



A Guide for Disputing Claims

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to respond (and not respond) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For corrected claims, please review our Corrected Claims Tidbit, available at www.BCBSLA.com/providers >Resources >Tidbits.

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denials for insufficient medical information	<ul style="list-style-type: none"> Supporting medical documentation & copy of Blue Cross letter of request for medical records 	<ul style="list-style-type: none"> Provider Dispute Form Claim Form 	BCBSLA - Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	<ul style="list-style-type: none"> iLinkBlue Action Request Supporting medical documentation 	<ul style="list-style-type: none"> Provider Dispute Form 	www.BCBSLA.com/ilinkblue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	<ul style="list-style-type: none"> iLinkBlue Action Request Call Customer Care Center 	<ul style="list-style-type: none"> Written request 	www.BCBSLA.com/ilinkblue or refer to the customer service number listed on the back of the member ID card
Claim denies for primary carrier's explanation of benefits (EOB)	<ul style="list-style-type: none"> Claim with EOB from primary carrier 	<ul style="list-style-type: none"> Provider Dispute Form Letter of appeal or Appeal Request Form 	www.BCBSLA.com/ilinkblue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denied for a BlueCard® member <i>(insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)</i>	<ul style="list-style-type: none"> Provider Dispute Form* Formal letter of appeal including reason Supporting medical documentation 	<ul style="list-style-type: none"> Claim Form Appeal Request Form 	BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029 or Fax to (225) 297-2727

*The Provider Dispute Form is available at www.BCBSLA.com/providers >Resources >Forms. The Medical Appeal or Administrative Appeal request forms are available at www.BCBSLA.com/forms-and-tools.

More →

TB00122013

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18NW2064 R3/21

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Last reviewed on: 3-26-21



A Guide for Disputing Claims (continued)

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Administrative Appeal or Grievance - Claim issues due to the member's contract benefits, limitations, exclusions or cost share (<i>deductible, coinsurance, copayment</i>)	<ul style="list-style-type: none"> Administrative Appeal Request Form* Formal letter of appeal including reason, along with signed authorization from the member Supporting medical documentation 	<ul style="list-style-type: none"> Claim Form 	BCBSLA - Administrative Appeals & Grievances P.O. Box 98045 Baton Rouge, LA 70898-9045 Fax to (225) 298-1635
Claims Dispute - Claim payment/denial affects the provider's reimbursement (<i>timely filing, reimbursement, allowable, authorization penalty, bundling issue</i>)	<ul style="list-style-type: none"> Provider Dispute Form* Details, including reason for dispute; if bundling issue, reason why current bundling logic is incorrect; or if allowable reimbursement, reason including expected amount Supporting medical documentation Proof of timely filing (<i>only if denied for timely filing</i>) 	<ul style="list-style-type: none"> Claim Form 	BCBSLA - Provider Disputes P.O. Box 98021 Baton Rouge, LA 70898-9021 Fax to (225) 298-7035 OR through iLinkBlue (www.BCBSLA.com/iLinkBlue), click "Document Upload," then "Provider Disputes" in the drop-down menu
Standard Medical Appeal - Claim or authorization denied as investigational or not medically necessary	<ul style="list-style-type: none"> Medical Appeal Request Form* Formal letter of appeal (<i>including reason</i>) Supporting medical documentation 	<ul style="list-style-type: none"> Claim Form 	BCBSLA - Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022
Expedited Medical Appeal - authorization denied as investigational or not medically necessary (<i>for pre-service only</i>)	<ul style="list-style-type: none"> Medical Appeal Request Form* Formal letter of appeal (<i>including reason</i>) Supporting medical documentation 	<ul style="list-style-type: none"> Claim Form 	Fax to (225) 298-1837
All other claim processing inquiries	<ul style="list-style-type: none"> iLinkBlue Action Request Call Customer Care Center 	<ul style="list-style-type: none"> Written request 	www.BCBSLA.com/ilinkblue or refer to the customer service number listed on the back of the member ID card

*The Provider Dispute Form is available at www.BCBSLA.com/providers >Resources >Forms. The Medical Appeal or Administrative Appeal request forms are available at www.BCBSLA.com/forms-and-tools.

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TB00122013

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18NW2064 R8/20

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Last reviewed on: 8-04-20