





This convenient guide will help you quickly locate information about the Blue Cross and Blue Shield of Louisiana Preferred Care Preferred Provider Organization (PPO) program. Please refer Preferred Care PPO members to Preferred Care PPO Network providers so they receive the highest level of benefits. Additional information is available in the *Professional Provider Office Manual* online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources.

### Sample Preferred Care PPO Member ID Card

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

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 the member ID cards.

### BlueCard® Program PPO

The BlueCard® Program enables BCBS PPO members nationwide to obtain PPO benefits when they receive out-of-area services from PPO network providers. Our Preferred Care PPO network has been designated as the BlueCard® PPO network that out-of-state members should access to receive the highest level of benefits from their health plans.

Providers may verify out-of-state member coverage by calling the BlueCard® Eligibility line at 1-800-676-2583. An operator will ask you for the member's prefix on the member ID card and will connect you to the member's Blue Plan.

If you are unable to locate a prefix on the member ID card, check for a phone number on the ID card. If that is not available, then call our Customer Care Center at 1-800-922-8866.



BCBS members with PPO benefits carry ID cards with the BlueCard® "PPO in a suitcase" logo as illustrated on the above ID card sample.

### Services That Require Authorization Prior to Rendering Services

The following services may require Blue Cross approval. This list may vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).

- Air Ambulance – Non-Emergency
- Applied Behavior Analysis
- Arterial Ultrasound\*
- Arthroscopy and Open Procedures (Shoulder & Knee)\*
- Bone Growth Stimulator
- Compound Drugs greater than \$250
- Coronary Arteriography\*
- CT Scans\*
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Genetic Testing
- Hip Arthroscopy\*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators and insulin pumps)
- Inpatient Hospital Services (except routine maternity stays)
- Intensive Outpatient Programs
- Interventional Spine Pain Management\*
- Joint Replacement (Hip, Knee & Shoulder)\*
- Meniscal Allograft Transplantation of the Knee\*
- MRI/MRA\*
- Nuclear Cardiology\*
- Partial Hospitalization Program
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty\*
- PET Scans\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Pharmacy.
- Private Duty Nursing
- Prosthetic Appliances
- Radiation Therapy for Oncology\*
- Residential Treatment Centers
- Resting Transthoracic Echocardiography\*
- Sleep Studies (except those performed as a home sleep study)
- Spine Surgery\*
- Stress Echocardiography\*
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography\*
- Transplant Evaluations & Transplants
- Treatment of Osteochondral Defects\*
- Vacuum Assisted Wound Closure

\*Request for prior authorization for these services may be completed online through the AIM **ProviderPortal**<sub>SM</sub> on iLinkBlue.

## Office Copayment Option

Members with office copayment benefits may be subject to an office copayment for the following services when rendered in a provider's office or clinic:

- Office visit charges & consultations
- X-rays
- Laboratory tests
- Machine tests
- Radiation treatments
- Surgical procedures
- Injections, allergy serums, vials of allergy medications

The physician copayment does not cover allergy testing, physical therapy, prescription drugs, well-baby care, routine physical exams, high-tech imaging or medical/surgical supplies.

**Only one copayment should be collected per office visit.**

## QBPC Copayment Incentive

Blue Cross waives or reduces members' office visit copayment when they receive office services from a primary care provider (PCP) participating in the Quality Blue Primary Care (QBPC) program as follows:

Product	PCP Office Copayment	Effective Date
Preferred Care PPO products with office copayment services	Reduced by a maximum of \$15 (a \$5 minimum copay amount applies)	January 1, 2018
Preferred Care PPO products without an office copayment (e.g. deductible products such as BlueSaver)	Not Applicable	No Change
Blue Cross and Blue Shield of Louisiana employee group policies (ID cards with the group number 46210)	Waived	July 15, 2014

iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) should be used to verify patient cost share amounts.

## Physician Responsibilities

1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (see front side of this speed guide).
3. Accept the Blue Cross allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer Preferred Care PPO members to Preferred Care PPO providers, use our online provider directory at [www.BCBSLA.com](http://www.BCBSLA.com) >Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "Preferred Care PPO" option.
5. File claims for all Preferred Care patients.

## Maternity Admissions

Maternity admissions to facilities do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery for Preferred Care PPO members with maternity benefits.

## Utilization Management Programs

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

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

Authorization requests may be completed online using the AIM **ProviderPortal**<sup>SM</sup> accessed through iLinkBlue. AIM clinical appropriateness guidelines are available at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com). Additional information can be found in the *Professional Provider Office Manual*.

## Behavioral Health Claims & Authorizations

Claims should be submitted to Blue Cross and Blue Shield of Louisiana for processing. For behavioral health services requiring an authorization, Blue Cross has partnered with New Directions to manage the authorization process. Request authorization using the Behavioral Health Authorizations tool, available under the "Authorizations" section of iLinkBlue, or call New Directions at 1-800-991-5638.

Additional information on authorizations, claims and member benefits can be found in the *Behavioral Health Speed Guide*, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources.

## Submitting Claims

### Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

### Hardcopy:

Blue Cross and Blue Shield of Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

## Provider Resources

**Always have your NPI or Preferred Care PPO provider number available when calling.**

### Customer Care Center

**1-800-922-8866**

### Network Administration

**1-800-716-2299**

Option 1 - Network Development [network.development@bcbsla.com](mailto:network.development@bcbsla.com)  
Option 2 - Provider Credentialing  
Option 3 - Data Management  
Option 4 - Provider Relations [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)  
Option 5 - Provider Identity Management [PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com)

### iLinkBlue, Electronic Claims & Clearinghouse

1-800-216-BLUE (1-800-216-2583) or [EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com)

### Fraud & Abuse Hotline

**1-800-392-9249**

Call 24/7. You can remain anonymous. All reports are confidential.

### Member Benefits

Call number on the member ID card.

### Case & Disease Management

**1-800-317-2299**

### AIM Specialty Health (AIM)

**1-866-455-8416**

### New Directions

**1-800-991-5638**