

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.

Provider Page

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

Hello, Providers

www.BCBSLA.com/providers >Resources

 <p>Provider Networks</p> <p>Learn more about our network requirements and credentialing program.</p> <p>Read the Requirements</p>	 <p>Electronic Services</p> <p>Access electronic services including iLinkBlue, online authorizations and more.</p> <p>Find Your Account Details</p>	 <p>Newsletters</p> <p>Stay connected with what is going on at Blue Cross with our provider newsletters.</p> <p>Read the Latest News</p>
 <p>Resources</p> <p>Access manuals, speed guides, tidbits, presentations, tutorials and forms.</p> <p>Find Your Information</p>	 <p>Pharmacy</p> <p>Find information and requirements to help manage Blue patients' pharmacy benefits.</p> <p>Learn About Prescriptions</p>	 <p>Programs</p> <p>Learn more about the many programs that can benefit you and your patients.</p> <p>Learn About Our Programs</p>

You will find information on:

- Provider Networks
 - Credentialing
 - Provider Support
- Electronic Services
 - Learn about iLinkBlue
 - Clearinghouse Services
 - Admin Reps
 - Electronic Funds
- Newsletters
 - Network News
 - Blue Advantage Insight
 - Past Newsletters
- Resources
 - Manuals
 - Speed Guides
 - Tidbits
 - Workshops and Webinars
 - Forms for Providers
- Pharmacy
- Programs
 - Quality Blue
 - Care Management
 - Specialty Care Insight

www.BCBSLA.com/providers

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.

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

EXAMPLE PAYMENT REGISTER/REMITTANCE ADVICE

**BLUE CROSS BLUE SHIELD OF LOUISIANA
WEEKLY PROVIDER PAYMENT REGISTER**

Date: 01/15/2019
 Provider Name: Family Medical Clinic

1 Patient Name	2 Contract Number	3 Patient Acct	4 Days/Units	5 Admt/Dis Dt	6 Claim Number	7 CPT4 Rev	8 Sch Drg	9 Total Charges	10 Above Allow Amt	11 COB /OC Pay	12 OC Code	13 Not Covered Ded-Coin-Incl	14 Amt Paid			
PUBLIC, J.Q.	XUH123456789	ABCDEF000	1	04/15/2018 04/15/2018	1000000	99999		\$155.00	\$55.00 PDC-CO			\$100.00 DED-PR	\$ 0.00			
15 Performing/Prov: 0123456789 (16) Prov Name: John Doe, MD																
PUBLIC, J.Q.	XUH123456789	ABCDEF000	1	04/15/2018 04/15/2018	1000000	99999		\$ 55.00	\$12.00 PDC-CO			\$ 0.00 DED-PR	\$43.00			
Performing/Prov: 0123456789 Prov Name: John Doe, MD																
PUBLIC, SU	XUH987654321	ABCDEF001	1	06/30/2018 06/30/2018	1000012	99999		\$120.00	\$30.00 PDC-CO			\$ 90.00 DED-PR	\$ 0.00			
Performing/Prov: 0123456789 Prov Name: John Doe, DDS																
SMITH, JOHN	XUH999999999	ABCABC001	1	07/15/2018 07/15/2018	1000030	99999		\$175.00	\$60.00 PDC-CO			\$100.00 DED-PR	\$15.00			
Performing/Prov: 0123456789 Prov Name: John Doe, MD																
17 Totals:												4	\$505.00	\$157.00	\$290.00	\$58.00

**ALL NAMES, CHARGES AND
CODES ARE FOR
EXAMPLE PURPOSES ONLY**

PR - This is the amount determined by Blue Cross to be the responsibility of the patient.
 OA - The liability for this amount is not determined on this processing because this amount was previously processed or may be processed in the future.
 CO - This amount is determined by Blue Cross to be the responsibility of the provider.
 PDC - The charge exceeds the allowed amount for this service.

18 PAID PROV: 0123456789
19 DATE: 01/15/2019
20 CHECK NO: 999999999

BLUE CROSS BLUE SHIELD LOUISIANA
 P.O. BOX 98029
 BATON ROUGE, LA 70898-9029

FAMILY MEDICAL CLINIC
 111 MAIN STREET
 ANYTOWN, LA 70000-0000

PAYMENT REGISTER/REMITTANCE ADVICE EXPLANATION

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

1. **Patient's Name** - The last name and first five letters of the 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. **Days/Units** - The number of visits that the line item charge represents.
5. **Admit/Dis Dt** - The beginning and ending date(s) of service for a claim.
6. **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.
7. **CPT Code** - The code used to describe the services performed by the provider.
8. **Sch Drg** - Not applicable to providers.
9. **Total Charges** - The charge for each service and the total claim charges submitted to Blue Cross and Blue Shield.
10. **Above Allowable Amount** - The amount above the allowable charge. NOTE: This amount cannot be collected from the member.
11. **COB/OC Pay** - An asterisk in this column denotes that Blue Cross and Blue Shield is the secondary carrier.
12. **OC Code** - C = Commercial Carrier, M = Medicare.
13. **Not Covered Ded-Coin-Inel** - The total amount owed by a patient for each claim including deductible, coinsurance, copayment, noncovered charges, etc.
14. **Amt Paid** - The amount paid by Blue Cross.
15. **Performing/Prov** - The name and provider number of the provider who performed the service.
16. **Provider Name** - Provider/Clinic name and address to which payment is made.
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. **Check Number** - The number assigned to the check mailed with the Payment Register.