

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.



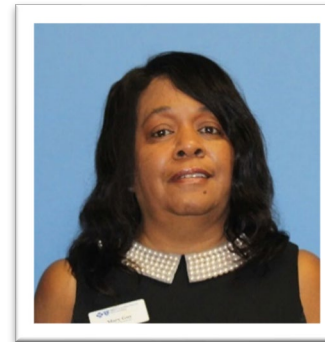
How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Welcome to the Louisiana Blue Network *Facility Webinar*

October 2024



Presented by Mary Guy
Provider Relations Representative

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.

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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

Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

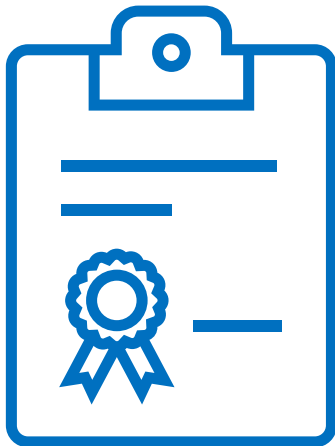
As a new to Louisiana Blue provider or new staff member for an existing provider, we want to make sure you have the tools and resources you need when doing business with Louisiana Blue. Today we will discuss:

- ✓ network participation
- ✓ network maintenance
- ✓ online resources
- ✓ using iLinkBlue
- ✓ Louisiana Blue policies and procedures
- ✓ authorization information
- ✓ claims
- ✓ claims editing
- ✓ provider support



Credentialing, Recredentialing & Updating Your Information

Credentialing is Required for Network Participation

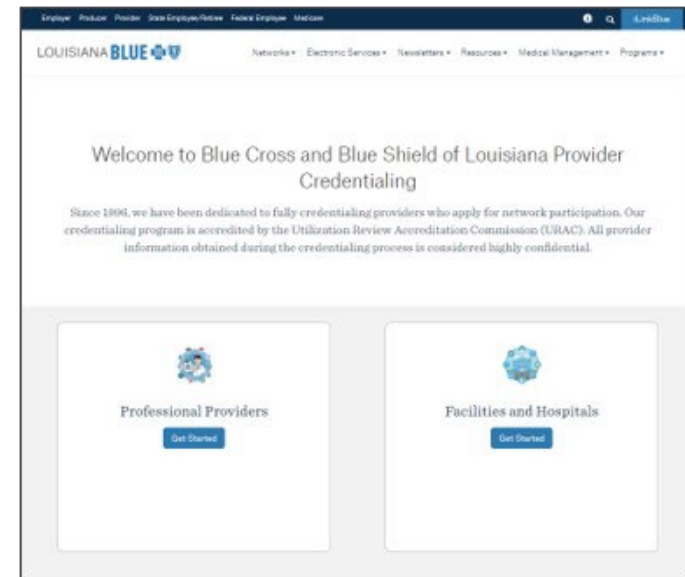


Louisiana Blue credentials all practitioners and facilities that participate in our networks.

We partner with **sympplrCVO** to conduct credentialing verification processes for our commercial networks.

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.lablue.com/providers > Network Enrollment > Join Our Networks

The following facility types must meet certain criteria to participate in our networks:

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services
- Dialysis Facility
- DME Supplier
- Emergency Medicine Physician Groups
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory
- Lithotripsy/Orthotripsy
- Nursing Home
- Radiation Center
- Residential Treatment
- Retail Health Clinic
- Skilled Nursing Facility
- Sleep Lab/Center
- Specialty Pharmacy
- Urgent Care Clinic

View the *Credentialing Criteria* for these facility types at www.labblue.com/providers >Network Enrollment >Join Our Networks >Facilities and Hospitals >Credentialing Process.

A hospital-based provider is defined as a provider that **only** sees patients as a result of their being admitted or directed to the hospital.

- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.



A provider is **NOT considered hospital-based** if they have patients referred directly to them from another physician or organization or if the member can make an appointment with the physician.

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

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

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.

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@bcbcla.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.

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.lablue.com/providers >Resources >Forms.

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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)		

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.

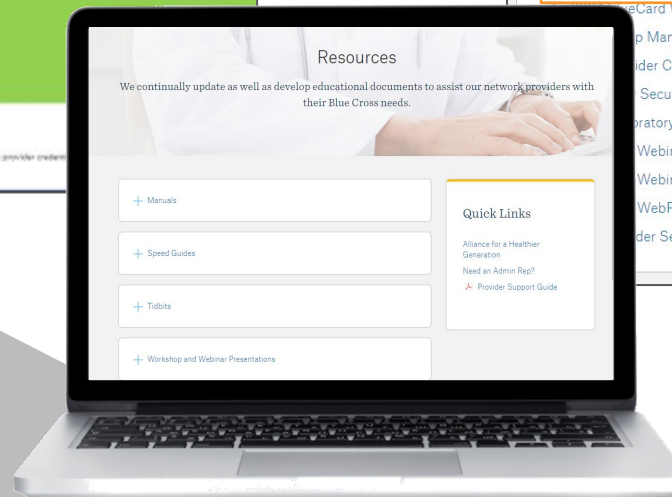
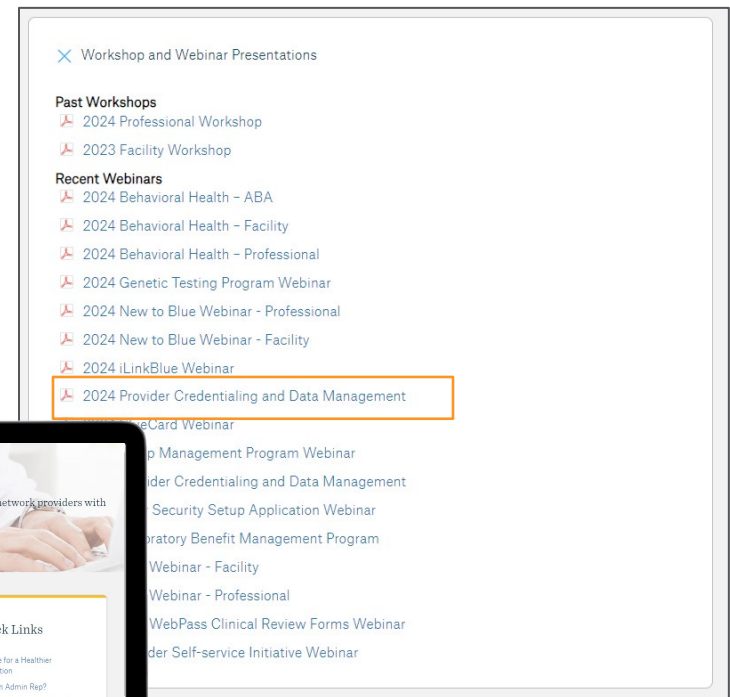
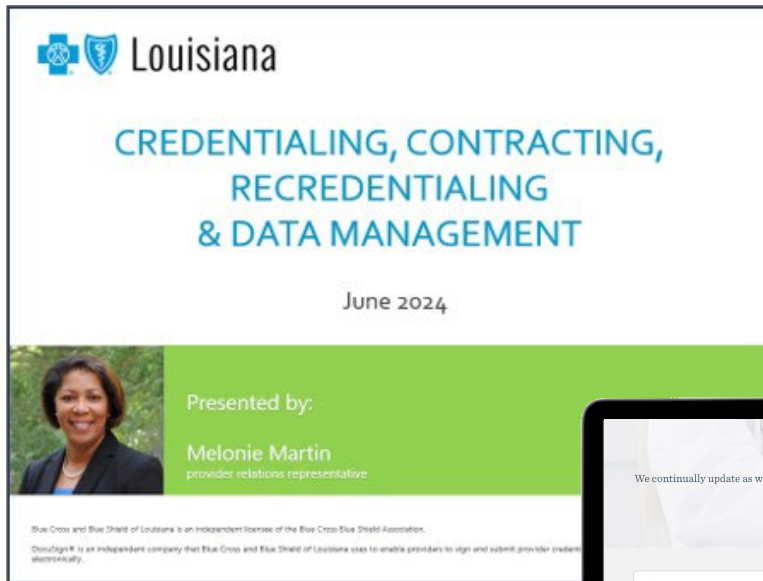


Submissions that are missing checklist items will be returned.

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.							
SECOND PHYSICAL ADDRESS (if necessary)							
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 <input type="checkbox"/> New <input type="checkbox"/> Existing Only <input type="checkbox"/> Other:				Age Range of Patients (check all that apply) <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"/> 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.							
CHECKLIST							
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

For more information on how to complete the credentialing/recredentialing processes, view our **Provider Credentialing & Data Management Webinar** presentation. It is available online at www.lablue.com/providers >Resources >Workshops and Webinar Presentations.



To attend this webinar in **November**, register using the link in our upcoming Provider Weekly Digests.

Our Networks


Louisiana Blue's Provider Networks







Louisiana Blue 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
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Ochsner Health Network
- Federal Employee Program (FEP)

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

**Louisiana**

providerTIDBIT
a guide to understanding our processes



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.bcbcla.com/ilinkblue).

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.bcbcla.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.

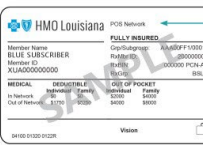
HMO Louisiana, Inc.

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.bcbcla.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.

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@bcbcla.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




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

LOUISIANA BLUE 		Preferred Care PPO Network	
		FULLY INSURED	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA00000/PPO4	
Member ID XUP000000000		RxMbr ID: 200000000	
		RxBIN: 000000 PCN-A4	
		RxGrp: BSLA	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	
In Network	\$5500	\$5500	
Out of Network	\$5500	\$5500	
04BA0314 R01/24			
			

“Fully Insured” notation

SELF FUNDED

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

LOUISIANA BLUE 		Preferred Care PPO Network	
			
Member Name BLUE SUBSCRIBER		Grp/Subgroup: 004336 PCD-ADV	
Member ID OGS000000000		RxMbr ID: RX20BZ	
		RxBIN: 004336 PCD-ADV	
		RxGrp: RX20BZ	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COINSURANCE Preferred 80% All Other 60%
In Network	\$2000	\$5000	
Out of Network	\$4000	\$10000	
OFFICE OF GROUP BENEFITS PELICAN HRA 1000			
04BA0314 R01/24			
			

- “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.lablue.com/ilinkblue).

- Prefix: R (followed by 8 digits)
- The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan		Standard	
Member Name BLUE SUBSCRIBER		www.fepblue.org			
Member ID R00000000		Standard Option Enrollment Code 106			
Effective Date	01/01/2022	Deductible Individual	\$350		
RxIIN	610239	Deductible Family	\$700		
RxPCN	FEPRX	Out-of-Pocket Maximum			
RxGrp	65006500	Individual	In-Network \$6,000	Out-of-Network \$8,000	
		Family	\$12,000	\$16,000	

Standard

In-network benefit
Out-of-network benefits

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan		Basic	
Member Name BLUE SUBSCRIBER		www.fepblue.org			
Member ID R00000000		Basic Option Enrollment Code 113			
Effective Date	01/01/2022	Deductible Individual	\$0		
RxIIN	610239	Deductible Family	\$0		
RxPCN	FEPRX	Out-of-Pocket Maximum			
RxGrp	65006500	Individual	In-Network \$6,500		
		Family	\$13,000		

Basic

In-network benefits
No out-of-network benefits

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan		FEP Blue Focus	
Member Name BLUE SUBSCRIBER		www.fepblue.org			
Member ID R00000000		FEP Blue Focus Enrollment Code 133			
Effective Date	01/01/2022	Deductible Individual	\$500		
RxIIN	610239	Deductible Family	\$1,000		
RxPCN	FEPRX	Out-of-Pocket Maximum			
RxGrp	65006500	Individual	In-Network \$8,500		
		Family	\$17,000		

Blue Focus

Limited in-network
benefits
No out-of-network
benefits

BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare 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® (BlueHPN®) product.

- National Alliance groups are administered through Louisiana Blue's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- Louisiana Blue 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.

South Carolina

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

PLAN CODE 380
RxBIN 003858
RxGRP KESA
RxPCN A4

MyHealthToolkitLA.com

PPO®

South Carolina

MyHealthToolkitLA.com

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. Precertification 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.

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.

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

MUJ

Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Acadian Ambulance	1/1/2023	LK
Associated Grocers	1/1/2012	AB
Bollinger Shipyards	1/1/2018	GQ
Caddo Parish Commission	1/1/2014	CBV
CCB	1/1/2014	ICG
City of Monroe	1/1/2016	EMD
Cleco	1/1/2013	CS
Crescent Bank & Trust	4/1/2016	RNL
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	IVL
Green Chef	6/1/2013	GCL
Herli Bank	1/1/2010	ILK
Jefferson Parish Sheriff's Office	1/1/2018	IMU
Lafayette City Parish Government	1/1/2013	LFP
Life Shavers	1/1/2015	LSP
Origin Bank	1/1/2019	EOX
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Ray O Martin (Martco LLC)	1/1/2012	RPF
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	THQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	KOU
Zen-nich	1/1/2014	EZN

1/1/2023: MUJ
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.lablue.com/ilinkblue) under the "Resources" section.

Network providers should always refer members to other network providers.

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your Louisiana Blue provider agreement.
- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement.



The impact on your patients when you refer Louisiana Blue 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 Louisiana Blue if the provider is non-participating

You can find network providers to refer members to in our online provider directories at www.lablue.com >Find a Doctor.



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

- All of our network providers should refer members to preferred reference lab vendors when lab services are needed and are not performed in the facility.
- Louisiana Blue discourages hospital billing for services as a reference lab when they are not contracted as a reference lab with us.
- Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by an in-network hospital.

For more information, view the *HMO Preferred Reference Lab Guide* and the *PPO Preferred Reference Lab Guide*, which are both available online at www.lablue.com/providers >Resources >Speed Guides.

The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:

- UB-04: Block 78
- 837I: 2310D loop, segment NM1 with the qualifier of DN in the NM101 element



Online Resources

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.lablue.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 Louisiana Blue. 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.

www.lablue.com > Find a Doctor or Drug > Provider Directory and Cost Estimates > Find Care

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find a Doctor or Drug

Provider Directory

Other Directories

Hospital Based Physicians

Provider Directory and Cost Estimates

BlueDental Provider Directory

ER/OR Information

Find a Doctor or Drug

Search for a provider near you, or find other doctors in Louisiana and across the country. You can also get estimates on procedure costs.

Get Care from Anywhere!

Medical/Behavioral Visits Available

BlueCare lets you see doctors 24/7 for minor health issues or schedule appointments for behavioral health needs.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find a Doctor or Drug

Pick a doctor near you or get cost estimates available to members in our provider directory. Or learn more about prescription drugs, as well as finding helpful information and resources on providers, quality programs, and more.

Find Care

Find Care

LOUISIANA BLUE

Good Afternoon!

Browse or search to find the care you need.

Network All Networks

City, state or zip San Jose, CA – 95141

Search for Names and Specialties

Common Searches: Primary Care Urgent Care Behavioral Health DME & Medical Supplies



Resources to Support Our Providers

Pharmacy

✓ Authorizations

Support

COVID-19

Network Enrollment

Learn more about our network, requirements and credentialing program.

Read the Requirements

Resources

Access manuals, speed guides, tidbits, generators, scripts and forms for providers.

Find Your Information

News and Events

Stay connected with what is going on at Blue Cross with our provider newsletters.

Read the Latest News

Electronic Services

Access services including iLinkBlue, online authorizations and more.

Find Your Account Details

Medical Management

Find information and requirements for managing services to members.

Learn More

Programs

Learn more about the many programs that can benefit you and your patients.

Learn About Our Programs

Blue Advantage Resources

Our new Blue Advantage Provider page is designed to give you access to the most current Blue Advantage resources.

Go to All Resources

Comparing Costs

Our new cost comparison tool lets members compare common medical procedures based on price and location.

Understand SmartShopping

Behavioral Health

We have partnered with Level for their expertise in the provision of mental health services.

Learn About Our Requirements

Need an Admin Rep?

Each organization must pick a representative to manage access to our secure online services.

Designate Your Rep

Obesity Treatment Resources

Blue Cross wants to help your patients live healthy lives.

Learn About the Benefits

www.lablue.com/providers

Network Enrollment

Learn more about our network requirements and credentialing program.

Resources

Access manuals, speed guides, toolkits, presentations, tutorials and forms for providers.

News and Events

Stay connected with what is going on at Louisiana Blue with our provider newsletters.

Electronic Services

Access services including iLinkBlue, online authorizations and more.

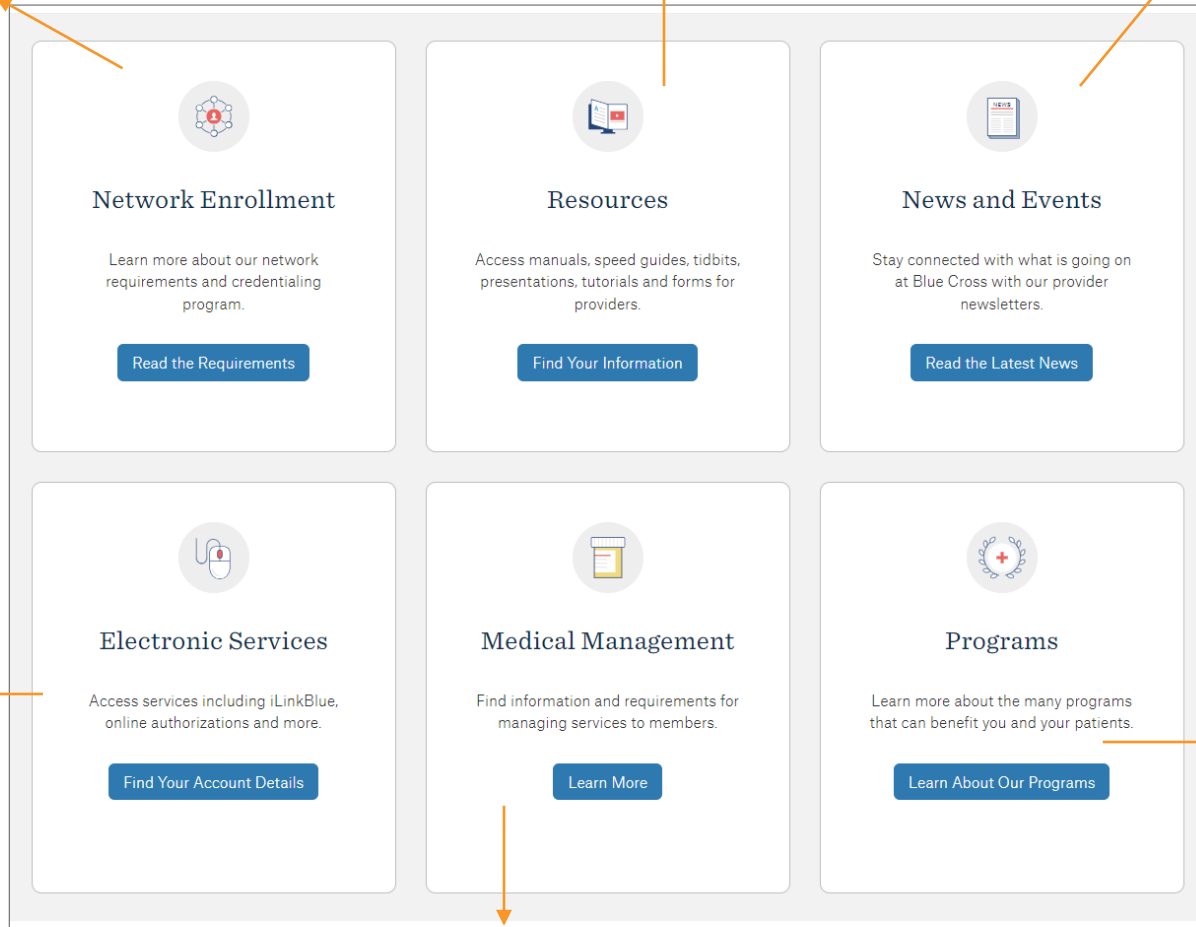
Medical Management

Medical Management

Find information and requirements for managing services to members.

Programs

Learn more about the many programs that can benefit you and your patients.



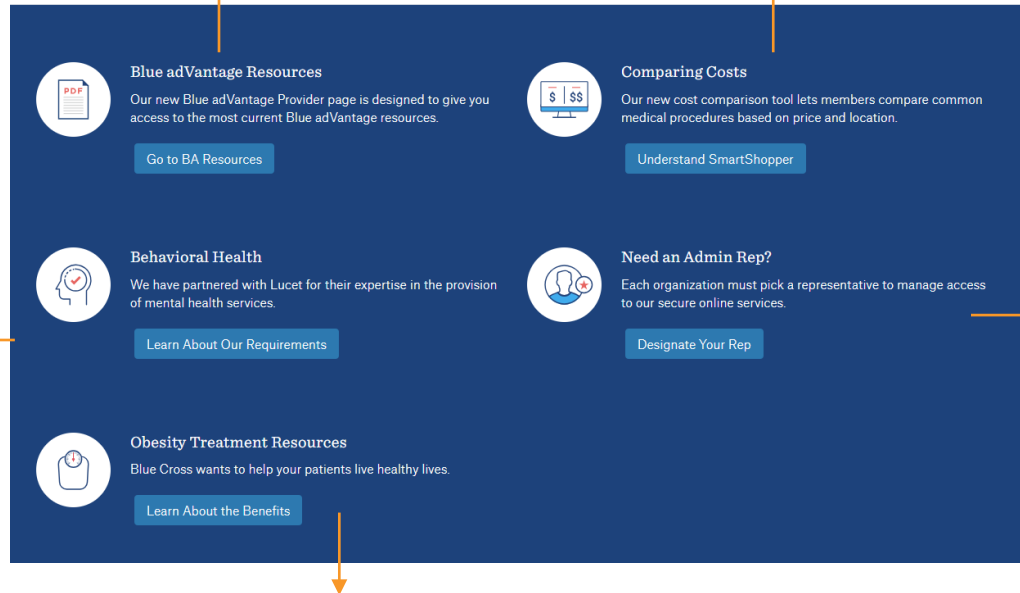
www.lablue.com/providers

Blue Advantage Resources

Our Blue Advantage Provider page is designed to give you access to the most current Blue Advantage resources.

Comparing Costs

Our cost comparison tool lets members compare common medical procedures based on price and location.



Behavioral Health

We have partnered with Lucet for their expertise in the provision of mental health services.

Need an Admin Rep?

Each organization must pick a representative to manage access to our secure online services.

Obesity Treatment Resources

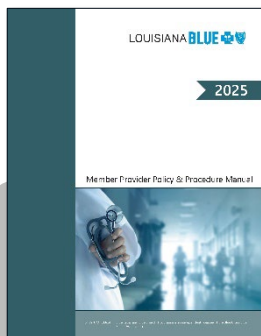
Louisiana Blue wants to help your patients live healthy lives.

Our manuals are an extension of your member provider agreement.

The manuals include the information you need as a participant in our networks:

- Reimbursement Information
- Claims Submission
- Billing Guidelines
- Medical Management
- Appeals and Disputes
- Network Overviews
- Authorization Requirements
- And much more

www.lablue.com/providers
>Resources >Manuals



The *Member Provider Policy & Procedure Manual* (our facility manual) is located only in iLinkBlue at www.lablue.com/ilinkblue >Resources.

Stay connected with what is going on at Louisiana Blue with our **provider newsletters**.

www.lablue.com/providers > Newsletters



Network News

Our quarterly newsletter for network providers.



Blue Advantage Insight

Our newsletter for our Blue Advantage (HMO) and Blue Advantage (PPO) network providers.

Not Getting Our Newsletters?

Send an email to provider.communications@lablue.com. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

The Weekly Digest is a consolidated communication that is emailed every Thursday to the correspondence email on file, as well as iLinkBlue users and administration representatives.

It includes:

- General announcements
- Billing guidelines
- Medical policy updates
- Quick tips
- Webinar/workshop event information and registration

LOUISIANA **BLUE** 

provider communications

WEEKLY DIGEST

PROVIDER NOTICES

[Lab Reimbursement Policy Update](#)

Audience: All professional and facility providers should read this message.

Part of the Blue Cross and Blue Shield of Louisiana Laboratory Benefit Management Program requires routine reviews, updates and implementations of laboratory reimbursement policies as needed. As a result of our most recent review, we revised the below lab reimbursement policy, effective November 15, 2024.

[Provider Letter](#)
Revised Policy No. G2022: Biomarker Testing for Autoimmune Rheumatic Disease

UPCOMING EVENTS

Register Today!

Louisiana Blue offers training events for our providers that focus on Louisiana Blue 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.

[Risk Adjustment 101 Webinar](#)

The Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) use Risk Adjustment to ensure health plans are able to appropriately provide benefits and access to care for enrollees. Proper documentation of conditions, and thus coding accuracy, play a crucial role in the risk adjustment process. We will discuss documentation best practices, miscoded conditions that we see in our audits, as well as conditions typically seen in the Office of Inspector General's (OIG's) audits.

Who should attend?
Your organization's medical and coding staff.

Date: August 20, 2024
Time: 12 - 1 p.m.

[Register](#)



Important information to share with others at your organization!

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



Speed Guides offer quick reference to network authorization requirements, policies and billing guidelines.

www.lablue.com/providers
>Resources >Speed Guides

Preferred Care PPO Preferred Reference Lab Guide

Blue Cross and Blue Shield of Louisiana uses a preferred lab program with multiple statewide and regional lab vendors. Laboratory services provided to Preferred Care PPO members must be submitted to a preferred reference laboratory in the member's network if not performed in your office. One lab on the right or our online provider directory, available at www.BCSLA.com.

Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.

Prepayment lab services rendered before an incident report or incident procedure may be performed by Preferred Care PPO participating hospitals or the member's selected hospital but otherwise should be sent to a preferred reference lab.

If you perform laboratory testing procedures in your office, you must bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification.

For complete lab billing guidelines, refer to our Professional Provider Office Manual, available online at www.BCSLA.com/providers.

Special Arrangements
Special arrangements for weekend or after-hour services may not be available at all preferred reference labs. Please contact the preferred reference lab directly to make special arrangements.

Preferred Reference Labs

Laboratory services provided to Preferred Care PPO members must be submitted to one of the following preferred reference labs when not performed in the provider's office.

Statewide Labs

- Clinical Reference Laboratories
- Laboratory Corporation of America (LabCorp)
- Quest Diagnostics

Regional Labs

Alabama Region

- Bay Regional Hospital Reference Lab (205) 238-4100

Baton Rouge Region

- Women's Hospital Laboratory (225) 824-8278

Lafayette Region

- Acacia Laboratory, LLC (337) 785-0951
- Eagle Medical Laboratory, Inc. (337) 453-5565
- Envision Pathology, LLC (337) 785-0951
- Precision Diagnostics (337) 796-4236
- Premier Laboratory Services (337) 450-3711

Mobile Region

- Clinical Reference Laboratories (336) 386-3143
- Security Drug Testing, LLC (336) 418-8900

New Orleans Region

- Physician Group Laboratories, LLC (866) 872-5371
- Sene Clinical Laboratories (504) 766-5201

Shreveport and Alexandria Region

- Wellspring Outpatient Lab Services (504) 212-4032

Please note: This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit www.BCSLA.com/providers. Visit www.BCSLA.com/providers for member ID and network, the city, parish or ZIP (for parity or beyond that check search).

Signature Blue Network Speed Guide

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer Signature Blue members to providers within the network to they receive the highest level of benefits. Benefits plans in this network vary. Please verify member benefits before rendering services.

Please also refer to the Professional Provider Office Manual, which is available online at www.BCSLA.com/providers.

Signature Blue Member ID Card

Providers are required to have identifying privileges—must have identifying privileges to at least one of the following hospitals to be a part of the Signature Blue Network.

New Orleans Area

- Children's Hospital
- East Jefferson General Hospital
- New Orleans East Hospital
- Thoma Infirmary
- University Medical Center
- West Jefferson Medical Center

Maternity Admissions
Maternity admissions do not require authorization if the expected stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Member receives the highest level of benefits when services are performed at a Signature Blue facility.

Submitting Claims
• Louisiana CMS-1500 only
• Crossover/through

Signature Blue
HMO Louisiana
P.O. Box 38023
Baton Rouge, LA 70808-9023

Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

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, benefits for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and insurance prior to providing services. To do this, use www.lablue.com/providers.

Preferred Care PPO

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 Member ID printed on their ID cards. The "PPO as a network" logo identifies the preferred Care PPO Program for most information, view the Preferred Care PPO Network Speed Guide, available online at www.BCSLA.com/providers.

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.

Lab ID Card

Lab ID Card

Automated Benefits & Claim Status

Provider Service is an automated REFERRAL or VOICE RESPONSE telephone system designed to help providers reach the area of service needed. Use this guide to easily navigate this provider phone lab.

Customer Care Center 1-800-922-8666

Benefits are subject to the terms of a member's contract/endorsement and our medical policies. Claims are subject to allowable charges, which are established by Blue Cross at the maximum allowed amount for services covered under the member contract/endorsement.

Please have the following information ready when calling:

- Provider's NPI
- Member ID Number
- Provider's Tax ID Number
- Member's 8-digit Date of Birth
- Provider's ZIP Code
- Date of Service

Whether to Blue Cross and Blue Shield of Louisiana Provider Services, to expedite your call please have the member identification number available. Which type of policy are you calling about?

1. Medical 2. Dental 3. Dental 4. Life

(Please for you to say or key in a policy type)
Please say or enter your 10-digit NPI. Please for you to say or key in NPI.
Please say or enter your 8-digit Tax ID. Please for you to say or key in Tax ID.

*Note: If you have a claim policy you will be asked to enter a claim ID to make your coverage claim or to get your prescription claim, or correct. Answer "yes" to make your claim or to get your prescription claim. Answer "no" to return to the Provider Menu to reach the area needed.

Provider Menu

Provider menu: Which are you calling about?

1. Benefits
2. Claims
3. Authorization
4. A Out-of-State Policy
5. A Payment Register Card, or
6. None of the Above

TRISOL2010

This document is provided by the Louisiana Information Database of Blue Cross and Blue Shield of Louisiana. It is a confidential document and its use is restricted to the purposes for which it was created. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

Provider Tidbits are quick guides designed to help you with our current business processes.

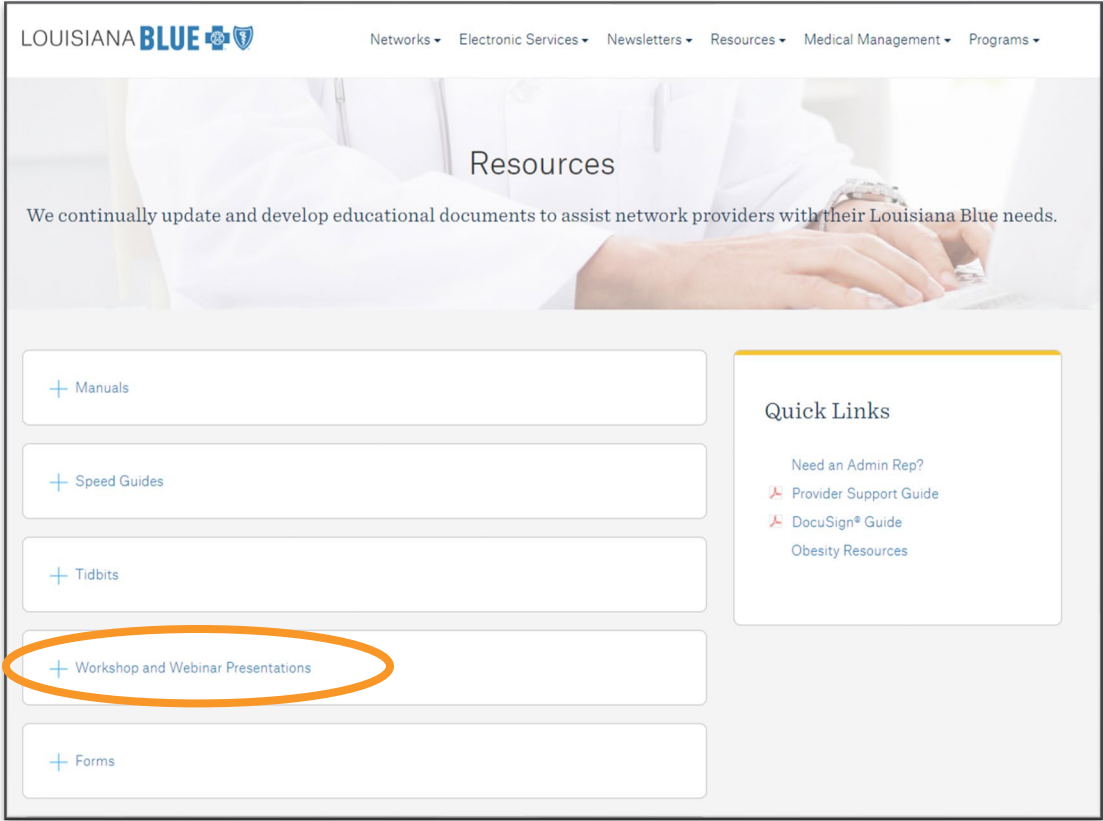
www.lablue.com/providers
>Resources >Tidbits

Provider Workshops and Webinars

are held throughout the year to offer training and updates on Louisiana Blue policies and procedures.

Invites to attend these events are sent to the providers' correspondence email address.

PDF copies of our workshops and webinars are available online.



www.lablue.com/providers >Resources >Workshop and Webinar Presentations

Using iLinkBlue

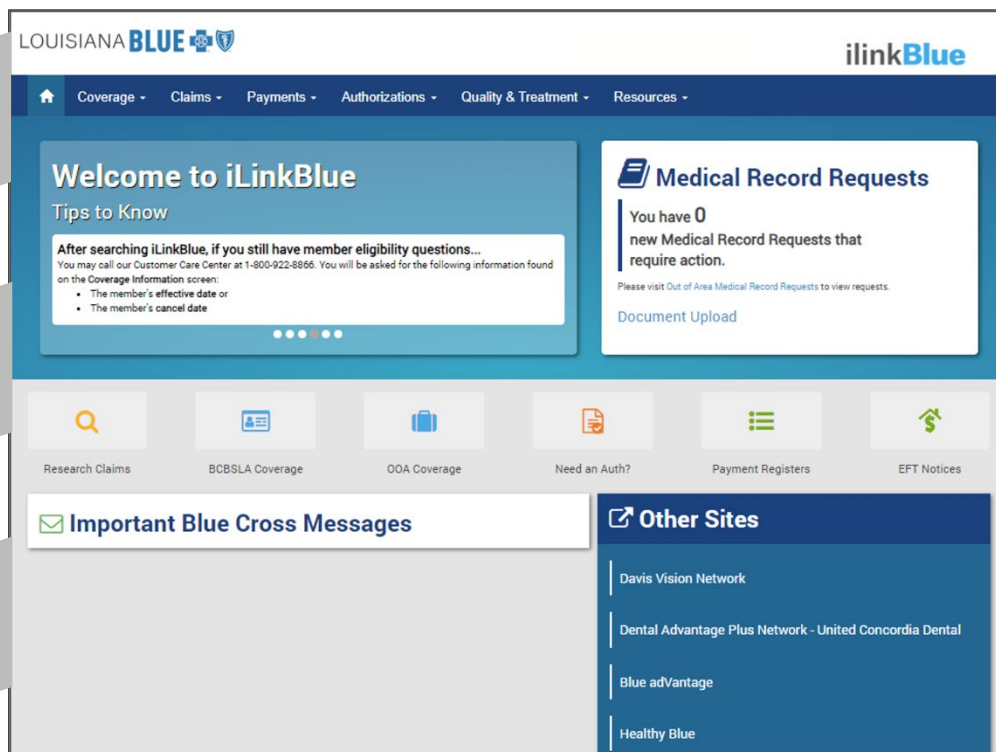
What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.

no cost to
providers

user-friendly
navigation

secure auth
applications



www.lablue.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
- Refund Request Letters
- Inpatient Unbundling Reports

What is an Administrative Representative?

- An administrative representative is a person at your organization who has registered with Louisiana Blue to designate user access to our secure online services.
- They only grant access to those employees who legitimately must have access to fulfill their job responsibilities.
- Your administrative representative must grant a user access to the following:
 - iLinkBlue
 - BCBSLA Authorizations
 - Behavioral Health Authorizations
 - Blue Advantage Provider Portal
 - Pre-Service Review
- One administrative representative is required to self-manage user access to our secure online services, but we recommend each organization assign more than one.



If you do not have an administrative representative registered with Louisiana Blue, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page (www.lablue.com/providers).

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

**Louisiana**

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 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
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.

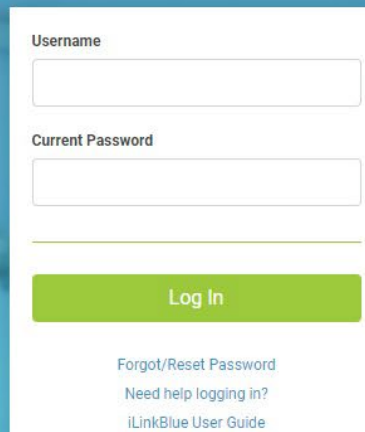


18AV0367 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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.lablue.com/providers >Electronic Services >Admin Reps.



The login form is a white rectangular box with a thin border. It contains the following elements from top to bottom: a label 'Username' above a text input field; a label 'Current Password' above a 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 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.**

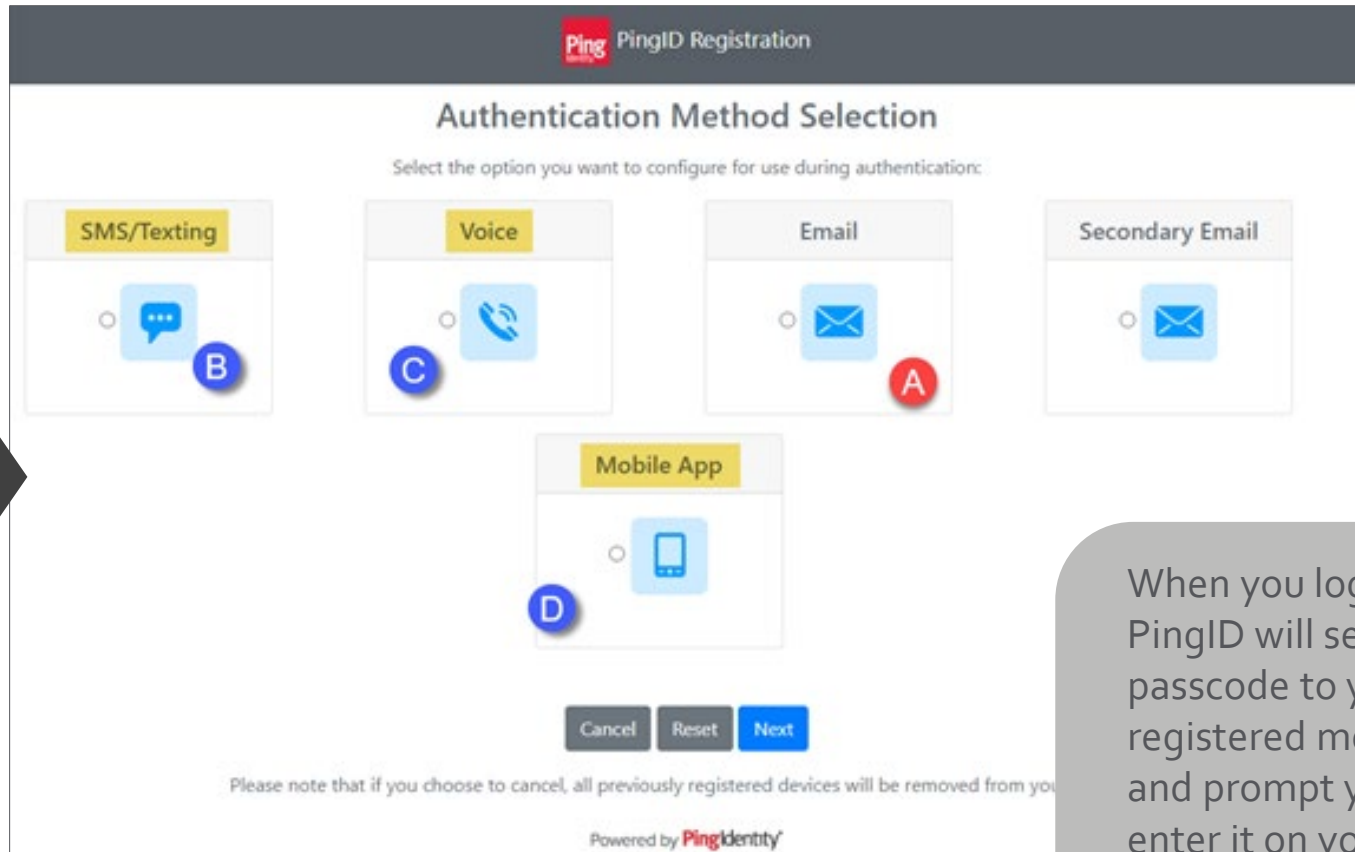


If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

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

Email: PIMteam@lablue.com

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)

☐ ☐ ☐ ☐ ☐

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.

Top Navigation

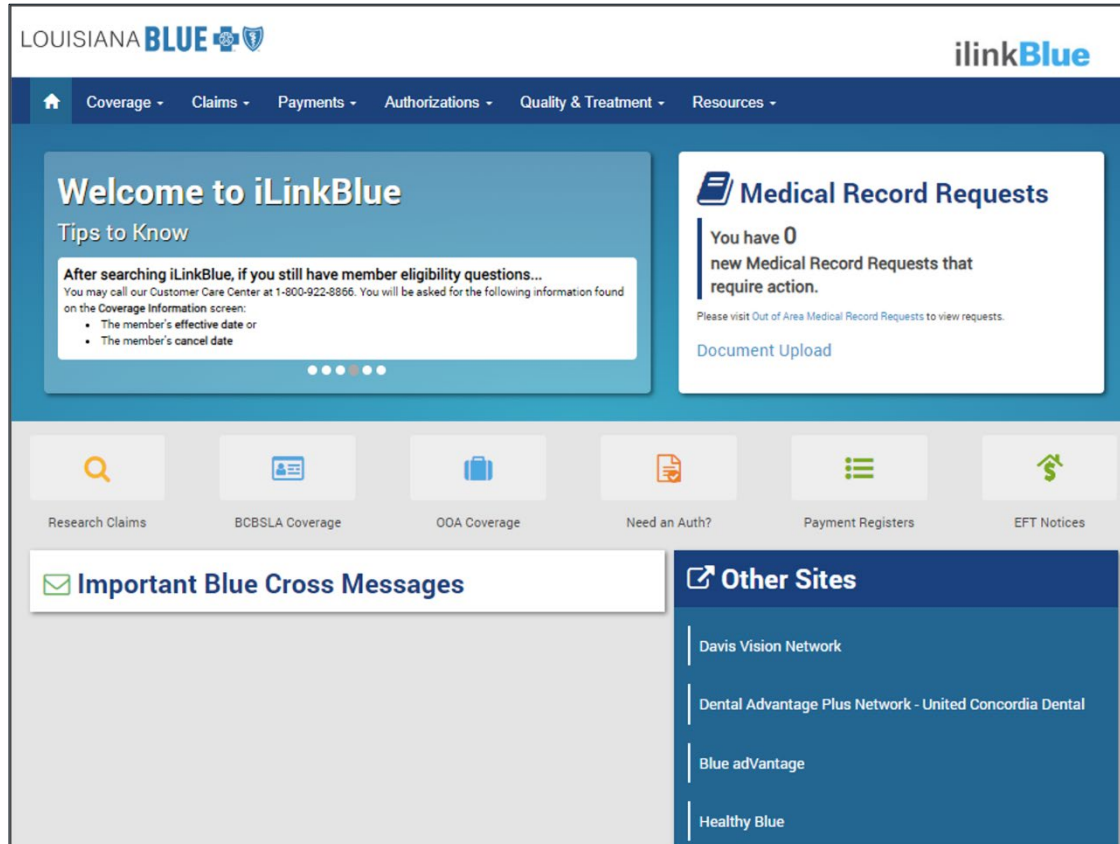
The top navigation streamlines the iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

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.

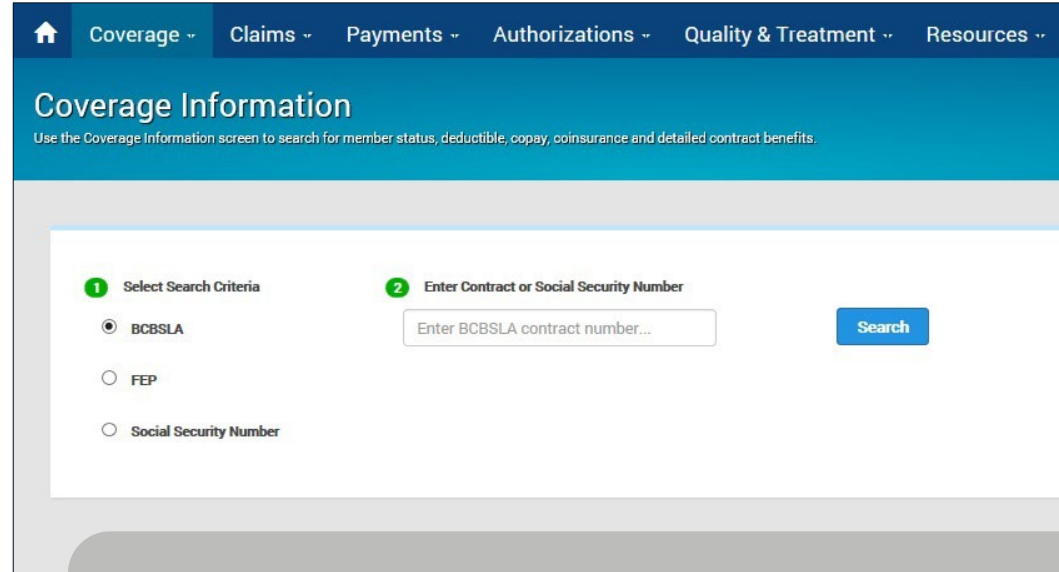
Other Sites

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

Use iLinkBlue (www.lablue.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.



The screenshot shows the iLinkBlue web application interface. At the top is a navigation bar with a home icon and links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this is a header for "Coverage Information" with a subtext: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area is divided into two steps: Step 1, "Select Search Criteria", and Step 2, "Enter Contract or Social Security Number". Step 1 has three radio button options: BCBSLA (selected), FEP, and Social Security Number. Step 2 has a text input field labeled "Enter BCBSLA contract number..." and a blue "Search" button.

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.

This screen identifies members covered on a policy, effective date and the status of the contract (active, pended, 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

Contract Number XUA123456789
ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
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
Marriage Status: Married
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	---	02/01/2000

ID Card
Coverage Views
Coordination of Benefits

Jane Doe
Spouse

Sex: Female
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	---	02/01/2000

ID Card
Coverage Views
Coordination of Benefits

Jimmy Doe
Child

Sex: Male
Date of Birth: 01/01/1930

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

Coverage Views

Coverage Information

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

BCBSLA

Contract Number XUA123456789

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

ACTIVE COVERAGE

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

John Doe Subscriber
Address: 123 STREET ST. CITY, LA 70000
Sex: Male, Marriage Status: Married, Date of Birth: 11/30/1900
Coverage: Medical, Effective Date: 01/01/2020, Cancel Date: ---, Original Effective Date: 02/01/2000
ID Card, Coverage Views, Coordination of Benefits

Jane Doe Spouse
Sex: Female, Date of Birth: 11/30/1900
Coverage: Medical, Effective Date: 01/01/2020, Cancel Date: ---, Original Effective Date: 02/01/2000
ID Card, Coverage Views, Coordination of Benefits

Jimmy Doe Child
Sex: Male, Date of Birth: ---
Coverage: Medical, Effective Date: 02/01/2009, Cancel Date: 05/31/2009, Original Effective Date: 02/01/2000

ID Card Coverage Views Coordination of Benefits

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.

Browse Medical Benefits

Click on category to browse for a specific benefit, or use the Expand All button to view a complete list of contract benefits.

+ OVERALL SUMMARY

+ AMBULANCE BENEFITS

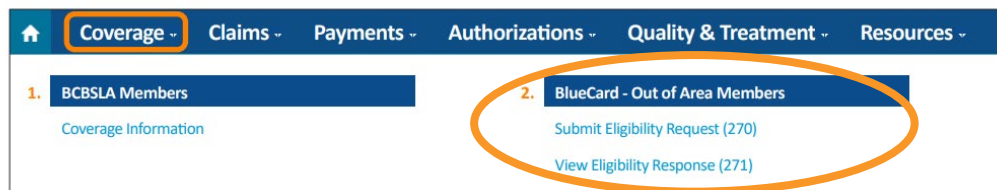
+ AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES

+ BENEFIT PERIOD

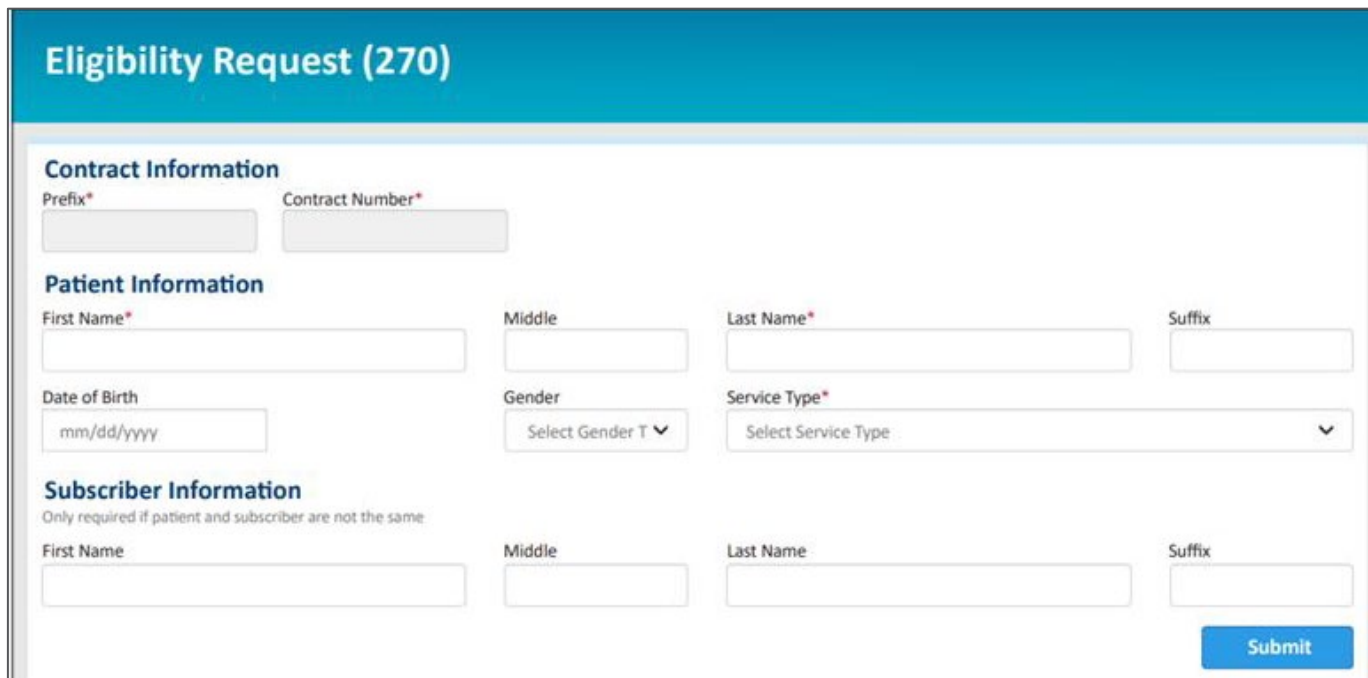
+ CARE - CARELON PROGRAMS

+ CLAIMS TIMELY FILING LIMITS

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



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 categories: 1. BCBSLA Members (with a link to Coverage Information) and 2. BlueCard - Out of Area Members (with links to Submit Eligibility Request (270) and View Eligibility Response (271)). The 'BlueCard - Out of Area Members' category and its links are circled in orange.



The screenshot shows the 'Eligibility Request (270)' form. The form is divided into three sections: Contract Information, Patient Information, and Subscriber Information. The Contract Information section has fields for Prefix* and Contract Number*. The Patient Information section has fields for First Name*, Middle, Last Name*, and Suffix, and a Date of Birth field with a mm/dd/yyyy format. The Subscriber Information section has fields for First Name, Middle, Last Name, and Suffix, and a Service Type* dropdown menu. A Submit button is located at the bottom right of the form.

More information on BlueCard Eligibility and Benefits is available online at www.lablue.com/providers >Resources >Speed Guides.



The screenshot shows the iLinkBlue application interface. At the top is a dark blue navigation bar with a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Payments' menu item is highlighted with an orange underline. Below this bar, there are two main sections: 'Payment Information' and 'Allowables'. Under 'Payment Information', there are links for 'Payment Registers' and 'EFT Notifications'. Under 'Allowables', there are links for 'Professional Provider Allowable Charges Search', 'Outpatient Facility Allowable Charges Search' (which is highlighted with an orange border), and 'FEP Dental Allowables (PDFs)'.

iLinkBlue includes an application facilities can use to research Louisiana Blue allowables:

- **Outpatient Facility Allowable Charges Search**

Outpatient Facility Allowable Charges Search

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

If you participate in a network that is not found in the Select a Network drop box, please contact Network Administration at 800.716.2299 for assistance.

Search by Code

Fee Schedule Request

1 Select a Date

11/01/2022



2 Select a Facility

Select a facility

3 Select a Network

Select a Network

4 Enter a CPT/HCPCS Code*

Continue

Reset

View Allowables

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

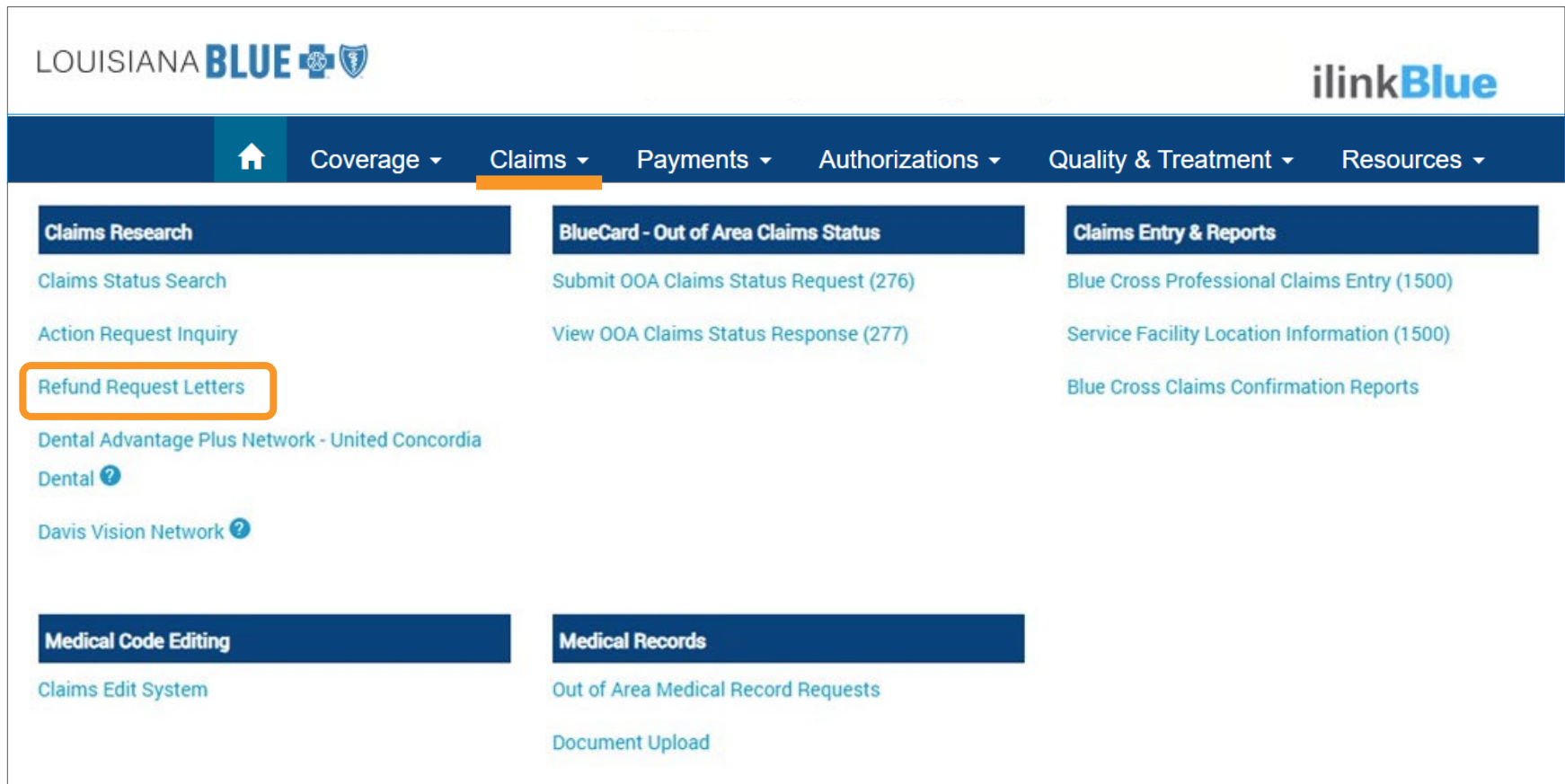
Outpatient Facility Allowable Charges Search

This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

- When searching for an allowable charge enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.

Providers now have access to electronic copies of Refund Request letters in iLinkBlue.

- The letters are accessible for 24 months from their issue date.
- We will continue to grow this feature to include other types of letters in the future.



The screenshot displays the iLinkBlue web portal interface. At the top, the 'LOUISIANA BLUE' logo is on the left and the 'ilinkBlue' logo is on the right. Below the logos is a navigation bar with a home icon and several menu items: 'Coverage', 'Claims', 'Payments', 'Authorizations', 'Quality & Treatment', and 'Resources'. The 'Claims' menu is currently selected and highlighted with an orange bar. Under the 'Claims' menu, there are three main sections: 'Claims Research', 'BlueCard - Out of Area Claims Status', and 'Claims Entry & Reports'. The 'Claims Research' section contains links for 'Claims Status Search', 'Action Request Inquiry', 'Refund Request Letters' (which is highlighted with an orange box), 'Dental Advantage Plus Network - United Concordia Dental', and 'Davis Vision Network'. The 'BlueCard - Out of Area Claims Status' section contains links for 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)'. The 'Claims Entry & Reports' section contains links for 'Blue Cross Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Blue Cross Claims Confirmation Reports'. At the bottom of the page, there are two more sections: 'Medical Code Editing' with a link to 'Claims Edit System', and 'Medical Records' with links for 'Out of Area Medical Record Requests' and 'Document Upload'.

For full information on the features of iLinkBlue, view our **iLinkBlue Webinar** presentation. It is available online at www.lablue.com/providers >Resources >Workshops and Webinar Presentations.



The collage features three overlapping images:

- Top Left:** A presentation slide titled "Let's use **ilinkBlue** 2024". It is presented by Lisa Roth, Provider Relations Representative. The URL www.lablue.com/ilinkblue is displayed. The Louisiana Blue Cross and Blue Shield logo is at the bottom.
- Top Right:** A screenshot of a webpage menu titled "Workshop and Webinar Presentations". It lists "Past Workshops" (2024 Professional Workshop, 2023 Facility Workshop) and "Recent Webinars" (2024 Behavioral Health - ABA, 2024 Behavioral Health - Facility, 2024 Behavioral Health - Professional, 2024 Genetic Testing Program Webinar, 2024 New to Blue Webinar - Professional, 2024 New to Blue Webinar - Facility, 2024 iLinkBlue Webinar, 2024 Provider Credentialing and Data Management). The "2024 iLinkBlue Webinar" is highlighted with an orange box.
- Bottom Center:** A laptop screen displaying the "Resources" section of the iLinkBlue website. It includes a list of links: Manuals, Speed Guides, Tidbits, and Workshop and Webinar Presentations. A "Quick Links" sidebar on the right contains links for Alliance for a Healthier Generation, Need an Admin Rep?, and Provider Support Guide.

Louisiana Blue Policies and Procedures

Louisiana Blue has partnered with Avalon Healthcare Solutions to manage our laboratory benefit management program.

Avalon provides:

- routine testing management services to ensure enforcement of laboratory policies
- automated review of high-volume, low-cost laboratory claims.

Louisiana Blue applies Avalon's automated policy enforcement to claims reporting laboratory services performed in office, hospital outpatient and independent laboratory locations.

Note: Laboratory services, tests and procedures provided in emergency room, hospital observation and hospital inpatient settings are excluded from this program.

Providers can review and research laboratory policies and guidelines online at www.lablue.com/providers, click on "Medical Management," then "Lab Management."

- If services were denied due to an Avalon policy, the policy number will appear on the provider payment register.
- You can then access our policies and procedures, put the policy number in the search field and it will display the policy and criteria.

SUBSCRIBER, JOE XUP20000000 1 7/2/2022 7/2/2022 2200000080061 \$137.98 \$137.98 \$0.00
Lab Policy #G2050, Procedure Code: 80061, Decision: Do6R - 1 per 1 Yr

- If you are billing in accordance with how the policy reads and you feel there is a systemic or configuration issue present that caused the claim to deny you may submit your findings to provider.relations@lblue.com for review.
- If you believe our published policy does not indicate coverage for your claim and/or you are disputing the policy itself, submit your case using our Provider Dispute Form. Please include clinically published documentation. Louisiana Blue will not process dispute cases submitted without published documentation.

The Provider Disputes Form can be found on our Provide page at www.lblue.com/providers >Resources >Forms.



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

Authorizations Guidelines
Do I need an authorization?

Authorizations - BCBSLA Members
BCBSLA Authorizations
Behavioral Health Authorizations
Carelton Authorizations
Authorization/Pre-certification Inquiry
Medical Policy Guidelines
Lab Reimbursement Policies
FEP Medical Policy Guidelines

Authorizations - Out of Area Members
Out of Area (Pre Service Review – EPA)
Medical Policy Guidelines



Our medical policies can also be found online at
www.lablue.com/provider >Medical Management >Medical Policies.

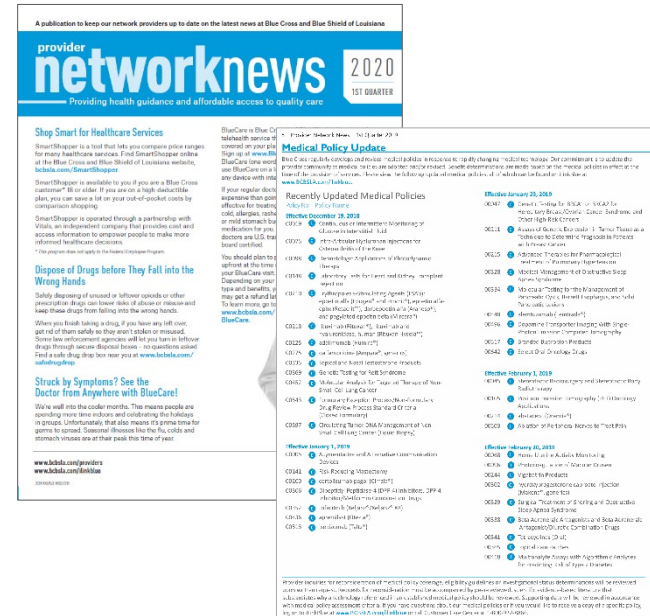
Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

Blue Cross and Blue Shield of Louisiana (BCBSLA) has partnered with Avalon Healthcare Solutions for Laboratory Benefits Management (LBM) in order to administer Avalon's Routine Testing Management (RTM), a post-service pre-payment clinical claim editing program. The laboratory testing policies for the RTM program are accessible through the links below. These policies are specific to BCBSLA network and product requirements and in alignment with its policies, rules, and/or state and federal contracts. In the event of a conflict, BCBSLA's policies, rules, and/or state and federal contracts will take precedence.

The RTM policies below are effective for claims with a date of service of May 15th, 2022, and later.

- [F2019: Flow Cytometry](#)
- [G2002: Cervical Cancer Screening](#)
- [G2005: Vitamin D Testing](#)
- [G2006: Diabetes Mellitus Testing](#)
- [G2007: Prostate Biopsies](#)
- [G2008: Prostate Specific Antigen \(PSA\) Testing](#)
- [G2009: Preventive Screening in Adults](#)
- [G2011: Diagnostic Testing of Iron Hemostasis and Metabolism](#)
- [G2012: Testosterone](#)

- 1



2



Louisiana Blue regularly revises and develops medical policies in response to rapidly changing medical technology.

Benefit determinations are made based on the medical policy in effect at the time of the provision of services.

Medical policy changes are also published in our quarterly Network News provider newsletter.

Search for policies alphabetically by title or use the search bar to look by keywords or codes.

MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on www.lbcbsa.com/provider, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name	
Effective October 10, 2022	
00012 Botulinum Toxins	
00177 Immune Prophylaxis for Respiratory Syncytial Virus	
00391 Tumor Treating Fields Therapy	
00435 Genetic Testing for Mitochondrial Disorders	
00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease	
00643 Gender Affirming Surgery	
Effective November 14, 2022	
00019 Continuous Glucose Monitoring	
00141 Risk-Reducing Mastectomy	
00553 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	
00387 Drug Testing in Pain Management and Substance Use Disorder Treatment	
00501 mepolizumab (Nucala™)	
00509 Treatment of hepatitis C with elbasvir and grazoprevir (Zepatier®)	
00574 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	
00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)	
00720 Select Penicillinate Products	
00774 ruxolitinib (Opzelve™)	
Effective December 12, 2022	
00148 Laboratory Tests Post Transplant	
00217 infliximab (Remicade®, infliximab)	
00242 ustekinumab (Stelara®)	
00255 Metformin and Metformin Containing Products	
00301 Nasal Allergy Medications	
00456 lumacaftor/vacaftor (Orkambi™)	
00480 Prostatic Urethral Lift	
00539 infliximab-dyyb (Inflectra®)	
00607 infliximab-abda (Renflexis®)	
00698 Select Novel Drug Formulations	
00712 infliximab-axiq (Axsol®)	
00743 Select Combination Products for the Treatment of H. pylori Infection	
Effective January 1, 2023	
00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA-1, BRCA-2, PALB2)	
00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	
00206 Genetic Testing for Familial Cutaneous Malignant Melanoma	
00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	
Effective January 1, 2023 (continued)	
00235 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer	
00297 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer	
00268 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer	
00271 Gene Expression-Based Assays for Cancers of Unknown Primary	
00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	
00320 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma	
00352 Molecular Markers in Fine Needle Aspirates of the Thyroid	
00354 Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreatobiliary Lesions	
00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders	
00403 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management	
00417 Genetic Testing for PTEN Hamartoma Tumor Syndrome	
00420 JAK2 MPL and CALA Testing for Myeloproliferative Neoplasms	
00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy	
00424 Genetic Testing for Li-Fraumeni Syndrome	
00428 BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia	
00452 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer	
00459 Genetic Testing in Acute Myeloid Leukemia	
00497 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	
00504 Germline Genetic Testing for Gene Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM, and BRAD1)	
00548 Gene Expression Profiling for Uveal Melanoma	
00562 Molecular Testing in the Management of Pulmonary Nodules	
00622 Gene Expression Profiling for Cutaneous Melanoma	
00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes	
00731 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer	
00792 Tumor Informed Circulating Tumor DNA Testing for Cancer Management	

6

Our medical policies can be found online at www.lablue.com/provider >Medical Management >Medical Policies.

FEP Medical Policy Guidelines can be found on iLinkBlue (www.labblue.com/ilinkblue) under Authorizations.



The screenshot shows the iLinkBlue website navigation menu. The 'Authorizations' menu item is highlighted with an orange circle. Below it, the 'Authorizations - BCBSLA Members' section is visible, containing a list of links. The 'FEP Medical Policy Guidelines' link is highlighted with an orange circle.

Authorizations Guidelines	Authorizations - BCBSLA Members	Authorizations - Out of Area Members
Do I need an authorization?	BCBSLA Authorizations	Out of Area (Pre Service Review – EPA)
	Behavioral Health Authorizations	Medical Policy Guidelines
	Carelton Authorizations	
	Authorization/Pre-certification Inquiry	
	Medical Policy Guidelines	
	Lab Reimbursement Policies	
	FEP Medical Policy Guidelines	

Out of Area Members

Medical Policy Guidelines

Just as Louisiana Blue publishes medical policies for services provided to our members, it is the same for other Blue Plans. Use this application to access medical policies for BlueCard (out-of-area) members.

Enter the member ID prefix to be routed to the member's Blue Plan to research applicable medical policy information.

Out of Area Medical Policy Coverage Guidelines

To view the out-of-area Blue Plan's medical policy information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "submit".

Prefix

Submit

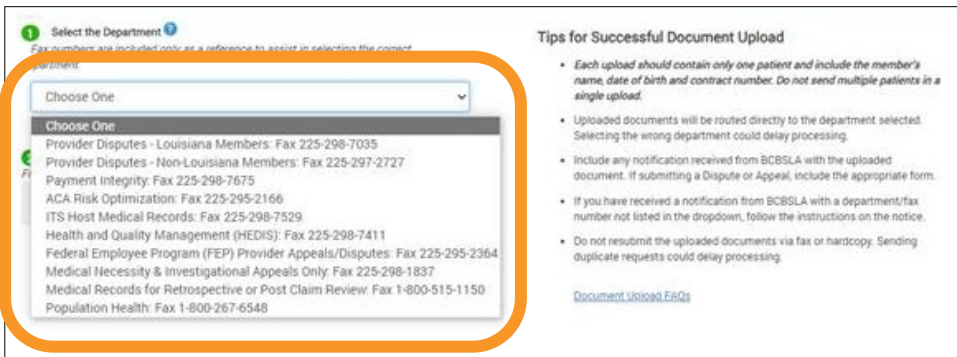
- **Effective August 1, 2024,** Louisiana Blue began auditing readmissions to the same or affiliated facility for the same condition, similar condition or a complication of the original condition within 30 days of discharge when the patient is discharged from the first admission to home or home health.
 - Louisiana Blue began excluding admissions related to Sickle Cell Disease from our Readmissions Policy. For a list of other exclusions, please see the Inpatient section (5.13) of the *Member Provider Policy & Procedure Manual*.
- Readmissions to the same or an affiliated facility for the same condition, similar condition or a complication of the original condition within 30 days of discharge will not be reimbursed.
- The first admission payment will encompass full reimbursement for treatment of the condition and/or any related complications.
- Providers cannot bill members for service recouped as a result of this policy.
- EXCD codes related to our provider integrity audits will appear on the payment register for the Louisiana Blue (excludes FEP and BlueCard claims) members only. Readmissions will be identified by the code **"VT8."**



To view the full Louisiana Blue readmissions policy, refer to our Member Provider Procedure & Policies Manual, available in iLinkBlue (www.lablue.com/ilinkblue) under the "Resources" menu option.

\$100,000 minimum, please follow these guidelines:

- File the claim using your usual process for filing claims; in addition, please submit an itemized bill and include the Itemized Bill Cover Sheet.
- If the itemized bill is sent via fax or email, you will receive an acknowledgement of receipt.
- We highly recommended that you send itemized bills immediately after filing the claim or before filing the claim. Claims received with a billed amount of greater than \$100,000 without itemized bill information may be denied or result in delayed reimbursement.
- The itemized bill must list each service and item supplied to the member and match the dollar amount and dates of service.
- If you have questions about this claim review process, please email the Payment Integrity department at **PIIHBillReview@lablue.com**.
- Submit your Itemized Bill Cover Sheet to Payment Integrity via the Document Upload feature on iLinkBlue (**www.lablue.com/ilinkblue**).



1 Select the Department

Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

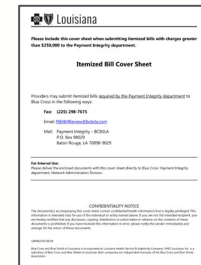
Choose One

- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Provider Disputes - Non-Louisiana Members: Fax 225-297-2727
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7529
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150
- Population Health: Fax 1-800-267-6548

Tips for Successful Document Upload

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

[Document Upload FAQs](#)



Louisiana

Please include this cover sheet when submitting itemized bills with charges greater than \$100,000 to the Payment Integrity Department.

Itemized Bill Cover Sheet

Provider may submit itemized bills submitted to the Payment Integrity Department to:

Fax: (225) 298-7675

Email: PIIHBillReview@lablue.com

Mail: Payment Integrity - BCBLSA
P.O. Box 9055
Baton Rouge, LA 70809-9055

CONFIDENTIALITY NOTICE

The information contained on this cover sheet is confidential and is intended for the use of the Payment Integrity Department only. It is not to be distributed to other departments or used for any other purpose. If you are not a member of the Payment Integrity Department, you should not have received this cover sheet. If you have received this cover sheet by mistake, please destroy it and do not use the information contained on it. If you have any questions, please contact the Payment Integrity Department at (225) 298-7675.

The **Itemized Bill Cover Sheet** is located online at **www.lablue.com/providers** >Resources >Forms.

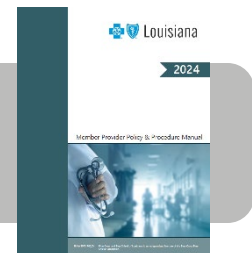
The inpatient unbundling policy is effective for all inpatient acute care claims.

Louisiana Blue has expanded this policy effective August 1, 2024. This policy expansion includes more items that will now be considered routine supplies and services under our Inpatient Unbundling Policy. Some of these items include, but are not limited to kits, trays, packs, sutures, staplers, wound vacs, blades, connectors, hemostats, sealants, skin adhesives, lidocaine, nerve blocks, blood storage, tubes, lines and catheters.

- The policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting, according to CMS guidelines. The services and supplies identified in the inpatient unbundling policy are not separately reimbursable by Louisiana Blue and are not billable to our members.
- All Louisiana Blue inpatient acute care claims and itemized bills could be subject to review under this policy. Upon discovery of a supply, item or service identified by the policy, the associated charge will be deemed non-covered/ineligible. Should an adjustment be required to your claim, it will be reflected on your remittance advice.
- EXCD codes related to our provider integrity audits will appear on the payment register for the Louisiana Blue (excludes FEP and BlueCard claims) members only. Inpatient unbundling will be identified by the code "VAS."

Louisiana Blue will not separately reimburse for over-the-counter medications that are part of inpatient acute-care claims.

The full policy is available in the *Member Provider Policy & Procedure Manual* available on iLinkBlue at www.lablue.com/ilinkblue, click on "Resources," then "Manuals."

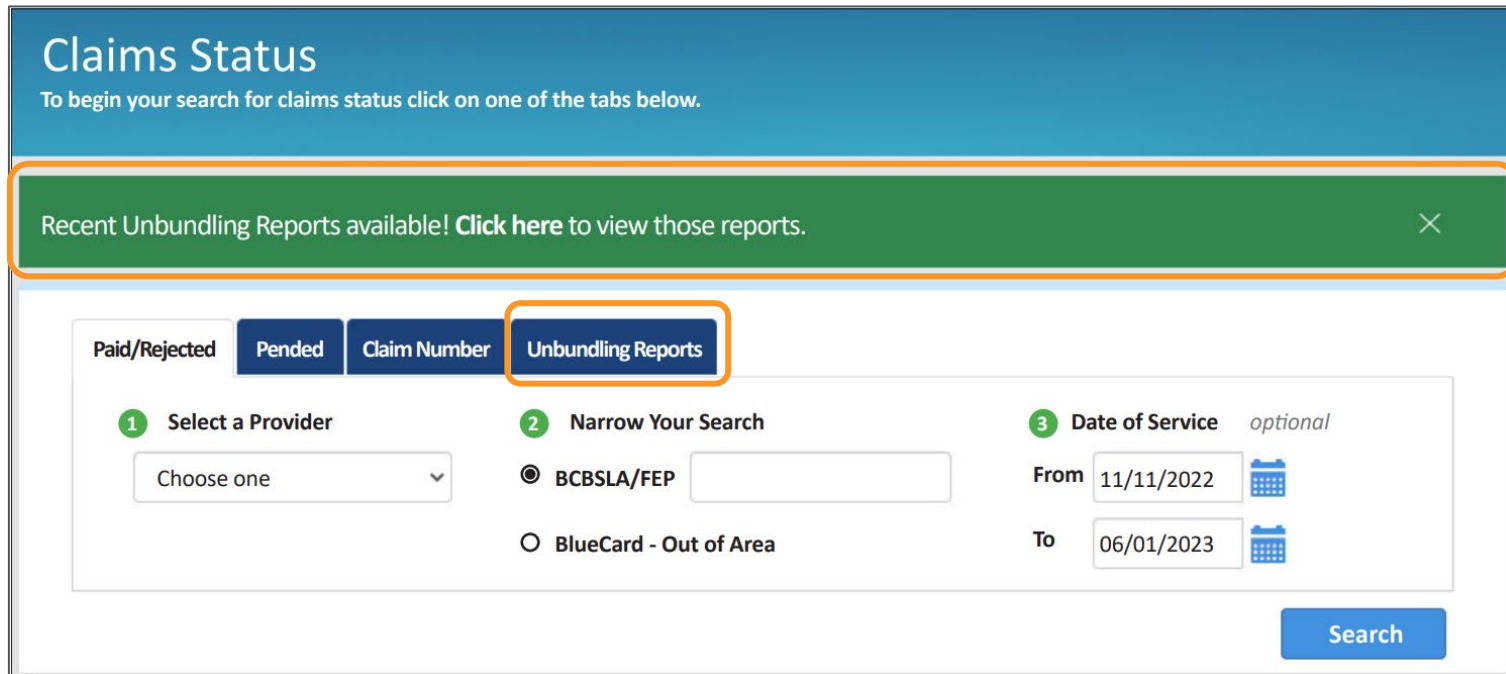


Louisiana Blue reviews inpatient acute care claims for billing accuracy based on the inpatient unbundling policy.

Participating acute facilities can use iLinkBlue to review automatically generated reports on how inpatient claims were unbundled and reprocessed.

To access the reports, visit the Claims Status Search application and click on:

- The “Click here” link in the green alert banner to view the previous 28 days of unbundling reports; or
- The blue “Unbundling Reports” tab to view all available reports. Reports will be retained within iLinkBlue for 16 months from the date of generation.



Claims Status

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

Recent Unbundling Reports available! [Click here](#) to view those reports. ×

Paid/Rejected **Pended** **Claim Number** **Unbundling Reports**

1 Select a Provider
Choose one ▼

2 Narrow Your Search
☒ BCBSLA/FEP
☐ BlueCard - Out of Area

3 Date of Service *optional*
From 11/11/2022 📅
To 06/01/2023 📅

Search

Effective November 1, 2024, Louisiana Blue will begin using the Optum Emergency Department Claim (EDC) Analyzer™ tool to determine appropriate E&M coding levels for outpatient facility ED claims.

The EDC Analyzer tool determines appropriate E&M coding levels based on data from the patient's claim including the following:

- Patient's presenting problem
- Diagnostic services performed during the visit
- Any patient complicating conditions

To learn more about the EDC Analyzer tool, please visit <https://EDCAnalyzer.com>.

This policy applies to facilities, including freestanding facilities (with exceptions of ASO groups that DO NOT opt in, which includes OGB). Criteria that may exclude outpatient facility claims from these policies include, but are not limited to:

- Claims for patients who were admitted from the emergency department or transferred to another healthcare setting (skilled nursing facility, long-term care hospital, etc.)
- Claims for patients who received critical care services (99291, 99292)
- Claims for patients under the age of 2 years
- Claims with certain diagnosis codes that when treated in the ED most often necessitate greater than average resource usage, such as significant nursing time
- Claims for patients who expired in the ED

Facilities submitting claims for ED E&M codes may experience adjustments to reflect an appropriate level E&M code or may receive a denial, based on the reimbursement structure set forth in the applicable Louisiana Blue network agreement.



Carelon is responsible for the review of authorizations for genetic testing.

- As a provider of genetic testing, Louisiana Blue requires that you participate in the new program and submit prior authorization reviews to Carelon for all outpatient genetic testing.
- This program is for all fully insured and self-funded members, including Office of Group Benefits (OGB) members. At this time, Federal Employee Program (FEP) members are not included in the program.
- Labs will not be able to submit pre-service authorization requests. The request must come from the ordering provider.

Ordering providers can begin submitting requests for review or verify order numbers using one of the following methods:

Online	<p>Use iLinkBlue (www.lablue.com/ilinkblue), to access the Carelon MBM Provider Portal.</p> <p>Choose the "Authorizations" iLinkBlue menu option, then click on "Carelon Authorizations" application. The portal is available 24 hours a day, 7 days a week.</p> <p>If you do not have access to this application, please consult with your organization's administrative representative.</p>
By Phone	<p>Call Carelon Medical Benefits Management at 1-866-455-8416, Monday – Friday, 8 a.m.-5 p.m. (CT).</p>

Louisiana Blue transitioned review of sleep disorder management to Carelon effective January 1, 2024. They work with leading insurers to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable.

- Providers of sleep disorder management are required to obtain prior authorization from Carelon for all outpatient sleep testing and therapy services for fully insured members only.
- You can easily identify fully insured members by the words "Fully Insured" on the top right corner of the member ID card.
- At this time, self-funded group, Office of Group Benefits (OGB), Federal Employee Program (FEP) or Medicare Advantage members are NOT INCLUDED in this program.

The program includes the following sleep testing and therapy services:

Home Sleep Test (HST)	
In-Lab Sleep Study	<ul style="list-style-type: none"> • Polysomnography (PSG) • Multiple Sleep Latency Testing (MSLT) • Maintenance of Wakefulness Testing (MWT)
Titration Study	
Oral Appliances	
Hypoglossal Nerve Stimulator	
Initial Treatment Orders and Supplies	<ul style="list-style-type: none"> • APAP (Automatic Positive Airway Pressure) Device • CPAP (Continuous Positive Airway Pressure) Device • BPAP (Bi-level Positive Airway Pressure) Device
On-Going Treatment Orders and Supplies	<ul style="list-style-type: none"> • APAP (Automatic Positive Airway Pressure) Device • CPAP (Continuous Positive Airway Pressure) Device • BPAP (Bi-level Positive Airway Pressure) Device

Submit Sleep Management Prior Authorizations:

Online	<p>Use iLinkBlue (www.lablue.com/ilinkblue), to access the Carelon MBM Provider Portal.</p> <p>Choose the “Authorizations” iLinkBlue menu option, then click on “Carelon Authorizations” application.</p> <p>The portal is available 24 hours a day, 7 days a week.</p> <p>If you do not have access to this application, please consult with your organization’s administrative representative.</p>
By Phone	<p>Call Carelon Medical Benefits Management at 1-866-455-8416, Monday – Friday, 8 a.m.-5 p.m. (CT).</p>

Please always verify that a prior authorization has been obtained before scheduling or performing the following sleep management services codes:

- | | | | |
|---------|---------|---------|---------|
| • 95800 | • E0485 | • A7036 | • 64582 |
| • 95801 | • E0486 | • A7037 | • 64584 |
| • G0400 | • K1027 | • A7039 | • 64583 |
| • 95806 | • E0601 | • A7044 | • C1767 |
| • G0399 | • E0561 | • A7045 | |
| • G0398 | • E0562 | • A7028 | |
| • 95807 | • A4604 | • A7029 | |
| • 95808 | • A7046 | • A7032 | |
| • 95810 | • A7027 | • A7033 | |
| • 95811 | • A7030 | • A7038 | |
| • 95782 | • A7031 | • E0470 | |
| • 95783 | • A7034 | • E0471 | |
| • 95805 | • A7035 | • E1399 | |

We require all intra-operative monitoring (IOM) services to be contracted with Louisiana Blue.

- When our members receive care provided in your facility by a non-contracted IOM, the members have higher out-of-pocket costs.
- When approached by an IOM to request privileges at your facility, please verify that they are in network with Louisiana Blue.



Provider Contracting Team

1-800-716-2299, option 1

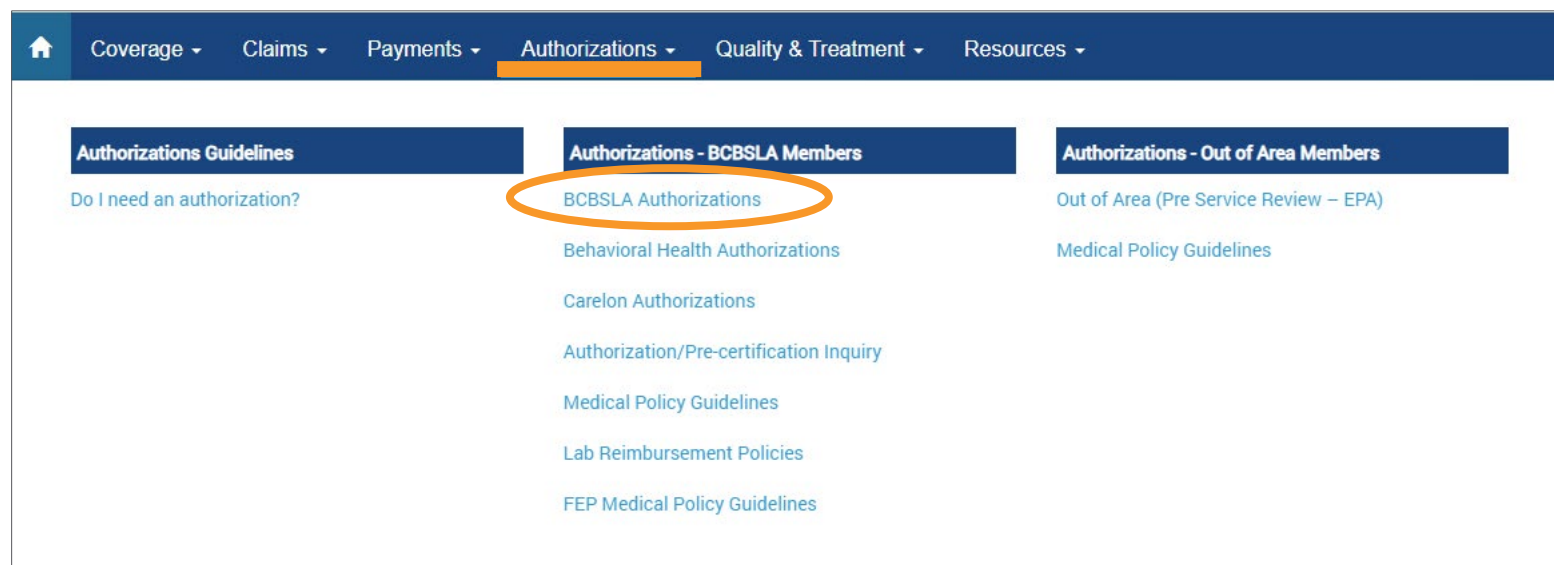
provider.contracting@lablue.com

Authorizations

Behavioral Health Authorizations – behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically. This web-based application is facilitated by Lucet.

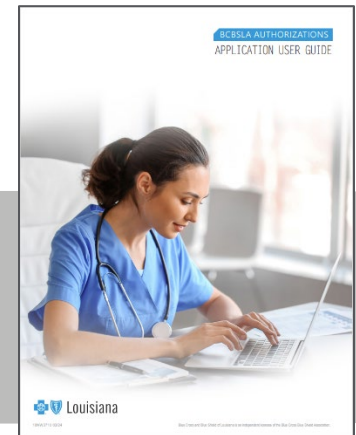
Carelon Authorizations – submit and research authorizations for outpatient high-tech radiology, diagnostic, cardiology services, musculoskeletal (MSK) joint surgery, spine surgery, spine pain management, radiation oncology, sleep study and genetic testing authorizations. This web-based application is facilitated by Carelon.

Authorization/Pre-certification Inquiry – view a provider's inpatient or outpatient authorizations on file with Louisiana Blue.



- Louisiana Blue replaced the BCBSLA Authorizations application in iLinkBlue. The new application is powered by **Epic Systems Corporation** (Epic) and designed to be more user friendly and efficient for providers and their staff.
- The application allows providers to request authorizations 24 hours a day, seven days a week, in real time.
- **If the requested services to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.**
- **Providers are responsible for checking member eligibility and benefits in iLinkBlue.**
- Louisiana Blue no longer accepts authorization requests via phone or fax, with a few exceptions including transplants, dental medical and out-of-state services.

For more information on how to use our BCBSLA Authorizations application, the *BCBSLA Authorizations Application User Guide* is available on iLinkBlue under the “Resources” tab, then click “Manuals.”



Adding notes to your authorization request/referral is not mandatory. In fact, adding notes when not needed may cause delays to your request.

- Notes are not mandatory in the BCBSLA Authorizations application. Only add a note if you have pertinent information to share.
 - For example, you do not have to send a note indicating clinicals will follow.
 - Notes are not needed for requests that are automatically approved or when no authorization is required. To see the status of your submission, refresh the Referral Details page. The record is usually updated instantly but could take up to three minutes for providers to receive the case pending, automatic approval or no authorization is required.
- The BCBSLA Authorizations application does not interface with a provider's Epic-powered EMR system.
 - Please do not add notes instructing us to reference MRN numbers as the application does not utilize MRN numbers.



For more information about adding notes, review Page 51 of the *BCBSLA Authorizations Application User Guide*, found on iLinkBlue (www.lablue.com/ilinkblue), under Resources, then Manuals.

When adding a note, select the appropriate Note Type that fits your need. Selecting the incorrect type can delay processing of your authorization request.

- **Provider Non-clinical Comments:** Select when asking a question, providing a non-clinical information or sending a non-medical record communication to Louisiana Blue that is not one of the below options.
- **Provider IQ Note:** Select when submitting an InterQual (IQ) review via notes.
- **Provider IP Extension/Concurrent Request:** Select when requesting additional inpatient bed days only. This is not for outpatient services.
- **Provider Clinical Information:** Select when submitting medical records and additional clinical information for review.
- **Provider Peer to Peer:** Select when requesting a peer-to-peer review after a service has been denied.
- **Provider Reconsideration Request:** Select when submitting additional information for review after a service has been denied.
- **Provider IP Discharge Notification:** Select to submitting an inpatient discharge date and discharge disposition.
- **Provider Additional Service Request:** Select when the provider is requesting additional units/visits/hours/days on present outpatient services or requesting additional service codes for either inpatient or outpatient.

The **Note** text field will allow you to enter a message and select an attachment.



If you need to include additional attachments, create a new note for each attachment.

Referral by Member ▶ Referral Details ▶ Add Referral Note/Attachment

Enter a referral note below. You must enter at least a **Note summary** or a **Note**. You may attach a file to the referral note by clicking the **Browse** button next to the **Attachment** field.

New Referral Note
Changing the note type will remove the current note.

Note type: Provider Comments

Note summary: Test

Note: You have SmartTools that must be resolved or removed ([More Information](#)).

The Provider Comments note type is utilized by the provider when the provider is asking a question or providing non clinical information.

Provider Comments: ***

Attachment: Testing Attachment.pdf

Add Note Cancel



The Authorizations section of iLinkBlue includes resources and applications for both **BCBSLA Members** and **Out of Area Members**.

Many of the applications in this section require a higher level of security access.

- If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.
- Providers are responsible for checking member eligibility and benefits.

Authorizations Guidelines - Do I need an authorization? – This application lets you research and view authorization requirements based on the member ID prefix.

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

Pre-Authorization / Pre-Certification Information


To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Alpha Prefix :

[Submit](#)

Enter the member's prefix to access general pre-authorization/pre-certification information.



LOUISIANA **BLUE** 

Member Name
BLUE SUBSCRIBER

Member ID
XUP000000000


Preferred Care
PPO Network
FULLY INSURED

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

MEDICAL

DEDUCTIBLE
Individual
In Network \$5500
Out of Network \$5500

OUT OF POCKET
Individual
\$5500
\$5500

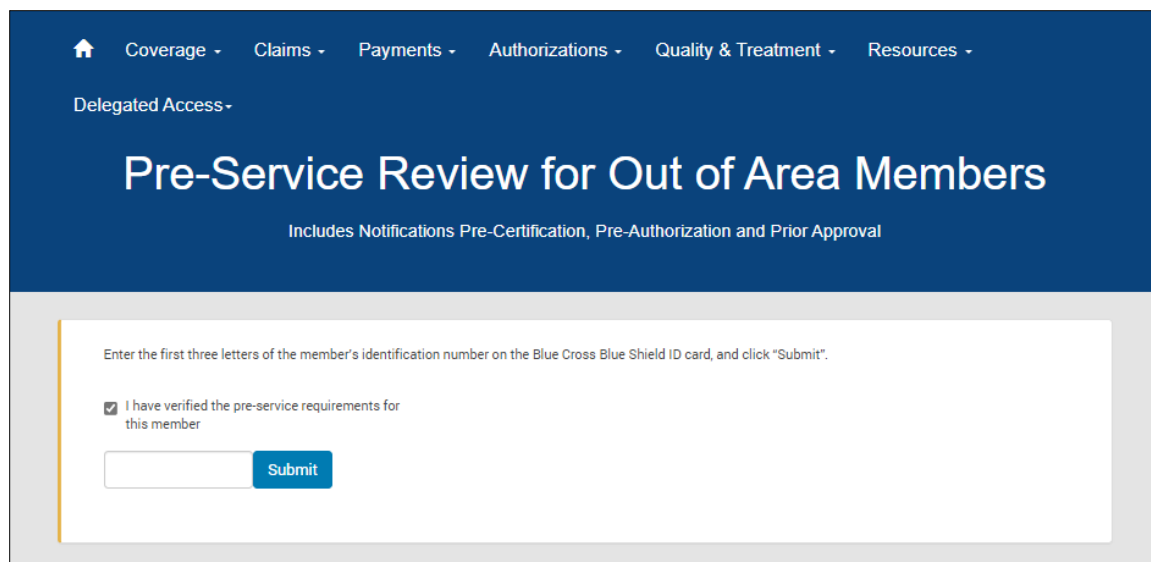
04BA0314 R01/24 

Out of Area Members

Out of Area (Pre-Service Review – EPA)

This application routes you to the BlueCard member's Blue Plan.

Enter the member ID prefix into the application to access pre-service capabilities, processes and requirements for your BlueCard patient.



The screenshot shows a web application interface for 'Pre-Service Review for Out of Area Members'. The top navigation bar is dark blue with white text for 'Coverage', 'Claims', 'Payments', 'Authorizations', 'Quality & Treatment', and 'Resources'. Below this, a 'Delegated Access' link is visible. The main heading is 'Pre-Service Review for Out of Area Members' in white, with a subtitle 'Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval'. The form area has a light gray background and contains instructions: 'Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit"'. There is a checkbox labeled 'I have verified the pre-service requirements for this member' which is checked. Below the checkbox is a text input field and a blue 'Submit' button.

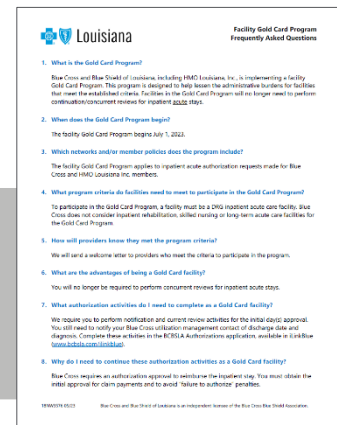
Facilities that meet the program criteria are enrolled in the Gold Card Program and receive the following benefits:

Provider Type	Gold Card Program Benefit	Participation Criteria
Facilities	Will no longer need to perform continuation/concurrent reviews for acute inpatient stays.	<ul style="list-style-type: none"> Is a DRG inpatient acute care facility; or Is an inpatient acute care facility that has a percent of billed charges agreement with Louisiana Blue

Louisiana Blue does not consider the following facilities for the Gold Card Program:

- Per diem inpatient acute care
- Inpatient rehabilitation
- Skilled nursing
- Long-term acute care

If you have questions or would like to request the Gold Card Program FAQs email provider.relations@lblue.com.



Claims

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



Policy Type

Filing Requirements

<ul style="list-style-type: none"> Preferred Care PPO HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue) BlueHPN 	<p>Claims must be filed within 15 months (<i>or length of time stated in the member's contract</i>) of date of service.</p>
<ul style="list-style-type: none"> Federal Employee Program (FEP) 	<p>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.</p>
<ul style="list-style-type: none"> Blue Advantage 	<p>Claim must be filed within 12 months of date of service. Claims must be resubmitted or corrected within 12 months of the date the claim was processed (remit date).</p>
<ul style="list-style-type: none"> Office of Group Benefits (OGB) 	<p>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.</p>
<ul style="list-style-type: none"> Self-funded Groups BlueCard (out-of-area) 	<p>Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).</p>



Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims.
- Louisiana Blue's experienced EDI staff is ready to assist in determining the best electronic solution for your needs.

Electronic Transaction Exchange

- Various healthcare transactions can be submitted electronically to the Louisiana Blue clearinghouse in a system-to-system arrangement.
- Louisiana Blue does not charge a fee for electronic transactions.
- You can send your transactions to Louisiana Blue via indirect submission through a clearinghouse or through direct submission to the Louisiana Blue EDI Clearinghouse.

For more information about system-to-system electronic transactions, please contact EDI Services at EDIservices@lblue.com or at 1-800-716-2299, option 3.

Electronic Transmission

Louisiana Blue 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 Louisiana Blue, visit www.lablue.com/providers >Electronic Services >Clearinghouse Services.

or

Hardcopy

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

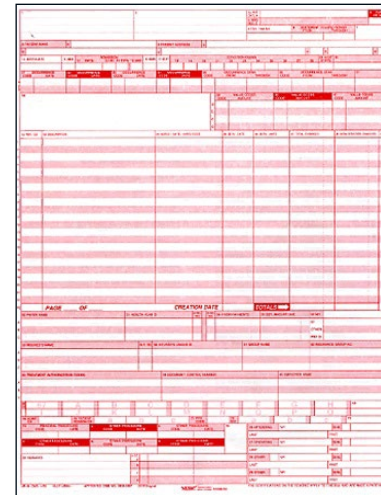
Louisiana Blue
P.O. Box 98029
Baton Rouge, LA 70898

For FEP Claims:

Louisiana Blue
P.O. Box 98028
Baton Rouge, LA 70898

For Blue Advantage Claims:

Blue Advantage
130 DeSiard St, Ste 322
Monroe, LA 71201

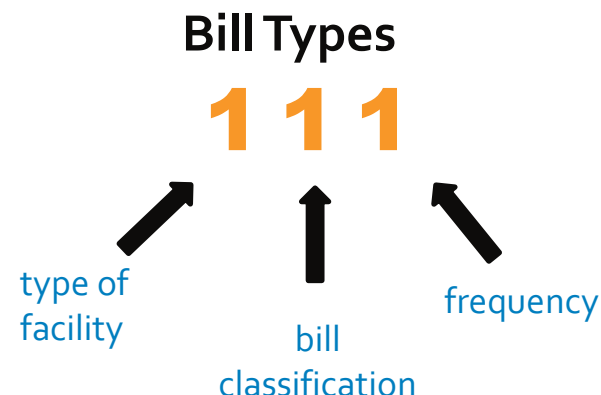


UB-04 (facility)

Facility claims must be submitted on a UB-04 form. Bill types are three digits, and each position represents specific information about the claim being filed.

Louisiana Blue does **not** exclude first or second digits of a bill type. However, there **are** limitations and/or exclusions for the third digit (frequency code).

Frequency Code	Description	Louisiana Blue Acceptance Rule
Non-interim Claims		
1	Admit Through Discharge Claim	Accepted
Interim Claims		
2	Interim (First Claim)	We accept interim claims only when the total charge is \$800,000 or greater and the length of stay is at least 60 days of service
3	Interim (Continuing Claims)	
Not Accepted		
4	Interim (Last Claim)*	Not Accepted
5	Late Charge Only	Not Accepted
6		Not Accepted
9	Final Claim for a Home Health PPS Episode	Not Accepted
Prior Claims		
7	Replacement of Prior Claim or Corrected Claim	Accepted
8	Void or Cancel of a Prior Claim	Accepted



**The final interim bill should aggregate all interim bills and late charge claims. (if applicable). The final interim bill should be submitted using a frequency code of 1 or 7.*

These guidelines are outlined in the *Member Provider Policy & Procedure Manual*, available on iLinkBlue (www.lablue.com/ilinkblue) under the “Resources” section.

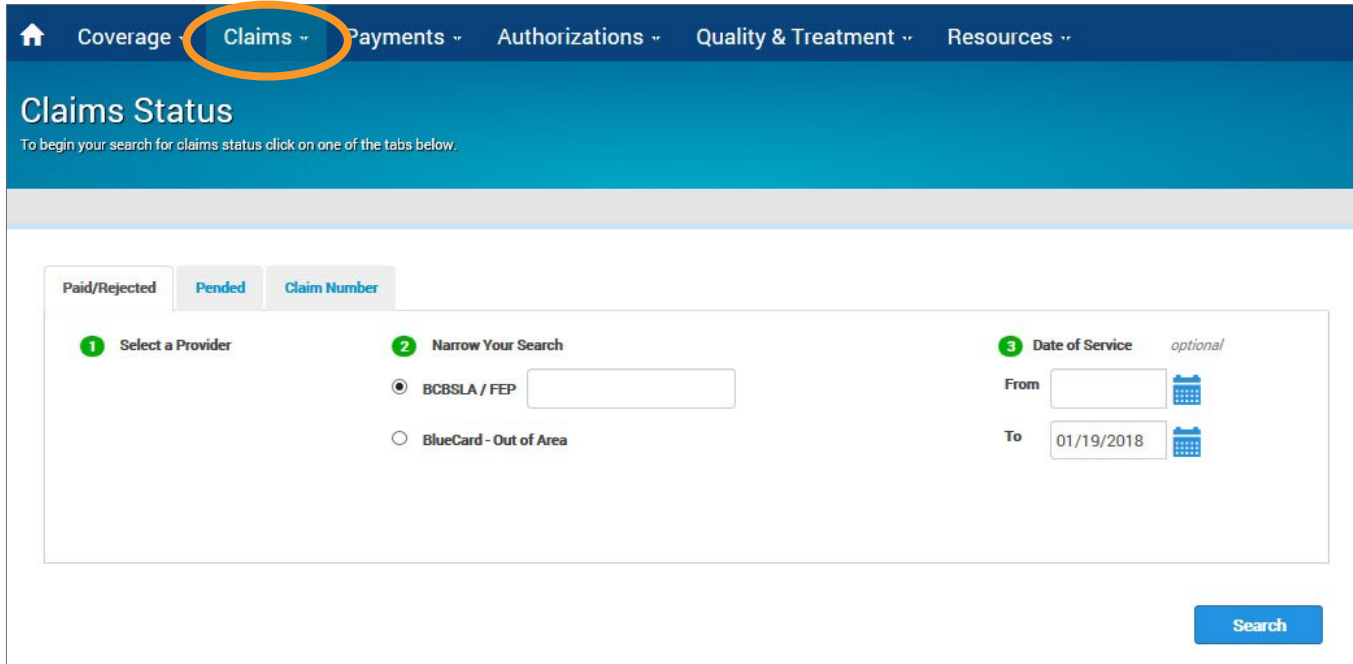
For claims submitted on a UB-04:

We require that providers report an NDC when billing revenue codes 25X (excluding revenue code 258).

We also ask that you report the corresponding HCPCS/CPT® code for the billed drug. It should be included on the line item in addition to the NDC.

For outpatient claims, when revenue code 250 is billed without an NDC and HCPCS/CPT code (when applicable) **that line will not be reimbursed.**

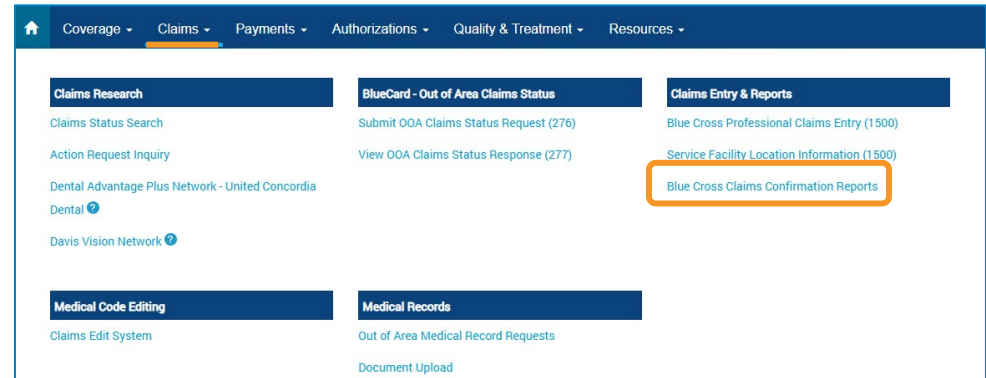




The screenshot shows the 'Claims Status' research interface. At the top, a navigation bar includes 'Coverage', 'Claims' (highlighted with an orange circle), 'Payments', 'Authorizations', 'Quality & Treatment', and 'Resources'. Below the navigation bar, the 'Claims Status' section has a sub-header 'To begin your search for claims status click on one of the tabs below.' There are three tabs: 'Paid/Rejected', 'Pended', and 'Claim Number'. The 'Pended' tab is selected. The search area is divided into three sections: 1. 'Select a Provider' with radio buttons for 'BCBSLA / FEP' (selected) and 'BlueCard - Out of Area'. 2. 'Narrow Your Search' with a text input field. 3. 'Date of Service' (optional) with 'From' and 'To' date pickers. The 'To' date is set to '01/19/2018'. A 'Search' button is located at the bottom right of the search area.

- 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 Louisiana Blue for processing.

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
1234567890

2 Report Type
☒ Accepted
☐ Not Accepted

3 Date Range *optional*
From Date:
To Date: 04/15/2019

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

Search Results for Accepted Claims

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

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							
Institutional Claims Report							
SUBMITTER NUMBER: P0001234				SUBMITTER: SENDER NAME HERE			
BC REG# 7200000000 NPI#1234567890				PROVIDER: PROVIDER NAME HERE			
BC ID# 12345							
RECEIVE DATE: 07-24-24 PROCESSING DATE: 07-24-24							
837I ACCEPTED REPORT							
PAGE 8							
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	CH TRACKING
ACCOUNT NUM	LAST NM	FIRST	NM NUMBER	DATE	DATE	AMOUNT	NUMBER
00000000	LAST NAME	FIRST	OGS000000000	071919	071919	1991.96	1234567890123456789
PROVIDER BC ID# 12345 837I SUMMARY:							
837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$1991.96							
837I TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0							
837I TOTAL CLAIMS: 1 CLAIMS FOR \$1991.96							

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.

[Not Accepted Report Example](#)

Blue Cross and Blue Shield of Louisiana									
837 Accepted / Not Accepted / Warning Report									
Institutional Claims Report									
SUBMITTER NUMBER: P0001234					SUBMITTER: SENDER NAME HERE				
BC REG# 7200000000 NPI#1234567890					PROVIDER: PROVIDER NAME HERE				
BC ID# 12345									
RECEIVE DATE: 07-24-24 PROCESSING DATE: 07-24-24									
837I NOT ACCEPTED REPORT								PAGE 25	
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	ERROR	ERROR	
ACCOUNT NUM	LAST NM	FIRST NM	NUMBER	DATE	DATE	AMOUNT	DESCRIPTION	DATA	
1234567	DOE	1212121212121	XUP000000000	062919	070619	157323.24	PAT LAST NAME NOT ON BC FILE	DOE	
PROVIDER BC ID# 12345 837I SUMMARY:									
837I TOTAL CLAIMS ACCEPTED: 28 CLAIMS FOR \$185282.36									
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$157323.24									
837I TOTAL CLAIMS: 29 CLAIMS FOR \$342605.60									



Use this section to access your Louisiana Blue payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

Need a past EFT Notification/Payment Register?

Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

Set the calendar feature in the search feature to the date of a Monday within the last two years. This allows you to see past EFT notifications or payment registers.

Payment Registers

View payment registers for all lines of business. Use the filters below to refine your search.

Select a provider

Select a line of business

07/06/2020

Search

Search results for 07/06/2020

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

NPI 1234567890

Line of Business	View Reports
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Federal Employees Program (FEP)	Payment Register
Federal Employees Program (FEP)	Payment Register
HMO Louisiana	Payment Register
HMO Louisiana	Payment Register
OGB HMO Magnolia Local Plus	Payment Register
OGB HMO Magnolia Local Plus	Payment Register
OGB Magnolia Local	Payment Register
OGB Pelican HRA 1000	Payment Register
OGB PPO Magnolia Open Access	Payment Register
OGB PPO Magnolia Open Access	Payment Register
OGB PPO Magnolia Open Access	Payment Register

NPI 2234567890

Line of Business	View Reports
Blue Cross Louisiana	Payment Register
Federal Employees Program (FEP)	Payment Register
HMO Louisiana	Payment Register
OGB HMO Magnolia Local Plus	Payment Register

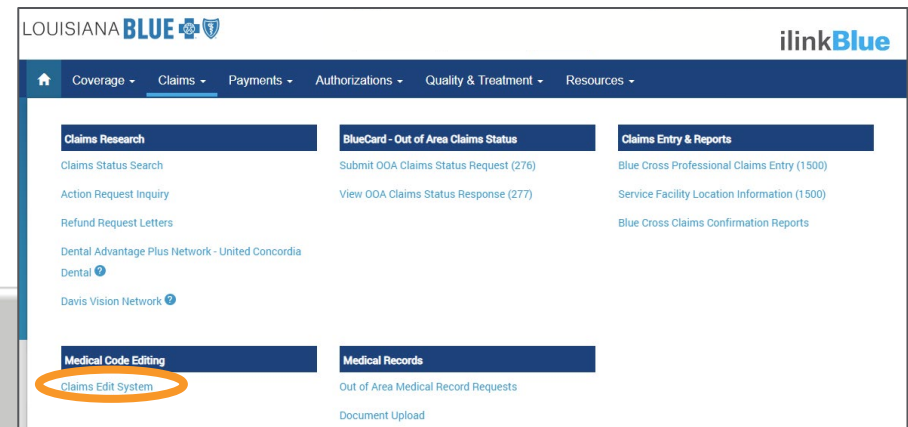
Action Requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim.

Common reasons to submit an Action Request

- Claims
 - Questioning non covered charges or specific denial
 - No record of membership (make sure to check member's ID)
 - Denied as duplicate (Ex. Medicare crossover)
 - Coordination of benefits
- Refund request

Action Requests do not allow you to submit documentation regarding your claims review.

Use Claims Edit System tool for bundled codes instead of Action Requests.





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:

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

Claim Number

12345678900-1

iLinkBlue Number

12345

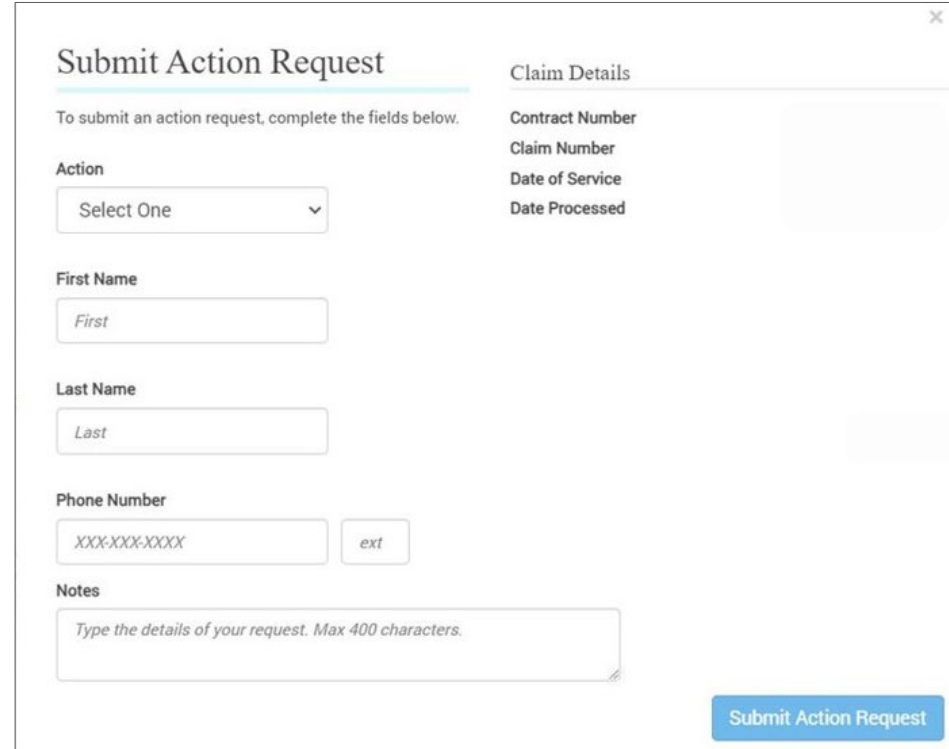
NPI

123456789

on the **Claims Detail** screen

When submitting an Action Request:

- Include your contact information.
- Be specific and detailed but **be mindful of character limit**.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Don't submit an Action Request immediately following document upload.



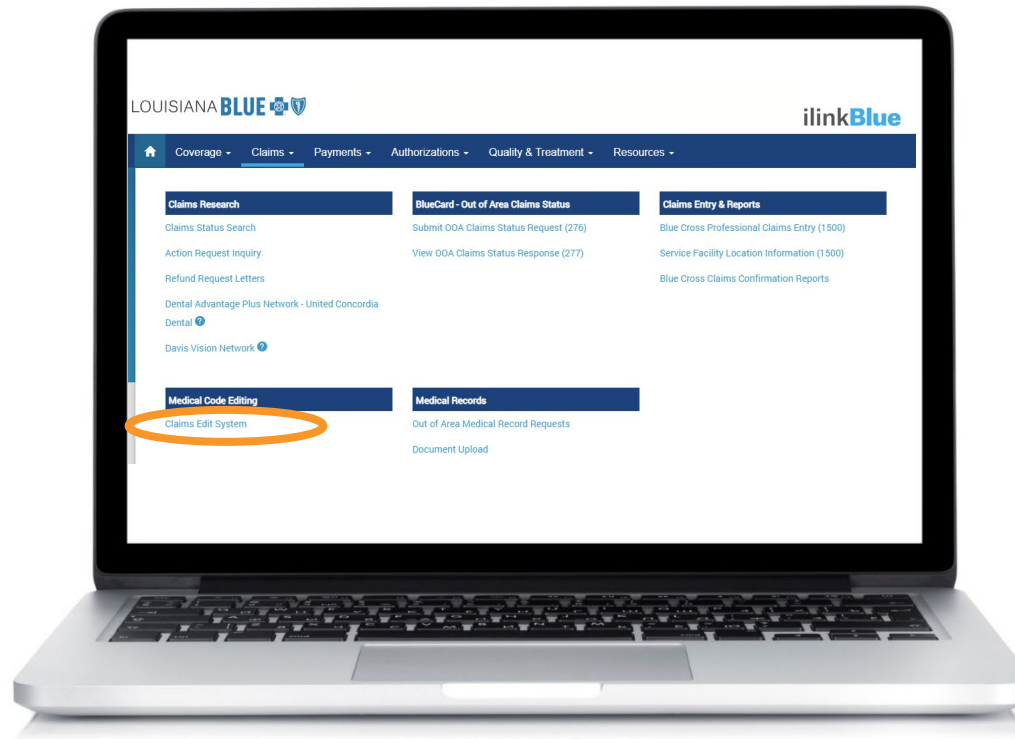
The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title is a light blue bar, and underneath is the instruction: "To submit an action request, complete the fields below." The form is divided into two main sections. The left section contains fields for "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text box with placeholder "First"), "Last Name" (a text box with placeholder "Last"), "Phone Number" (a text box with placeholder "XXX-XXX-XXXX" and a separate "ext" box), and "Notes" (a large text area with placeholder "Type the details of your request. Max 400 characters."). The right section, titled "Claim Details", lists "Contract Number", "Claim Number", "Date of Service", and "Date Processed", each followed by a text box. A blue "Submit Action Request" button is located at the bottom right of the form.

Note: Please only submit one Action Request per claim; not one Action Request per line item of the claim.

Claims Editing

Use this section to evaluate code combinations to help reduce time-consuming disputes.

- **Claims Edit System (CES)** – This is an easy-to-use code-auditing reference application designed to help providers determine claim edit outcomes.
- The CES application in iLinkBlue is not a pricing or a claims processing application. It is a research application designed to evaluate code combinations in the Louisiana Blue claims-editing system.



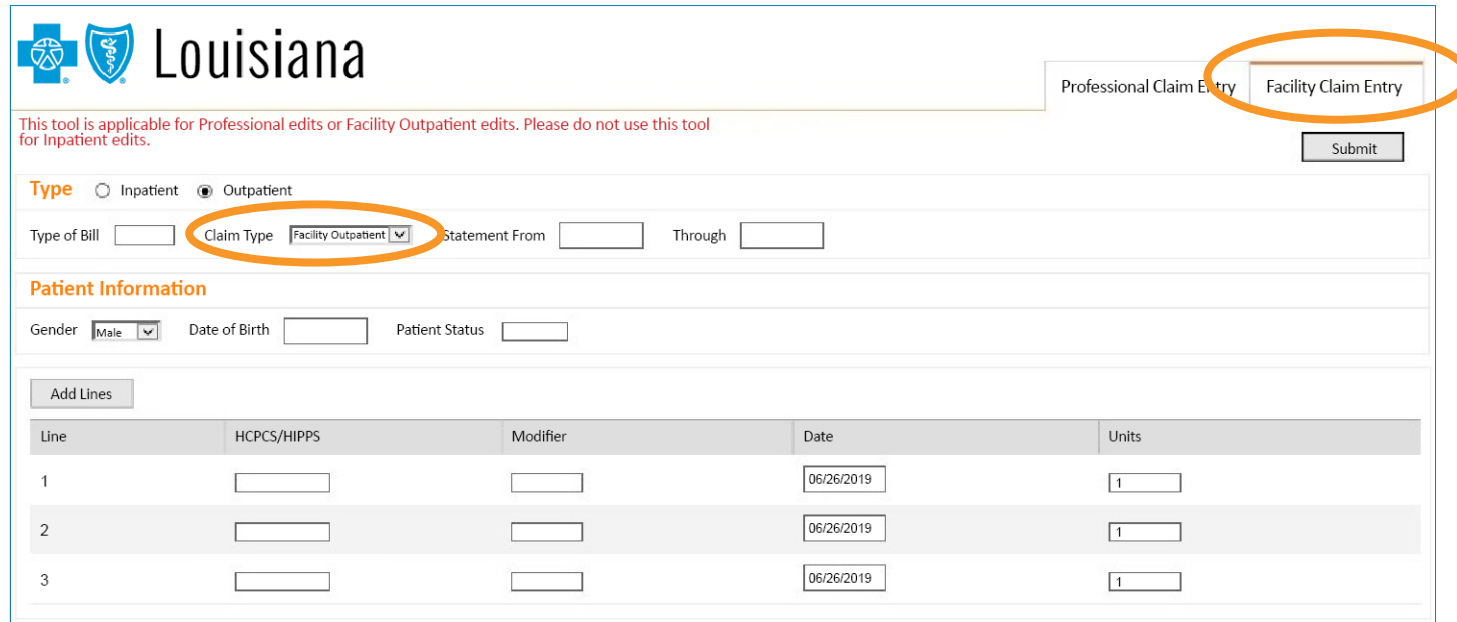
This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits



The **Facility Claim Entry** screen is for entering codes for hospital outpatient and ambulatory surgery center (ASC) claims. **Do not use for inpatient claim edits.**



Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry **Facility Claim Entry**

Submit

Type ☐ Inpatient ☒ Outpatient

Type of Bill **Claim Type** Statement From Through

Patient Information

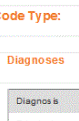
Gender Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>

Required Fields:

- Type – select outpatient
- Type of Bill – enter an appropriate 3-digit type of bill
- Claim Type – select Facility Outpatient
- Statement From/Through – date range of the procedure
- Gender – this field defaults to Male
- Date of Birth
- Patient Status – enter appropriate 2-digit patient status
- HCPCS/HIPPS – enter the valid CPT/HCPCS code
- Modifier – appropriate modifier for this CPT code
- Units – enter the number of units, this field defaults to a value of one



Code Type:

Diagnoses

Diagnosis

Principal

Original Lines

Line Rev Code

Bilateral procedure (92250) billed with 2 units.

Louisiana

Professional Claim Entry
Facility Claim Entry

Export to PDF
New Claim

Type: Outpatient

Type of Bill 131 Claim Type Facility Outpatient Statement From 06/26/2019 Through 06/26/2019

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	G0463	0	0.0	[DDR BCLA19 FE] Submitted HCPCS code G0463 is not separately reimbursable.

Code Type:

Diagnoses **Reason(s) for Visit**

Go463 not separately reimbursable.

providerTIDBIT

a guide to understanding our processes

Claims-editing Software System for Professional Claims

What is claims editing?

It is editing applied to incoming claims to ensure proper coding and billing based on reimbursement, medical policy, benefits rules and industry standard coding guidelines.

CES Provider Portal Tool

Providers can calculate claim-edit outcomes with our CES edit system tool available online at www.lablue.com/linkblue > Claims > Medical Code Editing. Mandatory fields are circled below.

The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits

TB00017/2019

This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this communication, please email networkadministration@louisianablue.com or call 1-800-521-5985. Please be sure to reference the TIDBIT number.

WB000770 8/26/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Last reviewed on: 09-21-22

Next →

The CES Provider Tidbit can be found online at www.lablue.com/providers, click on "Resources," then "Tidbits."

If you do not understand the way your claim was processed, follow these steps to troubleshoot:

Step 1

- Check that you are following the proper billing guidelines. Refer to resources in your:
 - Provider Manual
 - Code Book
 - Lists provided on iLinkBlue (You can locate these lists at www.lablue.com/ilinkblue >Claims then look under the “Medical Code Editing” section).

Step 2

- Check the CES provider portal tool to determine if the CES system is processing according to the edits based on the rejection code.
- This tool is located at www.lablue.com/ilinkblue >Claims >Claims Edit System.
- CES edits will appear in lower case.

Step 3

- Submit an Action Request.
- Discussed previously in this presentation about how to submit an Action Request (refer to the “Resolving Claims Issues” section).
- In order to properly route your inquiry please choose “[Code Editing Inquiry](#)” from the action drop down box when submitting your action request.

Helpful Reminders

- 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 Louisiana Blue
- Reduces costs associated with submitting corrected claims



- Include chronic conditions in documentation.
- Code to the highest specificity.
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted.
- Clarify whether a condition is **chronic** or **acute**.
- Clarify whether a condition is **controlled** or **uncontrolled** to document the current status of condition/how it is being managed.
- Clarify the **type of diabetes** (if applicable).

Example: Notes may say "Diabetes Type II and CKD Stage III," but if stated as "CKD III Due to Diabetes," it would result in a different ICD-10 Code.

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

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 Louisiana Blue network agreement, **providers are not to charge a fee** for providing medical records to Louisiana Blue 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 Louisiana Blue subscriber contract allows for the release of the information to Louisiana Blue or its designee.
- iLinkBlue has a Document Upload feature allowing documents, including medical records for retrospective or post claim review, to be uploaded that would otherwise be faxed, emailed or mailed.



Providers are required to use our self-service tools for:

- Member eligibility
- Claim status inquiries
- Professional allowable searches
- Medical policy searches

These services will no longer be handled directly by our Customer Care Center.

Self-service tools available to providers:

- iLinkBlue (www.lablue.com/ilinkblue)
- Interactive Voice Recognition (IVR) (1-800-922-8866)
 - The Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available at www.lablue.com/providers >Resources >Tidbits.
- HIPAA 27x transactions

The image displays two screenshots of provider self-service tools. The top screenshot shows the iLinkBlue web portal with a navigation bar (Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources) and a 'Welcome to iLinkBlue' message. The bottom screenshot shows the providerTIDBIT IVR navigation guide, which includes a 'Customer Care Center 1-800-922-8866' contact number, a list of required information for calling (Provider's NPI, Member ID Number, etc.), and a 'Provider Menu' with options like Benefits, Claims, Authorizations, and Payment Register Fax.

Support

Customer Care Center

1-800-922-8866

FEP Dedicated Unit

1-800-272-3029

OGB Dedicated Unit

1-800-392-4089

Blue Advantage

1-866-508-7145

For information
NOT available
on iLinkBlue

Other Provider Phone Lines

BlueCard Eligibility – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 4 – for questions regarding provider relations

option 5 – for questions regarding security access to online services

Jami Zachary Director

Paden Mouton Provider Relations Manager

Mary Reising Health System Representative

Marie Davis Senior Provider Relations Representative
Allen, Avoyelles, Beauregard, Caldwell, Catahoula,
Concordia, East Carroll, Evangeline, Franklin, LaSalle,
Madison, Morehouse, Ouachita, Rapides, Richland,
Tensas, Vernon, West Carroll, Acadia

Brittany Fields
Jefferson, Orleans, Plaquemines, St. Bernard, Iberville

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

Lisa Roth
Online Portal Training

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

Yolanda Trahan Senior Provider Relations Representative
Assumption, Iberia, Lafayette, St. Charles,
St. James, St. John the Baptist, St. Mary, Calcasieu,
Cameron, Lafourche

provider.relations@lablue.com | 1-800-716-2299, option 4

Jason Heck, Director – jason.heck@lablue.com

Diana Bercaw, Lead Provider Network Development Representative – diana.bercaw@lablue.com
Jefferson, Orleans, Plaquemines and St. Bernard parishes

Jordan Black, Sr. Provider Network Development Representative – jordan.black@lablue.com
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes

Sue Condon, Lead Network Development & Contracting Representative – sue.condon@lablue.com
West Feliciana, East Feliciana, St. Helena, Pointe Coupee, West Baton Rouge, East Baton Rouge, Livingston, Ascension and Iberville parishes

Kim Jones, Provider Network Development Representative – kim.jones@lablue.com
Caddo, Bossier, Webster, Claiborne, Desoto, Red River, Bienville, Sabine, Natchitoches and Winn parishes

Cora LeBlanc, Sr. Provider Network Development Representative – cora.leblanc@lablue.com
Assumption, St. John The Baptist, Terrebonne, St. Mary, Lafourche, St. Charles, St. James, St. Tammany, Tangipahoa and Washington parishes

Dayna Roy, Sr. Provider Network Development Representative – dayna.roy@lablue.com
Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Grant, Jefferson Davis, Rapides and Vernon parishes

Lauren Viola, Provider Network Development Representative – lauren.viola@lablue.com
Jackson, Lincoln, Tensas, Madison, East Carroll, West Carroll, Franklin, Richland, Morehouse, Ouachita, Caldwell, Union, Concordia, Catahoula and Lasalle parishes

provider.contracting@lablue.com | 1-800-716-2299, option 1

Provider Network Setup, Credentialing, Contracting & Demographic Change

Sam Measels, Director, Provider Credentialing and Information
sam.measels@lablue.com

Kaci Guidry, Manager, Provider Data Management & PCDM Status
kaci.guidry@lablue.com

Kristin Ross, Manager, Provider Contract Administration
kristin.ross@lablue.com

If you would like to check the status on your credentialing application or provider data change or update, please contact the Provider Credentialing & Data Management Department.

PCDMstatus@lablue.com | 1-800-716-2299, option 2

At this time, we will address the questions you submitted electronically through the webinar platform.



Appendix

HIPAA 835 Transaction

- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from Louisiana Blue at no cost to vendors and providers, but they do require programming changes by your practice management billing system vendor. Traditionally, there is an upfront fee from your billing system vendor for programming.
- From that point, you may receive the Louisiana Blue weekly Remittance Advice/Payment Register at no charge.



For more information, please contact Louisiana Blue EDI Services at EDIservices@lblue.com or 1-800-716-2299, option 3.



Use the following billing guidelines to report required NDCs on outpatient facility UB-04 claims:

- NDC code editing will apply to any clinician-administered drugs billed on the claim, including immunizations. The claim must include any associated HCPCS or CPT code (except HCPCS codes beginning with the letter “A”).
- Each clinician-administered drug must be billed on a separate line item.
- Claims that do not meet the requirements will be rejected and returned on your “Not Accepted” report. Units indicated would be “1” or in accordance with the dosage amount specified in the descriptor of the HCPCS/CPT code appended for the individual drug.
- Providers may bill multiple lines with the same CPT or HCPCS code to report different NDCs.
- The following NDC edits will apply to electronic and paper claims that require an NDC but no valid NDC was included on the claim:
 - NDCREQD – NDC CODE REQUIRED
 - INVNDC – INVALID NDC

Failure to report NDCs on claims will result in automatic rejections.

For Hardcopy Claims

On the UB-04 claim form, report the NDC and the quantity in Box 43 (description field). We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N49999999999. The drug quantity and measurement/qualifier should be included.

For Electronic Claims 837I

Report the NDC in loop 2410, Segment LIno3 of the 837. The code should consist of a CMS 11-digit NDC in a fixed length 5-4-2 (no hyphens) configuration. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTPo4 and CTPo5-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.



You must enter the NDC on your claim in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format.

How should the NDC be entered on the claim? See the examples below:

10-Digit Format on Package	10-Digit label format Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09



If the NDC is not submitted in the correct format, the claim will be denied.

- Most of our members follow a Covered Drug List. Covered Drug Lists include thousands of generic and brand drugs, but not all drugs.
- **Please consider prescribing drugs that are covered** or have lower out-of-pocket costs when you believe it is appropriate. If members fill a prescription drug that is not on the covered drug list, they could have to pay the full cost of the drug out of pocket.
- **You may ask for a clinical review** (similar to prior authorization) if your patient has a medically necessary need for a *non-formulary* drug. Find information about submitting a prior authorization at www.lablue.com >Provider >Pharmacy. This is not available for drugs excluded from coverage.



You and your patients can check the Covered Drug List and find up-to-date information about drug coverage at www.lablue.com/covereddrugs.

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



- Each page of the patient's medical records should include the following for hospital encounters and progress notes:
 - Patient name
 - Date of birth or other unique identifier
 - Date of service including the year
- Provider signature (must be legible and include credentials).
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (UB-04 Claim Form).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.

Blue Distinction Specialty Care Centers are part of a national designation program that recognizes facilities demonstrating expertise in delivering quality specialty care, safely and effectively. These designations are only awarded to the specific facility and specific location.

Two designation levels:

**Blue
Distinction®
Center**

**Blue
Distinction®
Center+**

The current programs are:

- Bariatric Surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity
- Spine Surgery
- Transplants

Specialty Program selection criteria can be found at www.bcbs.com >About Us >Capabilities & Initiatives >Blue Distinction >Blue Distinction Specialty Care.

Evaluation Criteria for Participation Focused on:

Blue Distinction® Center

healthcare facilities recognized for their **expertise** in delivering specialty care

Blue Distinction® Center+

healthcare facilities recognized for their **expertise** and **efficiency** in delivering specialty care



Identifying those facilities that demonstrate **expertise in delivering quality specialty care** – safely and effectively



Nationally **established quality measures** with emphasis on **proven outcomes**




Cost of care calculated on procedures, using episode-based allowable amounts



The **healthcare Consumer Billing & Disclosure Act (or Consumer's Right to Know Act)** requires that facilities (acute and ambulatory surgery centers) inform health plans of its hospital-based physicians in the specialties of:

- Anesthesia
- Emergency Medicine
- Neonatology
- Pathology
- Radiology

According to the legislation, facilities must notify health plans of any changes made to this information within 30 days of the change.



Louisiana

BATON ROUGE REGION HOSPITAL-BASED PHYSICIANS

Use the chart below to see whether a hospital-based physician or group participates in any of the Blue Cross and Blue Shield of Louisiana networks.

The Baton Rouge Region consists of Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, St Helena, Pointe Coupee, Tangipahoa, West Baton Rouge and West Feliciana parishes.

For instructions on reading this chart or for more information, visit the last page of this document.

This chart is for informational purposes only and may have changed since it was last updated on **August 31, 2021**.

HOSPITAL OR AMBULATORY SURGERY CENTER	Facility Networks								Hospital-based Physician or Group	PHONE NUMBER	Specialty			Contracted Networks									
	No Hospital Services Offered	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPN	COMMUNITY BLUE	PRECEDON BLUE	SENIOR BLUE			ANESTHESIOLOGY	EMERGENCY ROOM/MEDICINE	NEONATOLOGY	PATHOLOGY	PEDIATRICS	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPN	COMMUNITY BLUE	PRECEDON BLUE	SENIOR BLUE	UNCONTRACTED (NOT TOP METHOD)
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70403 (985) 345-7246		✓	✓						Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70403	(985) 345-7246	✓					✓	✓						
Advanced Surgical Care of Baton Rouge LLC 7310 Perkins Rd Baton Rouge, LA 70808 (225) 236-3100		✓	✓			✓			KJA Anesthesiology 5438 Providence Ln Baton Rouge, LA 70808 Pathology Group of Louisiana 5339 O'Donovan Dr Baton Rouge, LA 70808 Baton Rouge Radiology Group 5422 Dijon Dr Baton Rouge, LA 70808	(225) 532-4061 (225) 766-4999 (225) 769-9337	✓		✓			✓	✓	✓	✓	✓	✓	✓	

This chart lists the contracting status of hospital-based physicians in the following specialties: anesthesiology, emergency room medicine, neonatology, pathology and radiology.

For more information on reading the chart, please refer back to the Find a Doctor web page at www.lablue.com.

Reporting is required by the Healthcare Consumer Billing and Disclosure Protection Act of the 2009 Louisiana Legislative Session. A facility is required to report this information to each insurer with which it contracts.

18N01605 FID021 Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent members of the Blue Cross and Blue Shield Association.

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More ▶

This information is presented to our members on our hospital-based physician reports, available at **www.lablue.com** >Find A Doctor >ER/OR Information >Hospital-based Physician Providers.

- A hospital-based provider is defined as a provider that **only** sees patients as a result of their being admitted or directed to the hospital.
- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.
- Reimbursement effective date is based on the provider's start date.

A provider is NOT considered hospital-based if you have patients referred directly to you from another physician or organization or if the member can make an appointment with the physician.

- Louisiana Blue asks that network facilities submit changes on the **Consumer's Right to Know Facility Reporting Form** every time there is a change in hospital-based physician for any specialties listed previously.
- Return completed forms to our Provider Credentialing Department at provider.contracting@lablue.com.


Louisiana

**Consumer's Right to Know
Facility Reporting Form¹**

A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services. Complete the appropriate fields below. Return completed form to network.development@lablue.com or fax to (225) 297-2750 Attn: Network Development.

FACILITY INFORMATION						
Facility Name						
Facility National Provider Identifier (NPI)					Date Form Submitted	
Facility Physical Address						
Contact Name/Title					Contact Phone Number	
Contact Email Address					Website	

PHYSICIAN OR PHYSICIAN GROUP INFORMATION						
Physician or Physician Group Name ²	NPI	Tax ID Number	Physical Address	Phone Number	Specialty ³	Effective Date

¹Reporting is required by Act 334 of the 2009 Louisiana Regular Legislative Session. A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services.

²Only physicians who are NOT part of a physician group need to be listed separately.

³In the "Specialty" column, please describe the specialty (e.g., dermatologist, pathologist, neonatologist, radiologist, emergency medicine or hospitalist).

LSHW32652 R08/08

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.

The Consumer's Right to Know Facility Reporting Form is located at www.lablue.com/providers >Resources >Forms.