans area

- Children's Hospital
- Ochsner Medical Center
- New Orleans Eastern Hospital
- University Medical Center
- West Jefferson Medical Center

#### Maternity Admissions

Maternity admissions require authorization if the patient delivers at least 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Member receives the highest level of benefits when services are performed at a Signature Blue facility.

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

revised 01/15/2015

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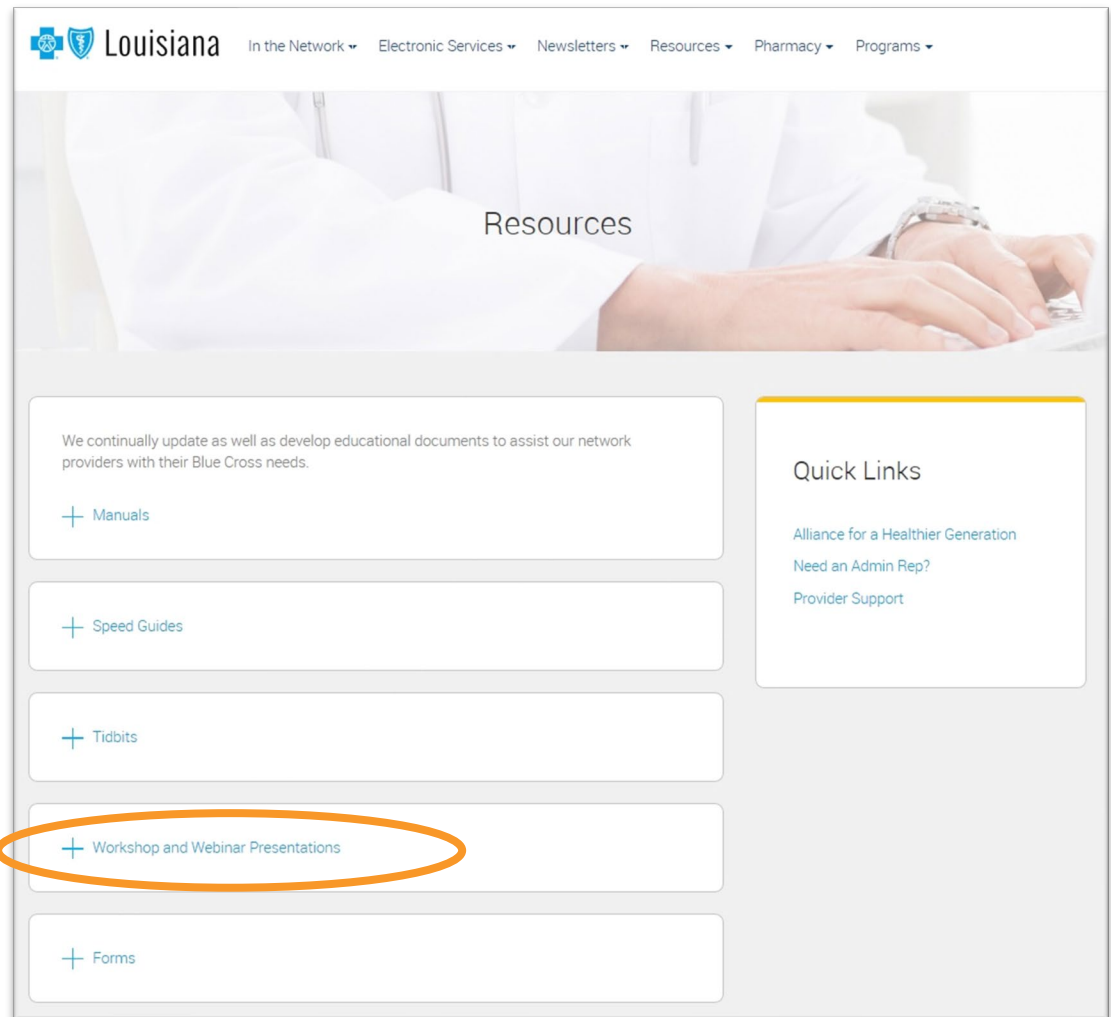
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
>Resources >Tidbits



**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

+ Provider Contracting

+ 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:

- Provider Credentialing 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>1-866-508-7145</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 provider record information
- option 3** – for questions regarding iLinkBlue and clearinghouse information
- 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.







**Healthy Blue**  
**Overview**

# Addendum



# Purpose, vision and values

## Our mission

Improving Lives and Communities.  
Simplifying Healthcare. Expecting More.

## Our vision

To be the most innovative, valuable and inclusive partner.

## Our values

- Leadership
- Community
- Integrity
- Agility
- Diversity



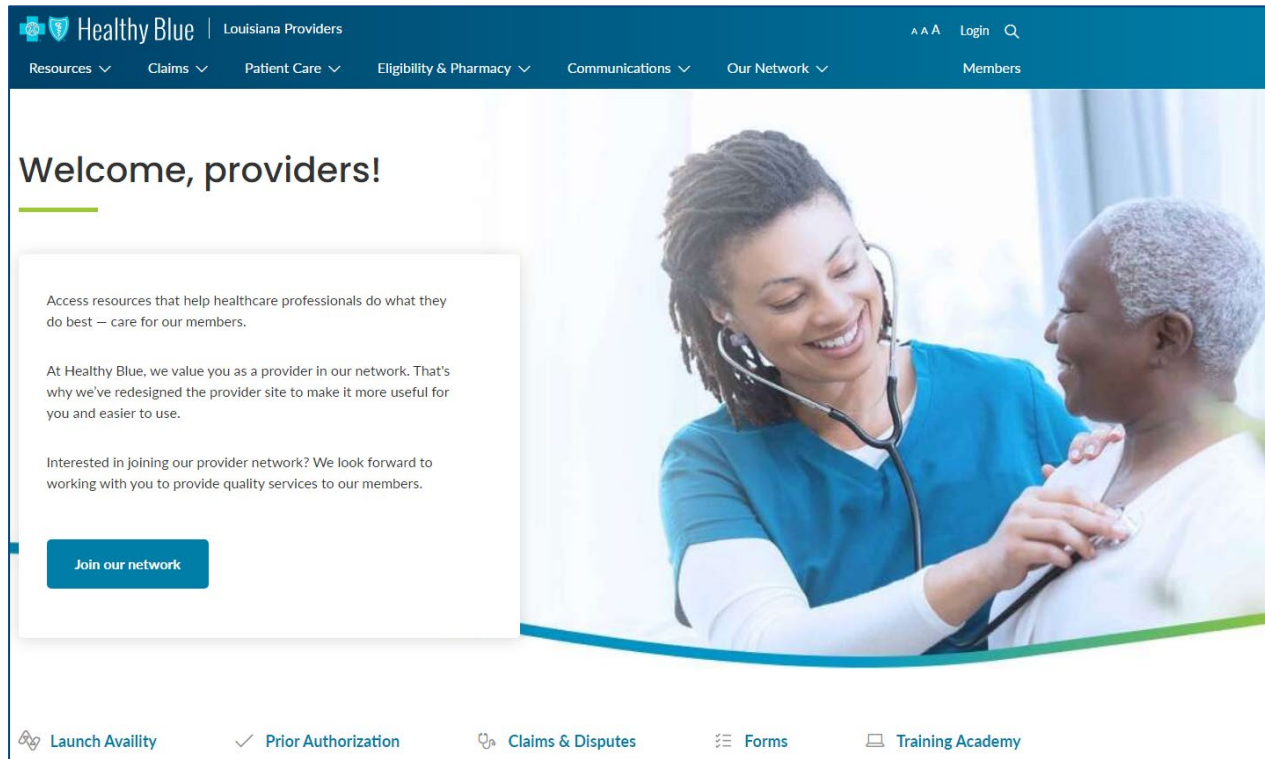


# About Healthy Blue

- Began serving members in 2012
- Employs over 200 associates
- Serves over 340,000 members
- Contains over 22,000 providers and over 200 hospitals in the provider network
- Processes claims quickly — less than five days
- Pays claims twice a week
- Provides innovative provider quality incentive programs



# Healthy Blue provider website



- The provider website can be found on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), under Other Sites click Healthy Blue.
- It is available to all providers, regardless of participation status.
- The tools on the site allow you to perform key transactions.



# Availity Portal

The Availity\* Portal ([www.availity.com](http://www.availity.com)), is an online multipayer portal that gives physicians, hospitals and other health care professionals access to multiple payer information with a single, secure login.

Availity services include:

- Eligibility and benefit inquiries.
- Claim submissions and status inquiries.
- A direct link to the Healthy Blue provider website for appeals, panel listings and precertification.

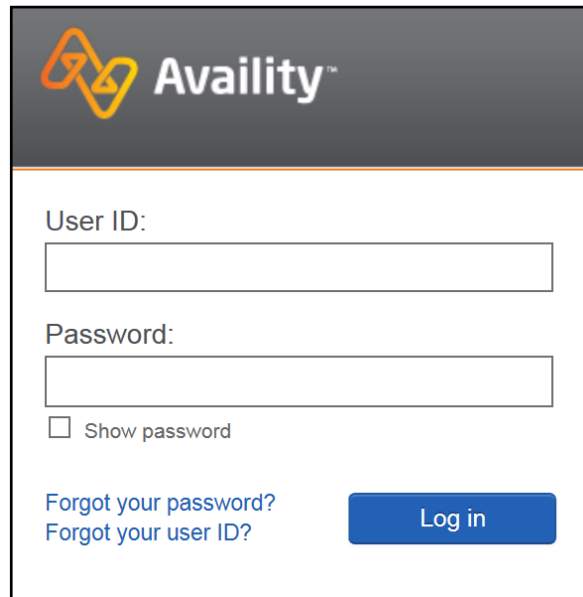
Detailed training on Availity is available.



# Availity Portal (cont.)

If you're navigating to the secure Healthy Blue provider website from [www.availity.com](http://www.availity.com):

- Enter your Availity ID and password.
- Select **Log in**.

A screenshot of the Availity login portal. The top section has a dark gray header with the Availity logo (two interlocking orange and yellow shapes) and the word "Availity™" in white. Below the header, the form is white. It contains a "User ID:" label followed by a text input field. Below that is a "Password:" label followed by a text input field. Under the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". To the right of these links is a blue button with the text "Log in" in white.

Availity™

User ID:

Password:

☐ Show password

[Forgot your password?](#)  
[Forgot your user ID?](#)

[Log in](#)



# Ongoing credentialing

- Notify us immediately of any changes in licensure, demographics or participation status by calling **1-504-836-8888**.
  - This includes physician additions and deletions to your practice locations.
- Recredentialing occurs every three years or sooner, if required by state law.



# Payment disputes

Providers can submit claim payment reconsiderations verbally, in writing or electronically. We encourage providers to submit claim reconsideration requests through the Availity Portal.

For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.



# Payment disputes (cont.)

Availity Portal functionality includes:

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Healthy Blue.
- A worklist of open submissions to check a reconsideration status.

Additionally, payment disputes may be submitted with a copy of the *Explanation of Payment*, supporting documentation and a letter of explanation to:

Healthy Blue  
Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599



# Joining our network is easy

**You make your patients' lives better. We'll do the same for you.**

- Our prior authorization, referrals, claims, and payment processes are streamlined to help you focus on what you do best — caring for your patients.

**We support you with:**

- A coordinated approach to care with innovative patient outreach and education
- Disease and case management resources
- Patient-centered medical home transformation
- Online self-service tools and live-agent support
- Local Provider Relations staff committed to your success

If you do not have access to the [Provider Enrollment application](#) under Payer Spaces, please contact your Availity administrator.

**Join our network via email**

- [LANetworkDevelopment@healthybluela.com](mailto:LANetworkDevelopment@healthybluela.com)
- Write Request to join network in the subject line



# Provider Relations contact info

- Provider Relations Hotline: **1-504-836-8888**
- Provider Relations Inbox: [LAinterPR@HealthyBlueLA.com](mailto:LAinterPR@HealthyBlueLA.com)
- Provider Relations Representatives territories and contact information:
  - The provider website can be found on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), under Other Sites click Healthy Blue.
  - Under Resources tab, click “Providers, Manuals and Guides,” and look under “Additional Resources.”





- Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue

**<https://provider.healthybluela.com>**

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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