

# PROVIDER TIDBITS



## Louisiana

### 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. The 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](http://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"> <li>Supporting medical documentation &amp; copy of Blue Cross letter of request for medical records</li> </ul>	<ul style="list-style-type: none"> <li>Claims Dispute Form</li> <li>Claim Form</li> </ul>	BCBSLA - Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	<ul style="list-style-type: none"> <li>iLinkBlue Action Request</li> <li>Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>Claims Dispute Form</li> <li>Letter of appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	<ul style="list-style-type: none"> <li>iLinkBlue Action Request</li> <li>Call Customer Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Written request</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> or refer to the customer service number listed on the back of the member ID card
Claim denials for bundling	<ul style="list-style-type: none"> <li>Claims Dispute Form*</li> <li>Reason why current bundling logic is incorrect</li> <li>Supporting medical documentation</li> </ul>		BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denials for primary carrier's explanation of benefits (EOB)	<ul style="list-style-type: none"> <li>Claim with EOB from primary carrier</li> </ul>	<ul style="list-style-type: none"> <li>Claims Dispute Form</li> <li>Letter of appeal or Appeal Request Form</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029

\*The Claims Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms.

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# PROVIDER TIDBITS



## Louisiana

### A Guide for Disputing Claims (continued)

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Claim payment affects the member's cost share ( <i>deductible, coinsurance, copayment</i> )	<ul style="list-style-type: none"> <li>Claims Dispute Form*</li> <li>Formal letter of appeal including reason, along with signed authorization from the member</li> <li>Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>Claim form</li> </ul>	BCBSLA - Appeals and Grievance P.O. Box 98045 Baton Rouge, LA 70898-9045
Claim payment/denial affects the provider's reimbursement ( <i>timely filing, reimbursement, authorization penalty, other</i> )	<ul style="list-style-type: none"> <li>Claims Dispute Form*</li> <li>Formal letter of appeal including reason</li> <li>Supporting medical documentation</li> <li>Proof of timely filing (<i>only if denied for timely filing</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Claim form</li> <li>Letter of appeal or Appeal Request Form</li> </ul>	BCBSLA - Provider Disputes P.O. Box 98021 Baton Rouge, LA 70898-9021
Claim denied as investigational or not medically necessary	<ul style="list-style-type: none"> <li>Claims Dispute Form*</li> <li>Formal letter of appeal including reason</li> <li>Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>Claim Form</li> <li>Appeal Request Form</li> </ul>	BCBSLA - Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 or Fax to (225) 298-1837
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"> <li>Claims Dispute Form*</li> <li>Formal letter of appeal including reason</li> <li>Supporting medical documentation</li> </ul>	<ul style="list-style-type: none"> <li>Claim Form</li> <li>Appeal Request Form</li> </ul>	BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029 or Fax to (225) 297-2727
All other claim processing inquiries	<ul style="list-style-type: none"> <li>iLinkBlue Action Request</li> <li>Call Customer Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Written request</li> </ul>	<a href="http://www.BCBSLA.com/ilinkblue">www.BCBSLA.com/ilinkblue</a> or refer to the customer service number listed on the back of the member ID card

\*The Claims Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms.

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