Blue Cross and Blue Shield of Louisiana Professional Provider Office Manual

This manual is designed to provide information you will need as a participant in a Blue Cross and Blue Shield of Louisiana provider network—it is an extension of your agreement(s).

To use this manual, first familiarize yourself with the Quick Reference Guide, Table of Contents, Definitions section and Summary of Changes section.

Periodically, we send newsletters and informational notices to providers. Please keep such information and a copy of your respective provider agreement(s) along with this manual for your reference. Updated office manuals and provider newsletters may be found on the Provider page of our website (www.bcbsla.com/providers > Resources).

If you have questions about the information in this manual or your participation as a network provider, please email <u>provider.contracting@bcbsla.com</u>.



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CDT Only© American Dental Association

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. The *Professional Provider Office Manual* and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.



Quick Reference Guide

This reference guide contains the contact information for the services listed within this manual. Please refer to this guide as needed when reading this manual.

Appeals

Please mail appeals to the appropriate address:

Standard Administrative Appeal

Medical Benefits:

BCBSLA Appeals and Grievance

P.O. Box 98045

Baton Rouge, LA 70898-9045

<u>Pediatric Dental Care Benefits</u>: (applicable to non-grandfathered individual and small group only)

BCBSLA

Dental Customer Service

P.O. Box 69420

Harrisburg, PA 17106-9420

<u>Pediatric Vision Care Benefits</u>: (applicable to non-grandfathered individual and small group only)

BCBSLA

c/o Davis Vision

P.O. Box 791

Latham, NY 12110

Standard Medical Appeal (if it is an expedited medical appeal, please include Attn: Expedited Medical Appeal)

BCBSLA Medical Appeals

P.O. Box 98022

Baton Rouge, LA 70898-9022

Fax: (225) 298-1837



Appeals (continued)

Behavioral Health Medical Necessity Appeal (send first-level appeals

directly to Lucet)

Lucet

ATTN: Appeals Coordinator

P.O. Box 6729

Leawood, KS 66206

Fax: 1-816-237-2382

Authorizations

To request prior authorization for services, providers are required to use our authorizations applications that are available on iLinkBlue (www.bcbsla.com/ilinkblue). Blue Cross requires providers to submit prior authorization requests, including new requests and extensions, through our online BCBSLA Authorizations application. Exceptions include transplants, dental services covered under medical and most out-of-state services.

Behavioral Health

Use the Behavioral Health Authorizations application for inpatient and outpatient behavioral health services that require an authorization. This is Lucet's WebPass Portal.

Utilization Management Programs

Use the Carelon application for our high-tech imaging, cardiology, musculoskeletal (MSK), radiation oncology and sleep management programs. This is the Carelon $ProviderPortal_{SM}$

Authorization Phone Numbers

BCBSLA Authorizations Department:

BCBSLA: 1-800-523-6435 / fax: 1-800-586-2299

For behavioral health services:

Lucet: 1-800-991-5638

For our Utilization Management programs:

Carelon: 1-866-455-8416

Drug

To request prior authorization for a drug, use the Drug Authorization Form, available online at www.bcbsla.com/providers > Pharmacy. A sample of this form is provided in Appendix II Forms at the end of this manual.

You may also call:

For Pharmacy Benefit Drug Authorizations:

Express Scripts, Inc. at 1-800-842-2015



Authorizations (continued)

For Medical Benefit Drug Authorizations:

- Targeted Medications Express Scripts, Inc./Care Continuum at 1-800-842-2015
- Non-targeted Medications Blue Cross at 1-800-523-6435

BCBSLA Authorizations Application Issues

For errors involving:

- Internal server error message call EDI Customer Operations at 1-800-716-2299, option 3
- Internet errors on provider landing page call EDI Customer Operations at 1-800-716-2299, option 3
- Unable to submit or locate a submitted authorization call Provider Relations at 1-800-716-2299, option 4
- Internet errors within the portal email caremgtsys@bcbsla.com

For gaining access to the BCBSLA Authorizations application in iLinkBlue:

- Reach out to the administrative representative at your facility or organization to discuss your security roles in iLinkBlue
- If you do not have an administrative representative, contact the Provider Identity Management (PIM) Team at 1-800-716-2299, option 5 or PIMteam@bcbsla.com

Full information on how to access iLinkBlue, including the registration application, is available online at www.bcbsla.com/providers > Electronic Services > iLinkBlue.

Retrospective Review Authorizations

To request a retrosepective authorization, use the Retrospective Review Authorization Form available at www.bcbsla.com/providers > Resources > Forms.

You may request a retrospective review in one of two ways:

- Fax the Retrospective Review Authorization Form to 1-800-515-1150.
- Upload the Retrospective Review Authorization Form and medical records through iLinkBlue. Click on the Document Upload link on the home page, then select "Medical Records for Retrospective or Post Claim Review" from the department dropdown.



BlueCard® Eligibility

Call BlueCard Eligibility to verify patient eligibility and benefits. You can receive real-time responses to your eligibility requests for out-of-area members between 6 a.m. and midnight, Central Time, Monday – Saturday.

phone: 1-800-676-BLUE (1-800-676-2583)

Care Management Programs

Blue Cross offers many long-standing, results-driven programs to support your patient relationships and help our mutual customers—your patients, our members—achieve their health and wellness goals.

Help your patients be stronger than their diagnosis. There is no out-of-pocket cost to a patient to work with a Blue Cross health coach. Patients can learn more about our available programs and clinical staff at www.bcbsla.com/stronger.

Providers can refer Blue Cross members by:

- Calling Population Health at 1-800-317-2299,
 Monday Friday, 8 a.m. to 5 p.m. (except holidays)
- Faxing the Population Health Referral Form to (225) 298-3184.
 Locate the form online at www.bcbsla.com/providers > Programs > Care Management > CMDM Referral Form.

Blue Cross members can self-refer by calling 1-800-821-2749, Monday – Friday, 8 a.m. to 5 p.m. (except holidays).

Patients who are already in a Blue Cross Care Management Program and do not wish to continue participating can call the number above to opt out.



Claims

Electronic:

Please submit electronic claims through Blue Cross-approved clearinghouse locations. For more information about filing claims through Blue Cross approved clearinghouse locations, visit the Clearinghouse section of our Provider page (www.bcbsla.com/providers > Electronic Services > Clearinghouse Services).

CMS-1500 electronic claims also may be submitted through iLinkBlue (www.bcbsla.com/ilinkblue).

Hardcopy:

BCBSLA Claims Department P.O. Box 98029 Baton Rouge, LA 70898-9029

FEP Claims:

BCBSLA Claims Department P.O. Box 98028 Baton Rouge, LA 70898-9028

Customer Care Center

Providers are required to use our self-service tools for member eligibility, claim status inquiries, professional allowable searches and medical policy searches. Our self-service options are:

- iLinkBlue (www.bcbsla.com/ilinkblue)
- Interactive Voice Recognition (IVR) (1-800-922-8866)
- HIPAA 27x Transactions

For all other inquiries, please have your NPI, the member ID number, patient date of birth and the date of service when calling.

phone: 1-800-922-8866



Disputes

Please mail disputes to the appropriate address. Please include the Provider Dispute Form and/or a detailed reason for the claims dispute. Find the Provider Dispute Form on our Provider page (www.bcbsla.com/providers > Resources > Forms).

Participating provider claims disputes for Blue Cross and Blue Shield of Louisiana members can be submitted in the following ways:

Hardcopy:

BCBSLA Provider Disputes P.O. Box 98021 Baton Rouge, LA 70898-9021

Fax:

(225) 298-7035

iLinkBlue (www.bcbsla.com/ilinkblue):

Select "Document Upload" from the Home page or "Claims" and then "Medical Records" menu options. In the Document Upload tool, choose "Provider Disputes-Louisiana Members" in the drop-down menu.

Participating provider claims disputes for BlueCard® members (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana) can be submitted in the following ways:

Hardcopy:

BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9045

Fax:

(225) 297-2727

iLinkBlue:

Select "Document Upload" from the Home page or "Claims" and then "Medical Records" menu options. In the Document Upload tool, choose "Provider Disputes-NON-Louisiana Members" in the drop-down menu.



Disputes (continued)

Participating provider claims disputes for Federal Employee Program (FEP) members can be submitted in the following ways:

Hardcopy:

BCBSLA Federal Employee Program P.O. Box 98028 Baton Rouge, LA 70898

Fax:

(225) 295-2364

iLinkBlue:

Select "Document Upload" from the Home page or "Claims" and then "Medical Records" menu options. In the Document Upload tool, choose "Provider Disputes-Federal Employee Program (FEP) Provider Appeals/Disputes" in the drop-down menu.

Tips for Successful Document Upload:

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/ fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

EDI Services

Claims may be submitted electronically to Blue Cross directly from your office or through a Blue Cross-approved clearinghouse.

For more information about filing claims electronically and/or approved clearinghouse locations, please contact our EDI Customer Operations:

email: EDIservices@bcbsla.com phone: 1-800-716-2299, option 3



Electronic Funds All providers must be part of our EFT program. With EFT, Blue Cross Transfer (EFT) deposits your payment directly into your checking or savings account. For more information on EFT, visit the EFT section of the Provider page at www.bcbsla.com/providers > Electronic Services > Electronic Funds or contact us: email: PCDMstatus@bcbsla.com **phone:** 1-800-716-2299, option 2 **iLinkBlue** iLinkBlue is a free online provider tool that includes services such as: Eligibility verification Benefits (copayments, deductible and coinsurance) • Claims status (paid, rejected and pended) Allowable charges Action requests Payment registers Medical policies Authorization requests and more! iLinkBlue: www.bcbsla.com/ilinkblue For questions regarding iLinkBlue please contact EDI Services: email: EDIservices@bcbsla.com **phone:** 1-800-716-2299, option 3 Medical policy coverage eligibility guidelines or investigational status **Medical Policy** Inquiry determination of treatments, procedures, devices, drugs or biological products will be considered upon written request by a member provider. **Hardcopy:** BCBSLA - Medical Director of Medical Policy P.O. Box 98031 Baton Rouge, LA 70809-9031



Overpayments

If you believe an overpayment has occurred on a claim, you may submit a review of the claim as follows:

- Submit an Action Request (AR) through iLinkBlue (www.bcbsla.com/ilinkblue)
- 2. Complete and submit the Overpayment Notification Form, available online at www.bcbsla.com/providers > Resources > Forms.

For full details on overpayments, see the Claims Resolution section of this manual.

Provider Contracting

Provider Contracting supports inquiries related to your provider agreement(s).

email: provider.contracting@bcbsla.com

phone: 1-800-716-2299, option 1

Provider Credentialing & Data Management

Credentialing packets and criteria are available on our Provider page at www.bcbsla.com/providers > Network Enrollment > Join Our Network > Professional Providers > Join Our Network.

The Blue Cross Provider Credentialing & Data Management team handles demographic changes.

To change your address, phone number, Tax ID number, etc., please use the Provider Update Request Form, located on our Provider page (www.bcbsla.com/providers > Resources > Forms).

For more information on our credentialing and data management process, including frequently asked questions, visit www.bcbsla.com/providers > Network Enrollment > Join Our Networks > Professional Providers > Join Our Network.

For all other inquiries:

email: PCDMstatus@bcbsla.com

phone: 1-800-716-2299, option 2



Provider Identity Management Team (PIM)	PIM is a dedicated team that helps establish and manage system access to our secure electronic services, including the setup process for administrative representatives. email: PIMteam@bcbsla.com phone: 1-800-716-2299, option 5
Provider Page	Our Provider page is designed to serve provider needs. Use this page to help locate important information such as: • Authorizations • Credentialing • Resources • Newsletters • Office of Group Benefits (OGB) • Pharmacy Management • Provider Tools • Quality Blue website: www.bcbsla.com/providers
Provider Relations	Provider Relations representatives assist providers and office staff with information about Blue Cross and its programs and procedures. Provider Relations representatives do not handle routine claim inquiries and benefit questions. These question should be directed to our Customer Care Center if they cannot be answered using our other available resources. email: provider.relations@bcbsla.com phone: 1-800-716-2299, option 4



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