### **APPENDIX I: ONLINE RESOURCES**

of the Professional Provider Office Manual

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This is an appendix of the *Professional Provider Office Manual*, and is for informational purposes only. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider Page at www.bcbsla.com/providers.

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.

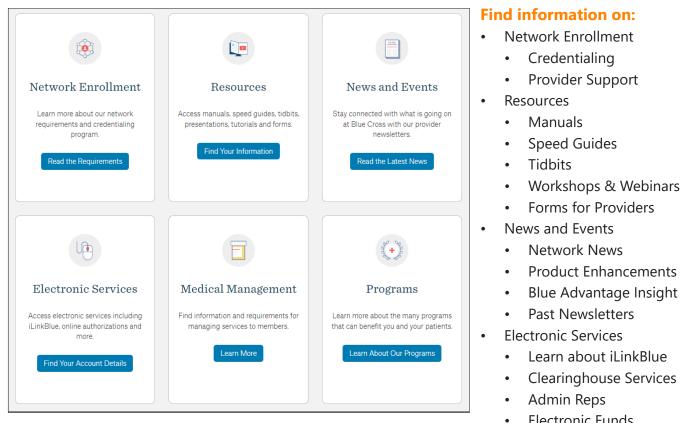
As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary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



Blue Cross and Blue Shield of Louisiana Professional Provider Office Manual

# **Provider Page**

Blue Cross and Blue Shield of Louisiana's provider website serves our provider needs. Use this page to help locate important information.



www.bcbsla.com/providers

- Electronic Funds
- Medical ManagementAuthorizations
- Medical Policies
- Medical Policies
- Lab Management
- Care Management
- Pharmacy
- Programs
  - Blue Distinction
  - Quality Blue
  - Specialty Care Insight



# iLinkBlue

Blue Cross and Blue Shield of Louisiana's iLinkBlue is our secure online tool for facility and professional healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

To gain access to iLinkBlue, you must complete the iLinkBlue agreement packet. The iLinkBlue provider agreement packet is available on our Provider page.

✿ Coverage →	Claims - Payments	<ul> <li>Authorizations</li> </ul>	Quality & Tr	reatment 👻	Resources 👻	
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#### iLinkBlue is your one-stop for:

- Benefits
- Eligibility
- Claims Research
- Payment Information
- Authorizations
- Electronic Funds Transfer
- BlueCard Medical Record Requests

- Medical Policies
- Manuals
- Allowable Charges
- Estimated Treatment Cost
- Grace Period Notices
- Medical Code Editing
- And so much more!

## www.bcbsla.com/ilinkblue



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Page 1 of 1												
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### EXAMPLE PAYMENT REGISTER/REMITTANCE ADVICE

### PAYMENT REGISTER/REMITTANCE ADVICE EXPLANATION

Following is a description of each item on the Blue Cross Weekly Provider Payment Register/ Remittance Advice.

- 1. Patient Name The last and first name of the patient.
- 2. Contract Number The member's Blue Cross and Blue Shield identification number.
- **3. Patient Acct** The patient identification number assigned by the provider's office. This information will appear only if provided on the claim.
- **4. Performing Provider** The provider number and name of the provider who performed the service.
- 5. Days/Units The number of visits that the line item charge represents.
- 6. Admit/Dis Dt The beginning and ending date(s) of service for a claim.
- **7. Claim Number** The number assigned to the claim by Blue Cross for document identification purposes. NOTE: When making inquiries about a specific payment, always refer to this number.
- 8. CPT4 Rev The code used to describe the services performed by the provider.
- 9. Drg Not applicable to providers.
- **10. Total Charges** The charge for each service and the total claim charges submitted to Blue Cross and Blue Shield.
- **11. Above Allow Amt** The amount above the allowable charge. NOTE: This amount cannot be collected from the member.
- **12. COB OC Pay** An asterisk in this column denotes that Blue Cross and Blue Shield is the secondary carrier.
- **13. OC Code** C = Commercial Carrier, M = Medicare.
- **14. Not Covered Ded-Coin-Inel** The total amount owed by a patient for each claim including deductible, coinsurance, copayment, noncovered charges, etc.
- **15. Patient Resp** The total patient responsibility amount. NOTE: The patient responsibility amount may have been reduced by any COB amount included in the calculation.
- 16. Amount Paid The amount paid by Blue Cross.
- **17. Totals** The total of days, charges, contract benefits, patient liability, above allowable amount, and amount paid for all patients listed.
- 18. Paid Prov Provider's/Clinic's NPI under which payment is made.
- **19. Date** Date the Provider Payment Register/Remittance Advice is generated by Blue Cross.
- **20. EFT NO** The number assigned to the EFT associated with the Payment Register.

