

# Behavioral Health Webinar for Professional Providers

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform.



## **How to submit questions:**

- Open the Q&A feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.



# Louisiana

## Behavioral Health Webinar

Professional Providers  
August 2023

Provider Relations Department

[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

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

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**PRESENTED BY:**



**Marie Davis**  
Senior Provider Relations  
Representative  
Blue Cross



**Debbie Crabtree**  
Provider Relations Specialist  
Lucet



**Michelle Sims, LPC, LMFT**  
Clinical Network Manager  
Lucet

# WELCOME!

Today's presentation will take you on a journey through:

- ✓ network participation as a behavioral health provider
- ✓ using iLinkBlue
- ✓ researching member benefits
- ✓ authorization requirements
- ✓ filing claims in iLinkBlue
- ✓ resolving claim issues
- ✓ telehealth
- ✓ billing guidelines
- ✓ provider support



Blue Cross and Blue Shield of Louisiana partners with:

# Lucet™

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The Behavioral Health  
Optimization Company

- ✓ Lucet is an independent company that manages, on Blue Cross' behalf, behavioral health services for our members for authorizations, utilization management, case management and applied behavioral analysis case management. Lucet engages with our providers to improve quality outcomes.
- ✓ Lucet's team of mental health professionals are available 24/7 to assist in obtaining the appropriate level of care for your patients.

New Directions & Tridium united to transform  
the behavioral health system for the better.

Now called **Lucet**



**15 million**  
members  
in 50 states  
and internationally



**2.25 million**  
EAP Members



**27+** years  
of behavioral  
health experience

**7** partnerships  
with Blue Cross and  
Blue Shield health plans

The text is accompanied by a blue cross logo with a white circle in the center and a blue shield logo with a white caduceus symbol.

**780+**  
employees

# Accreditation Status



ACCREDITED

Health  
Utilization  
Management  
Expires 09/01/2024

URAC Accreditation for  
Health Utilization  
Management

Accredited through  
September 2024



MANAGED BEHAVIORAL  
HEALTHCARE ORGANIZATION

FULL

NCQA Full Accreditation as a  
Managed Behavioral  
Healthcare Organization

Accredited through  
February 2025



ACCREDITED

Case Management 6.0  
Expires 12/01/2025

URAC Accreditation for  
Case Management

Accredited through  
December 2025



# NETWORK PARTICIPATION



# Network Participation

## Credentialing is Required for Network Participation



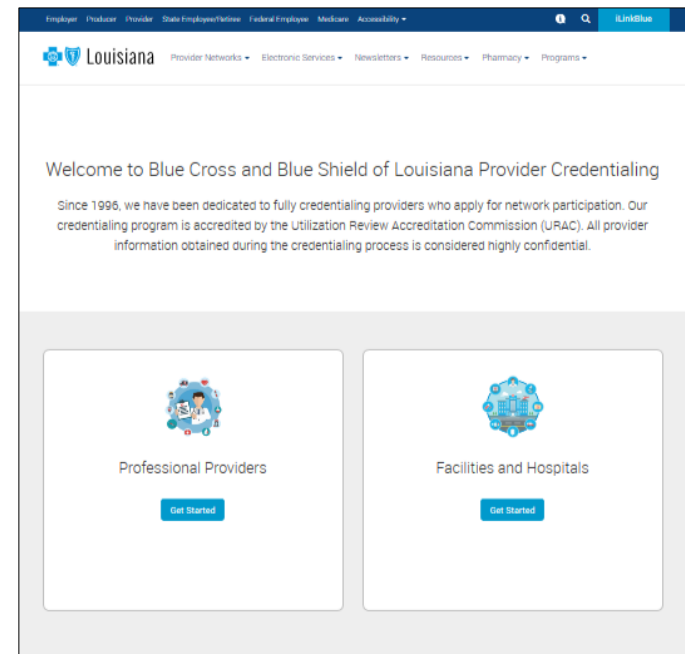
Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

We partner with **Vantage Health Plan** and **symplrCVO** to conduct credentialing verification processes for our commercial networks.

# Network Participation

To join our networks, you must complete and submit documentation to start the credentialing process or to obtain a provider record.

- Go to the [Join Our Networks](#) page then, select [Professional Providers](#) or [Facilities and Hospitals](#) to find:
  - Credentialing packets
  - Quick links to the Provider Update Request Form
  - Credentialing criteria for professional, facility and hospital-based providers
  - Frequently asked questions (FAQs)

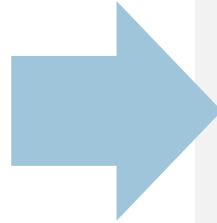


[www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Network Enrollment > Join Our Networks

# Credentialing Criteria

These professional provider types must meet certain criteria to participate in our networks.

View the *Credentialing Criteria* for these professional provider types at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.



Licensed Clinical Social Worker (LCSW)

Licensed Professional Counselor (LPC)

Licensed Addiction Counselor (LAC)

Psychologist (Ph.D)

Applied Behavioral Analyst (ABA)

Psychologist (Ph.D)

Doctor of Medicine (MD)

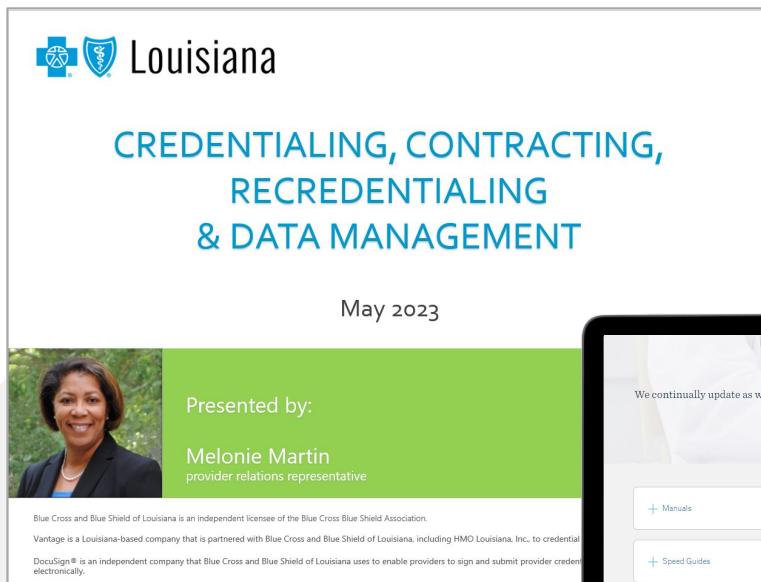
Doctor of Osteopathic (DO)

Nurse Practitioner (NP)

Physician Assistant (PA)

# Learn More About Credentialing

For full information on how to complete the credentialing/recredentialing processes, view our **Provider Credentialing & Data Management Webinar** presentation. It is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Workshops & Webinars.



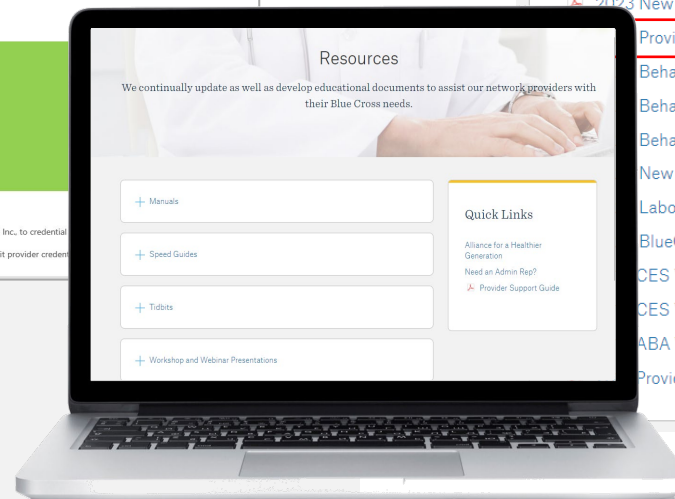
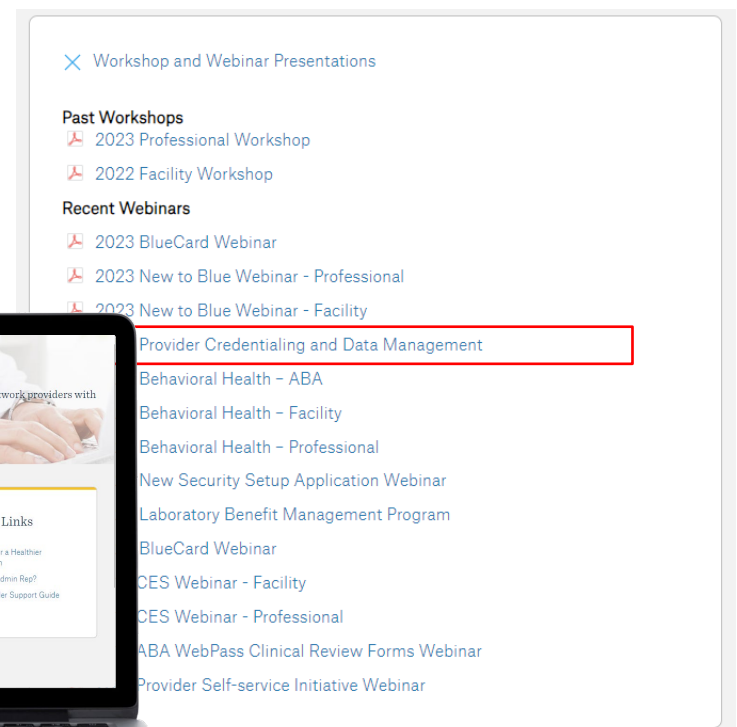
**Louisiana**

**CREDENTIALING, CONTRACTING,  
RECREDENTIALING  
& DATA MANAGEMENT**

May 2023

Presented by:  
**Melonie Martin**  
provider relations representative

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.  
Vantage is a Louisiana-based company that is partnered with Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., to credential...  
DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentials electronically.

× Workshop and Webinar Presentations

**Past Workshops**

- 2023 Professional Workshop
- 2022 Facility Workshop

**Recent Webinars**

- 2023 BlueCard Webinar
- 2023 New to Blue Webinar - Professional
- 2023 New to Blue Webinar - Facility

Provider Credentialing and Data Management

Behavioral Health - ABA

Behavioral Health - Facility

Behavioral Health - Professional

New Security Setup Application Webinar

Laboratory Benefit Management Program

BlueCard Webinar

CES Webinar - Facility

CES Webinar - Professional

ABA WebPass Clinical Review Forms Webinar


Provider Self-service Initiative Webinar

To attend this webinar, registration links are in our upcoming Provider Weekly Digests.

# Updating Your Information

Our **Provider Update Request Form** accommodates all your change requests, which are handled directly by our Provider Data Management team.

It is important that we always have your most current information!


Provider Update Request

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice.

CURRENT GENERAL INFORMATION		
Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Clinic Name	Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are an authorized representative of a provider, completing this form on their behalf, please indicate below.

AUTHORIZED REPRESENTATIVE	
Name	
Contact Phone Number	Contact Email Address

SUBMISSION INFORMATION (form completed by)	
Signature of Authorized Representative	Date

PROVIDER ATTESTATION (where applicable)	
Signature of Provider	Date

TYPE OF CHANGE NEEDED		
Check the boxes below, indicating the information wish to change. Then complete only the required sections of the forms as appropriate.		
<input type="checkbox"/> Provider Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:  
Phone: 1-800-716-2299, option 3      Email: [PCDMStatus@bcbsla.com](mailto:PCDMStatus@bcbsla.com)

23007231 R10/19      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.

This form allows you to make any of the following changes. Simply check the appropriate box(es) to indicate the type of change needed. You may select more than one option.

TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

The form is available online at  
[www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Forms.

# Updating Your Information

It is important that we always have your most current information!

- Indicate on the Provider Request Form the type of change you are requesting.
- You will **only** need to fill out the section of this form that needs updating. Completing the entire form is not required.

## TYPE OF CHANGE

Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group ( <i>includes solo providers creating a new provider group</i> )
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

# Updating Your Information

It is important that we always have your most current information!

Some change selections on the **Provider Update Request Form** include a checklist of required supporting documentation needed to complete your request.

- Complete the checklist:
- Ensure all requested items on the checklist are included or completed before submitting.

Submissions that are missing checklist items will be returned.



For this practice location (please select at least one option):							
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.							
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.							
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.							
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.							
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.							
<b>SECOND PHYSICAL ADDRESS (if necessary)</b>							
Physical Address							
City, State and ZIP Code				Phone Number		Fax Number	
Email Address							
Type of Practice: <input type="checkbox"/> No change <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group							
<input type="checkbox"/> Hospital-based <input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payor-owned							
Accepting New Patients			Age Range of Patients (check all that apply)				
<input type="checkbox"/> New <input type="checkbox"/> Existing Only			<input type="checkbox"/> 0-6 years <input type="checkbox"/> 7-11 years <input type="checkbox"/> 12-18 years <input type="checkbox"/> 19-65 years <input type="checkbox"/> Over 65				
<input type="checkbox"/> Other: _____			<input type="checkbox"/> All Ages <input type="checkbox"/> Other: _____				
Office Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____
Practice Hours (available appointment hours)							
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____
For this practice location (please select at least one option):							
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.							
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.							
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.							
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.							
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.							
<b>CHECKLIST</b>							
Before returning this form to Blue Cross, please ensure the following:							
<input type="checkbox"/> A copy of the Malpractice Liability Insurance Certificate is attached							
<input type="checkbox"/> Check if this a new group or clinic not already on file with Blue Cross and complete the included iLinkBlue agreement packet (Note: current providers joining groups that are on file do not need to complete the iLinkBlue packet.							

Page 2 of 2



# Online Provider Directories

**Keeping your information updated is extremely important to help our members find you.**

We publish demographic information in our online provider directory. The directory is available on our website at [www.bcbsla.com](http://www.bcbsla.com).

- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.




It is the contractual responsibility of all participating providers keep their information current with Blue Cross. To report changes in your information, use the **Provider Update Request Form**. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

# Online Provider Directories

[www.bcbsla.com](http://www.bcbsla.com) > Find a Doctor or Drug > Local Provider Directory

**Positioned for Future Success:**  
 Blue Cross and Blue Shield of Louisiana Enters Into Definitive Agreement to be Acquired by Elevance Health  
*Deal will result in \$3 billion foundation focused on improving Louisiana*  
[Read More](#)



Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español 📞 🔍 Login or Sign Up

 Shop ▾ Find a Doctor or Drug ▾ Save ▾ Welln

**THE RIGHT CARD.**  
**The Right Care.**

Your card opens the door to a large network of top doctors to care for you. You can rely on the strength of the Cross and the protection of the Shield.

[Shop Our Plans](#) [Account Login](#)

 Find Drugs  Find a Doctor

**All Networks** ▾


- All Networks
- Preferred Care PPO
- HMO Louisiana HMO/POS
- Medical Dental Benefit
- Community Blue HMO/POS
- Blue Connect HMO/POS
- BlueHPN
- OchPlus
- Signature Blue HMO/POS
- Precision Blue HMO/POS
- OGB Preferred Care
- OGB MagLocal BR - CommBlue
- OGB MagLocal - BlueConn
- OGB MagLocal Plus - PrefCare
- OGB MagOpenAccess - PrefCare
- OGB Pelican HRA/HSA PrefCare
- Abbeville General
- TQHN
- Blue Connect EPO
- Affinity Health Network

**Networks Available** ▾

- ★ = Enhanced Tier 1 \$ ?
- = Tier 1 \$
- = Tier 2 \$\$\$
- = Tier 3 \$\$\$\$

1 HMO Louisiana HMO/POS  
 1 OGB MagLocal Plus - PrefCare  
 1 OGB MagOpenAccess - PrefCare  
 1 OGB Pelican HRA/HSA PrefCare  
 1 OGB Preferred Care  
 1 Preferred Care PPO

2 Abbeville General  
 2 Blue Connect HMO/POS  
 2 Community Blue HMO/POS  
 2 OchPlus  
 2 OGB MagLocal - BlueConn  
 2 OGB MagLocal BR - CommBlue  
 2 Precision Blue HMO/POS  
 2 Signature Blue HMO/POS  
 2 TQHN

 ed Help?

# USING I LINKBLUE



# What is iLinkBlue?

iLinkBlue is Blue Cross and Blue Shield of Louisiana's secure online provider portal.

no cost to providers

user-friendly navigation

secure auth applications


The screenshot shows the iLinkBlue provider portal interface. At the top, there is a navigation menu with links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources, and Delegated Access. The main content area features a 'Welcome to iLinkBlue' message with 'Tips to Know' and a 'Medical Record Requests' alert indicating 72 new requests. Below this is a navigation bar with icons for Research Claims, SCSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The main content is divided into two columns: 'Important Blue Cross Messages' and 'Other Sites'.

[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission

# Accessing iLinkBlue

Blue Cross requires that provider organizations have at least one **administrative representative** to manage our secure online services.



**Instructions for Accessing  
Our Secure Online Services**

Blue Cross offers many online services that require secure access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)

**To Report Your Administrative Representative to Blue Cross:**

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.  
 Email: [PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com) Fax: 1-800-515-1128  
 Attn: Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

**Need Help?**  
 If you have questions regarding the administrative representative setup process, please contact our PIM Team.  
 Email: [PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com)  
 Phone: 1-800-716-2299, option 5

**What is an Administrative Representative?**

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross' guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.



18NW2367 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

## Administrative representative duties include:

- ✓ Identify users at your organization who will need access to our secure online services.
- ✓ Assign users appropriate access to applications – You will assign individual user access to the appropriate users.
- ✓ Manage users and terminate user access when it is no longer needed.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Admin Reps.

# Accessing iLinkBlue

Need access to iLinkBlue?

**Does your organization have an administrative representative?**



- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security may include member eligibility and coverage research, submitting claims, and/or access to secure authorization applications.

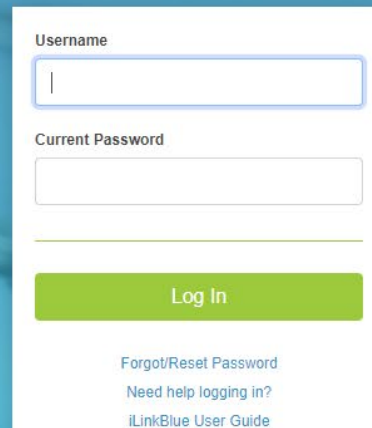


- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at [PIMteam@bcbsla.com](mailto:PIMteam@bcbsla.com) or 1-800-716-2299, option 5 with questions.

# Accessing iLinkBlue



ilinkBlue

A screenshot of the iLinkBlue login interface. It features a white login box centered on a blue background with a blurred image of a stethoscope. The form includes a "Username" label above a text input field, a "Current Password" label above another text input field, a green "Log In" button, and three links: "Forgot/Reset Password", "Need help logging in?", and "iLinkBlue User Guide".

Username

Current Password

Log In

[Forgot/Reset Password](#)  
[Need help logging in?](#)  
[iLinkBlue User Guide](#)

## Logging in for the first time:

- Password must be reset.
- Click on the "Forgot/Reset Password" button.
- Follow the prompts, enter your username and click the "Request Password" button.
- The system will send you an email to reset your password. Click on the link in the email. Follow the prompts.

# Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @#\$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.



iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. **Reach out to your administrative representative to have your account reset.**



If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

**Phone:** 1-800-716-2299, option 5  
Monday – Friday 7:30 a.m. to 4 p.m.

**Email:** [PIMteam@bcbsla.com](mailto:PIMteam@bcbsla.com)



# Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

PingID Registration

## Authentication Method Selection

Select the option you want to configure for use during authentication:

- SMS/Texting** (B)
- Voice** (C)
- Email** (A)
- Secondary Email**
- Mobile App** (D)

Cancel Reset Next

Please note that if you choose to cancel, all previously registered devices will be removed from your account.

Powered by PingIdentity

We recommend registering **two or more** options for account recovery.

When you log in, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

# Navigating iLinkBlue

## Top Navigation

The top navigation streamlines the iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

The screenshot shows the iLinkBlue website interface for Louisiana. At the top, there is a navigation bar with a home icon and six menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, the main content area is divided into several sections. On the left, there is a 'Welcome to iLinkBlue' section with 'Tips to Know' and a 'Need Coverage Information But Don't Have the Member ID?' alert. On the right, there is a 'Medical Record Requests' section showing 'You have 10 new Medical Record Requests that require action.' Below these sections is a row of six quick links: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. At the bottom, there is a 'Message Board' section with an 'Important Blue Cross Messages' alert and an 'Other Sites' section listing links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue.

## Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

**Message Board**  
Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.


## Medical Record Requests

You receive an alert when you have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the "Out of Area Medical Record Requests" link on the alert. This does not include medical record requests for BCBSLA members. To upload medical records and other documents, click the "Document Upload" link.

## Other Sites

We provide quick access to other sites a provider might need to access.

# MEMBER BENEFITS



A smiling woman with long brown hair is holding a Blue Cross of Louisiana insurance card. The card is titled "Blue Advantage PPO" and lists various benefits and costs. The card is held up in her right hand, and she is looking directly at the camera with a friendly expression.


Blue Cross of Louisiana		Blue Advantage PPO	
Plan:	Blue Cross of Louisiana	PCP Visit:	\$15
Network:	Blue Cross of Louisiana	Specialist Visit:	\$25
Out-of-Pocket:	\$1,500	Prescription Co-pay:	\$5
Out-of-Pocket Max:	\$2,500	Maternity Co-pay:	\$100
Out-of-Pocket Max:	\$2,500	Maternity Hospital:	\$1,000
Out-of-Pocket Max:	\$2,500	Outpatient Surgery:	\$100
Out-of-Pocket Max:	\$2,500	Outpatient Hospital:	\$100

# Blue Cross' Provider Networks


Blue Cross offers several provider networks that are tied to our members' benefit plans. These networks include:

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue

Our Identification Card Guide Provider Tidbit is a guide to identify members' applicable networks when looking at the ID card. Go to [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Resources," then "Provider Tidbits."



providerTIDBIT  
a guide to understanding our processes



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### Identification Card Guide


Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue ([www.bcbsla.com/iinkblue](http://www.bcbsla.com/iinkblue)).

#### Preferred Care PPO

**Prefix: Varies**

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO-in-a-suitcase" logo identifies the nationwide BlueCard® Program. For more information, view the [Preferred Care PPO Network Speed Guide](#), available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources.



Logo & network name

Dental Network indicator

BlueCard® indicator

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

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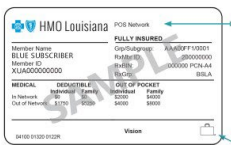
#### HMO Louisiana, Inc.

**Prefix: Varies**

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the [HMO Louisiana, Inc. Network Speed Guide](#), available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.



Logo & network name

BlueCard® indicator

HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully insured HMO Louisiana members must select a primary care provider.

**More** →

TB00082010  
This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email [providercommunications@bcbsla.com](mailto:providercommunications@bcbsla.com) and reference the Tidbit number and title listed on this publication.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

18NW1743 R04/23  
Last reviewed on: 04-27-23

# Fully Insured & Self Funded

## FULLY INSURED

Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.

MEDICAL		DEDUCTIBLE	OUT OF POCKET
In Network	Individual	\$5500	Individual
Out of Network		\$5500	
04BA0314 R01/22			

Preferred Care PPO Network  
**FULLY INSURED**

Member Name BLUE SUBSCRIBER  
Member ID XUP000000000

Grp/Subgroup: AAA00000/PPO4  
RxMbr ID: 200000000  
RxBIN: 000000 PCN-A4  
RxGrp: BSLA

PPO

"Fully Insured" notation

## SELF FUNDED

Group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA.

MEDICAL		DEDUCTIBLE		OUT OF POCKET		COPAYS
In Network	Individual	Family	Individual	Family	Primary Care	80%
Out of Network	N/A	\$4000	N/A	\$10000	Specialty	60%
		\$8000	N/A	\$20000		
OFFICE OF GROUP BENEFITS PELICAN HRA 1000 04BA0314 R01/22						

Preferred Care PPO Network

Member Name BLUE SUBSCRIBER  
Member ID OGS000000000

Grp/Subgroup: ST222ERC/2040  
RxMbr ID: 202201952  
RxBIN: 003858 PCN-A4  
RxGrp: 2AXA

PPO

- "Fully Insured" NOT noted
- Self-funded group name listed

The benefit, limitation, exclusion and authorization requirements often vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

# FEP Members

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

## STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

## BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

## FEP BLUE FOCUS

- ✓ LIMITED in-network
- ✗ Out-of-network

The FEP Speed Guide is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
>Resources >Speed Guides.

BlueCross BlueShield Federal Employee Program		Federal Employee Program (FEP) Speed Guide				
<p>The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's Preferred Care PPO Network. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the broader requirements as they differ between the three FEP benefit plans.</p> <p>FEP Dedicated Customer Service: 1-800-272-3029</p>						
Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Standard Option		Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%.	PCP - \$25 copayment Specialists - \$35 copayment	\$30 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-344-3731 Mail Service Prescription Drug 1-800-262-7990	Facility must be licensed and accredited, member must be enrolled in Case Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option			PCP - \$10 copayment Specialists - \$40 copayment	\$35 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-344-3731 Mail Service Prescription Drug 1-800-262-7990	
FEP Blue Focus			PCP/Specialists - \$10 copayment per visit for first 10 visits; then deductible and coinsurance	\$25 copayment	No non-preferred drug coverage Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-344-3731 No Mail Service Prescription Drug Coverage	For FEP Blue Focus, members' PC days are limited to 90 calendar days per year.

LEWIS0248 REVISD  
Last updated on December 17, 2018

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and is licensed in Louisiana Health Services & Specialty Coverage. \*For members who have Medicare Part B as primary

# BlueCard<sup>®</sup> Program (out-of-area) Members

BlueCard<sup>®</sup> is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain health care services while traveling or living in another BCBS Plan service area. The main identifiers are the prefix and the “suitcase” logo on the member ID card.

---

The suitcase logo provides the following information about the member:



The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



The PPO suitcase indicates the member is enrolled in a Blue Plan PPO or EPO product.



The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.




The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network<sup>SM</sup> (BlueHPN) product.

# National Alliance Members

## (South Carolina Partnership)

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.
- Claims are processed through the BlueCard program.


**BlueCross® BlueShield®**

---

**SUBSCRIBER'S FIRST NAME**  
**SUBSCRIBER'S LAST NAME**

Member ID  
**XXX123456789012**


**PLAN CODE**           **380**


**RxBIN**                   **003858**

**RxGRP**                   **KESA**

**RxPCN**                   **A4**

---

MyHealthToolkitLA.com 


**BlueCross® BlueShield®**

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**Members:** Call Customer Service for claims filing information.

**Providers:** File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions, MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

**Customer Service:** 877-705-5427  
**PPO Network Provider Information:**  
**800-810-2583**  
**Provider Service:** 800-868-2510  
**Precertification:** 888-376-6544  
**Mental Health and Substance Abuse Precertification:** 800-868-1032  
**Express Scripts®:** 877-262-3293  
\*Contracts separately with group.

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Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

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.

Pharmacy benefits administrator: Contracts separately with group.

NUV

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2015	SLA
AcaScan Ambulance	1/1/2003	LK
Associated Grocers	1/1/2012	AJB
Bolinger Shoppers	1/1/2018	GG
Cadmo Parish Commission	1/1/2014	CBV
CGH	1/1/2014	ICG
City of Monroe	1/1/2016	EMD
Cleco	1/1/2013	CEB
Crescent Bank & Trust	4/1/2016	BNE
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMOLHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyards	3/1/2018	RI
Green Clinic	6/1/2013	GCL
Iberia Bank	1/1/2010	IBK
Jefferson Parish Sheriff's Office	1/1/2018	MSJ
Lafayette City Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Orign Bank	1/1/2019	OSR
PVD Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2013	SGE
Thibodaux Regional Health System	1/1/2018	THQ
Tulane University	1/1/2020	TNA
WNC Energy Services	1/1/2018	WSE
Zen-nch	1/1/2014	ZEN

170008-06/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

We publish a list of these groups (with prefixes) in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) under the "Resources" section.



# Referring Members Out-of-network

You can find network providers to refer members to in our online provider directories at [www.bcbsla.com](http://www.bcbsla.com) >Find a Doctor.

The impact on your patients when you refer Blue Cross members to out-of-network providers include:

- higher cost shares (deductibles, coinsurances, copayments)
- no benefits for some members
- balance billing to member for all amounts not paid by Blue Cross if the provider is non-participating



If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

# Verifying Member Benefits in iLinkBlue

Use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) to lookup a member's coverage information.

Choose the "Coverage" menu option. Enter the member ID number to view coverage information for:

- BCBSLA (including HMO Louisiana, Inc.) members
- FEP members. This section is not used for out-of-area members.

## Tips

- BCBSLA - do not include the member's prefix.
- FEP – must include the letter "R"
- A different application is used for BlueCard (out-of-area) members



If you do not have the member ID number, you can search using the subscriber's Social Security Number (SSN), when available. iLinkBlue will return search results with the member ID number. An error message will display if searching by a dependent's SSN. It must be the SSN of the policy holder.

# Coverage Information

This screen identifies members covered on a policy, effective date and the status of the contract (active, pending, cancelled).

- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the coverage details of the member's benefits plan.
- The **View COB** button allows you to view coordination of benefits information.

### Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Search

**Contract Number XUA123456789**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

ACTIVE COVERAGE

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

**John Doe** **Subscriber** Sex: Male

Address: 123 STREET ST. CITY, LA 70000 Marriage Status: Married

Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a> <a href="#">View COB</a>

**Jane Doe** **Spouse** Sex: Female

Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a> <a href="#">View COB</a>

^ [Hide Terminated Dependents](#)

**Jimmy Doe** **Child** Sex: Male

Date of Birth: 01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	<a href="#">View ID Card</a>

# Behavioral Health Benefits

### Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA  [Search](#)

**Contract Number XUA123456789** ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

---

**John Doe** **Subscriber** Sex: Male

Address: 123 STREET ST. CITY, LA 70000 Marriage Status: Married

Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a>

---

**Jane Doe** **Spouse** Sex: Female

Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a>

[Hide Terminated Dependents](#)

---

**Jimmy Doe** **Child** Sex:

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	02/01/2009	05/31/2009	02/01/2000

ID Card    Coverage Views    Coordination of Benefits

[View ID Card](#)    [Summary](#)    [Benefits](#)    [View COB](#)

- [+ LIMITATIONS](#)
- [+ MATERNITY](#)
- [+ MENTAL AND NERVOUS DISORDER](#)
- [+ MENTAL/NERVOUS INPATIENT CARE - FACILITY MAX](#)
- [+ NETWORK PROVIDER](#)
- [+ OFFICE VISIT - PRIMARY](#)

Click on **Benefits** to open the list of services covered under the member's policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

# Behavioral Health Benefits

Benefits for treatment of Mental Health are available. **Sample** benefits are below:

## Network Providers:

- Physician Office Visits: \$40 per visit
- Non-Physician Office Visits: \$40 per visit
- Outpatient Services (includes OP facility and OP therapies not performed in office): 80%-20%
- Inpatient Hospital Admission: 80%-20%
- All other services are payable the same as medical benefits

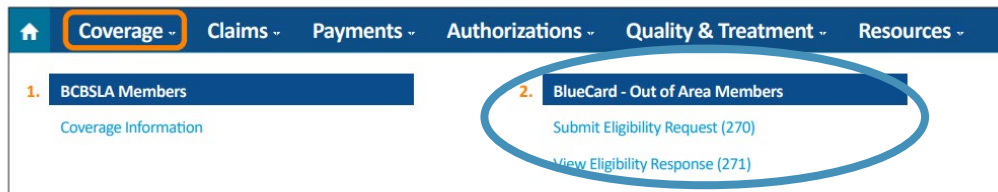
## Non-network Providers:

- Physician Office Visits: 60%-40%
- Non-physician Office Visits: 60%-40%
- Outpatient Services (includes OP facility and OP therapies not performed in office): 60%-40%
- Inpatient Hospital Admission: 60%-40%
- All other services are payable the same as medical benefits

The first follow-up visit after discharge from inpatient facility for the treatment of a mental disorder is available at no cost when performed within 7 days of discharge by a network provider.

# Verifying Benefits for BlueCard Members

Use the “Coverage” menu option to research BlueCard (out-of-area) member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana).



The screenshot shows a navigation bar with the following items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' item is highlighted with an orange box. Below the navigation bar, there are two main menu items: '1. BCBSLA Members' with a sub-link 'Coverage Information', and '2. BlueCard - Out of Area Members' which is circled in blue. Under the 'BlueCard - Out of Area Members' item, there are two sub-links: 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'.

## Eligibility Request (270)

**Contract Information**

Prefix\*  Contract Number\*

**Patient Information**

First Name\*  Middle  Last Name\*  Suffix

Date of Birth  Gender  Service Type\*

**Subscriber Information**  
Only required if patient and subscriber are not the same.

First Name  Middle  Last Name  Suffix

**DO I NEED AN AUTH?**



# Behavioral Health Auth Requirements

## Do I need an authorization?

There are **two** resources that can be used to research authorization requirements.

### 1 iLinkBlue's Authorization's Guidelines application

The same application is used for **both** BCBSLA and BlueCard (out-of-area) members. Enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

### 2 Behavioral Health Speed Guide

This guide key details about our behavioral health policies, including the list of services that require prior authorization. It is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Speed Guides.

**Behavioral Health Speed Guide**

Use this quick reference guide to help your office identify important information on authorizations, claims and member benefits for behavioral health services. For complete behavioral health billing guidelines, refer to our *Professional Provider Office Manual* found online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources and our *Member Provider Policy & Procedure Manual* available on iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

**Networks**

Our members must access network behavioral health providers based on the provider network associated with their member benefit plan for in-network benefits. Refer to the chart below for the appropriate provider network for each of our member benefit plans.

Benefit Plan Type	Network
PPO	Preferred Care PPO Network
HMO (HMO Louisiana HMO/PDS)	HMO Louisiana, Inc. Network
Blue Connect	Blue Connect Network
BlueHPN	Blue High Performance Network <sub>SM</sub> (BlueHPN <sub>SM</sub> )
Community Blue	Community Blue Network
Precision Blue	Precision Blue Network
Signature Blue	Signature Blue Network
Federal Employee Program (FEP)	Preferred Care PPO Network

**Authorizations**

Authorizations are required for all inpatient behavioral health services. Authorizations may be required for some outpatient behavioral health services. Blue Cross has partnered with Lucet to manage authorization, as well as case and disease management processes for behavioral health services.

Behavioral health authorizations may be completed in one of two ways:

- Online: Use **iLinkBlue**. Click on the "Authorizations" menu option, then choose "Behavioral Health Authorizations" to access the Lucet WebPass Portal. Eliminate telephone time requesting authorizations using this application. Access to WebPass Portal must be granted by your organization's administrative representative.
- By Phone: Requests can be made by directly calling Lucet at **1-800-991-5835**.

Behavioral health services that require an authorization:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA) (Use the WebPass Portal to submit the initial assessment and treatment request form and to view the status of all ABA service requests and authorizations. Initial forms can also be faxed to (816) 237-2372, attention: Autism Resource Program.)

For FEP Members at RTCs:

- Facility must be licensed and accredited
- Member must be enrolled in Case Management
- Pre-service approval must be obtained prior to admission (FEP does not allow review for medical necessity if the member is admitted to RTC prior to requesting authorization)

**Always verify member benefits prior to rendering services.** Patient eligibility, claim status, allowable charges, payment information and medical policies are available online through iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

**Electronic Claims**

- through your clearinghouse
- through iLinkBlue for CMS-1500 claims only

**Hardcopy Claims**

Blue Cross and Blue Shield of Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent members of the Blue Cross Blue Shield Association. Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



# Behavioral Health Auth Requirements

Requirements vary based on the member's policy. Please always verify benefits prior to rendering services.

Below is the list of authorization requirements.

Authorizations are required for all inpatient behavioral health services and may be required for some outpatient behavioral health services:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

---

## For FEP Members at RTCs:

- Facility must be licensed and accredited
- Member must be enrolled in Case Management
- Pre-service approval must be obtained prior to admission

*FEP does not allow review for medical necessity if the member is admitted to RTC prior to requesting authorization.*

# FILING CLAIMS



# Timely Filing

The member and Blue Cross are held harmless when claims are denied or received after the timely filing deadline.

## Policy Type

- Preferred Care PPO
- HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue)
- BlueHPN

## Filing Requirements

Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service.

- Federal Employee Program (FEP)

Blue Cross FEP Preferred Provider claims must be filed within 15 months from date of service. Members/ Non-preferred providers have no later than December 31 of the year following the year in which the services were provided.

- Office of Group Benefits (OGB)

Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

- Self-funded Groups
- BlueCard (out-of-area)

Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).

# Researching Allowables

Home Coverage - Claims - Payments - Authorizations - Quality & Treatment - Resources -

## Professional Allowable Search

To begin an allowable charges search, enter a date and select a provider.

- Select a Date  
08/20/2023
- Select a Provider  
Select a provider
- Select a Network  
Select a Network
- Enter a CPT Code \*

Continue Reset View Allowables

\* An asterisk (\*) can be used as a wild card (ex. 99\*)

Use iLinkBlue to view allowables for a single code or a range of codes.

## Look up a single code:

Enter: 90833

Results: allowable for 90833 only

## Look up a range of codes:

Enter:      Results:

908\*      allowables for all codes beginning with 908

90\*      allowables for all codes beginning with 90

9\*      allowables for all codes beginning with 9

# Submitting Claims

## Electronic Transmission

Blue Cross accepts electronic claims transmitted via HIPAA 837P and 837I submitted electronically through your clearinghouse.

We do not charge a fee for electronic transactions.

Providers can submit transactions directly to us or indirectly through a third-party clearinghouse.

For more information on how to submit electronic claims to Blue Cross, visit [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Clearinghouse Services.

or

## Hardcopy

If it is necessary to file a hardcopy claim, we only accept original claim forms.

For Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:

Mail hardcopy claims to:

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

For FEP Claims:

BCBSLA  
P.O. Box 98028  
Baton Rouge, LA 70898

HEALTH INSURANCE CLAIM FORM  
CMS-1500 (02-12)

# Submitting Claims in iLinkBlue

The screenshot shows the iLinkBlue web application interface. At the top is a dark blue navigation bar with a home icon and several menu items: Coverage, Claims (which is highlighted with a light blue underline), Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, the main content area is divided into several sections, each with a dark blue header and light blue text links. The 'Claims Research' section includes links for 'Claims Status Search', 'Action Request Inquiry', 'Dental Advantage Plus Network - United Concordia Dental', and 'Davis Vision Network'. The 'BlueCard - Out of Area Claims Status' section includes 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)'. The 'Medical Code Editing' section includes 'Claims Edit System'. The 'Medical Records' section includes 'Out of Area Medical Record Requests' and 'Document Upload'. The 'Claims Entry & Reports' section, which is highlighted with a rounded blue border, includes 'Blue Cross Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Blue Cross Claims Confirmation Reports'.

- Only providers who bill on a **HCFA 1500 form** can submit claims through iLinkBlue. There is no fee attached for this service.
- On the electronic iLinkBlue claim form, required fields are highlighted. If the claim entry contains errors, an error message advises that corrections can be made prior to submission.

# Submitting Claims in iLinkBlue

**Blue Cross Professional Claims Entry (1500)** – follows the format of the HCFA 1500 form R (02-12).

If the claim entry contains errors, the edits will be listed under the “Error Messages” section at the top of the screen.

<b>Error Messages:</b>		<b>1a. Insured's ID#</b>	
		<input type="text"/>	
<b>2. Patient's Name</b>		<b>3. Patient's Birth Date</b>	<b>Sex</b>
<input type="text" value="LAST"/>	<input type="text" value="FIRST"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="radio"/> Male
<input type="text" value="MI"/>			<input type="radio"/> Female
<b>4. Insured's Name</b>		<b>5. Patient's Address</b>	
<input type="text" value="LAST"/>	<input type="text" value="FIRST"/>	<input type="text" value="NO. STREET"/>	
<input type="text" value="MI"/>		<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="LA"/>	<input type="text" value="v"/>
<b>6. Patient's Relationship to Insured</b>		<b>7. Insured's Address</b>	
<input type="text" value="Select"/>		<input type="text" value="NO. STREET"/>	
		<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="LA"/>	<input type="text" value="v"/>
<b>8. Reserved for NUCC Use</b>		<input type="text" value="Zip Code"/>	<input type="text" value="Phone"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

When the claim is submitted and accepted, the provider will receive a confirmation message.

Claim for 12345678901; DOE, JANE has been submitted

# Submitting Claims in iLinkBlue

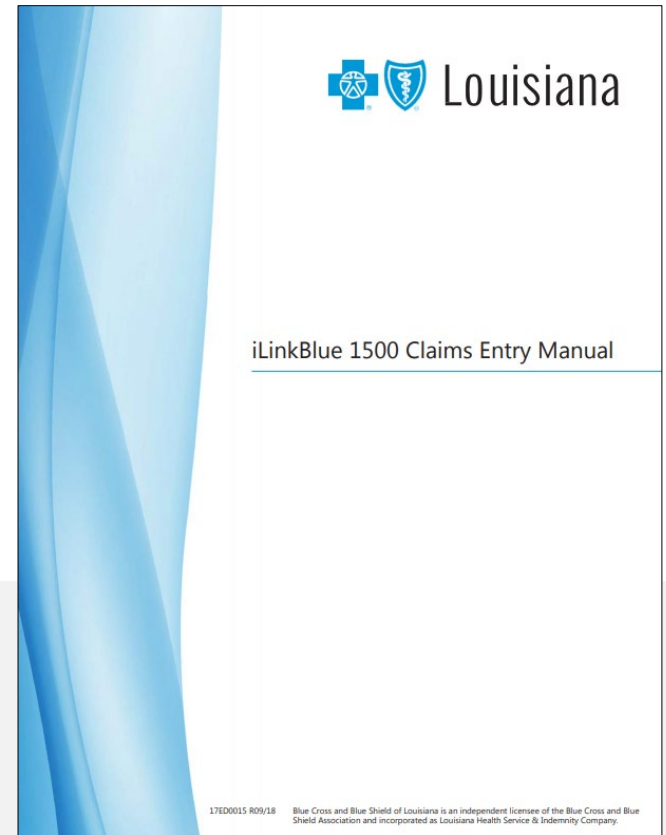


When you click the **Submit Claim** button and are sent to the iLinkBlue login screen, you were logged out because of inactivity.



During claim entry, if you stop to research information like a diagnosis or procedure code, be aware that the security features in **iLinkBlue** will log out after **15 minutes of inactivity**.

For complete instruction on using the 1500 Form claim entry application, view our *iLinkBlue 1500 Claims Entry Manual*, available under the Resources menu option.





# Verifying Receipt of Claims

**Confirmation Reports** are generated in iLinkBlue and allow providers to electronically research submitted claims. Daily reports confirm acceptance of claims submitted directly through iLinkBlue, billing agency or clearinghouse.

- ✓ Reports are available within 24 hours of submitting claims (prior to 3 p.m.).
- ✓ Reports are available up to 120 days.
- ✓ Reports are displayed by date.

## Blue Cross Claims Confirmation Reports

**1 Select a Provider**

**2 Report Type**

Accepted

Not Accepted

**3 Date Range** *optional*

From Date

To Date

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

**Search Results for Accepted Claims**

NPI	1234567890	View Report
		<a href="#">04/13/2019</a>
		<a href="#">04/12/2019</a>
		<a href="#">04/11/2019</a>
		<a href="#">04/10/2019</a>
		<a href="#">04/09/2019</a>

# Sample Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims on the Not Accepted report.

## Accepted Report Example

**Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report**

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 01-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 4-14-23

PAGE 1

**837P ACCEPTED REPORT**

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	040819	040819	125.00	123459876123

PROVIDER BC ID # T5678 837P SUMMARY:  
837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
837P TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
GRAND TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

## Not Accepted Report Example

**Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report**

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 01-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 4-14-23

PAGE 1

**837P NOT ACCEPTED REPORT**

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321

PROVIDER BC ID # T5678 837P SUMMARY:  
837P TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
837P TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
837P TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
GRAND TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

# Claims Research

Home Coverage **Claims** Payments Authorizations Quality & Treatment Resources

## Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected Pended Claim Number

1 Select a Provider

2 Narrow Your Search

3 Date of Service *optional*

BCBSLA / FEP

BlueCard - Out of Area

From

To 01/19/2018

Search

- Use the “Claims” menu option to research paid, rejected and pended claims.
- You can research **BCBSLA**, **FEP** and **BlueCard-Out of Area** claims submitted to Blue Cross for processing.

# Payment Registers

- Use the **Payments** menu option in iLinkBlue to find your Blue Cross payment registers.
- Payment registers are released weekly on Mondays.
- Notifications for the current week will automatically appear on the screen.
- You have access to a maximum of two years of payment registers in iLinkBlue.
- If you have access to multiple NPIs, you will see payment registers for each.

## Payment Registers

\*View payment registers for all lines of business. Use the left text field to filter your view.

Search results for 04/02/2018

\*\* Some registers may take several minutes to generate a PDF due to the size of the register.

NPI	Line of Business	View Reports
1234567890	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Federal Employees Program (FEP)	<a href="#">Payment Register</a>
	Federal Employees Program (FEP)	<a href="#">Payment Register</a>
	HMO Louisiana	<a href="#">Payment Register</a>
	HMO Louisiana	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB Magnolia Local	<a href="#">Payment Register</a>
2234567890	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Federal Employees Program (FEP)	<a href="#">Payment Register</a>
	HMO Louisiana	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>

# Benefits of Proper Documentation



Allows identification of high-risk patients.



Allows opportunities to engage patients in care management programs and care prevention initiatives.



Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross.



Reduces costs associated with submitting corrected claims.

# Provider's Role in Documenting

- Each page of the patient's medical records should include the following:
  - Patient's name
  - Date of birth or other unique identifier
  - Date of service including the year
- Provider signature (must be legible and include credentials)
  - Example : John Doe, MD (acceptable)
  - Example: Dr. John Doe (not acceptable)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity.
- Include all related diagnoses, including chronic conditions you are treating the member for.
- Medical records **must support ALL** diagnosis codes on claims.

Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient.



# Medical Records Requests

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf.

- Per your Blue Cross network agreement, providers are not to charge a fee for providing medical records to Blue Cross or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee.

**Medical record requests must be returned within seven days of receipt of request.**

# Commercial Risk Score

- Code all conditions (acute/chronic) being treated to the highest level of specificity.
  - monitored, evaluated, assessed or treated should be noted
- Avoid non-specific and broad statements such as bipolar disorder.
- Use terms such as:
  - Type I or II
  - Current or in remission
  - Severity (mild, moderate, severe)
  - Presence of psychotic features



**NOTE:** Improper documentation could result in audits and/or the request of medical records.



# Commercial Risk Score

- Blue Cross identifies those members with potential diagnostic gaps by review of claims data
- Diagnostic gaps are identified through:
  - History: prior year Dx
  - Pharmacy: prescribed medication
  - Diagnostic: lab or diagnostic test
  - Other: diagnosis with potential co-existing condition

## What can providers do?

1. Close gaps in care.
2. Ensure all documentation reflects what is being billed.
3. Ensure chart reflects complete clinical profile for the patient.



# Risk Adjustment Data Validation Audits

Required through the ACA, the framework for the risk adjustment data validation (RADV) audit process for the risk adjustment program was established.

## Components of the RADV Audits:

- Annual CMS mandate
- Required audit for every insurer who sells a policy on the ACA marketplace.
  - Will be used to confirm risk reported.
  - To confirm providers' medical records substantiate the reported data and accurately reflect the care rendered and billed.
- The Accountable Care Law mandates medical records be provided.
- RADV audit requests for medical records begin in June.

# RESOLVING CLAIM ISSUES



# Have an Issue with a Claim?

Sometimes a provider may need find an issue with a claim. It is best to **first inquire about the claim**, then if necessary submit a formal request.

---

Blue Cross classifies formal requests into three different categories:

---

## CLAIMS DISPUTES

Involves a denial that affects the provider's:

- Reimbursement, including bundling issues
- Timely filing
- Authorization penalties
- Refund disputes

## MEDICAL APPEALS

Involves a denial or partial denial based on:

- Medical necessity, appropriateness, healthcare setting, level of care or effectiveness
- Determined to be experimental or investigational

## ADMINISTRATIVE APPEALS & GRIEVANCES

- Claim issue due to the member's contract benefits, limitations, exclusions or cost share
- When there is a grievance

# Inquiring About Claim Issues

## Use the iLinkBlue Action Requests application!

It allows you to electronically communicate with Blue Cross when you have questions or concerns about a claim.

### Common reasons to submit an Action Request



- Code editing inquiries
- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Recoupment request
- Status of dispute



The **Action Requests** application does not allow you to upload documentation. For this reason, it is important to include full details when submitting the inquiry.

# Submitting an Action Request


In iLinkBlue, on each claim, there is an **Action Request** button. It opens an electronic form that prepopulates with information on the specific claim. There are multiple places within iLinkBlue that include the action request buttons.

Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

on the **Paid/Rejected Claims Results** screen

and

on the **Pended Claims Results** screen

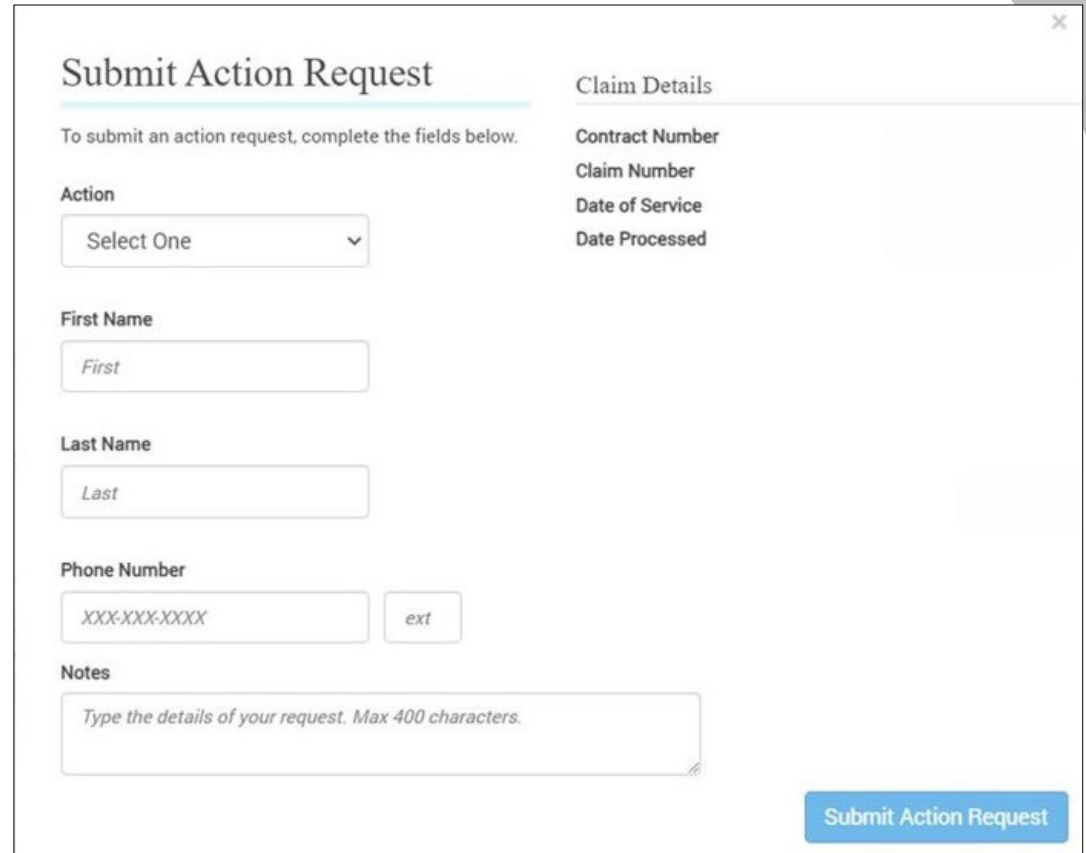
<b>Claim Number</b>	<b>12345678900-1</b>
<hr/>	
iLinkBlue Number	12345
NPI	123456789
	

on the **Claims Detail** screen

# Submitting an Action Request

## When submitting an Action Request:

- Include your contact information
- Be specific and detailed
- Allow 10-15 working days for a response to each request
- Check in Action Request Inquiry for a response
- Submit a second request if there was no resolution



The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title is a light blue underline. The main instruction reads: "To submit an action request, complete the fields below." The form is divided into two columns. The left column contains the following fields: "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text input field with a placeholder "First"), "Last Name" (a text input field with a placeholder "Last"), "Phone Number" (a text input field with a placeholder "XXX-XXX-XXXX" and a separate "ext" input field), and "Notes" (a large text area with a placeholder "Type the details of your request. Max 400 characters."). The right column is titled "Claim Details" and lists four fields: "Contract Number", "Claim Number", "Date of Service", and "Date Processed", each with a corresponding empty input field. At the bottom right of the form is a blue button labeled "Submit Action Request".

As a second step to [submitting an Action Request](#), if you did not get a resolution, you may also contact the [Customer Care Center](#) using the number on the back of the patient's member ID card.

# How Do I Correct or Void a Claim?

## For professional claims submitted electronically through a clearinghouse:

Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I or 837P) submission by following the instructions below:



### Claim Adjustment

- Enter the frequency code "7" in Loop 2300 Segment CLM05-03.
- Enter the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.
- Note: The adjusted claim should include all charges (not just the difference between the original claim and the adjustment).

### Void the Claim

- Use frequency code "8" in Loop 2300 Segment CLM05-03.
- Use the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.



# How Do I Correct or Void a Claim?

## For professional claims submitted hardcopy or through iLinkBlue:

When a claim is refiled for any reason, all services should be reported on the claim.

### Hardcopy Claim

Claims that were previously processed on a CMS-1500 can be changed:

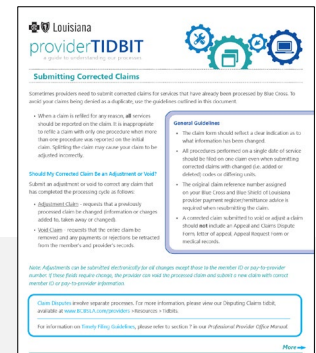
- Adjust Claim – In Block 22, enter “7” for a claim adjustment (information or charges added to, taken away or changed).
- Void Claim – In Block 22, enter “8” to request that the entire claim be removed, and any payments or rejections be retracted from the member’s and provider’s records.
- In Block 22, enter the original claim reference number.

### iLinkBlue Claim

If submitting a corrected professional claim through iLinkBlue:

- In Field 19A, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim).
- In Field 19B, enter the Internal Control Number (ICN Number that is the original claim number).

For more information find our Submitting a Corrected Claim Tidbit at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Tidbits.



**Louisiana providerTIDBIT**  
a guide to understanding our products

**Submitting Corrected Claims**

Corrective providers need to submit corrected claims for services that have already been processed by Blue Cross. To avoid your claims being denied as a duplicate, use the guidelines outlined in this document.

- When a claim is refiled for any reason, **all services** should be reported on the claim. It is inappropriate to file a claim with only one procedure when more than one procedure was reported on the initial claim. Splitting the claim may cause your claim to be adjusted incorrectly.
- **General Guidelines:**
  - The claim form should reflect a clear indication as to what information has been changed.
  - All necessary information on a single date of service should be filed on one claim even when submitting corrected claims with charges for a deleted or adjusted code or office visit.
  - The original date reference number assigned on your Blue Cross and Blue Shield of Louisiana provider payment registration/invoice is required and cannot be changed by the claim.
  - A corrected claim submitted to a claim adjuster should include an Appeal and Claim Dispute form. If you do not dispute, request Request Form or mail it to us.

**Should My Corrected Claim Be an Adjustment or Void?**

Submit an adjustment or void to correct any claim that has completed the processing cycle as follows:

- **Adjustment (A):** requires that a previously processed claim that changed information or charges should be taken away or changed.
- **Void (V):** requires that the entire claim be removed and any payments or rejections be retracted from the member and provider records.

**Note:** Adjustments can be submitted electronically for all charges except those for the member ID or age for the member number. If you do not require reprints, the provider can mail the processed claim and submit a new claim without reprints. If you do require reprints, please refer to section 7 in our Physician Provider Office Manual.

**Claim Dispute and/or Appeal processes:** For more information, please view our Dispute/Claim Guide, available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Tidbits.

For information on Family Policy/Tidbits, please refer to section 7 in our Physician Provider Office Manual.

[More »](#)

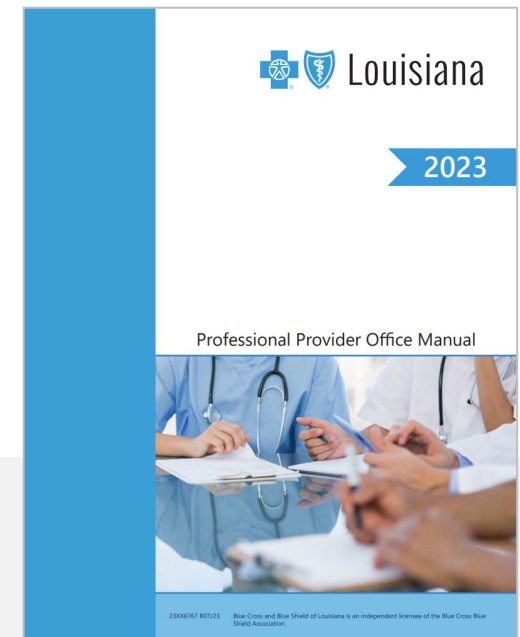
# TELEHEALTH



# Telehealth Policy

- Follow the telehealth billing guidelines in the provider manual.
- Fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines.
- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.
- Blue Cross adheres to the rules and regulations outlined by the [Louisiana Board of Medical Examiners](#) regarding telehealth prohibitions.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Manuals.



# Appropriate Place of Service (POS)

We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.).



- Use **POS 10** for all direct to consumer (DTC) telehealth services.
- Bill non-DTC telehealth with the appropriate place of service based on the member's location when services are provided.
- For example, if the member is in the inpatient hospital setting when receiving telehealth services, bill POS 21.
- Do **not** bill POS 02 for telehealth services; Blue Cross does not consider POS 02 valid for claims submission. Claims billed with POS 02 may reject.



# Telemedicine

Reimbursement for telemedicine services is available when provided utilizing your own telemedicine platform.

Provider types performing telehealth services must ensure the delivery of telehealth is within their respective scope and guidance of their relevant licensing and/or certifying boards.

Encounters must be performed in real time using [audio-only](#) or [audiovisual](#) telecommunication systems.

Audio-only telehealth visits must meet the criteria outlined in Section 5.37 of our Professional Provider Office Manual.

The following are examples of services that are not eligible for reimbursement as telemedicine services:

- Non-direct patient services (e.g., coordination of care before/after patient interaction).
- Services rendered by text-only telephone communication, facsimile, email, mobile applications or any other non-secure electronic communication.
- In many cases, telehealth is not separately billable during the same episode of care that an in-person service is provided.
- Triage to assess the appropriate place of service and/or appropriate provider type.
- Services not eligible for separate reimbursement when rendered to patient in-person.
- Patient communications incidental to E&M, counseling or medical services covered by the member's policy.
- Presentation/origination site facility fee.
- Services/codes that are not specifically listed in the provider manual.

# Telemedicine Codes

The following codes can be used for “Direct-to-consumer” telemedicine—when the telemedicine encounter occurs directly between provider and patient.

Codes listed below with an asterisk (\*) may be billed as audiovisual telehealth services only. All other listed codes can be billed as audiovisual or audio-only telehealth services.

## Direct-to-consumer Codes

Category	Code
Office & Outpatient Visits (E&M)	99201-99205, 99211-99215
Wellness & Preventive E&M	99381-99387, 99391-99397
Behavioral Health	90785, 90791-90792, 90832-90834, 90836-90840, 90845-90847, 96156, 96158, 96160-96161
Applied Behavioral Analysis (ABA)	97151*, 97152*, 97153*, 97154*, 97155*, 97156*, 97157*, 97158*
Physical Therapy, Occupational Therapy and Speech Therapy	92507, 92521, 92522, 92523-92524, 92526, 92610, 96105, 97110*, 97112*, 97116*, 97161*, 97162*, 97164*, 97165*, 97166*, 97168*, 97530*, 97535*
Preventive Medicine Counseling	99401-99404
Transitional Care Management	99495, 99496
Diabetes Management	G0108-G0109
Dietary & Nutritional Therapy	97802-97804, G0270-G0271
Obesity Counseling	G0447
Alcohol & Substance Abuse Screening	99408, 99409, G0442, G0443
Smoking Cessation & Tobacco Counseling	99406-99407
Sexually Transmitted Infections & High-intensity Behavioral Counseling	G0445

Use **Modifier GT or 95**, whichever is appropriate, to indicate delivery of telemedicine services in real time. Use **Modifier 93** for audio-only telehealth services.

# OTHER BILLING GUIDELINES



# Provisional Billing/Incident-to

“**Incident-to**” reimbursement rules for providers types that are eligible to participate in our network are as follows:

- If network participation is available for a provider type, then that provider type is required to file claims under their own provider number. Services should not be billed under a supervising provider.
- Providers who are considered by Blue Cross to be in-training (residents, students and providers with provisional licensure) are not eligible to bill incident-to services.



# Taxonomy Codes

If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty.

You must file the code for the services on the authorization from Lucet.

**Example:** A facility that has two specialties with same Tax ID and NPI (e.g., acute and psych) must use a taxonomy code on **all** claims to identify the specialty.

**Failure to use a specific taxonomy code will cause payment to be directed to the wrong sub-unit, be paid incorrectly and/or may cause the claims to reject on the **Not Accepted Report.****

# Part 2 Regulations

- Providers and facilities are responsible for making sure they are in compliance with 42 Code of Federal Regulations (CFR) part 2 regulations regarding the Confidentiality of Substance Use Disorder Patient Records.
- **Abiding by the part 2 regulations includes the responsibility of obtaining appropriate consent from patients prior to submitting substance use disorder claims or providing substance use disorder information to Blue Cross.** Blue Cross requires that patient consent obtained by the provider include consent to disclose information to Blue Cross for claims payment purposes, treatment, and for health care operations activities, as provided for in 42 U.S.C. § 290dd-2, and as permitted by the HIPAA regulations. 42 CFR part 2, section 2.31(a) (1-9) stipulates the content that must be included in a patient consent form. **By disclosing substance use disorder information to Blue Cross, the provider affirms that patient consent has been obtained and is maintained by the provider in accordance with Part 2 regulations. In addition, the provider is responsible for the maintenance of patient consent records.**
- Providers should consult legal counsel if they have any questions as to whether or not 42 CFR part 2 regulations are applicable.



**Lucet™**

**ONLINE RESOURCES  
& TOOLKITS**

# Online Provider Resources

[www.lucethealth.com](http://www.lucethealth.com)

Choose “Providers,” then “**Out of Network**” and “**Choose your Health Plan**” as **Blue Cross and Blue Shield of Louisiana**.

*Note: “Out-of-network” simply indicates resources for non-Lucet providers.*

## Resources

Improving healthcare, together.

By collaborating with providers like you, we improve access to quality behavioral healthcare and encourage whole-person health for our members. Your partnership helps us create powerful care solutions, and our network team is always ready to join forces on new, innovative approaches to care.

With decades of experience in the field and an unwavering commitment to partnership, we can create positive change in the lives of those we serve, together.

Are you already a Lucet (formerly New Directions + Tridium) in-network Provider? You can find In-network provider resources in the provider portal. Visit the [Lucet Provider Portal](#)

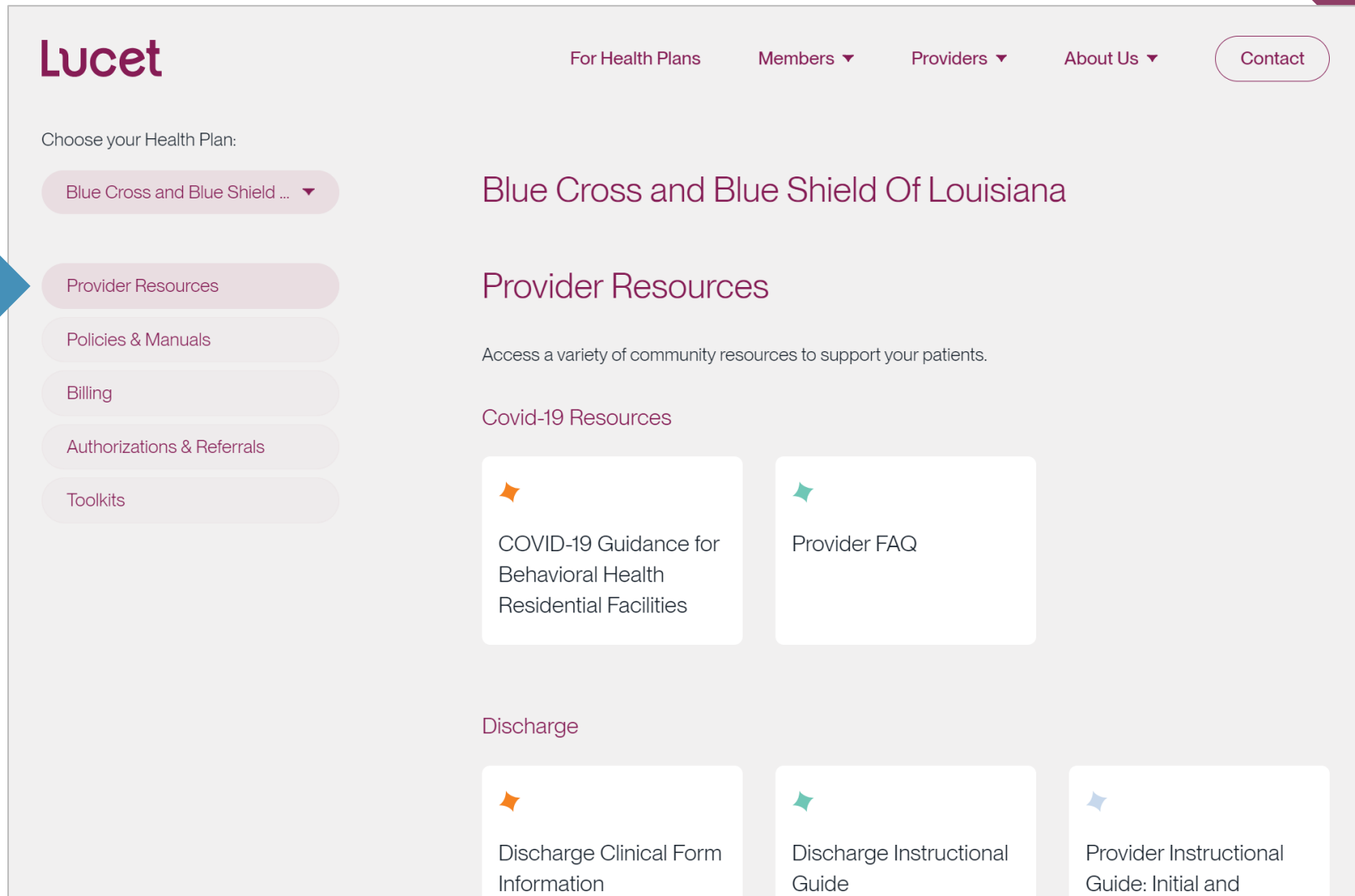
Choose your Health Plan:

Blue Cross and Blue Shield Of Louisiana

Blue Cross and Blue Shield Of Louisiana

<https://lucethealth.com/providers/outside-network/>

# Online Provider Resources



**Lucet**

For Health Plans   Members ▼   Providers ▼   About Us ▼   [Contact](#)

Choose your Health Plan:

Blue Cross and Blue Shield ... ▼

**Provider Resources**

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits

## Blue Cross and Blue Shield Of Louisiana

### Provider Resources

Access a variety of community resources to support your patients.

#### Covid-19 Resources

- COVID-19 Guidance for Behavioral Health Residential Facilities
- Provider FAQ

#### Discharge

- Discharge Clinical Form Information
- Discharge Instructional Guide
- Provider Instructional Guide: Initial and

<https://lucethealth.com/providers/plan/blue-cross-and-blue-shield-of-louisiana/#resources>







# Online Provider Toolkits

**Lucet**

For Health Plans   Members ▼   Providers ▼   About Us ▼   [Contact](#)

**Toolkits**

- Provider Resources
- Policies & Manuals
- Billing
- Authorizations & Referrals
- Toolkits**

 PCP Toolkit	 HEDIS® Toolkit	 Emergency Department Toolkit
 Clinical Practice Guidelines	 Care Management Services	 Substance Use Hotline

# PCP TOOLKIT

- SUICIDE TOOLKIT
- TRAUMA / PTSD TOOLKIT
- SUBSTANCE USE DISORDER  
TOOLKIT



- **SUICIDE TOOLKIT**





# September is Suicide Awareness Month

The prevalence of suicide deaths in the U.S. is alarming, but together we can create positive change. September is National Suicide Prevention & Awareness Month — help us spread the facts about suicide and educate others on how we can help those who may be struggling. You can print, distribute or share via social media the materials in this toolkit during September and all year long. You just might save a life.

## Articles



September is National Suicide  
Prevention & Awareness Month



Young People & Suicide, Ways  
to Help



Preventing Suicide LGBTQIA+



Guns' Hidden Victims



Suicide & It's Survivor

# Suicide Toolkit

## Toolkits

Provider Resources

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits



PCP Toolkit

HEDIS® Toolkit

Emergency Department Toolkit

Clinical Practice Guidelines

Care Management Services

Substance Use Hotline

## Resources

Screening Tools

PCP Consult Line

Care Management Services

Coordination of Care

Mental Health Toolkit

Behavioral Health Integration

## Toolkits

Suicide Toolkit

Depression Toolkit

Anxiety Toolkit

Post-Traumatic Stress Disorder Toolkit

Substance Use Disorder Toolkit

Pain Management Toolkit

<https://lucethealth.com/providers/resources/pcp/suicide-toolkit>

# Suicide Toolkit

Lucet can help you when you or one of your staff identifies that a patient exhibits warning signs for suicide. The tools below can help you develop and implement a suicide prevention strategy for your organization and support the patient in accessing needed interventions.

## Screening Tools

- ♦ [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#)
- ♦ [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)

[Additional Screening Tools](#)

## Provider Resources

- ♦ [SAMHSA – Suicide Prevention in Primary Care](#)
- ♦ [Suicide Prevention Toolkit for Primary Care Practices](#)
- ♦ [Zero Suicide](#)
- ♦ [Lucet Depression Toolkit](#)

[Additional Educational Articles](#)

<https://lucethealth.com/providers/resources/pcp/suicide-toolkit>







- **TRAUMA / PTSD TOOLKIT**









# PTSD Toolkit

**Toolkits**







- Provider Resources
- Policies & Manuals
- Billing
- Authorizations & Referrals
- Toolkits**

 PCP Toolkit	 HEDIS® Toolkit	 Emergency Department Toolkit
 Clinical Practice Guidelines	 Care Management Services	 Substance Use Hotline

**Resources**

 Screening Tools	 PCP Consult Line	 Care Management Services	 Coordination of Care
 Mental Health Toolkit	 Behavioral Health Integration		

**Toolkits**

 Suicide Toolkit	 Depression Toolkit	 Anxiety Toolkit	 Post-Traumatic Stress Disorder Toolkit
 Substance Use Disorder Toolkit	 Pain Management Toolkit		

# PTSD Toolkit

Because treatment of PTSD requires specialized training and intensive, often prolonged, treatment, it is not typically treated in primary care settings. However, PCPs can play a vital role by detecting the presence of PTSD, helping patients understand that they may have PTSD, educating patients about their treatment options and prescribing recommended medication when needed. PCPs can use the PC-PTSD-5 to screen for PTSD. The test is simple, easy to administer and score, and was developed specifically for use in primary care settings.

The following tools are being provided to assist in the identification of PTSD in your patients.

## Screening Tools

- ♦ [Primary Care PTSD Screen for DSM-5 \(PC-PTSD-5\)](#)

Additional Screening Tools

## Provider Resources

- ♦ [U.S. Department of Veteran Affairs: PTSD](#)
- ♦ [Posttraumatic Stress Disorder \(PTSD\)](#)
- ♦ [American Academy of Pediatrics: Trauma Toolbox for Primary Care](#)

Additional Educational Articles

# Helping to Heal Trauma

A majority of adults in the United States have experienced a traumatic event. Lucet has an online **toolkit** to promote PTSD awareness. The toolkit includes posters, articles and other sharable materials.



70% of U.S. adults experience trauma in their lives.

13 million have PTSD in a given year.



**PTSD is not just a “veteran disorder.”**  
It is rooted in *any* trauma.

**Your feelings are real and help is out there.**

**Lucet** | June is *PTSD Awareness Month*  
Visit [Lucet@health.com](mailto:Lucet@health.com) for more resources.

Source: U.S. Department of Veterans Affairs

160 565903 20210603

<https://lucethealth.com/members/resources/ptsd-toolkit>

- **SUBSTANCE USE DISORDER  
TOOLKIT**





# Substance Use Toolkit

**Toolkits**

- Provider Resources
- Policies & Manuals
- Billing
- Authorizations & Referrals
- Toolkits**

◆ PCP Toolkit

◆ HEDIS® Toolkit

◆ Emergency Department Toolkit

◆ Clinical Practice Guidelines

◆ Care Management Services

◆ Substance Use Hotline

## Resources

◆ Screening Tools

◆ PCP Consult Line

◆ Care Management Services

◆ Coordination of Care

◆ Mental Health Toolkit

◆ Behavioral Health Integration

## Toolkits

◆ Suicide Toolkit

◆ Depression Toolkit

◆ Anxiety Toolkit

◆ Post-Traumatic Stress Disorder Toolkit

◆ Substance Use Disorder Toolkit

◆ Pain Management Toolkit

<https://lucethealth.com/providers/resources/pcp/sudtoolkit>

# Substance Use Toolkit

Approximately 22% of all patients who present in healthcare settings have a substance use condition, such as alcohol, opioid, or other drug abuse or dependence. Consequently, medical settings are important places to identify individuals with Substance Use Disorders (SUD), engage them in treatment and begin providing them services. (Urada et al, 2012).

The following tools and practice guidelines are provided to assist in the identification of Substance Use Disorders in the United States.

## Screening Tools

### Alcohol

- ♦ [Youth Alcohol Screening and Brief Intervention Practitioner's Guide](#)
- ♦ [CRAFFT Screening Tool for Adolescent Substance Abuse](#)
- ♦ [Short Michigan Alcoholism Test Geriatric Version \(SMAST-G\)](#)
- ♦ [Alcohol Use Disorders Identification Test \(AUDIT-C\)](#)
- ♦ [The Cage and Cage-Aid Questionnaires](#)

### Other Drugs

- ♦ [Screening for Drug Use in General Medical Settings](#)
- ♦ [Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool \(TAPS\)](#)
- ♦ [Opioid Risk Tool \(ORT\)](#)
- ♦ [Drug Abuse Screening Test \(DAST\)](#)
- ♦ [NIDA Quick Screen](#)

Additional Screening Tools

### Provider Resources

#### Alcohol

- ♦ [Alcohol Screening and Brief Intervention for Youth: Practitioner Guide](#)
- ♦ [Preventing Older Adult Alcohol and Psychoactive Medication Misuse/Abuse Screening and Brief Interventions](#)
- ♦ [Implementing Care for Alcohol and Other Drug Use in Medical Settings: An Extension of SBIRT](#)
- ♦ [SBIRT Training Presentation](#)


#### Other Drugs

- ♦ [Screening for Drug Use in General Medical Settings](#)
- ♦ [National Institute on Drug Abuse: Medical & Health Professionals](#)
- ♦ [General Guidelines for Substance Use Screening and Early Intervention in Medical Practice](#)








Additional Educational Articles

<https://lucethealth.com/providers/resources/pcp/sudtoolkit>

# Substance Use Resources

- Provider Resources
- Policies & Manuals
- Billing
- Authorizations & Referrals
- Toolkits 

## Toolkits

 PCP Toolkit	 HEDIS® Toolkit	 Emergency Department Toolkit
 Clinical Practice Guidelines	 Care Management Services	  Substance Use Hotline

## Clinical 365

### Substance Use Disorder Hotline

The decision to seek drug and/or alcohol treatment for yourself or a loved one can be a difficult, but important step. Simply identifying what type of treatment is needed and what is available can be tough. That's where the New Directions Clinical 365 team can help.

The Clinical 365 team is comprised of licensed clinicians that are available 24 hours a day, 7 days a week. A licensed team member will take time to fully understand and assess potential treatment needs, provide you with information regarding treatment options and search for the right provider for you or a loved one.

### To reach the Clinical 365 team

Call the Substance Use Disorder Hotline at [877-326-2458](tel:877-326-2458).

For additional resources, visit the [Substance Use Disorders Center](#)

<https://lucethealth.com/providers/resources/member-hotline>

# HEDIS®

(FOLLOW-UP AFTER  
HOSPITALIZATION)



# Follow-up After Hospitalization

**HEDIS® (Healthcare Effectiveness Data and Information Set)** is an annual performance measurement created by the NCQA (National Committee for Quality Assurance) to help improve quality of health care and establish accountability.

One measure is ensuring patients who have had inpatient treatment for mental illness have a follow-up visit with a **behavioral health professional within seven calendar days of discharge.**

- ✓ LUCET tracks appointments made within seven days, but also wants patients to **attend those appointments.**
- ✓ Patients who attend these scheduled follow-up appointments are less likely to **readmit** into inpatient treatment.

# Help Us Meet the Measure

Behavioral health professionals can:

- Schedule patients within seven calendar days of discharge from an inpatient stay.
- These appointments can be made with psychiatrists, psychologist, psychiatric nurse practitioners, social workers (LCSW), counselors (LPC), marriage and family therapist (LMFT) or addiction counselors (LAC).
- If you are an established provider for a patient, it is best practice to conduct a follow-up appointment within seven calendar days of discharge.
- Allow Lucet staff to schedule appointments for members on their behalf, if needed.

Check benefits on iLinkBlue. Some plans waive any out-of-pocket expense for first visit within seven days of discharge from inpatient level of care.

# Coordination of Care Form

## Completion of Form

Important for assisting with the members follow-up after an inpatient episode.

1. The clinical team will reach out to the appropriate professional
2. The clinical team will either fax or email this form to you with instructions on how to return.
  - Only takes a few minutes but may impact the successful transition of the member into community treatment.
  - Can be completed by administrative staff.

The above-named member is receiving care management services from Lucet, the behavioral healthcare management company for this member's health plan. To help us coordinate care, please complete the following form as permitted under the HIPAA privacy rule for treatment purposes. The information will be beneficial to our efforts to help coordinate care for your patient. This form is required by Lucet for the patient referenced. Please return within seven calendar days. Any member of your staff may complete this form.

1. Is this member still your patient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. When was your patient last seen?	Date: _____	
3. What was your patient's most recent weight? What was your patient's most recent height?	_____ _____	
4. Lucet urges you to coordinate medical and behavioral healthcare. When did you last communicate with your patient's:		
Primary care physician:	Date:	
Therapist:	Date:	
Psychiatrist:	Date:	
Other:	Date:	
5. Is your patient considered stable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Please list current medications/supplements as prescribed (or attach list to this form):		

# How to Increase Appointment Attendance

- Provide appointment reminders:
  - Include the time, date and location.
  - Please be sure to provide a return phone number and/or email address along with a contact person for the member to speak with for any questions, concerns and assistance.
  - Offer multiple options, such as text, email or voicemail, for appointment reminders.
- Clearly explain your no-show policy and the member's responsibility.
- When an appointment is missed, reach out to the member as soon as possible to reschedule.
- Initiate discussion to find out what works best for the member.
- When possible, have a set schedule with the member (for example, every other Monday at 3 p.m.).


As a contracted provider with BCBSLA, you are only allowed to collect copay and/or deductible amounts at time of service.

Verify benefits with BCBSLA prior to appointment.



# Behavioral Health Rainmakers

- Lucet actively seeks outpatient behavioral health professionals who can schedule appointments for patients being discharged from an inpatient setting, within seven days.
- The Rainmaker list is used as a “**first call**” list for discharge planners at the facilities and the Lucet care managers and care transitions staff.
- Simply complete our Rainmaker Program application. It is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Forms. Completed forms should be sent to [LouisianaPR@lucethealth.com](mailto:LouisianaPR@lucethealth.com).
- If you are currently a rainmaker, and no longer have availability to schedule a discharging patient within seven calendar days, please notify us at the above email address.


**Rainmaker Application**

Blue Cross and Blue Shield of Louisiana refers to a Rainmaker as a provider who agrees to schedule follow-up appointments for members within seven calendar days of discharge from a behavioral health inpatient setting. Lucet, our behavioral health manager, maintains the Rainmaker program on behalf of Blue Cross. Its case management team use and share your information with inpatient discharge planning staff so they can contact you to schedule follow-up appointments. To join the Rainmaker program, please complete this form.

*Note: A separate form is required for each provider joining the program. If you are part of a group practice, each interested person at your group must complete the form.*

GENERAL INFORMATION		
Individual Provider Last Name	Individual Provider First Name	Individual Provider Middle Initial
Individual Provider NPI		Tax ID Number
Physical Address		
City	State	ZIP Code
Phone		Fax
PRACTICE CLINIC INFORMATION		
Name of scheduling contact		Phone Number
Office Hours		
<input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____		
Evening or Weekend Hours (if applicable)		Ages Treated
List top 5 specialties		
Any disorders you do not treat?		
Do you offer telehealth or telemedicine?		Can you prescribe medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for providing this important care to our BCBSLA members.

**Please email this form to [LouisianaPR@lucethealth.com](mailto:LouisianaPR@lucethealth.com) or fax it to 877-212-5640.**

If you have any questions about the Rainmaker program, please contact Debbie Crabtree, Lucet provider relations specialist, at [dcrabtree@lucethealth.com](mailto:dcrabtree@lucethealth.com) or (904) 371-6942.

18NW5021 02/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

# Behavioral Health Clinical Profile Form


This form provides us with valuable information and helps us to match members to providers.

- Sent to Blue Cross network providers bi-annually
- Only return if :
  - information has changed or
  - you have never completed the form before.

Send completed forms to:

Fax: 1-877-212-5640

Email: [LouisianaPR@lucethealth.com](mailto:LouisianaPR@lucethealth.com)


Louisiana

**Behavioral Health  
Provider Clinical Profile**

Complete this form to disclose the most current information regarding your areas of expertise. This information will be made available to members to aid them in accessing appropriate care. A separate profile form must be completed for each individual provider. Please make copies of the form as applicable.

PROVIDER INFORMATION	
Provider Name	Provider Specialty
Provider Tax ID	National Provider Identifier (NPI)
Contact Name	Email Address
Phone Number	Fax Number

PATIENT AGES	
Please check the age ranges of the client populations you treat:	
<input type="checkbox"/> 0 to 5	<input type="checkbox"/> 6 to 12
<input type="checkbox"/> 18 to 64	<input type="checkbox"/> Over 65
<input type="checkbox"/> 13 to 17	
<input type="checkbox"/> All Ages	
<input type="checkbox"/> Other (please specify):	

LANGUAGES	
Please check all languages other than English spoken fluently in your office and in which you can provide treatment:	
<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> German
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Chinese
<input type="checkbox"/> Italian	
<input type="checkbox"/> Other (please specify):	

AREAS OF EXPERTISE	
Please check all that pertain to the <b>types of therapy</b> you provide:	
<input type="checkbox"/> Behavioral Therapy for Autism	<input type="checkbox"/> Eye Movement Desensitization and Reprocessing (EMDR)
<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Dialectical Behavioral Therapy (DBT)	<input type="checkbox"/> Medications Assisted Treatment (MAT)
<input type="checkbox"/> Electroconvulsive Therapy (ECT)	<input type="checkbox"/> Telehealth

Please check all that pertain to the <b>types of disorders/issues/subspecialties</b> you provide:		
<input type="checkbox"/> Abuse, Assault and Trauma (PTSD)	<input type="checkbox"/> Depression	<input type="checkbox"/> Obsessive Compulsive Disorders
<input type="checkbox"/> Adoption	<input type="checkbox"/> Divorce/Blended Family Issues	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Anxiety and Panic Disorders	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Attention Deficit Disorders	<input type="checkbox"/> End of Life Issues	<input type="checkbox"/> Postpartum Issues
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Gay/Lesbian/Bisexual Issues	<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Bariatric Assessment	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Prenatal Issues
<input type="checkbox"/> Behavioral Modification	<input type="checkbox"/> HIV/AIDS Related Issues	<input type="checkbox"/> Schizophrenic Disorders
<input type="checkbox"/> Bipolar Disorders/Manic Depression	<input type="checkbox"/> Infertility	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Brief Solution Focused	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Sexual Disorders
<input type="checkbox"/> Compulsive Gambling	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Cultural/Ethnic Issues	<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Transgender Issues

Please complete this form and return via fax to 1-877-212-5640 or email at [LouisianaPR@ndbh.com](mailto:LouisianaPR@ndbh.com).

18NW1746 R11/21 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

This form is available online at [www.cbbsla.com/providers](http://www.cbbsla.com/providers) >Resources >Forms.

# CARE MANAGEMENT SERVICES



# Lucet Focused Care Management

- Improve member experience and quality of care.
  - 90-day pre/post symptom/functional improvement.
  - Professional and community services referred and utilized.
  - Gaps closed (seven-days after discharge follow-up appointment, MAT education and follow-up, substance use and depression screening follow-up, blood glucose screening, OUD screenings, treatment adherence)
- Decrease ED utilization and inpatient admissions.

Care Solutions	Member Care Link
<p><b>Complex Care Management (CM)</b> NCQA/ URAC accredited</p> <ul style="list-style-type: none"> <li>• Opt-in services with high intensity CM outreach</li> <li>• Comprehensive CM assessment</li> <li>• Member centric CM goals, CM survey</li> <li>• Coordination of care with health care providers</li> </ul>	<p><b>Non-Complex Care Management (CM)</b></p> <ul style="list-style-type: none"> <li>• Condition specific and service related programs</li> <li>• Coordination of care</li> <li>• Healthcare gaps</li> <li>• Members who have not opted in for Care Solutions</li> </ul>
<p><b>Referral Source:</b> CM Daily Census Report (predictive modeling)</p>	<p><b>Referral Sources:</b> Condition &amp; LOC specific programs, GAP closure, and members who opt out or do not engage in Care Solutions</p>
<p><b>Care Transitions Activities</b></p> <p>CM services designed to help members transition from higher levels of care to the community with the goal of community tenure</p>	
<p><b>Integrated Co-Care Management Activities</b></p> <p>Collaboration and coordination of CM services between medical and behavior health care managers with the goal to provide comprehensive medical/ behavioral care management expertise</p>	

**WE ARE HERE FOR YOU!**



# Provider Relations

**Kim Gassie** Director

**Jami Zachary** Manager

**Anna Granen** Senior Provider Relations Representative

**Marie Davis** Senior Provider Relations Representative

**Anna Granen**

Jefferson, Orleans, Plaquemines, St. Bernard,  
Iberville

**Lisa Roth**

Bienville, Bossier, Caddo, Claiborne, Desoto,  
Grant, Jackson, Lincoln, Natchitoches, Red River,  
Sabine, Union, Webster, Winn, Jefferson Davis,  
St. Landry, Vermilion

**Marie Davis**

Allen, Avoyelles, Beauregard, Caldwell, Catahoula,  
Concordia, East Carroll, Evangeline, Franklin,  
LaSalle, Madison, Morehouse, Ouachita, Rapides,  
Richland, Tensas, Vernon, West Carroll, Acadia

**Mary Guy**

East Feliciana, St. Helena, St. Tammany,  
Tangipahoa, Washington, West Feliciana,  
Livingston, Pointe Coupee, St. Martin, Terrebonne

**Melonie Martin**

East Baton Rouge, Ascension, West Baton Rouge

**Yolanda Trahan**

Assumption, Iberia, Lafayette, St. Charles,  
St. James, St. John the Baptist, St. Mary, Calcasieu,  
Cameron, Lafourche

[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com) | 1-800-716-2299, option 4

**Paden Mouton, Supervisor**

# Quick Contacts

## Joining the Network

Getting Credentialed – [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com), 1-800-716-2299, option 2

Getting Contracted – [provider.contracting@bcbsla.com](mailto:provider.contracting@bcbsla.com), 1-800-716-2299, option 1

## Updating your Information

Data Management – [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com), 1-800-716-2299, option 2

## Education, iLinkBlue Training & Outreach

Provider Relations – [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com), 1-800-716-2299, option 4

## Electronic Services

iLinkBlue – [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

EDI Services (clearinghouse) – [EDIservices@bcsla.com](mailto:EDIservices@bcsla.com), 1-800-716-2299, option 3

Security Access to Online Services – [PIMteam@bcbsla.com](mailto:PIMteam@bcbsla.com), 1-800-176-2299, option 5

## Ongoing Support

Customer Care & IVR Phone Services – 1-800-922-8866

# Lucet Contact Information

For assistance, please contact:

## **Michelle Sims**

Clinical Network Manager

Email: [msims@lucethealth.com](mailto:msims@lucethealth.com)

Phone: 1-816-416-7672

## **Debbie Crabtree**

Provider Relations Specialist

Email: [dcrabtree@lucethealth.com](mailto:dcrabtree@lucethealth.com)

Phone: 1-904-371-6942




# Blue Advantage Behavioral Health Webinars



Blue Advantage (HMO) and Blue Advantage (PPO) will be conducting a webinar on **November 15** about behavioral health requirements for these members.



Look for the webinar registration link in our Weekly Digest, sent every Thursday.

 Louisiana July 20, 2023

provider communications  
**WEEKLY DIGEST**

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ONLINE RESOURCES

[Provider Type Credentialing Requirement Guides](#)

Blue Cross offers Professional and Facility Provider Type Credentialing Requirement guides with the provider types listed. These guides are designed to help providers identify our credentialing criteria requirements for network participation.

The guides are available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), under "Network Enrollment," then "Join Our Networks." Choose your appropriate provider type and look under "Credentialing Process."

[Professional Provider Type Credentialing Requirements Guide](#)

[Facility Provider Type Credentialing Requirements Guide](#)

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UPCOMING EVENTS

Register Today!

Blue Cross offers training events for our providers that focus on Blue Cross processes, programs and resources. Please pre-register for the event(s) you wish to attend. Once registered, you will receive an email with information and instructions on how to join the webinar.

**Let's Use iLinkBlue**

This is a webinar about iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), our secure online tool that is free to health care providers and staff. The webinar includes information on how to register, use its many functions and gives an overview of eligibility and coverage verification, authorization requests, claims filing and research, payment transactions, medical policies and more.

**Who should attend?**  
Providers and staff, iLinkBlue users, and administrative representatives, including those who need access to the tool.

**Date:** July 25, 2023  
**Time:** 10 - 11:30 am

[Register](#)

**Date:** July 27, 2023  
**Time:** 2 - 3:30 pm

[Register](#)



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

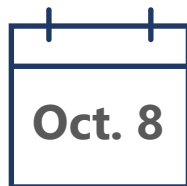
Your feedback is  
important!

# Provider Engagement Survey

**THANK YOU** to everyone who took our 2022 survey. Based on your feedback, we made changes including:

- Less Blue Cross emails to your inbox – we created the Provider Weekly Digest as a way to consolidated provider communications into one email digest that goes out every Thursday. It includes notifications, general announcements and provider training event information and registration options.
- iLinkBlue training webinars – we now offer iLinkBlue training webinars for new users.
- Improvement to our credentialing process – we have focused on improving our customer service and resolving provider issues timely.

We would ❤️ for you to complete our 2023 survey. **It ends on:**



Participants could win 1 of 26 gift cards with top prize of \$500.



If you have not received a survey link, send us an email to [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com) and put "Provider Engagement Survey" in the subject line.

# Thank you!

If you have additional questions after this webinar,  
please email [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).

# APPENDIX

# Member Resources

The Lucet Resource Center contains vital information that can help you start your journey to better mental health.

Sometimes, people aren't sure when or how to seek treatment. Our resource center provides reliable materials on a variety of mental and behavioral health topics. We will guide you to the right resources and meet you where you are.

## I'm Ready to Visit a Provider



Prepare for a Visit



What Type of Program Do I Need?



What Kind of Provider Do I Need?



Search for a Provider



Important Forms

<https://lucethealth.com/members/resources>

# Member Resources

## I Need Health Resources



What is Advance Directive



Apps for Mindfulness, Stress and Mental Health Support



Community Resources



Wellness Plan



Crisis Resources



Stamp Out Stigma



Post-Traumatic Stress Disorder (PTSD) Toolkit



Mental Health Toolkit



Suicide Awareness Toolkit

<https://lucethealth.com/members/resources>

# Member Resources

## I Need Help with My Diagnosis



Substance Use Disorders Center



Autism Resource Center



Care Management

## Important Forms



My Health Record



Consent to Release Information



Consent to Release Information –  
Authorization to Disclose PHI Form – Form  
Instruction



Name an Authorized Delegate

<https://lucethealth.com/members/resources>