



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

Lab Program Requirements

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

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

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

If you perform laboratory testing procedures in your office, you must bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification.

For complete lab billing guidelines, refer to our *Professional Provider Office Manual*, available online at www.BCBSLA.com/providers >Resources.

Special Arrangements

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

Preferred Reference Labs

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

Statewide Labs

- | | | |
|---|--|-----------------------------------|
| • Clinical Pathology Labs | www.cpllabs.com | 1-800-633-4757 |
| • Laboratory Corporation of America (LabCorp) | www.labcorp.com | 1-800-621-8037 |
| • Quest Diagnostics | www.questdiagnostics.com | 1-866-MYQUEST
(1-866-697-8378) |

Regional Labs

Alexandria Region

- Byrd Regional Hospital Reference Lab
(337) 239-5123

Baton Rouge Region

- Orion Laboratories
(225) 421-3052
- Woman's Hospital Laboratory
(225) 924-8278

Lafayette Region

- Acadia Laboratory, LLC
(337) 783-0961
- Eunice Medical Laboratory, Inc.
(337) 457-5562
- Envision Pathology, LLC
(337) 783-0039
- Precision Diagnostics
(337) 706-8230
- Premier Laboratory Services
(318) 450-3711

New Orleans Region

- Physicians Group Laboratories, LLC
(985) 872-5572
- Stone Clinical Laboratories
1-844-786-6325

Shreveport and Alexandria Region

- Willis Knighton Outpatient Lab Services
(318) 212-4032

Please note: This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit www.BCBSLA.com/providers >Find a Doctor or Drug and enter the member ID number or network; the city, parish or ZIP; then type "lab" for specialty or keyword; then click search.

Ordering Provider Requirements

The ordering/referring provider's first name, last name and NPI are required on all lab claims, otherwise the claim will be returned requesting that the claim be refiled with this information.

If you are CLIA-certified to provide lab services in your office and you are billing for these services, please include the ordering provider's first name, last name and NPI information on the claim form. Place the ordering/referring provider's information in these claim blocks:

Paper claims:

- CMS-1500: Block 17B

Electronic 837P:

- Referring Provider - Claim Level: 2310A loop, NM1 Segment
- Referring Provider - Line Level: 2420F loop, NM1 Segment
- Ordering Provider - Line Level: 2420E loop, NM1 Segment

Reference Lab Billing

Blue Cross requires reference laboratory services to be billed on a CMS-1500 claim form or an 837P electronic claim.

The logo for iLinkBlue, with 'iLink' in black and 'Blue' in blue.

Use iLinkBlue, our secure, online self-service provider tool, to directly access eligibility, benefits, allowable charges, claims research, authorizations, payment information, medical policies, manuals, APTC grace period information and more!

www.BCBSLA.com/ilinkblue

Out-of-state Labs

If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference laboratory must be a participating provider for the member's plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits.

If you are collecting the specimen and sending the specimen to an out-of-state reference lab, please ensure that the out-of-state reference lab you are using is participating in the member's network, otherwise your patient will be subject to a much higher cost share for this service or receive no benefits at all.

In addition, providers who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts.

Place of Service Billing for Lab Services

The place of service (POS) code for all clinical and anatomical laboratory services should reflect the type of facility where the patient was located when the specimen was taken, regardless of whether a global, technical or professional component of the service is being billed. For example:

- If an independent laboratory bills for a lab sample where the sample was taken in its own laboratory, POS code "81" (reference lab) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in an inpatient hospital setting, POS code "21" (inpatient hospital) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in an outpatient hospital setting, POS code "22" (outpatient hospital) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in a physician office setting, POS code "11" (office) would be reported.

As a reminder, the referring provider should always be listed on claims for laboratory services.

Pass-through Billing and Billing for Services Not Rendered

Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. You may only bill for services that you or your staff perform.

Blue Cross does not permit pass-through billing, and you should not bill any pass-through services to our members.

Per our policy, providers may only bill for the following indirectly performed services:

1. The service of the performing provider is performed at the ordering provider's place of service and is billed by the ordering provider, or
2. The service is provided by an employee of a physician or other professional provider (e.g., physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse, midwife or registered first assistant, who is under the direct supervision of the ordering provider) and the service is billed by the ordering provider with use of the appropriate modifier when billing.

Additionally, billing for services not rendered, including lab services, is not permissible. Only the performing provider should bill for the services rendered to their patient.

We do not allow business arrangements of purchasing other entities' receivables, as this type of arrangement creates overpayments and misrepresentations in performing providers' payments.

Find a full list of provider support contacts online at www.BCBSLA.com > **Provider Networks** > **Provider Support**.