

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.



# Louisiana

## Welcome to the Blue Cross Network *Professional Webinar*



**Presented by Melonie Martin**  
Provider Relations Representative  
Blue Cross and Blue Shield of Louisiana

March 2024

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

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

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As a new to Blue Cross 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 Blue Cross. Today we will discuss:

- ✓ online resources
- ✓ network participation
- ✓ using iLinkBlue
- ✓ authorization information
- ✓ claims research
- ✓ claims editing
- ✓ network maintenance
- ✓ provider support



# 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.bcbsla.com](http://www.bcbsla.com).

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

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



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

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

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

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

[Login or Sign Up](#)

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

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

Shop Our Plans
Account Login

Find Drugs

Find a Doctor

All Networks

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

Networks Available

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

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

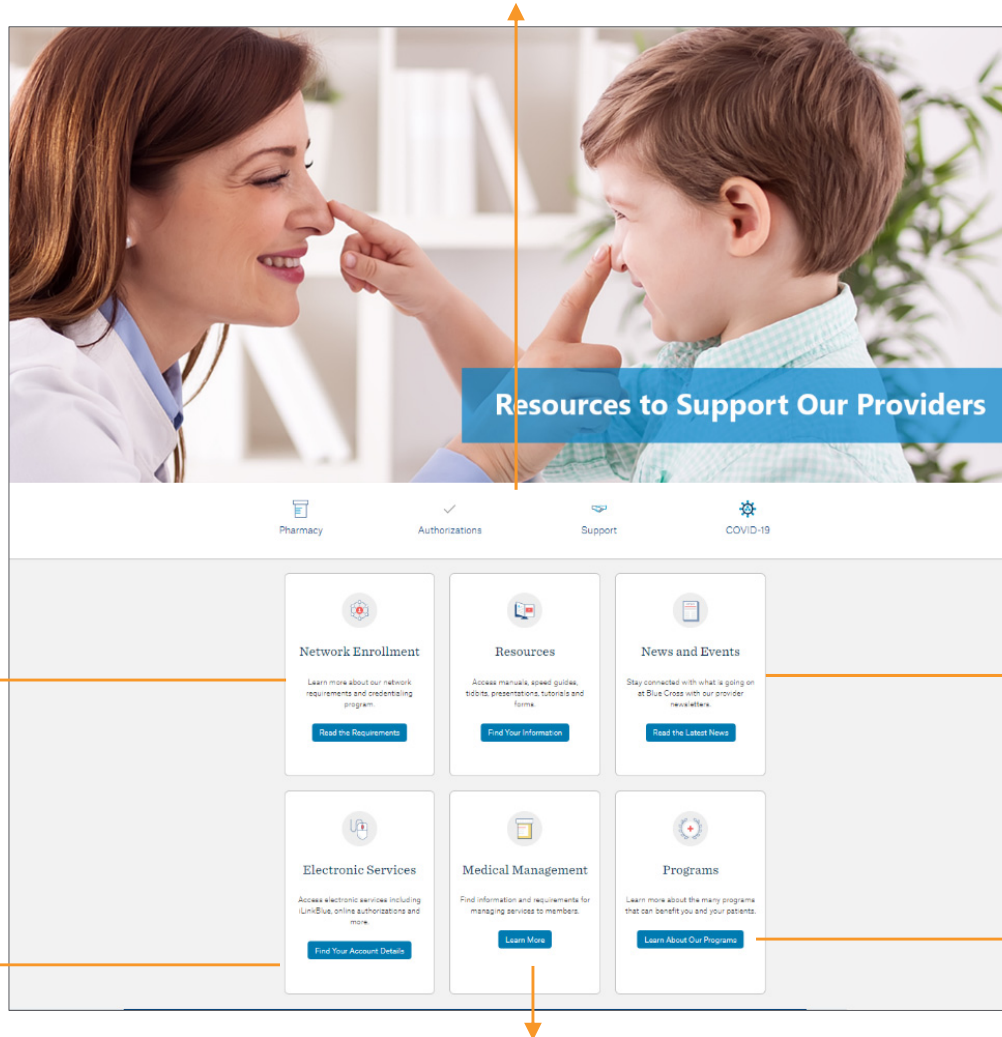
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- 2 Abbeville General
- 2 Blue Connect HMO/POS
- 2 Community Blue HMO/POS
- 2 OchPlus
- 2 OGB MagLocal - BlueConn
- 2 OGB MagLocal BR - CommBlue
- 2 Precision Blue HMO/POS
- 2 Signature Blue HMO/POS
- 2 TQHN

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

## Resources

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



## Network Enrollment

Learn more about our network requirements and credentialing program.

## News and Events

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

## Electronic Services

Access electronic services including iLinkBlue, online authorizations and more.

## Programs

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

## Medical Management

Find information on requirements for managing services to members.

## Blue adVantage Resources

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

## Comparing Costs with SmartShopper

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



### Blue adVantage Resources

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

[Go to BA Resources](#)



### Comparing Costs with SmartShopper

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

[Understand SmartShopper](#)



### Behavioral Health

We have partnered with Lucet 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](#)

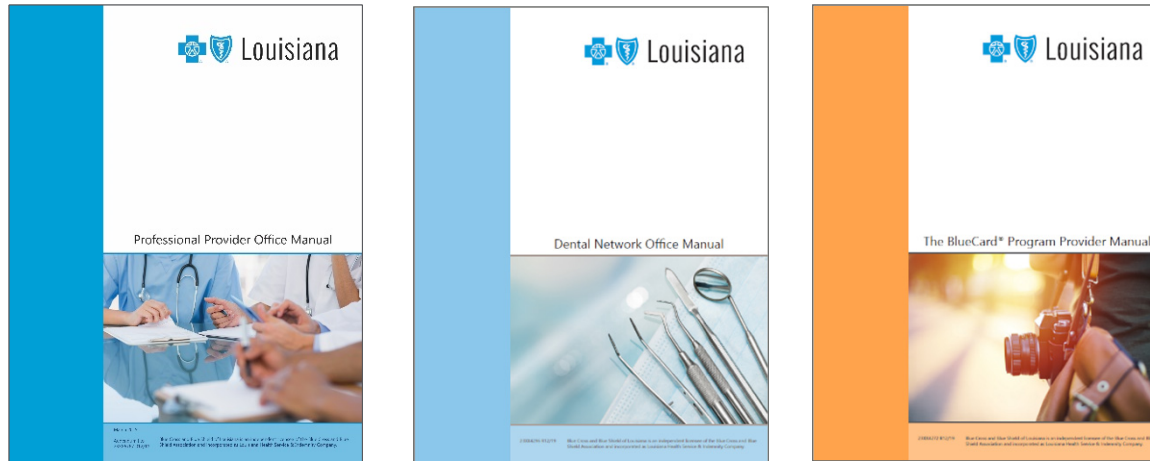
## Behavioral Health

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.





[www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Manuals

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
- Provider Disputes
- Network Overviews
- Authorization Requirements
- And much more

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

[www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Newsletters



## Network News

Our quarterly newsletter for network providers.

### Not Getting Our Newsletters?

Send an email to [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com). Put "newsletter" in the subject line. Please include your name, organization name and contact information.



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

[www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
>Resources >Speed Guides

### Louisiana Preferred Care PPO Preferred Reference Lab Guide

Blue Cross and Blue Shield of Louisiana offer 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 when not performed in the provider's office. Physicians who do not adhere to these referral guidelines may be subject to penalties or disallowed in their provider contracts. Please refer to the preferred lab requirements listed below to ensure your patients receive the maximum benefits to which they are entitled.

**Lab Program Requirements**  
Laboratory services provided to PPO members must be submitted to a preferred reference laboratory in the member's network. If not performed in your office, fax lists on the right or our online provider directory, available at [www.bcbsla.com](http://www.bcbsla.com).  
Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.  
Preparative lab services rendered before an inpatient stay or outpatient procedure may be performed by Preferred Care PPO participating hospitals on 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 still comply 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.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

**Special Arrangements**  
Special arrangements for weekend or after-hour pickups 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	Website	Phone
Clinical Pathology Labs	<a href="http://www.cplab.com">www.cplab.com</a>	1-800-633-4737
Laboratory Corporation of America (LabCorp)	<a href="http://www.labcorp.com">www.labcorp.com</a>	1-800-621-6037
Quest Diagnostics	<a href="http://www.questdiagnostics.com">www.questdiagnostics.com</a>	1-866-340-0521 (7-866-697-8376)

**Regional Labs**

Region	Lab Name	Phone
Alexandria Region	Burl Regional Hospital Reference Lab	(337) 238-3123
Baton Rouge Region	Women's Hospital Laboratory	(225) 854-8278
Lafayette Region	Acadia Laboratory, LLC	(337) 783-2961
	Enclave Medical Laboratory, Inc.	(337) 487-5582
	Enclave Pathology, LLC	(337) 781-0039
	Precision Diagnostics	(337) 708-8250
	Primeval Laboratory Services	(337) 450-3711
Monroe Region	Clinical Reference Laboratories	(337) 336-3148
	Specialty Drug Testing, LLC	(337) 410-9000
New Orleans Region	Physicians Group Laboratories, LLC	(888) 872-8272
	Stone Clinical Laboratories	1-844-768-8325
Shreveport and Alexandria Region	West Jefferson Outpatient Lab Services	(318) 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.bcbsla.com/providers](http://www.bcbsla.com/providers) >Lab Choice or Drug and enter the member ID number in the search bar. The search bar is located at the top right of the page.

### HMO Louisiana 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 to Signature Blue members to providers within the network so they receive the highest level of benefits. **Benefit 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.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

**Signature Blue Member ID Card**  
PHEIC, CBS, QBE, QBG and QBS

Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue Network name printed on the member ID card. Fully-insured Signature Blue members must select a primary care provider.

Tired benefits apply to members of Signature Blue. More details about this coverage can be found in [www.bcbsla.com/providers](http://www.bcbsla.com/providers).

**Submitting Claims Electronically**

- ElexBlue (CMS-1500 only)
- Clearinghouses

**Network**  
HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

**Service areas for the Signature Blue Network**

**New Orleans Area**

- Jefferson
- Orleans

**Admitting Privileges**  
Members receive a lower level of benefits when using a facility that is not in the Signature Blue Network. Providers who are required to have admitting privileges—must have admitting 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
- Toussaint
- University Medical Center
- West Jefferson Medical Center

**Maternity Admissions**  
Maternity admissions do not require authorization if the inpatient 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.

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

### 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 transition prior to providing services. To do this, visit [www.bcbsla.com](http://www.bcbsla.com).

**Preferred Care PPO**

**Profile:** Members of Preferred Care PPO network include 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 card. The "Preferred Care PPO" logo identifies the nationwide BlueCross Program. For more information, visit the nationwide BlueCross Program website, available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

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.**

**Profile:** HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana profile includes a select group of physicians, hospitals, and allied providers who provide care to individuals and employer groups working managed care benefit plans. The HMO Louisiana network is defined as follows:

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, visit the HMO Louisiana, Inc. Network Speed Guide, available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

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

**TR00002210**  
This information is provided by the National Automated Clearing House (NACHA) and is subject to change without notice. Please refer to the NACHA website for more information.

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This information is provided by the National Automated Clearing House (NACHA) and is subject to change without notice. Please refer to the NACHA website for more information.

### Louisiana providerTIDBIT

a guide to understanding our processes

#### Automated Benefits & Claim Status

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

**Customer Care Center 1-800-922-8866**

Benefits are subject to the terms of a member's contract certificate 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/certificate.

Please have the following information ready when calling:

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

Welcome 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. Other      3. Dental      4. Life

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

**Notes:** If a policy cover a vision policy, you will be asked your visit to routine eye exams, such as an eye exam, prescription glasses, or contact lenses. You may be asked to complete a questionnaire. Please say "no" to increase the member's ability to receive the service covered.

**Provider Menu**

Provider menu, which are you calling about?

1. Benefits	3. Authorizations	5. A Payment Register Fax, or
2. Claims	4. An Out-of-state Policy	6. None of the Above

**TR00002210**  
This information is provided by the National Automated Clearing House (NACHA) and is subject to change without notice. Please refer to the NACHA website for more information.

**TR00002210**  
This information is provided by the National Automated Clearing House (NACHA) and is subject to change without notice. Please refer to the NACHA website for more information.

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

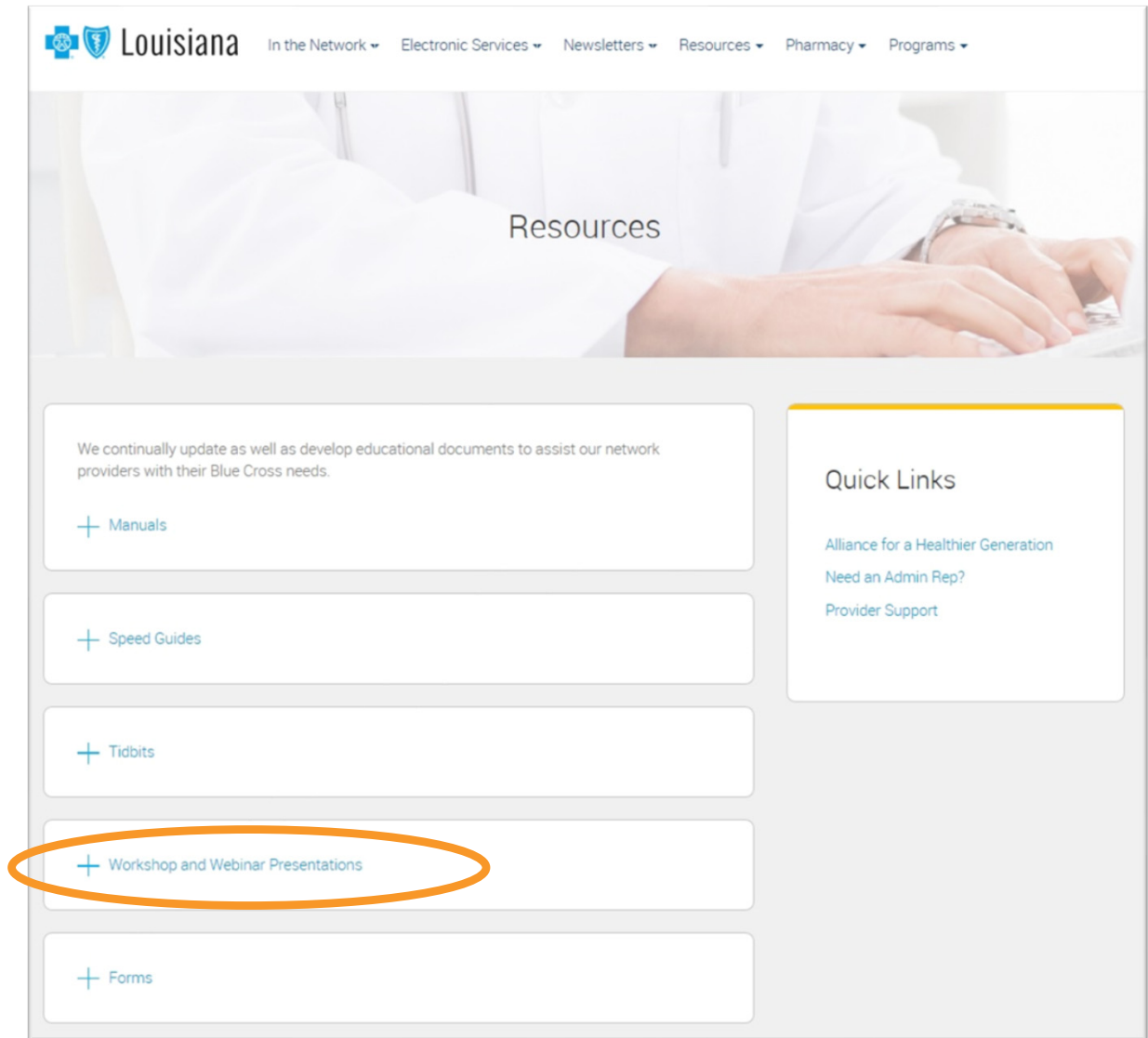
[www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
>Resources >Tidbits

## Provider Workshops and Webinars

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

Invites to attend these events are sent in our Weekly Digests every Thursday to the providers' correspondence email address.

PDF copies of our workshops and webinars are available online.



**Louisiana** In the Network ▾ Electronic Services ▾ Newsletters ▾ Resources ▾ Pharmacy ▾ Programs ▾

## Resources

We continually update as well as develop educational documents to assist our network providers with their Blue Cross needs.

- + Manuals
- + Speed Guides
- + Tidbits
- + Workshop and Webinar Presentations
- + Forms

### Quick Links

- Alliance for a Healthier Generation
- Need an Admin Rep?
- Provider Support


[www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Workshop and Webinar Presentations

# Our Networks


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

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue
- Blue adVantage (HMO) | Blue adVantage (PPO)

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



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



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### Identification Card Guide


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

#### Preferred Care PPO

**Prefix: Varies**

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

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



Logo & network name

Dental Network indicator

BlueCard® indicator

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

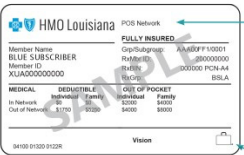
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#### HMO Louisiana, Inc.

**Prefix: Varies**

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

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



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

**More →**

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

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

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

## FULLY INSURED

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

<b>Louisiana</b> Preferred Care PPO Network		
<b>FULLY INSURED</b>		
Member Name BLUE SUBSCRIBER	Grp/Subgroup: AAA00000/PPO4	
Member ID XUP000000000	RxMbr ID: 200000000	
	RxBIN: 000000 PCN-A4	
	RxGrp: BSLA	
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
In Network	Individual \$5500	Individual \$0
Out of Network	\$5500	\$0
04BA0314 R01/22		

“Fully Insured” notation

## SELF FUNDED

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

<b>Louisiana</b> Preferred Care PPO Network			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/2040		
Member ID OGS000000000	RxMbr ID: 202201952		
	RxBIN: 003858 PCN-A4		
	RxGrp: 2AXA		
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>	<b>COPAYS</b>
In Network	Individual N/A Family \$4000	Individual N/A Family \$10000	Primary Care 80%
Out of Network	N/A \$8000	N/A \$20000	Specialty 60%
OFFICE OF GROUP BENEFITS PELICAN HRA 1000 04BA0314 R01/22			

- “Fully Insured” NOT noted
- Self-funded group name listed

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

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.

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The suitcase logo provides the following information about the member:



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



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



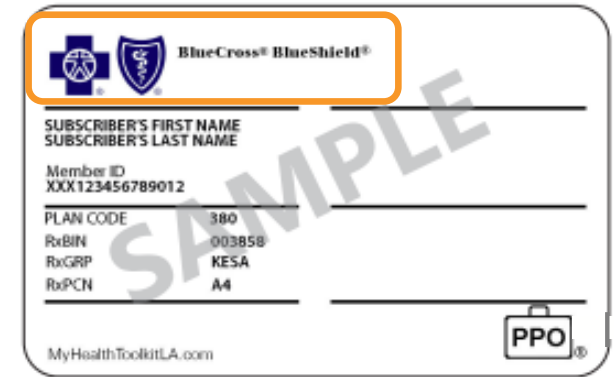
The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.



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



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



**Louisiana National Alliance Groups (BCBSSC Partnership)**

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2019	SLA
Acadian Ambulance	1/1/2023	LK
Associated Grocers	1/1/2012	AAB
Bollinger Shipyards	1/1/2018	GG
Caddo Parish Commission	1/1/2014	CBV
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cleco	1/1/2013	CE
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	IVI
Green Clinic	6/1/2013	GC
Iberia Bank	1/1/2010	IBK
Jefferson Parish Sheriff's Office	1/1/2018	INJ
Lafayette City-Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EQX
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	ROP
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IHQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	IOU
Zen-noh	1/1/2014	EZN

1720003 R02/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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

## Network providers should always refer members to other network providers.

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

- Higher cost shares (deductibles, coinsurances, copayments).
- No benefits for some members.
- Balance billing to member for all amounts not paid by Blue Cross if the provider is non-participating.
- Referrals to out-of-network providers is a breach of your Blue Cross 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.



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

- 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.
- Blue Cross 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.

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

For more information, view the *HMO Preferred Reference Lab Guide* and the *PPO Preferred Reference Lab Guide*, which are both available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Speed Guides.



# Using iLinkBlue

# What is iLinkBlue?

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

no cost to providers

user-friendly navigation

secure auth applications

The screenshot shows the iLinkBlue provider portal interface. At the top, there is a navigation bar with the Louisiana logo and the text "Louisiana" and "iLinkBlue". Below this is a dark blue navigation menu with options: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources, and Delegated Access. The main content area features a "Welcome to iLinkBlue" section with "Tips to Know" and a "Medical Record Requests" alert stating "You have 72 new Medical Record Requests that require action." Below these are several navigation buttons: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The main content is divided into two columns: "Important Blue Cross Messages" and "Other Sites". The "Important Blue Cross Messages" section contains several informational messages, including one about the First Quarter 2023 Provider Network News and another about document upload capabilities. The "Other Sites" section lists links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue.

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

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

## What is an Administrative Representative?

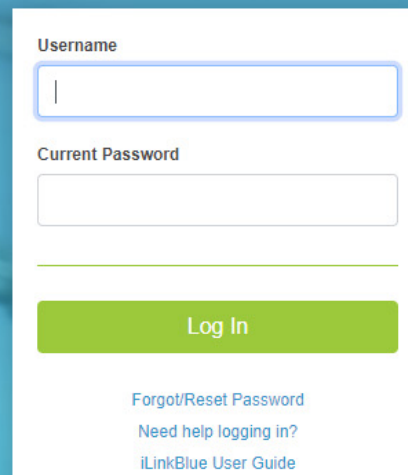
- An AR is a person at your organization who has registered with Blue Cross to designate user access to our secure online services.
- They only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- Your administrative representative must grant 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 Blue Cross, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page ([www.bcbsla.com/providers](http://www.bcbsla.com/providers)).



ilinkBlue



The screenshot shows a login form with the following elements:

- A label "Username" above a text input field.
- A label "Current Password" above a text input field.
- A green "Log In" button.
- Three links below the button: "Forgot/Reset Password", "Need help logging in?", and "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.**



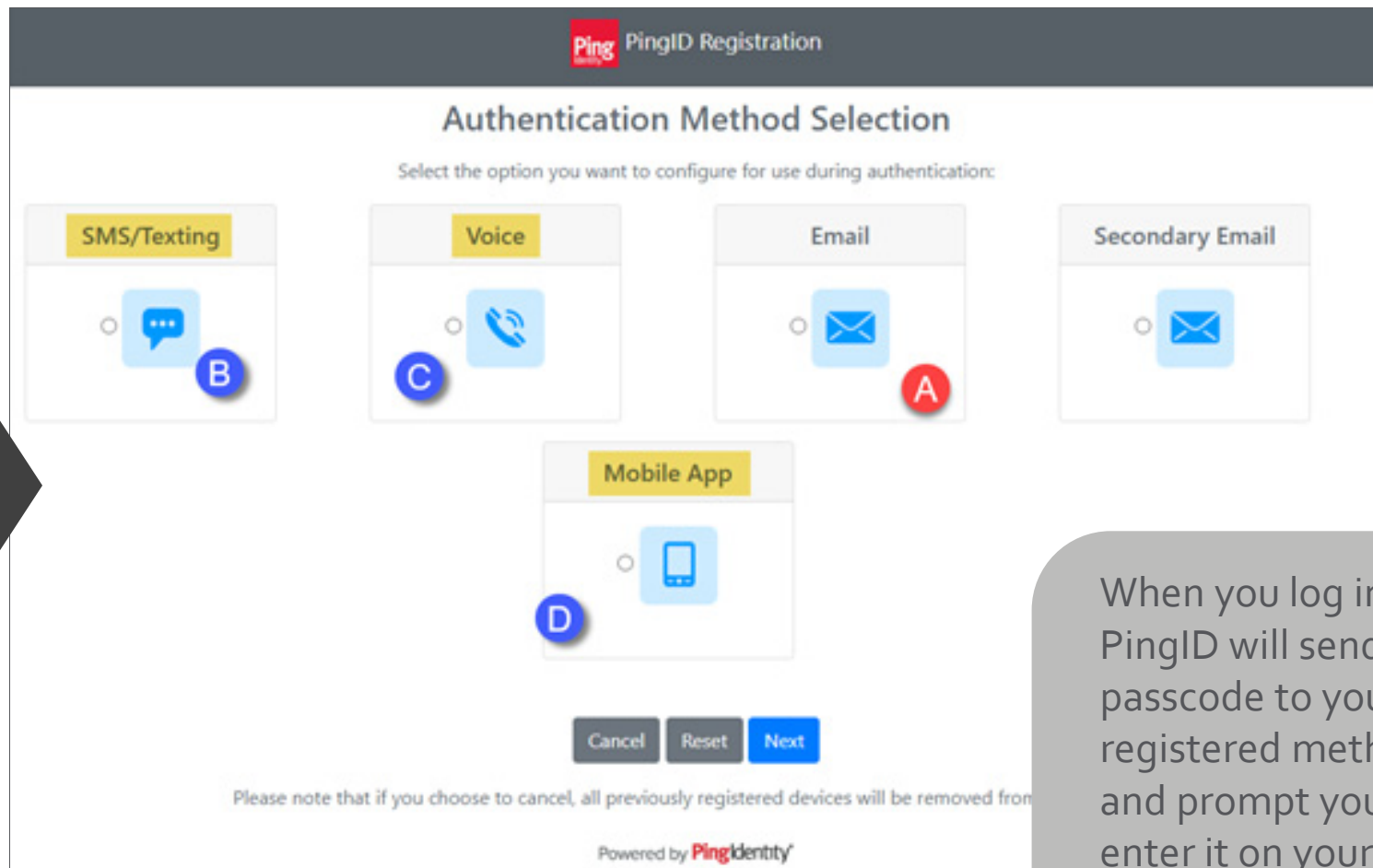
If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

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

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

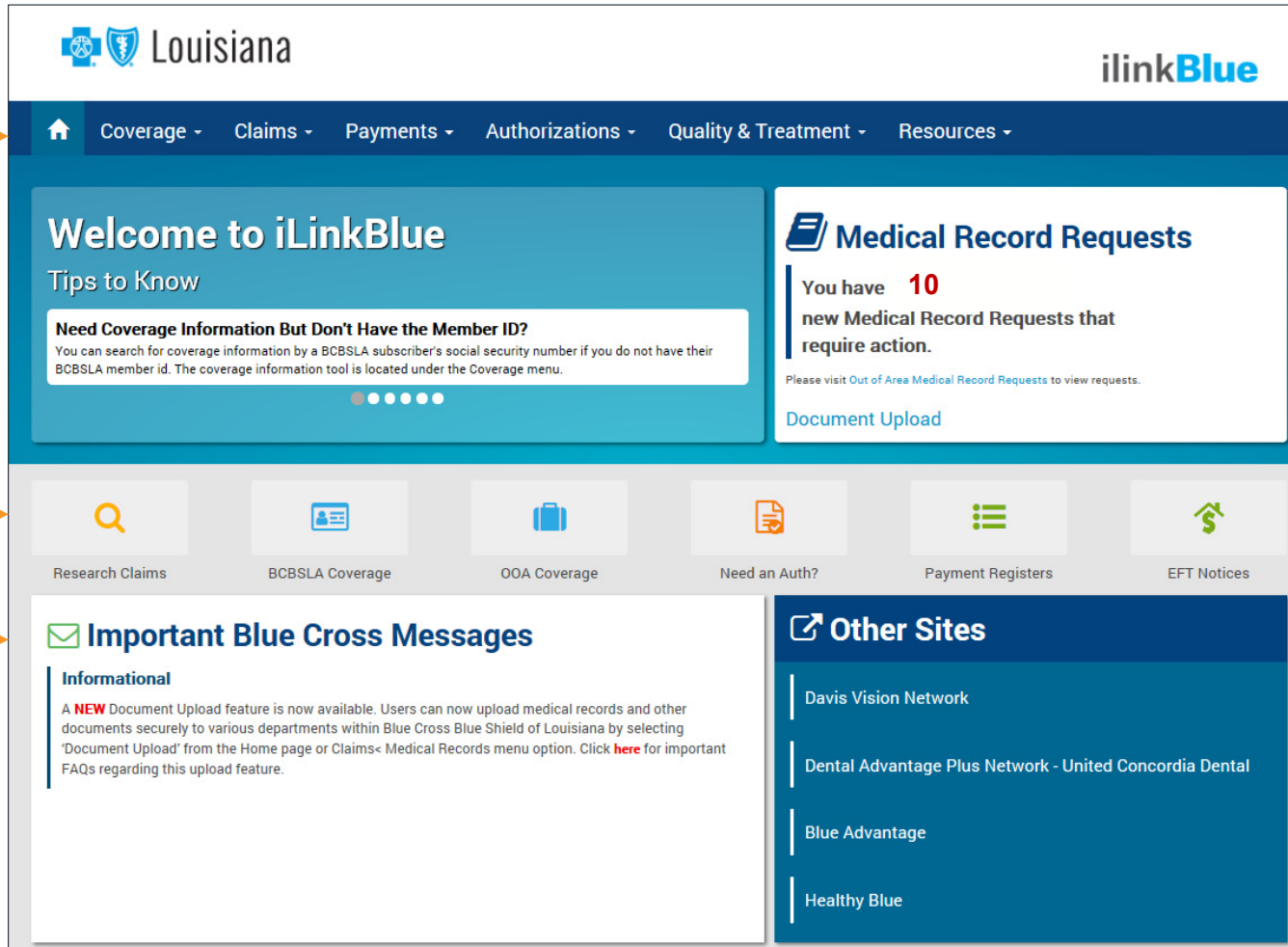


We recommend registering two or more options for account recovery.

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.

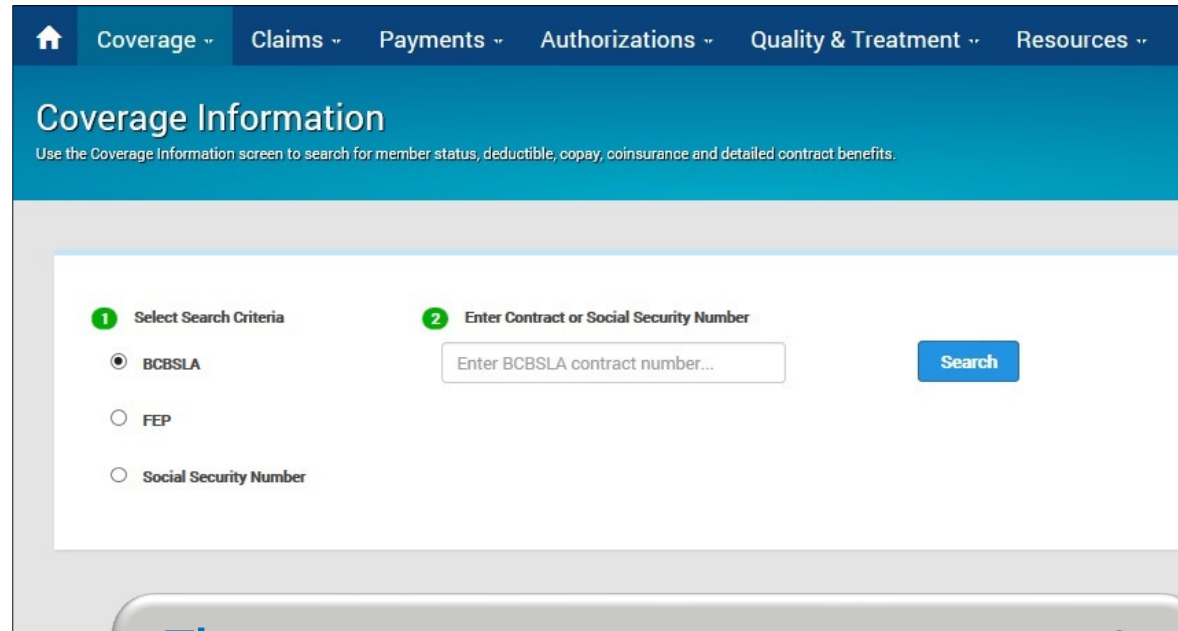
### Other Sites

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

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

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

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



The screenshot shows the iLinkBlue web interface. At the top, there is a navigation bar with a home icon and menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this is a header for "Coverage Information" with a sub-header: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area has two numbered steps: 1. Select Search Criteria, with radio buttons for BCBSLA (selected), FEP, and Social Security Number; and 2. Enter Contract or Social Security Number, with 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, pending, cancelled).

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

### Coverage Information

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

BCBSLA

Search

## Contract Number XUA123456789

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

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

ACTIVE COVERAGE

<b>John Doe</b> Subscriber	Sex	Male
Address	Marriage Status	Married
	Date of Birth	11/30/1900

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

<b>Jane Doe</b> Spouse	Sex	Female
	Date of Birth	11/30/1900

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

↑ [Hide Terminated Dependents](#)

<b>Jimmy Doe</b> Child	Sex	Male
	Date of Birth	01/01/1930

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

### 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
Group	TEST GROUP	123456789-0000	02/01/2000	26

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

#### John Doe Subscriber

Address: 123 STREET ST. CITY, LA 70000  
Sex: Male, Marriage Status: Married, Date of Birth: 11/30/1900

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

#### Jane Doe Spouse

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

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

[Hide Terminated Dependents](#)

#### Jimmy Doe Child

Sex: Male, Date of Birth: [redacted]

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

ID Card Coverage Views Coordination of Benefits

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

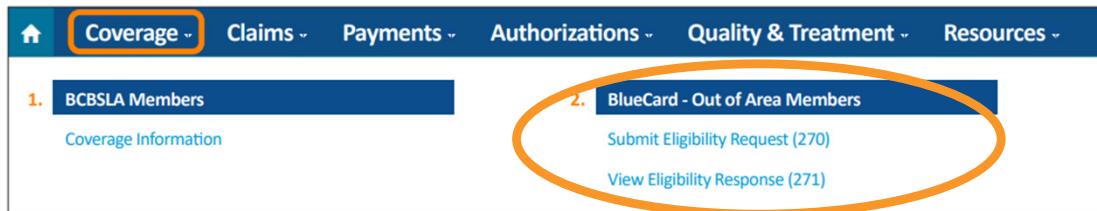
Click on **Benefits** to open the list of services covered under the member's policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

### Browse Medical Benefits

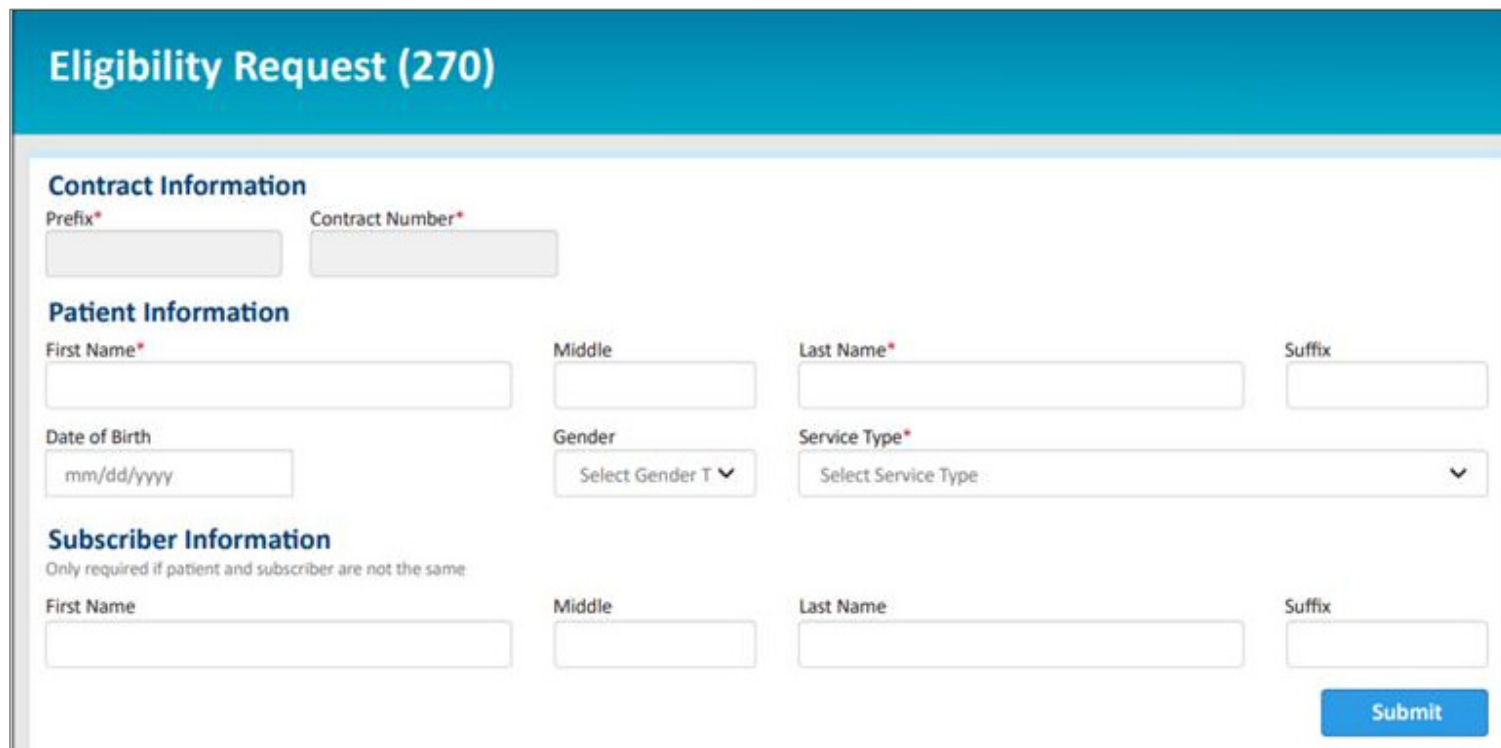
Click on category to browse for a specific benefit, or use the Expand All button to view a complete list of contract benefits.

- + 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 BlueCard (out-of-area) member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana).

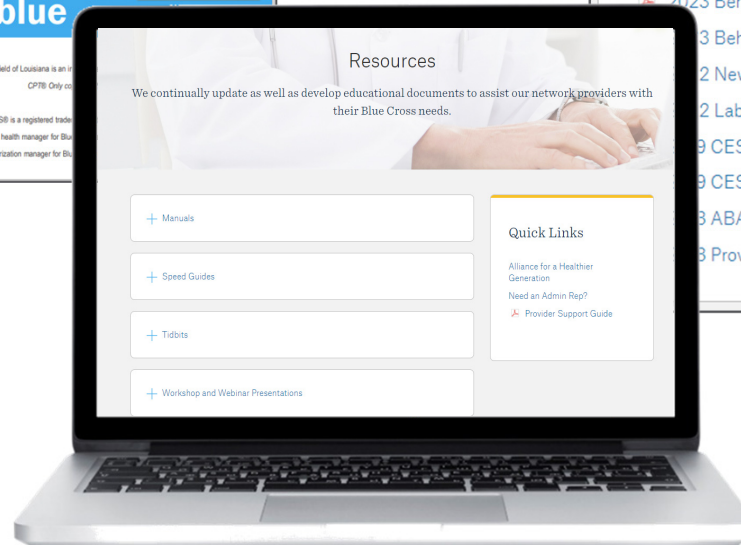
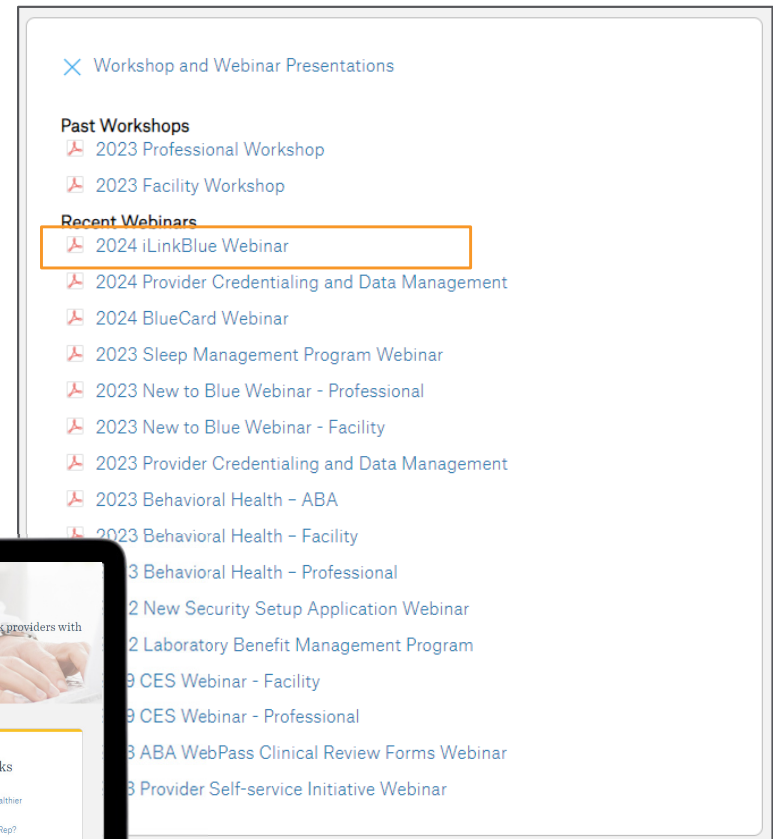


The screenshot shows a navigation menu with the following items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' menu is expanded, showing two main options: '1. BCBSLA Members' and '2. BlueCard - Out of Area Members'. The 'BlueCard - Out of Area Members' option is circled in orange. Under this option, there are two links: 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. The 'BCBSLA Members' option has a link for 'Coverage Information'.



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 dropdown menus for 'Date of Birth' (format mm/dd/yyyy), 'Gender' (Select Gender T), and 'Service Type\*' (Select Service Type). The 'Subscriber Information' section has a note 'Only required if patient and subscriber are not the same' and fields for 'First Name', 'Middle', 'Last Name', and 'Suffix'. A blue 'Submit' button is located at the bottom right of the form.

For full information on the features of iLinkBlue, view our **iLinkBlue Webinar** presentation. It is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Workshops & Webinars.



# Blue Cross Policies & Finding Authorization Information



- Blue Cross is replacing its BCBSLA Authorizations application in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) as early as April 22, 2024.
- The new application will be powered by **Epic Systems Corporation (Epic)** and is designed to be more user friendly and efficient for providers.
- We will hold 12 training webinars in April to help providers understand how to use the new application.
- A user guide for providers will also be available.
- This change will not affect Behavioral Health Authorizations and Carelon Authorizations applications.





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

**Authorizations Guidelines**  
[Do I need an authorization?](#)

**Authorizations - BCBSLA Members**  
[BCBSLA Authorizations](#)  
[Behavioral Health Authorizations](#)  
[Carelon 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](#)

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.

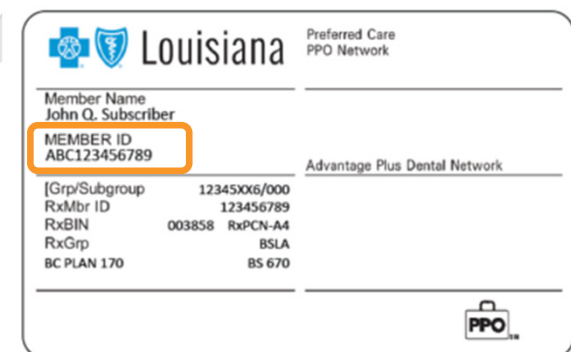
- If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.
- Providers are responsible for checking member eligibility and benefits.

## BCBSLA Members Out of Area Members

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

Alpha Prefix :

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



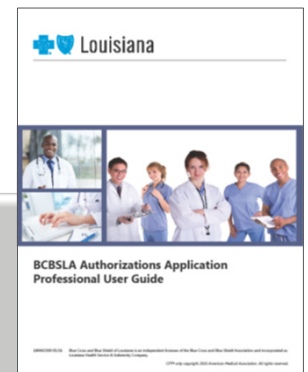
## BCBSLA Members

**BCBSLA Authorizations** – submit and research authorizations for BCBSLA members. Upload clinical information.

### Prior Authorization Mandate

- **Blue Cross does not accept authorization requests via phone or fax**, with a few exceptions including transplants, dental services covered under medical and out-of-state services.
- Prior authorization requests, including new and extension authorizations, must be submitted through our online BCBSLA Authorizations application available in iLinkBlue.
- The application allows providers to request authorizations 24 hours a day, seven days a week, in real time.
- In some cases, the application allows for immediate approval without Blue Cross personnel intervention.

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



Creating an “Activity” is the **only** way to communicate with BCBSLA regarding authorizations. Do **not** use the “Notes” tab, as our Authorizations Department will not be notified.

An “Activity” **must** be added to an authorization when attempting to complete any of the following:

- Corresponding with our Authorizations Department
- Additional information is being forwarded
- Extending an authorization or adding additional services
- Changing an authorization
- Requesting peer-to-peer review (flag as critical)

**The “Activity” must be assigned to: Provider Request Worklist.**

**It is very important to follow this process to ensure authorizations are handled accurately and timely.**

Blue Cross requires providers to request prior authorizations through our BCBSLA Authorizations application. It is available online in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

## BCBSLA Members

[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 authorizations and sleep studies. This web-based application is facilitated by Carelon.

[Authorization/Pre-certification Inquiry](#) – view a provider's inpatient or outpatient authorizations on file with Blue Cross.

[Medical Policy Guidelines](#) – access the BCBSLA medical policy index to research Blue Cross' medical policies. Search for policies alphabetically by title or use the search bar to look by keywords or codes. Medical policies can also be accessed for BlueCard out of area members.

[Lab Reimbursement Policies](#) – access the policies used as part of Blue Cross' Lab Benefit Management Program. These policies are managed by Avalon.

[FEP Medical Policy Guidelines](#) – access medical policies that govern claims for Federal Employee Program members.

Blue Cross 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.

Blue Cross 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.*

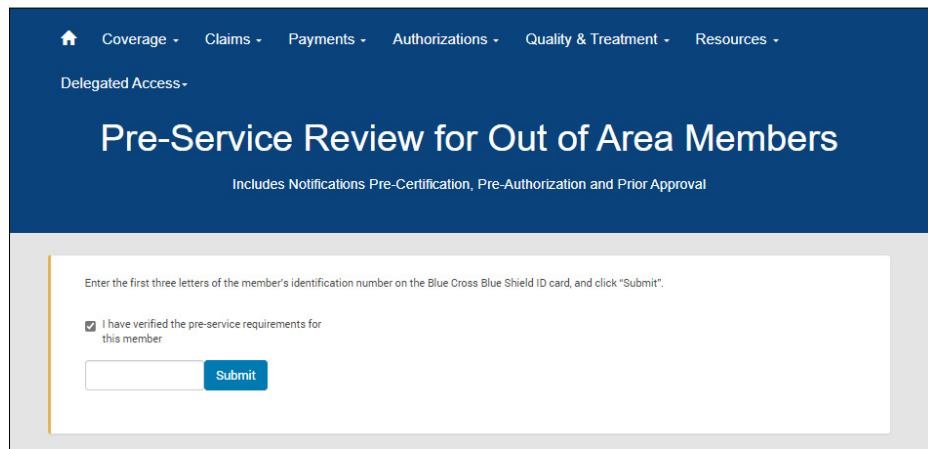
Providers can review and research laboratory policies and guidelines online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click on "Medical Management," then "Lab Management."

## 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.

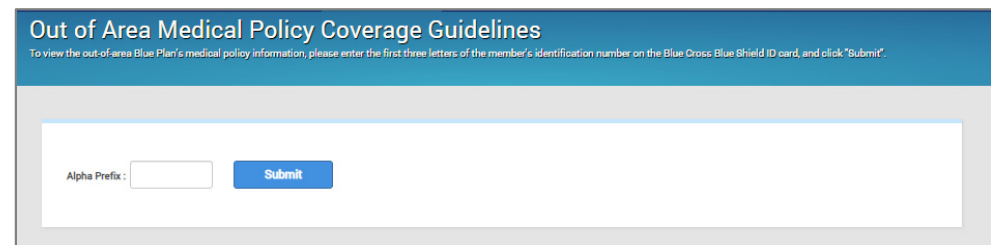


The screenshot shows a web application interface with a dark blue header. The header contains navigation links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the header, there is a section titled "Delegated Access" and a main heading "Pre-Service Review for Out of Area Members". Underneath the heading, it says "Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval". The main content area has a light gray background and contains the following text: "Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click 'Submit'." Below this text is a checkbox labeled "I have verified the pre-service requirements for this member" which is checked. At the bottom, there is a text input field and a blue "Submit" button.

### Medical Policy Guidelines

Just as BCBSLA 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.



The screenshot shows a web application interface with a dark blue header. The header contains the heading "Out of Area Medical Policy Coverage Guidelines" and a sub-heading "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'." Below the header, there is a light gray background with a text input field labeled "Alpha Prefix:" and a blue "Submit" button.



# Claims Research



## Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims.
- Blue Cross' 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 Blue Cross clearinghouse in a system-to-system arrangement.
- Blue Cross does not charge a fee for electronic transactions.
- You can send your transactions to Blue Cross via indirect submission through a clearinghouse or through direct submission to the Blue Cross EDI Clearinghouse.

For more information about system-to-system electronic transactions, please contact EDI Services at [EDIservices@bcbsla.com](mailto:EDIservices@bcbsla.com) or at 1-800-716-2299, option 3.

## Electronic Transmission

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

We do not charge a fee for electronic transactions.

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

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

or

## Hardcopy

**For Preferred Care PPO, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:**

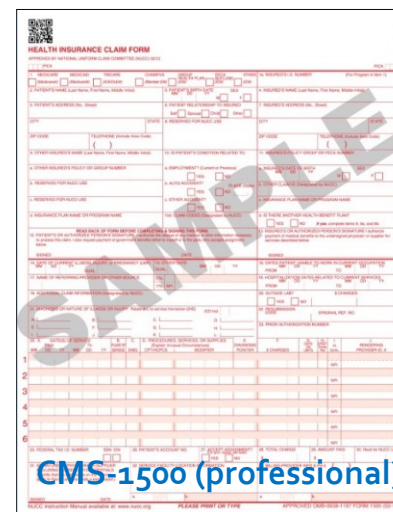
BCBSLA  
P.O. Box 98029  
Baton Rouge, LA 70898

**For FEP Claims:**

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

**For Blue Advantage Claims:**

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



The image shows a sample of a CMS-1500 (professional) Health Insurance Claim Form. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes a QR code in the top left corner. It is a complex form with multiple sections for patient information, provider information, service details, and billing information. A large "SAMPLE" watermark is overlaid diagonally across the form. At the bottom of the form, it says "CMS-1500 (professional)".

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

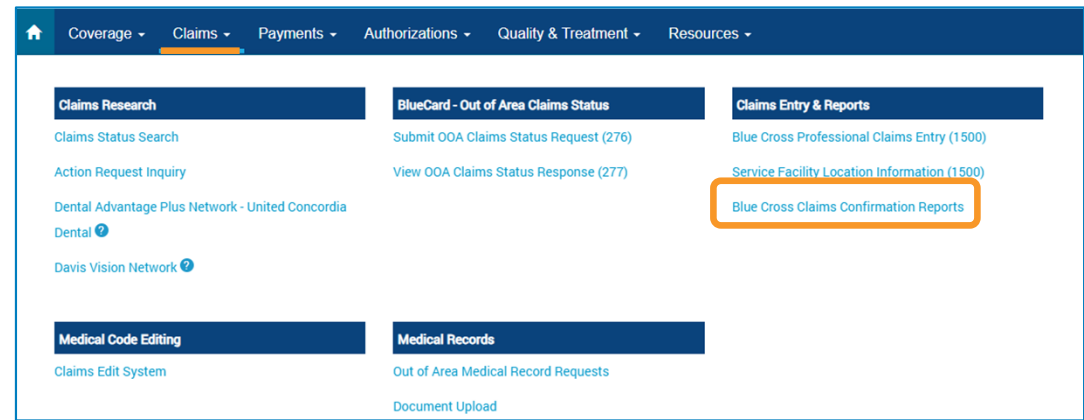


## Policy Type

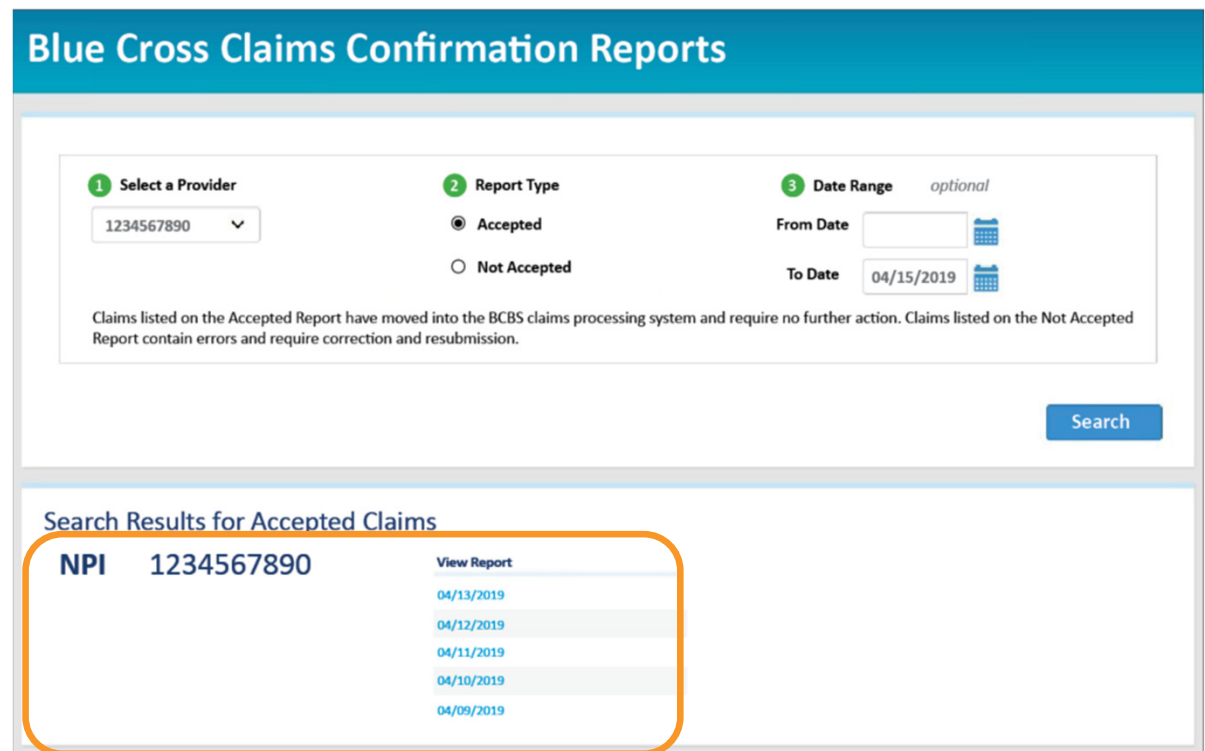
## Filing Requirements

<ul style="list-style-type: none"> <li>Preferred Care PPO</li> <li>HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue)</li> <li>BlueHPN</li> </ul>	<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"> <li>Federal Employee Program (FEP)</li> </ul>	<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"> <li>Blue Advantage</li> </ul>	<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"> <li>Office of Group Benefits (OGB)</li> </ul>	<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"> <li>Self-funded Groups</li> <li>BlueCard (out-of-area)</li> </ul>	<p>Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).</p>

**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.



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

Accepted  
Report  
Example

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

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-14-23

PAGE 1

837P ACCEPTED REPORT

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

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

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

Not Accepted  
Report  
Example

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

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-14-23

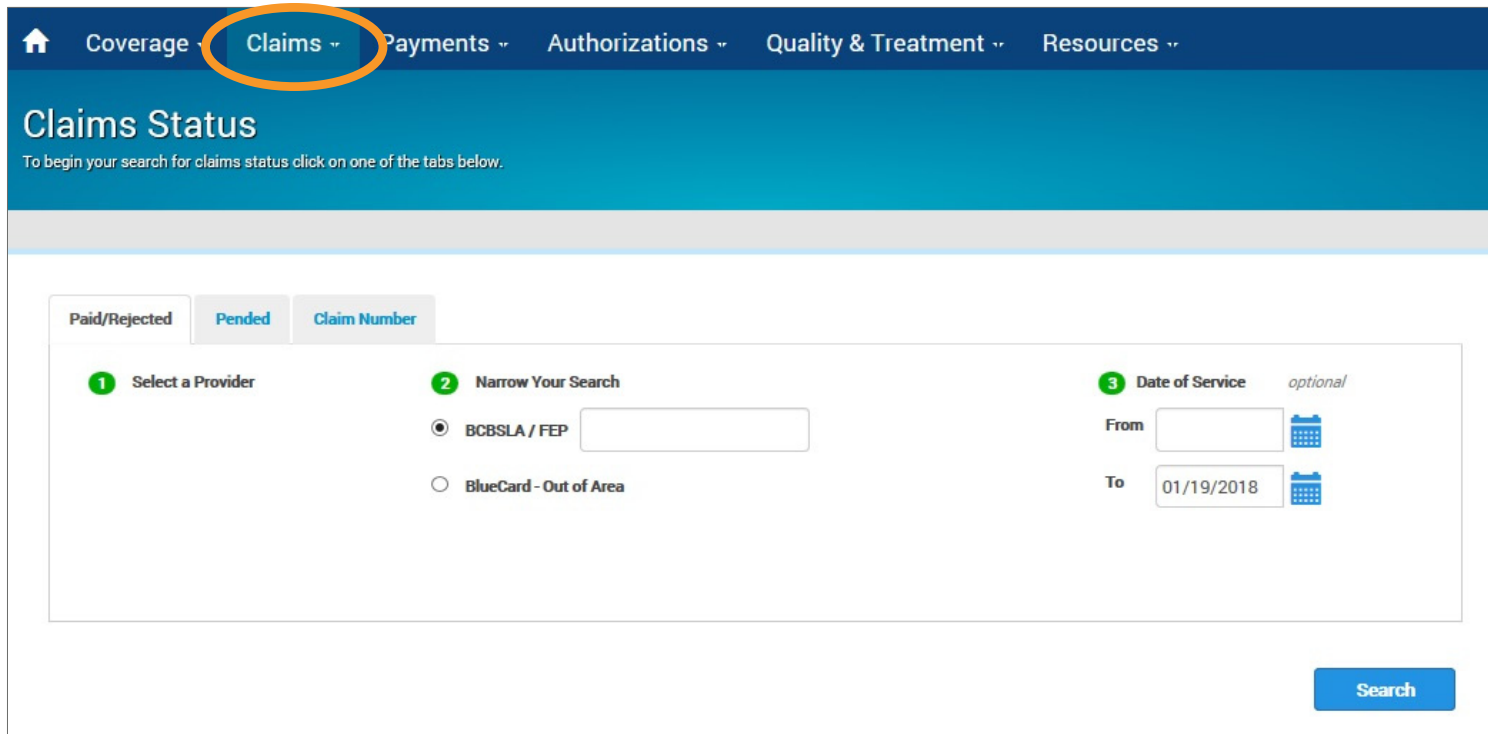
PAGE 1

837P NOT ACCEPTED REPORT

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

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

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



The screenshot shows a web application interface for "Claims Status" research. 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 and a note: "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 active. The search area is divided into three numbered steps: 1. "Select a Provider" (no input), 2. "Narrow Your Search" with radio buttons for "BCBSLA / FEP" (selected) and "BlueCard - Out of Area", and 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 form.

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

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








## Common reasons to submit an Action Request

- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Claim denied for no authorization (but there is a matching authorization on file)
- Information needed from member (coordination of benefits, subrogation)
- Medical records receipt
- No record of membership (effective and term date)
- Questioning non-covered charges
- Recoupment request
- Status of an appeal
- Status of a grievance

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




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

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

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

and

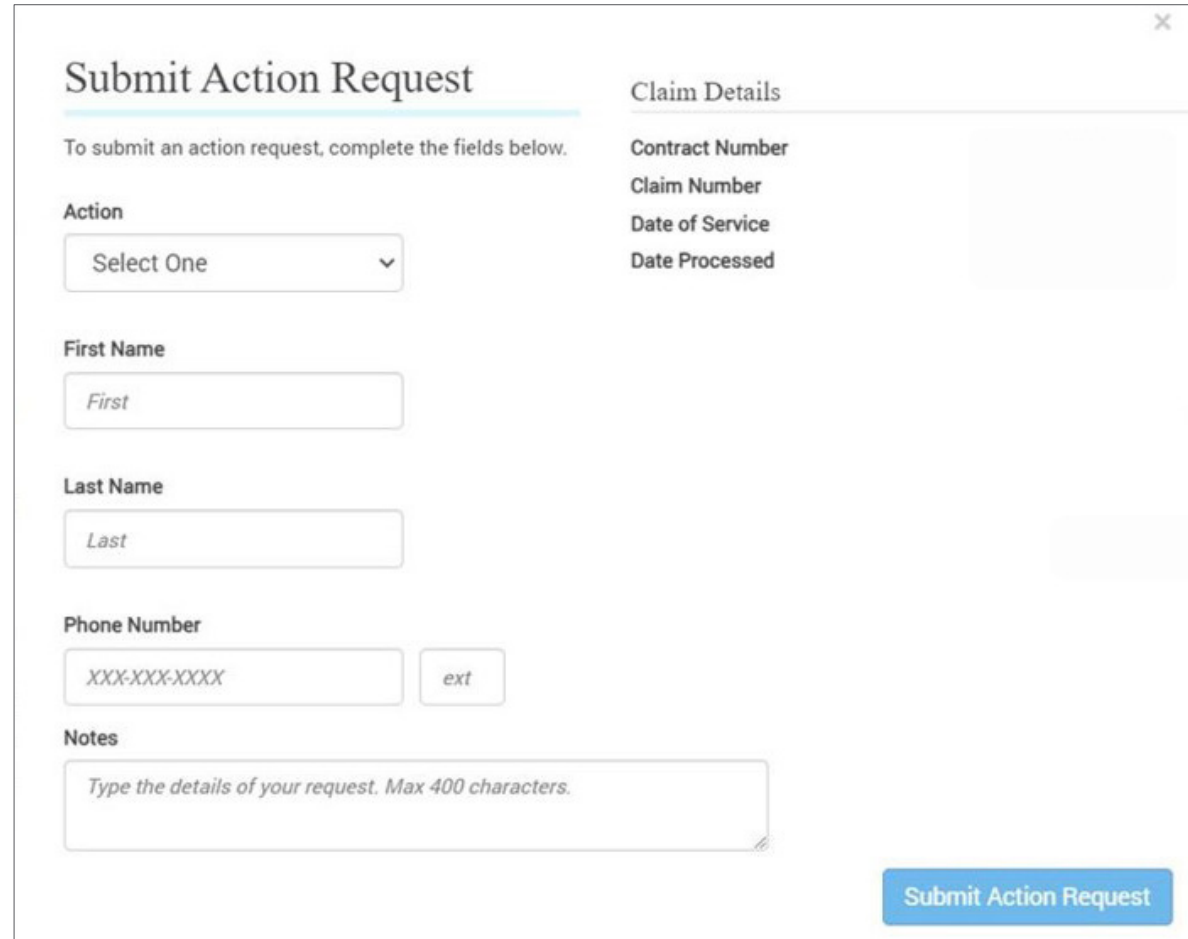
on the **Pended Claims Results** screen

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

on the **Claims Detail** screen

## When submitting an Action Request:

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



The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title is a light blue underline and the instruction: "To submit an action request, complete the fields below." The form is divided into two main sections: "Action" and "Claim Details".

**Action Section:**

- Action:** A dropdown menu with "Select One" and a downward arrow.
- First Name:** A text input field with the placeholder "First".
- Last Name:** A text input field with the placeholder "Last".
- Phone Number:** A text input field with the placeholder "XXX-XXX-XXXX" and a separate "ext" input field.
- Notes:** A large text area with the placeholder "Type the details of your request. Max 400 characters."

**Claim Details Section:**

- Contract Number:** A text input field.
- Claim Number:** A text input field.
- Date of Service:** A text input field.
- Date Processed:** A text input field.

A blue button labeled "Submit Action Request" is located at the bottom right of the form.

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



The screenshot shows the iLinkBlue interface with the 'Payments' menu selected. The 'Payment Information' sub-menu is highlighted with an orange rounded rectangle. The 'Payment Information' sub-menu contains 'Payment Registers' and 'EFT Notifications'. The 'Allowables' sub-menu contains 'Professional Provider Allowable Charges Search', 'Outpatient Facility Allowable Charges Search', and 'FEP Dental Allowables (PDFs)'.

Use this section to access your Blue Cross 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

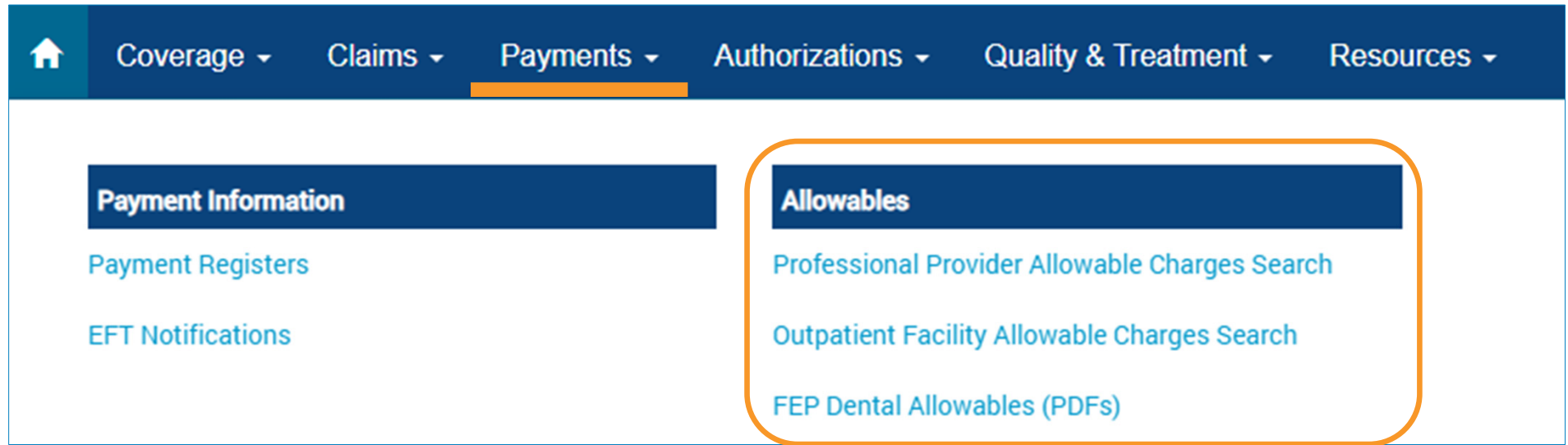
Search results for 07/06/2020

\*\* 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	<a href="#">Payment Register</a>
		Blue Cross Louisiana	<a href="#">Payment Register</a>
		Blue Cross Louisiana	<a href="#">Payment Register</a>
		Federal Employees Program (FEP)	<a href="#">Payment Register</a>
		Federal Employees Program (FEP)	<a href="#">Payment Register</a>
		HMO Louisiana	<a href="#">Payment Register</a>
		HMO Louisiana	<a href="#">Payment Register</a>
		OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
		OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
		OGB Magnolia Local	<a href="#">Payment Register</a>
		OGB Pelican HRA 1000	<a href="#">Payment Register</a>
		OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
		OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
		OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>

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



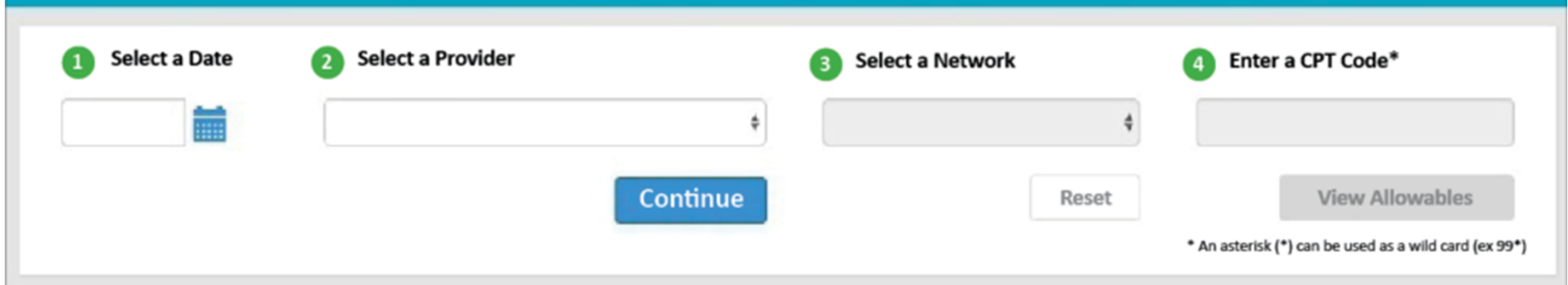
iLinkBlue includes two applications you can use to research Blue Cross allowables:

- **Professional Provider Allowable Charges Search**
- **Outpatient Facility Allowable Charges Search**

**FEP Dental Allowables (PDFs)** – this section includes printable PDFs for FEP Preferred Network dentists.

## Professional Allowable Search

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



The screenshot shows a search interface with four numbered steps: 1. Select a Date (with a calendar icon), 2. Select a Provider (with a dropdown arrow), 3. Select a Network (with a dropdown arrow), and 4. Enter a CPT Code\* (with a text input field). Below the inputs are buttons for 'Continue', 'Reset', and 'View Allowables'. A note at the bottom right states: '\* An asterisk (\*) can be used as a wild card (ex 99\*)'.

### Professional Allowable Search

- 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.



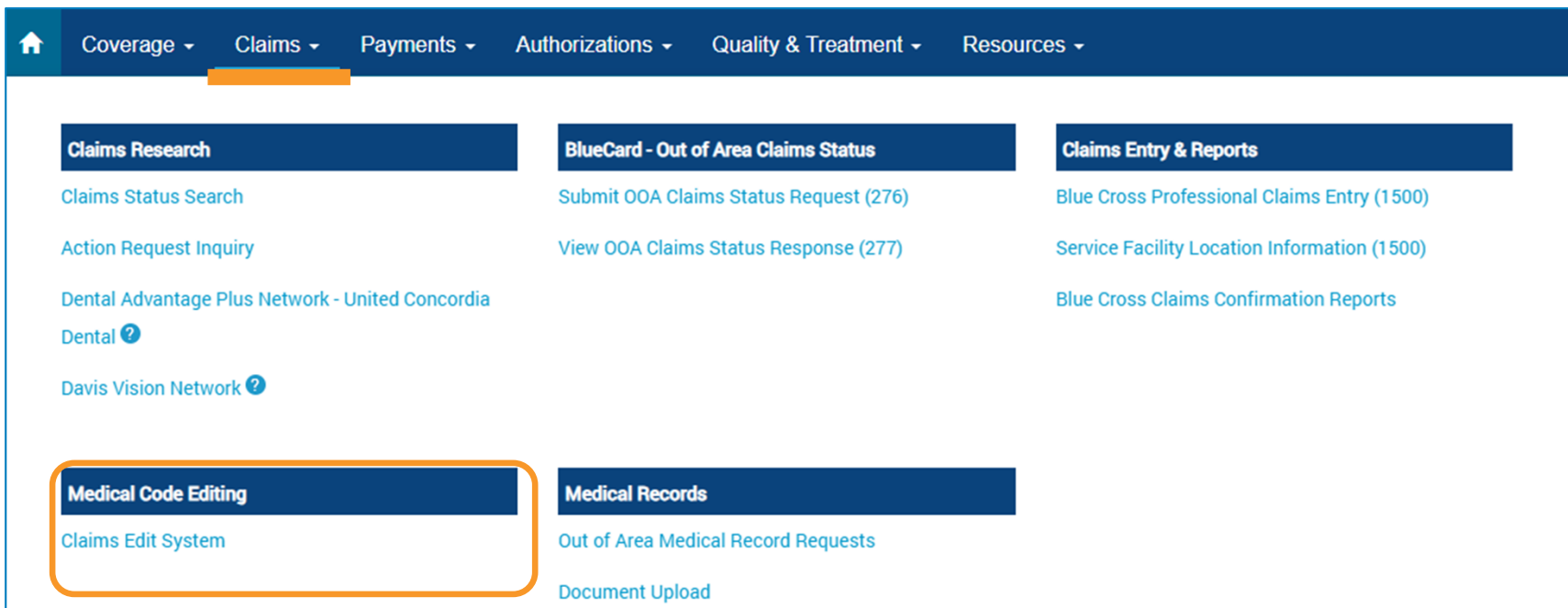
Providers must use iLinkBlue for professional allowable charges. Our Customer Care Center cannot assist with this service.

# Claims Editing

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

**Claims Edit System** – 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 Blue Cross claims-editing system.



The screenshot shows the iLinkBlue navigation menu. The 'Claims' dropdown menu is open, and the 'Medical Code Editing' option is highlighted with an orange border. The menu items are as follows:

- Coverage** ▾
- Claims** ▾ (highlighted)
  - Claims Research**
    - Claims Status Search
    - Action Request Inquiry
    - Dental Advantage Plus Network - United Concordia Dental <sup>?</sup>
    - Davis Vision Network <sup>?</sup>
  - BlueCard - Out of Area Claims Status**
    - Submit OOA Claims Status Request (276)
    - View OOA Claims Status Response (277)
  - Claims Entry & Reports**
    - Blue Cross Professional Claims Entry (1500)
    - Service Facility Location Information (1500)
    - Blue Cross Claims Confirmation Reports
  - Medical Code Editing** (highlighted)
    - Claims Edit System
  - Medical Records**
    - Out of Area Medical Record Requests
    - Document Upload
- Payments** ▾
- Authorizations** ▾
- Quality & Treatment** ▾
- Resources** ▾



The CES tool is available for both **outpatient facility** and **professional** claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.

**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

Gender: Male | Date of Birth: | Claim Type: Professional

Add Lines | Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	07/01/2019	07/01/2019			1
2	07/01/2019	07/01/2019			1
3	07/01/2019	07/01/2019			1

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[Terms and Conditions](#)

 **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

Gender: **Male**    Date of Birth:     Claim Type: **Professional**

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

## 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

Export to PDF

New Claim

Gender: **M**    Birth Year:    Claim Type: **Professional**

### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	24341		3	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags						
1	24341	2	0.0	<table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <thead> <tr style="background-color: #f2f2f2;"> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.</td> <td>Deny</td> <td> <div style="font-size: 0.8em; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number of...                      The descriptors of certain CPT® and Healthcare Common Procedure...                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      ...                 </div> </td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="font-size: 0.8em; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number of...                      The descriptors of certain CPT® and Healthcare Common Procedure...                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      ...                 </div>
Flag Description	Flag Status	Disclosure								
Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="font-size: 0.8em; border: 1px solid gray; padding: 2px;">                     The Maximum Frequency per Day (MFD) edits indicate the number of...                      The descriptors of certain CPT® and Healthcare Common Procedure...                      First lesion - MFD of 1                      Lesions 4 to 6 - MFD of 1                      ...                 </div>								
2		1	0.0	CLEAN LINE						
3		1	0.0	CLEAN LINE						

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[Terms and Conditions](#)

CPT Code 24341 – Repair, tendon or muscle, upper arm or elbow daily max frequency limit of 2 units. Code on one line with 3 units – 2 units will pay, 1 unit will deny.

**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

Export to PDF | New Claim

Gender: M | Birth Year: | Claim Type: Professional

**Original Lines**

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	50	1	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

**Claim Analysis Results**

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge
1	25246	1	0.0
2		1	0.0
3		1	0.0

CPT 25246 (injection procedure) – billed correctly with Modifier 50

**Louisiana 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.bcbsla.com/linkblue](http://www.bcbsla.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
- Member benefits and eligibility
- Units billed
- Provider contracts
- Global day edits for procedures
- Modifiers that override edits
- Multiple procedure reduction

18000172019  
This application 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 [provider@bcbsla.com](mailto:provider@bcbsla.com) or call 1-800-502-8866. Please be sure to reference the Tidbit number.

1800017202 R09/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.  
Last reviewed on: 09-21-22

The CES Provider Tidbit can be found online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click on "Resources," then "Tidbits."

# 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 Blue Cross.
- Reduces costs associated with submitting corrected claims.
- Use of Category II Codes can reduce the need for medical records.





- 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 Blue Cross network agreement, **providers are not to charge a fee** for providing medical records to Blue Cross or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee.
- 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.
- Medical records should be returned no less than 10 days from the date of receipt.





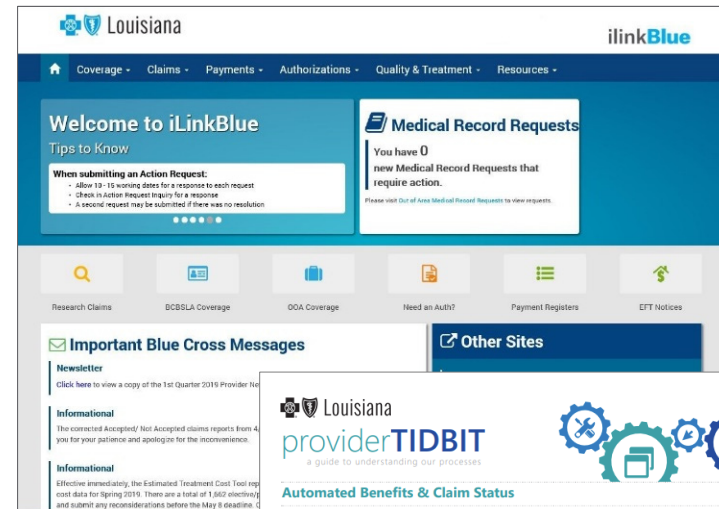
Providers are required to use our self-service tools for:

- 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.bcbsla.com/ilinkblue](http://www.bcbsla.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.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Tidbits.
- HIPAA 27x transactions



# Credentialing, Recredentialing & Updating Your Information

## Credentialing is Required for Network Participation

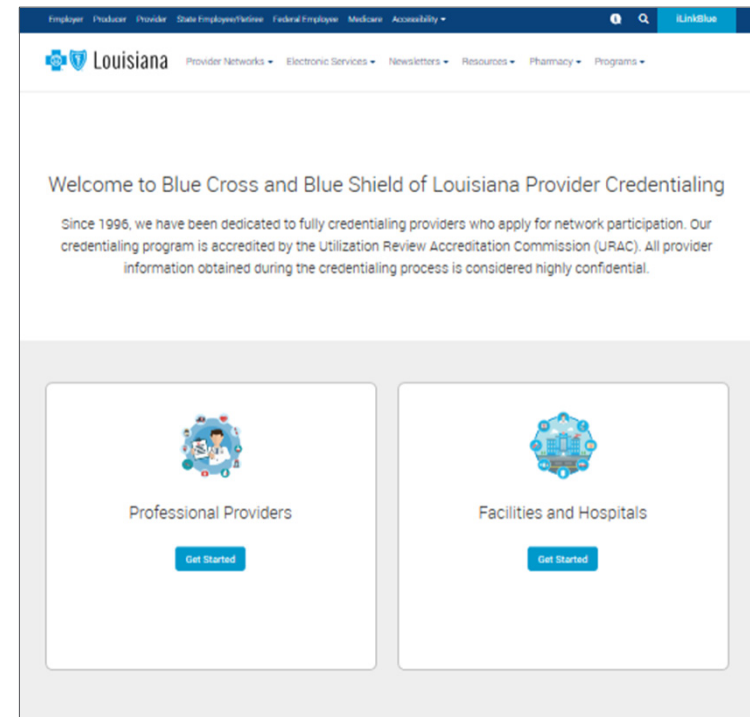


Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

We partner with **symplrCVO** 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.bcbsla.com/providers](http://www.bcbsla.com/providers) > Network Enrollment > Join Our Networks

# Updating Your Information



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@bcbsla.com](mailto:PCDMStatus@bcbsla.com)

23007231 R10/19

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

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)		

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



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.

<b>TYPE OF CHANGE</b> <b>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.</b>		
<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):

I am available to see patients at least 16 hours per week on a regular basis.  
 I see patients here at least one day per month, but less than one day per week on a regular basis.  
 I cover or fill-in for colleagues within the same medical group on an as-needed basis only.  
 I read tests or provide other services but do not see patients at this location.  
 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:  No change  Solo  Multi-specialty Group  Single Specialty Group  
 Hospital-based  Hospital-employed  Healthplan/Payor-owned

Accepting New Patients  New  Existing Only  Other: \_\_\_\_\_

Age Range of Patients (check all that apply)  
 0-6 years  7-11 years  12-18 years  19-65 years  Over 65  
 All Ages  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):

I am available to see patients at least 16 hours per week on a regular basis.  
 I see patients here at least one day per month, but less than one day per week on a regular basis.  
 I cover or fill-in for colleagues within the same medical group on an as-needed basis only.  
 I read tests or provide other services but do not see patients at this location.  
 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:

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

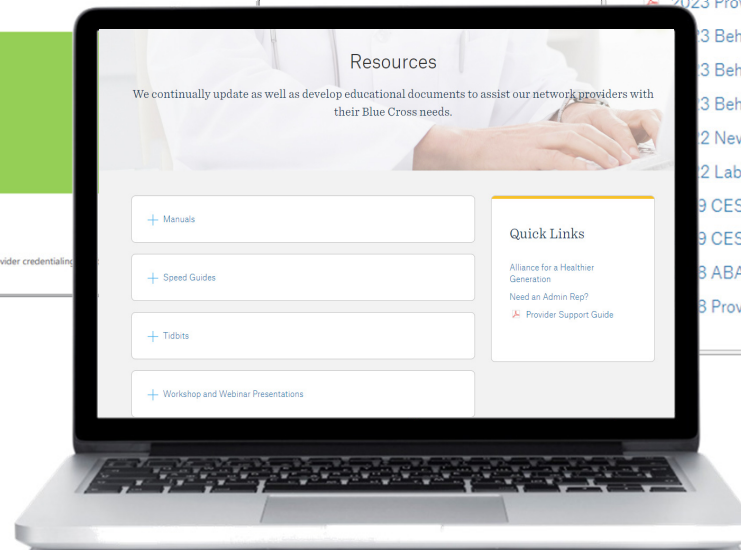
Louisiana

## CREDENTIALING, CONTRACTING, RECREDENTIALING & DATA MANAGEMENT

February 2024

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

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.  
DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing electronically.



× Workshop and Webinar Presentations

**Past Workshops**

- 2023 Professional Workshop
- 2023 Facility Workshop

**Recent Webinars**

- 2024 Provider Credentialing and Data Management**
- 2024 BlueCard Webinar
- 2023 Sleep Management Program Webinar
- 2023 iLinkBlue Webinar
- 2023 New to Blue Webinar - Professional
- 2023 New to Blue Webinar - Facility
- 2023 Provider Credentialing and Data Management

- 2023 Behavioral Health - ABA
- 2023 Behavioral Health - Facility
- 2023 Behavioral Health - Professional
- 2022 New Security Setup Application Webinar
- 2022 Laboratory Benefit Management Program
- 2019 CES Webinar - Facility
- 2019 CES Webinar - Professional
- 2018 ABA WebPass Clinical Review Forms Webinar
- 2018 Provider Self-service Initiative Webinar



# 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

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## Other Provider Phone Lines

**BlueCard Eligibility Line** – 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** Manager

### **Marie Davis – Sr. Provider Relations Rep.**

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

### **Anna Granen – Sr. Provider Relations Rep.**

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

### **Amber Strahan**

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

### **Yolanda Trahan**

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

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

**Paden Mouton, Supervisor**

**Jason Heck, Director – [jason.heck@bcbsla.com](mailto:jason.heck@bcbsla.com)**

**Diana Bercaw, Lead Provider Network Development Representative – [diana.bercaw@bcbsla.com](mailto:diana.bercaw@bcbsla.com)**  
Jefferson, Orleans, Plaquemines and St. Bernard parishes

**Jordan Black, Sr. Provider Network Development Representative – [jordan.black@bcbsla.com](mailto:jordan.black@bcbsla.com)**  
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes

**Sue Condon, Lead Network Development & Contracting Representative – [sue.condon@bcbsla.com](mailto:sue.condon@bcbsla.com)**  
Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, and West Feliciana parishes

**Cora LeBlanc, Sr. Provider Network Development Representative – [cora.leblanc@bcbsla.com](mailto:cora.leblanc@bcbsla.com)**  
Assumption, Lafourche, St. Charles, St. James, St. John The Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne and Washington parishes

**Dayna Roy, Sr. Provider Network Development Representative – [dayna.roy@bcbsla.com](mailto:dayna.roy@bcbsla.com)**  
Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Grant, Jefferson Davis, Rapides and Vernon parishes

**Lauren Viola, Provider Network Development Representative – [lauren.viola@bcbsla.com](mailto:lauren.viola@bcbsla.com)**  
Caldwell, Catahoula, Concordia, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll parishes

**Kim Jones, Provider Network Development Representative – [kim.jones@bcbsla.com](mailto:kim.jones@bcbsla.com)**  
Bossier, Bienville, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine, Webster and Winn parishes

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

Doreen Prejean

Mary Landry

Karen Armstrong

Provider Network Setup, Credentialing, Contracting & Demographic Change

**Vielka Valdez**, Director, Provider Network Operations

[vielka.valdez@bcbsla.com](mailto:vielka.valdez@bcbsla.com)

**Kaci Guidry**, Manager, Provider Credentialing and Data Management

[kaci.guidry@bcbsla.com](mailto:kaci.guidry@bcbsla.com)

**Kristin Ross**, Manager, Provider Contract Administration

[kristin.ross@bcbsla.com](mailto:kristin.ross@bcbsla.com)

**Chrisy Cavalier**, Supervisor, Provider Information (PCDM Status)

[chrisy.cavalier@bcbsla.com](mailto:chrisy.cavalier@bcbsla.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@bcbsla.com](mailto:PCDMstatus@bcbsla.com) | 1-800-716-2299, option 2

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



# Appendix

In addition to reimbursement during credentialing, Act 897 allows providers a 30-day expedited application for reimbursement during credentialing.

To qualify for the expedited time frame, providers must meet the following requirements:

- Provider must have admitting privileges to a network hospital or an approved exception. Provider must list this information in the hospital affiliations section on the appropriate credentialing application.
- Must have the same provider type agreement on file with Blue Cross (e.g., physician, allied health, facility, dental agreements).
- Agrees to hold our members harmless for payments above the allowable amount.

## Requesting expedited processing:

Include with the initial credentialing application via DocuSign:

- Letter asking Blue Cross to invoke the expedited process.
  - The letter must include your agreement to hold our members harmless for payments above the allowable amount.
  - The letter must be on company letterhead and signed by the provider.
- Signed admitting privileges agreement to a network hospital.



The Letter, included in the initial credentialing application via DocuSign, must:

- Ask Blue Cross to invoke the Louisiana law that extends existing requirements for credentialing of physicians to all healthcare providers;
- Include your agreement to hold our members harmless for payments above the allowable amount;
- Be on letterhead and signed by the provider.

## Sample Letter

**{Date}**

*Dear Blue Cross and Blue Shield of Louisiana:*

*In accordance with the Louisiana law extending certain requirements for credentialing of physicians to all healthcare providers, please accept this written request to reimburse **{provider's name}** for services provided as a new provider at **{provider's group name}** at our group contract rate and with in-network benefits. **{Provider's group name}** agrees that all contract provisions, including holding covered members harmless for charges beyond the Blue Cross allowable amount and the member's cost share amount (deductible, coinsurance and/or copayment, as applicable) will apply to the new provider.*

**{Signature of the provider}**

## 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 Blue Cross 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 Blue Cross weekly Remittance Advice/Payment Register at no charge.

For more information, please contact Blue Cross EDI Services at [EDIservices@bcbsla.com](mailto:EDIservices@bcbsla.com) or at 1-800-716-2299, option 3.





Use the following billing guidelines to report required NDCs on professional CMS-1500 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 CMS-1500 claim form, report the NDC in the shaded area of Box 24A. 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 837P

Report the 11-digit NDC in loop 2410, Segment LINO3 of the 837. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.

## For iLinkBlue Claims (Professional Only)

Select 24K to expand the claim line to report the NDC, Quantity and Measurement:

- NDC Code Field: Enter the 11-digit NDC code. No alpha characters, spaces or hyphens can be present.
- Quantity: Numeric value of quantity.
- Measurement: Select the appropriate measurement from the drop-down menu.
  - F2 – International Unit
  - GR – Gram
  - ME – Milligram
  - ML – Milliliter
  - UN – 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.bcbsla.com](http://www.bcbsla.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.bcbsla.com/covereddrugs](http://www.bcbsla.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 a face-to-face visit:
  - 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 (CMS-1500 claim forms can accommodate up to 12 diagnosis codes).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.