

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

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



How to submit questions:

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



Welcome to the Blue Cross Network *Facility Webinar*

October 2023



Presented by Anna Granen
Senior Provider Relations Representative
Blue Cross and Blue Shield of Louisiana

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

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

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

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

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

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

As a new to 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.

- 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 >Find a Doctor or Drug >Local Provider Directory

Positioned for Future Success:

Blue Cross and Blue Shield of Louisiana Enters Into Definitive Agreement to be Acquired by Elevance Health

Deal will result in \$3 billion foundation focused on improving Louisiana

[Read More](#)

[Employer](#) [Producer](#) [Provider](#) [State Employee/Retiree](#) [Federal Employee](#) [Medicare](#) [Español](#)

[Login or Sign Up](#)

[Shop](#) [Find a Doctor or Drug](#) [Save](#) [Wellness](#)

THE RIGHT CARD.

The Right Care.

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

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

[Find Drugs](#) [Find a Doctor](#)

All Networks

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

Networks Available

★ = Enhanced Tier 1 \$

● = Tier 1 \$


● = Tier 2 \$\$

● = Tier 3 \$\$\$

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


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

www.bcbsla.com/providers



Resources to Support Our Providers


[Pharmacy](#)[Authorizations](#)[Support](#)[COVID-19](#)



Network Enrollment

Learn more about our network requirements and credentialing program.


[Read the Requirements](#)



Resources

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


[Find Your Information](#)



News and Events

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


[Read the Latest News](#)



Electronic Services

Access electronic services including LinkBlue, online authorizations and more.


[Find Your Account Details](#)



Medical Management

Find information and requirements for managing services to members.


[Learn More](#)



Programs

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


[Learn About Our Programs](#)



Blue Advantage Resources

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


[Go to 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](#)



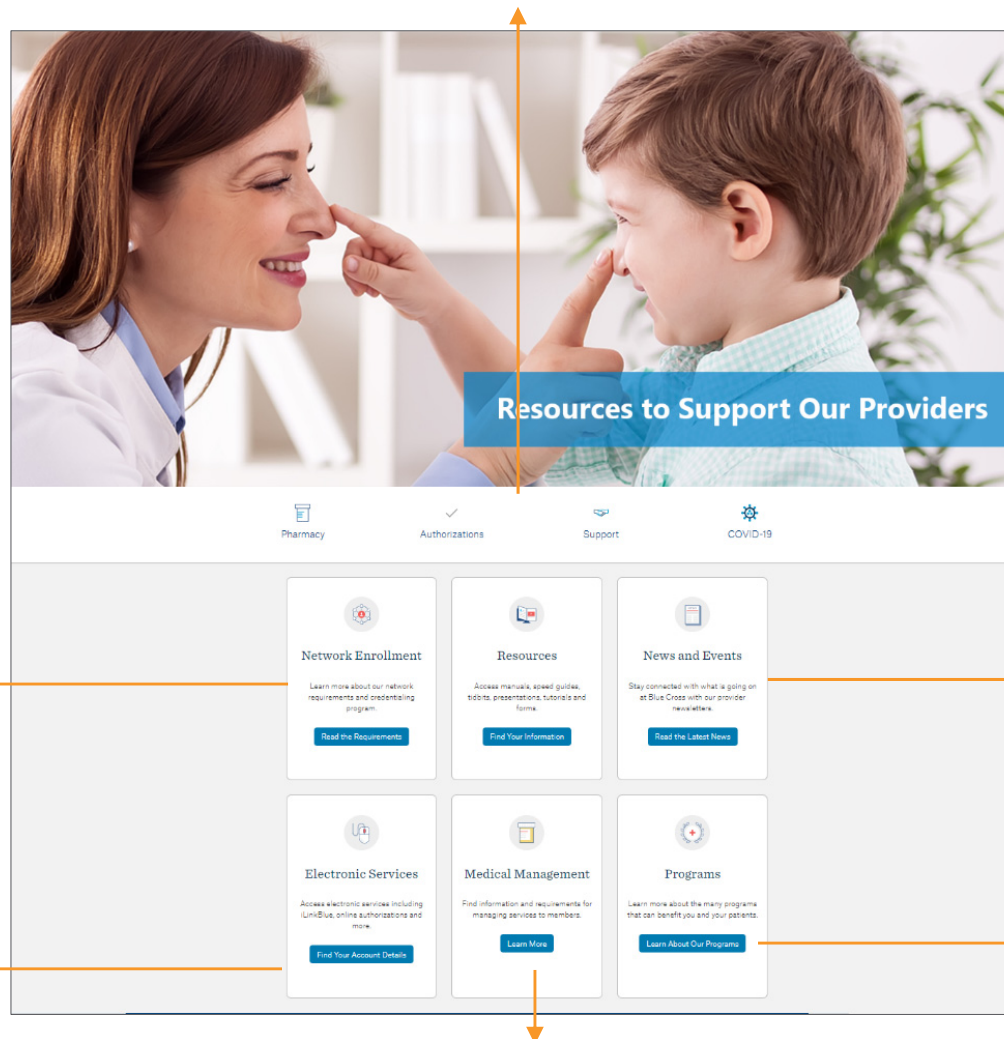
Need an Admin Rep?

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

[Designate Your Rep](#)

Resources

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



Network Enrollment

Learn more about our network requirements and credentialing program.

Electronic Services

Access electronic services including iLinkBlue, online authorizations and more.

Medical Management

Find information on requirements for managing services to members.

News and Events

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

Programs

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

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.



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Need an Admin Rep?

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

[Designate Your Rep](#)

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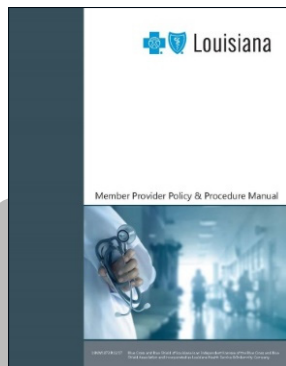
Each organization must pick a representative to manage access to our secure online services.

Our manuals are an extension of your member provider agreement.

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

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

www.bcbsla.com/providers
>Resources >Manuals



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

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

www.bcbsla.com/providers > Newsletters



Network News

Our quarterly newsletter for network providers.



Blue Advantage Insight

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

Not Getting Our Newsletters?

Send an email to provider.communications@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
>Resources >Speed Guides

Louisiana Preferred Care PPO Preferred Reference Lab Guide

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

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

Preoperative 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 bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification.

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

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 lab to the right or our online provider directory, available at www.bcbsla.com.

Preferred Reference Labs

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

Statewide Labs

- Clinical Pathology Labs www.cplabs.com 1-800-633-4757
- Laboratory Corporation of America (LabCorp) www.labcorp.com 1-800-421-4037
- Quest Diagnostics www.questdiagnostics.com 1-866-447-0557 (7-866-497-6376)

Regional Labs

Alexandria Region

- Burd Regional Hospital Reference Lab (571) 238-5123

Baton Rouge Region

- Woman's Hospital Laboratory (504) 854-8278

Lafayette Region

- Acadia Laboratory, LLC (337) 783-0961
- Enclave Medical Laboratory, Inc. (337) 457-5562
- Enclave Pathology, LLC (337) 781-0039
- Prostate Diagnostics (337) 706-8230
- Prostate Laboratory Services (337) 450-3711

Metairie Region

- Clinical Reference Laboratories (504) 386-1143
- Specialty Drug Testing, LLC (504) 410-8900

New Orleans Region

- Physicians Group Laboratories, LLC (504) 372-3372
- Stone Clinical Laboratories (504) 768-8323

Shreveport and Alexandria Region

- Wellsight Diagnostic 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 >Preferred Care PPO >Lab or network, the city, parish or ZIP, then type "Lab" for specialty or beyond that search.

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 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 >Resources.

Signature Blue Member ID Card

Prefix: CBB, CBE, CDB and CBS

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.

Tiered benefits apply to members of Signature Blue. More details about this coverage can be found in www.bcbsla.com/signatureblue.

Submitting Claims Electronically

- UnitedBlue CMS-1500 only
- Cleanhouses

Network

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

Service areas for the Signature Blue Network

New Orleans Area

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

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
- Touro Infirmary
- 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's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

Louisiana providerTIDBIT

a guide to understanding our processes

Identification Card Guide

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

Preferred Care PPO

Prefix: CBB, CBE, CDB and CBS

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 network includes the following hospitals and physicians. For more information, visit www.bcbsla.com/providers >Resources.

HMO Louisiana, Inc.

Prefix: HMO

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 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 co-payment when they receive services from primary care providers (PCPs). For more information, visit the HMO Louisiana, Inc. Network Special Guide, available online at www.bcbsla.com/providers >Resources.

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

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DISCLAIMER: Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and is not affiliated with the Blue Cross and Blue Shield of Louisiana. Blue Cross and Blue Shield of Louisiana is not a member of the Blue Cross and Blue Shield Association.

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/coverage and our medical policies. Claims are subject to allowable charges, which are established by Blue Cross as the maximum allowed amount for services covered under the member contract/coverage.

Please have the following information ready when calling:

- Provider's NPI
- Provider's Tax ID Number
- Provider's ZIP Code
- Member ID Number
- Member's 8-digit ID 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?

- Medical
- Dental
- Dental
- Life

(Please say to say or key in a policy type)

Please say or enter your 10-digit NPI. (Please say to say or key in NPI)

Please say or enter your nine-digit Tax ID. (Please say to say or key in Tax ID)

*Note: If using cover a claim policy, you will be asked if you wish to receive eye coverage, such as an eye exam, prescription glasses, or contact lenses. Answer "yes" to receive your eye coverage. Answer "no" to continue to the Provider menu to report your service covered.

Provider Menu

Provider menu. Which are you calling about?

- Benefits
- Claims
- Authorizations
- Out-of-state Policy
- Payment Register Fax, or
- None of the Above

TR00002010

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

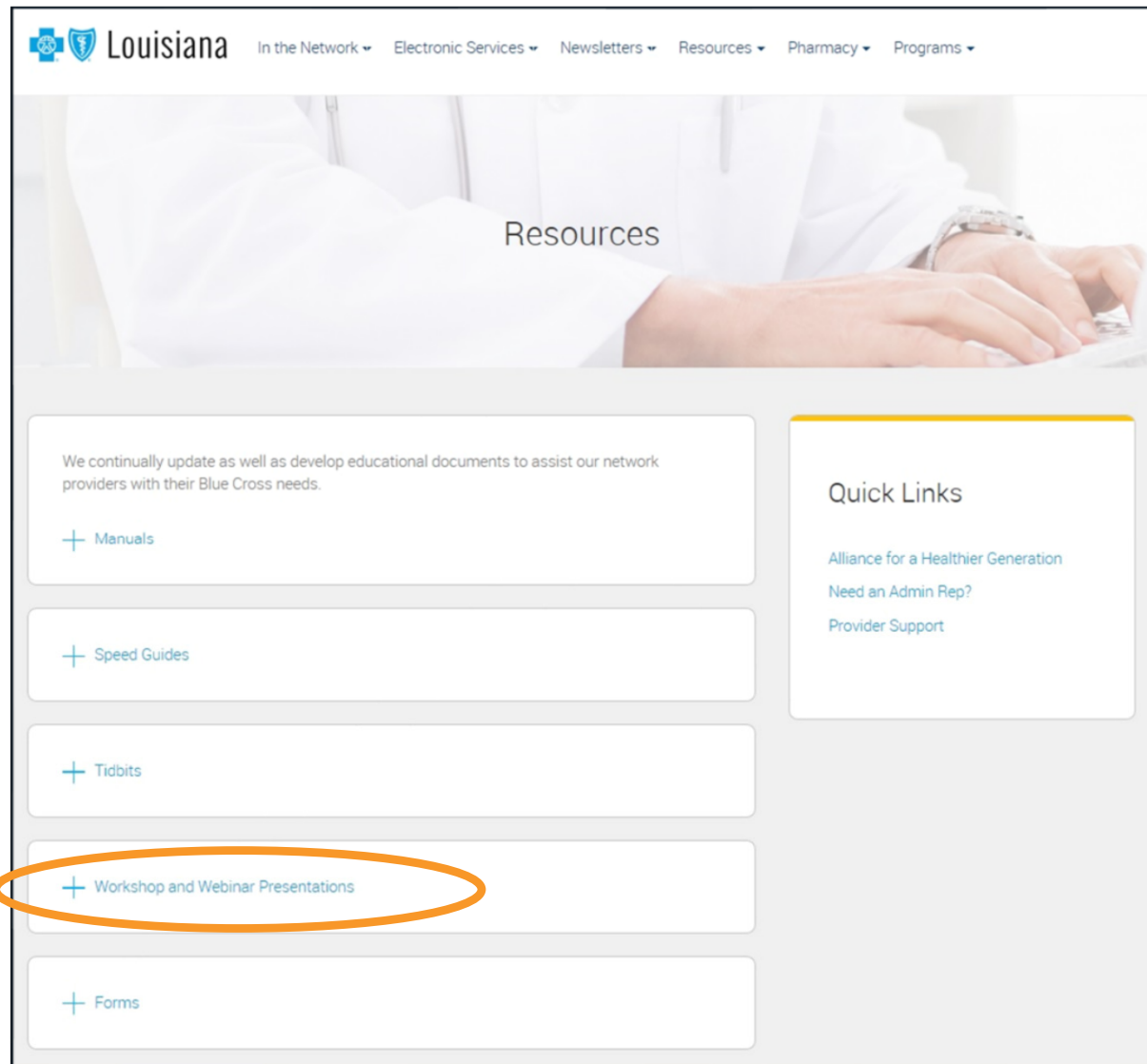
www.bcbsla.com/providers
>Resources >Tidbits

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 to the providers' correspondence email address.

PDF copies of our workshops and webinars are available online.



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)
- Ochsner Health Network

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, click "Resources," then "Provider Tidbits."

a guide to understanding our processes

Identification Card Guide

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

Logo & network name

Dental Network indicator

BlueCard® indicator

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

HMO Louisiana, Inc.

Prefix: Varies

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

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

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

Logo & network name

BlueCard® indicator

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

More →

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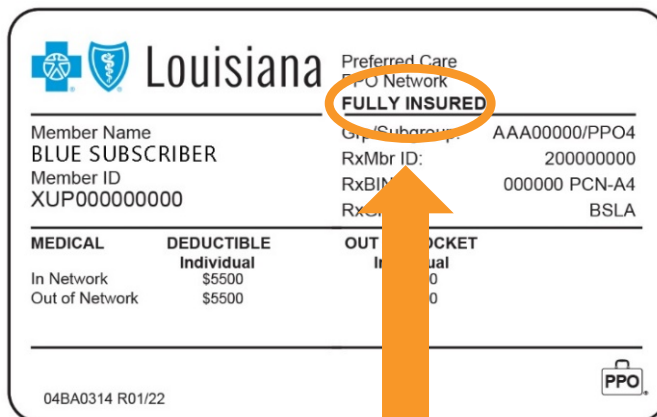
This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providercommunications@bcbsla.com and reference the Tidbit number and title listed on this publication.

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.



Preferred Care PPO Network

FULLY INSURED

Member Name: BLUE SUBSCRIBER
Member ID: XUP000000000

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

MEDICAL	DEDUCTIBLE	OUT OF POCKET
In Network	Individual \$5500	Individual \$0
Out of Network	\$5500	\$0

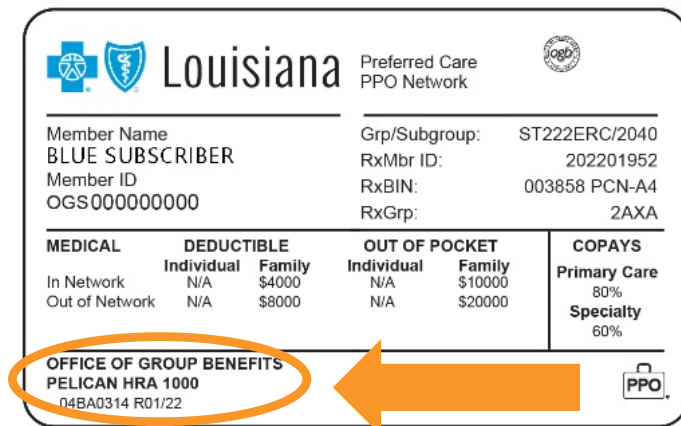
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PPO

“Fully Insured” notation

SELF FUNDED

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



Preferred Care PPO Network

Member Name: BLUE SUBSCRIBER
Member ID: OGS000000000

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

MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
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

PPO

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

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

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

The suitcase logo provides the following information about the member:



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



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



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



The HPN suitcase logo indicates the member is enrolled in a Blue High Performance NetworkSM (BlueHPN) product.

National Alliance Members (South Carolina Partnership)



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

Blue Cross® BlueShield®

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

PLAN CODE 380

RxBIN 003858

RxGRP KESA

RxPCN A4

MyHealthToolkitLA.com

PPO®

Blue Cross® BlueShield®

MyHealthToolkitLA.com

Members: Call Customer Service for claims filing information.

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

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

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

NUV

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

Pharmacy benefits administrator: Contracts separately with group.

Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2019	SLA
Acadian Ambulance	1/1/2023	LIC
Associated Grocers	1/1/2012	AAB
Bollinger Shipyards	1/1/2018	GQI
Caddo Parish Commission	1/1/2014	CBV
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cleco	1/1/2013	CEC
Crescent Bank & Trust	4/1/2016	RNL
Diocece 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	GCL
Iberia Bank	1/1/2010	IBK
Jefferson Parish Sheriff's Office	1/1/2018	JMU
Lafayette City-Parish Government	11/1/2013	LTP
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 (Martin LLC)	1/1/2012	RPT
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IBH
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	IOU
Zen-noh	1/1/2014	EZN

17020000-00023 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) under the "Resources" section.

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

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



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

Network providers should always refer members to other network providers.

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your 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.



- 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
- 837l: 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 >Resources >Speed Guides.



Using iLinkBlue

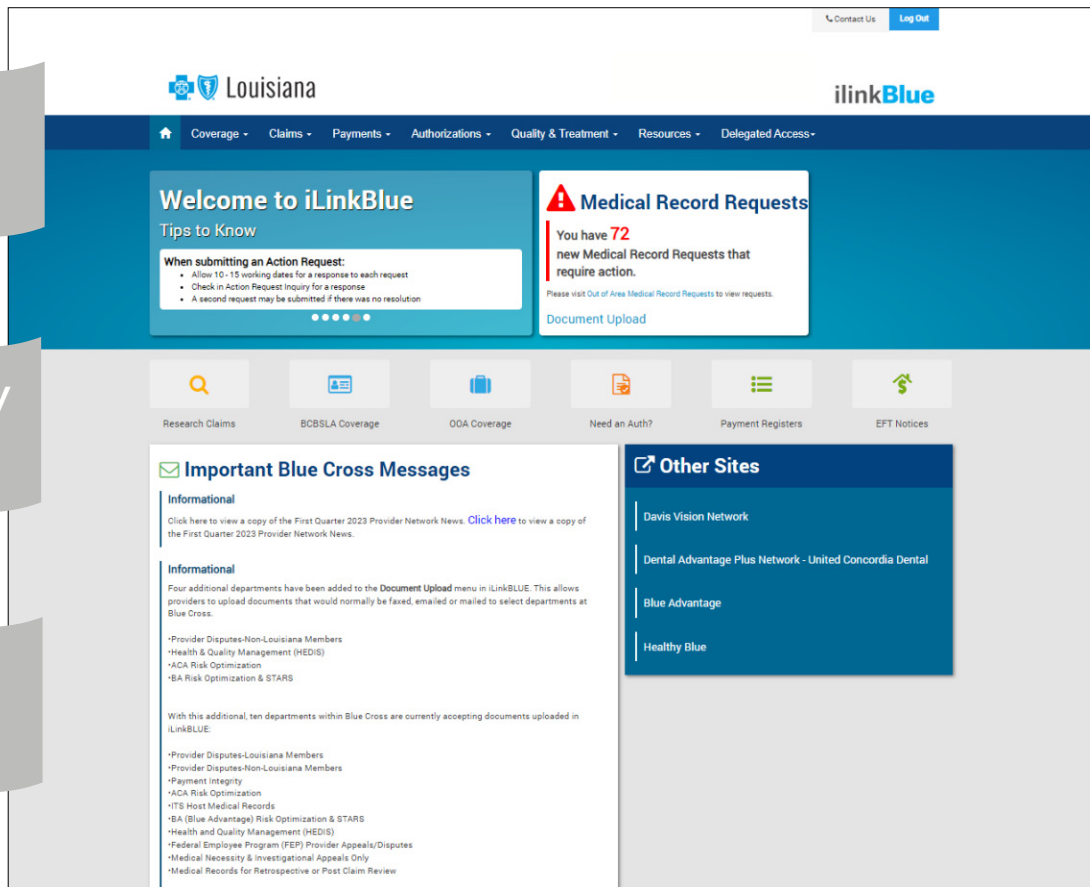
What is iLinkBlue?

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

no cost to providers

user-friendly navigation

secure auth applications



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 administrative representative 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).

Need access to iLinkBlue?

Does your organization have an administrative representative?



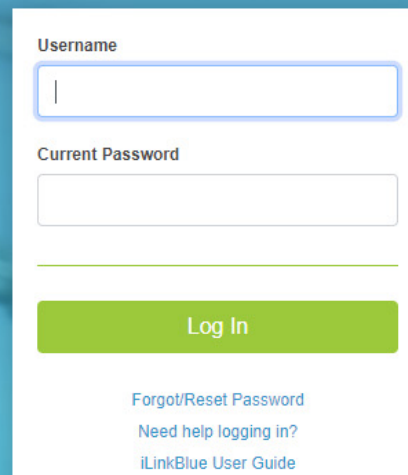
- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security may include member eligibility and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



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



ilinkBlue



The login form is a white rectangular box with a thin border. It contains the following elements from top to bottom: a label 'Username' above a text input field; a label 'Current Password' above another text input field; a green 'Log In' button; and three links: 'Forgot/Reset Password', 'Need help logging in?', and 'iLinkBlue User Guide'.

Username

Current Password

Log In

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

Logging in for the first time:

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

Passwords 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.**

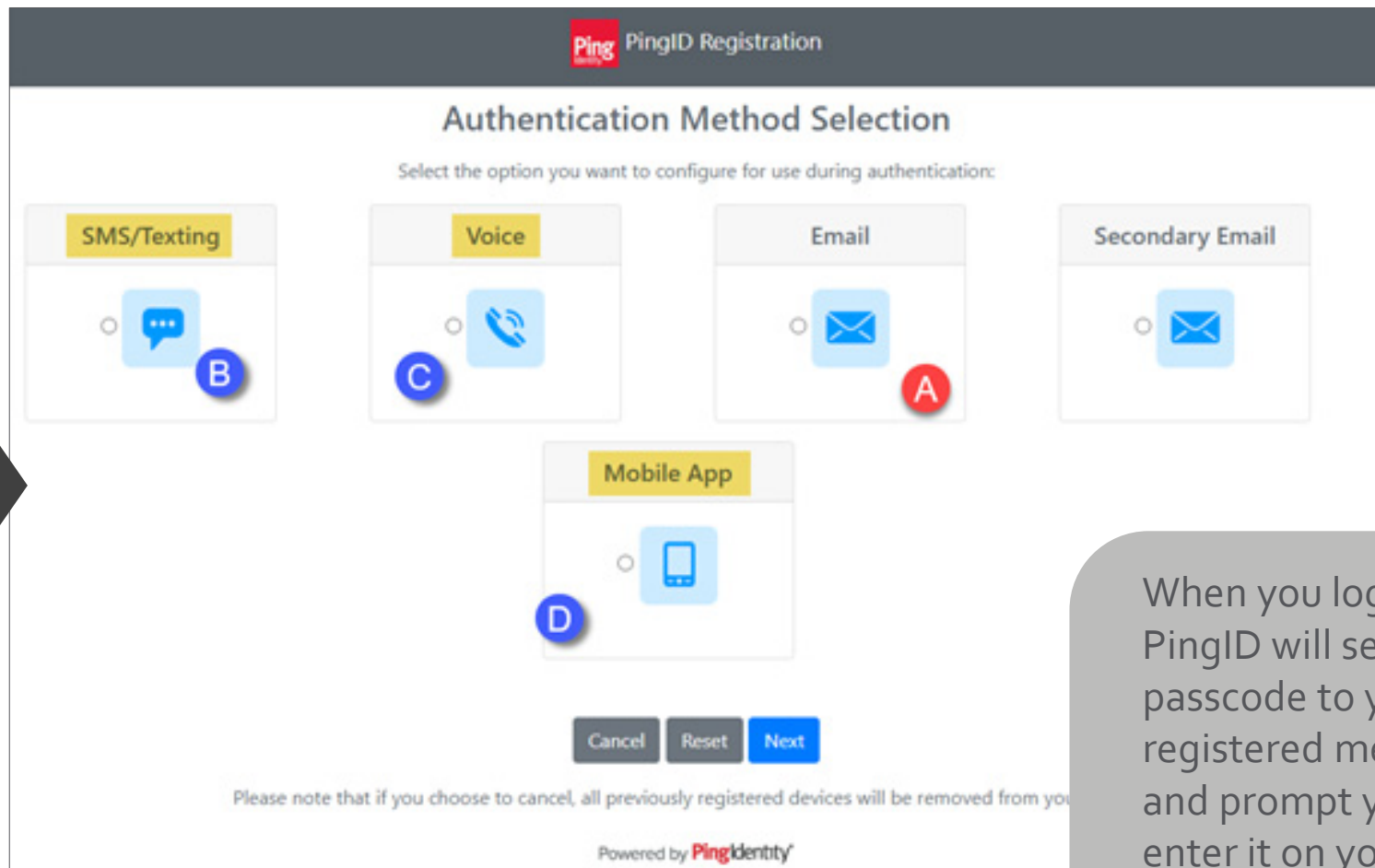


If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

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

Email: PIMteam@bcbsla.com

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



PingID Registration

Authentication Method Selection

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

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

Cancel **Reset** **Next**

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

Powered by **PingIdentity**

We recommend registering two or more options for account recovery.

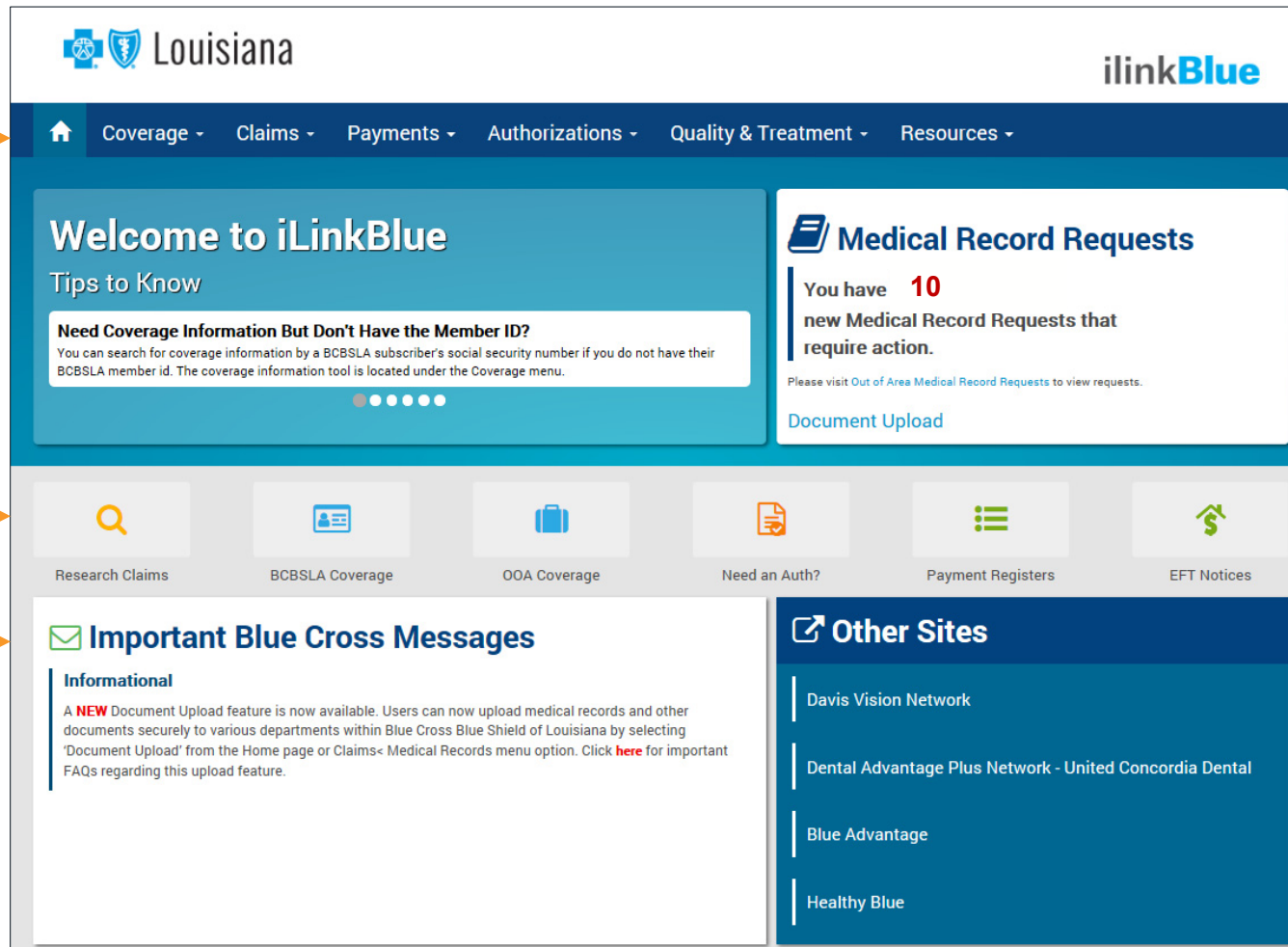
When you log in, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

Top Navigation

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

Quick Links

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



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

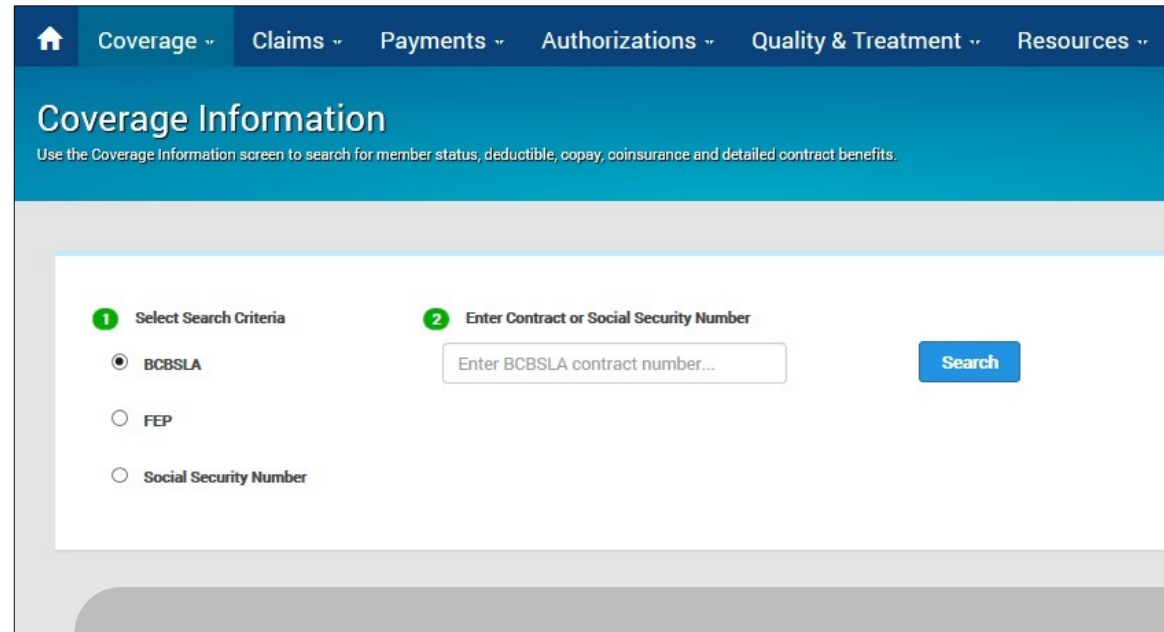
Medical Record Requests
You receive an alert when you have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the "Out of Area Medical Record Requests" link on the alert. This does not include medical record requests for BCBSLA members. To upload medical records and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

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

Use iLinkBlue (www.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 is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this is a section titled "Coverage Information" with a subtitle: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area has two 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

Enter BCBSLA contract number...

Search

Contract Number XUA123456789

ACTIVE COVERAGE

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	---

John Doe

Subscriber

Sex: Male

Marriage Status: Married

Date of Birth: 11/30/1900

Address: 123 STREET ST. CITY, LA 70000

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

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	View ID Card	Summary	Benefits

Jimmy Doe

Child

Sex: Male

Date of Birth: 01/01/1930

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

Coverage Information

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

BCBSLA

Contract Number XUA123456789

ACTIVE COVERAGE

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

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

John Doe Subscriber

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	View ID Card	Summary	Benefits

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	View ID Card	Summary	Benefits

Jimmy Doe Child

Sex: Male, Date of Birth: 02/01/2000

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

[Hide Terminated Dependents](#)

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.

[Expand All](#)

[Collapse All](#)

[+ OVERALL SUMMARY](#)

[+ AMBULANCE BENEFITS](#)

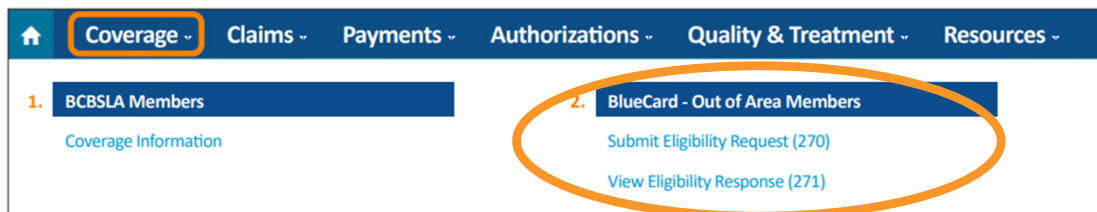
[+ AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES](#)

[+ BENEFIT PERIOD](#)

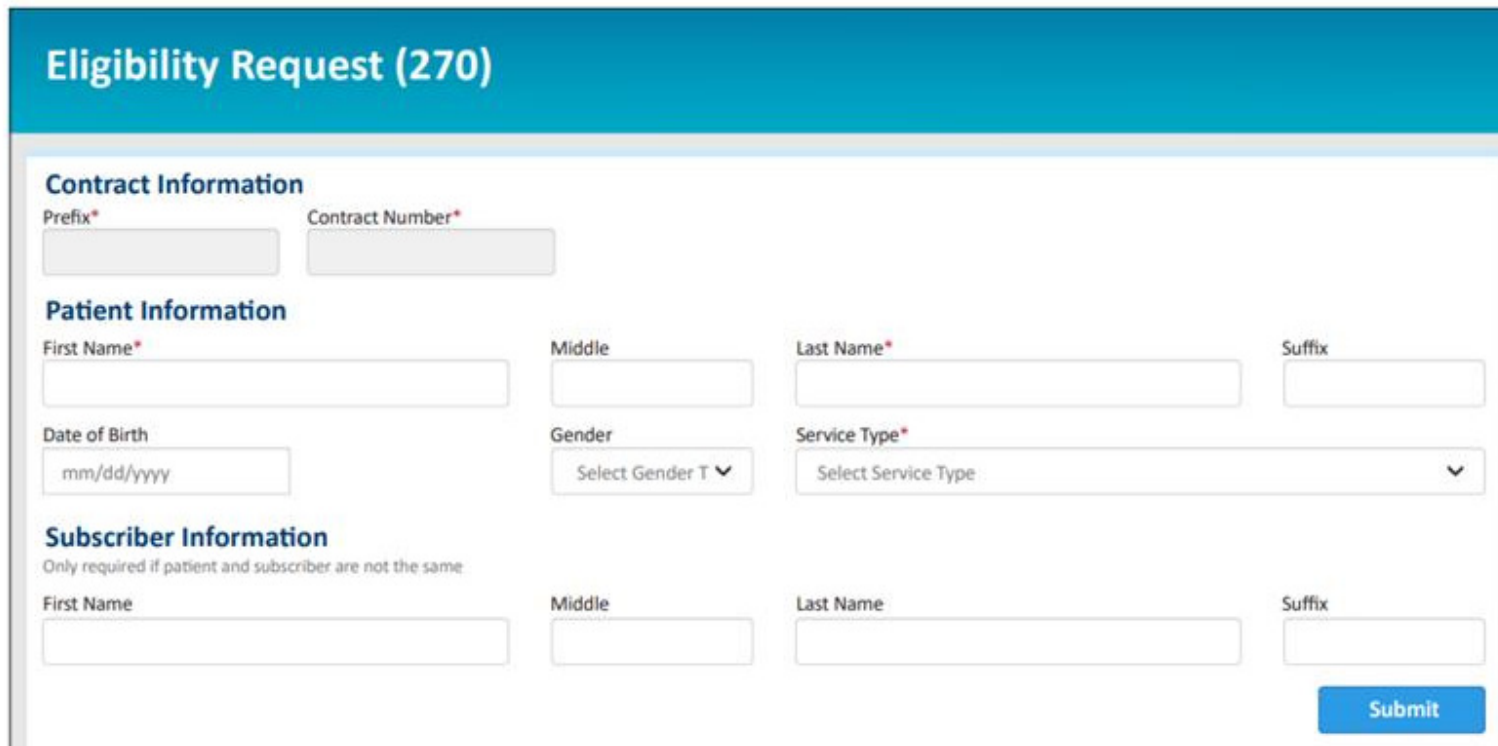
[+ CARE - CARELON PROGRAMS](#)

[+ 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).

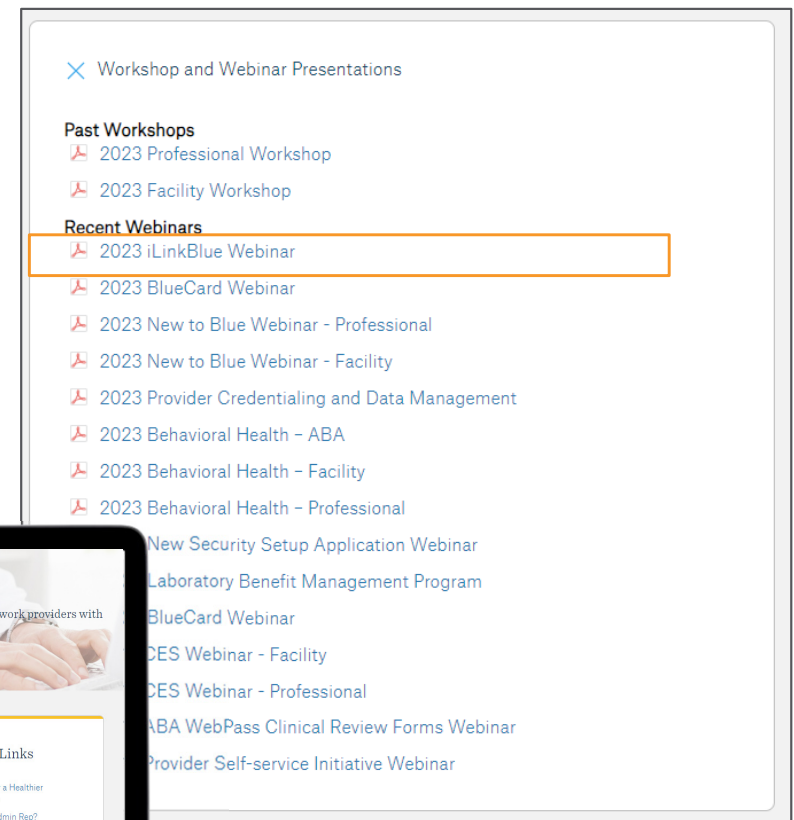
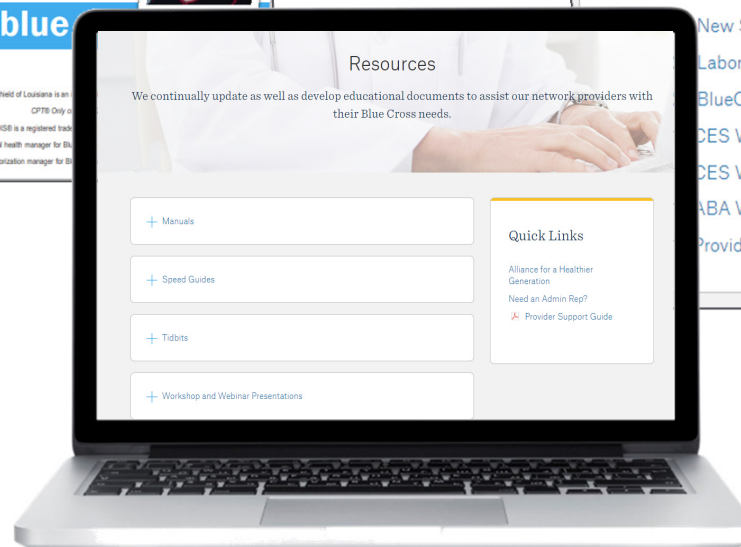


The screenshot shows a navigation bar with the following items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' item is highlighted with an orange box. Below the navigation bar, there are two main categories: 1. BCBSLA Members (with a link to Coverage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



The screenshot shows the 'Eligibility Request (270)' form. The form is divided into three main sections: Contract Information, Patient Information, and Subscriber Information. The Contract Information section includes fields for Prefix* and Contract Number*. The Patient Information section includes fields for First Name*, Middle, Last Name*, and Suffix, as well as Date of Birth (mm/dd/yyyy), Gender (Select Gender T), and Service Type* (Select Service Type). The Subscriber Information section includes fields for First Name, Middle, Last Name, and Suffix, with a note that these are only required if the patient and subscriber are not the same. A 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 >Resources >Workshops & Webinars.



Blue Cross Policies & Finding Authorization Information

Accessing Medical Policies in iLinkBlue

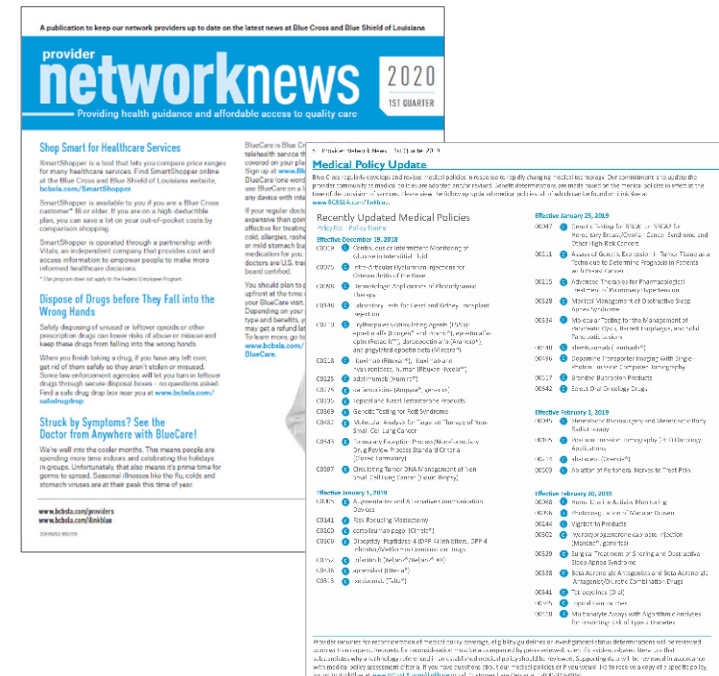
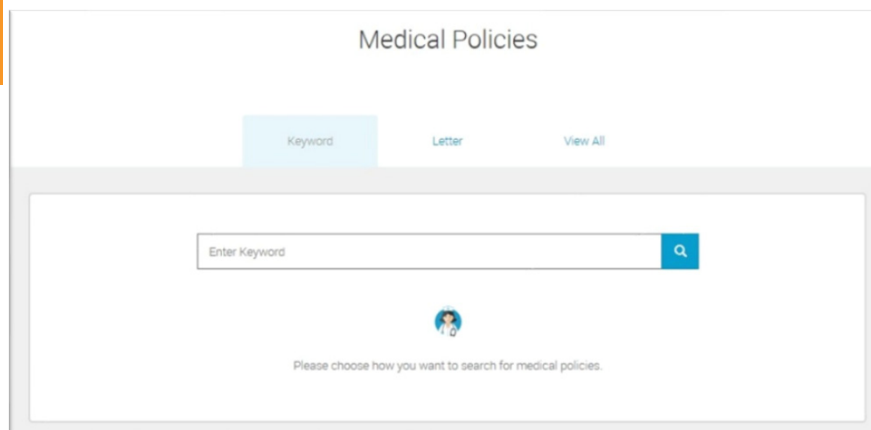


- Use the “Authorizations” menu option to access our **Medical Policy Index**.
- Policies are listed in alpha order or you may search by policy number or procedure code.

1

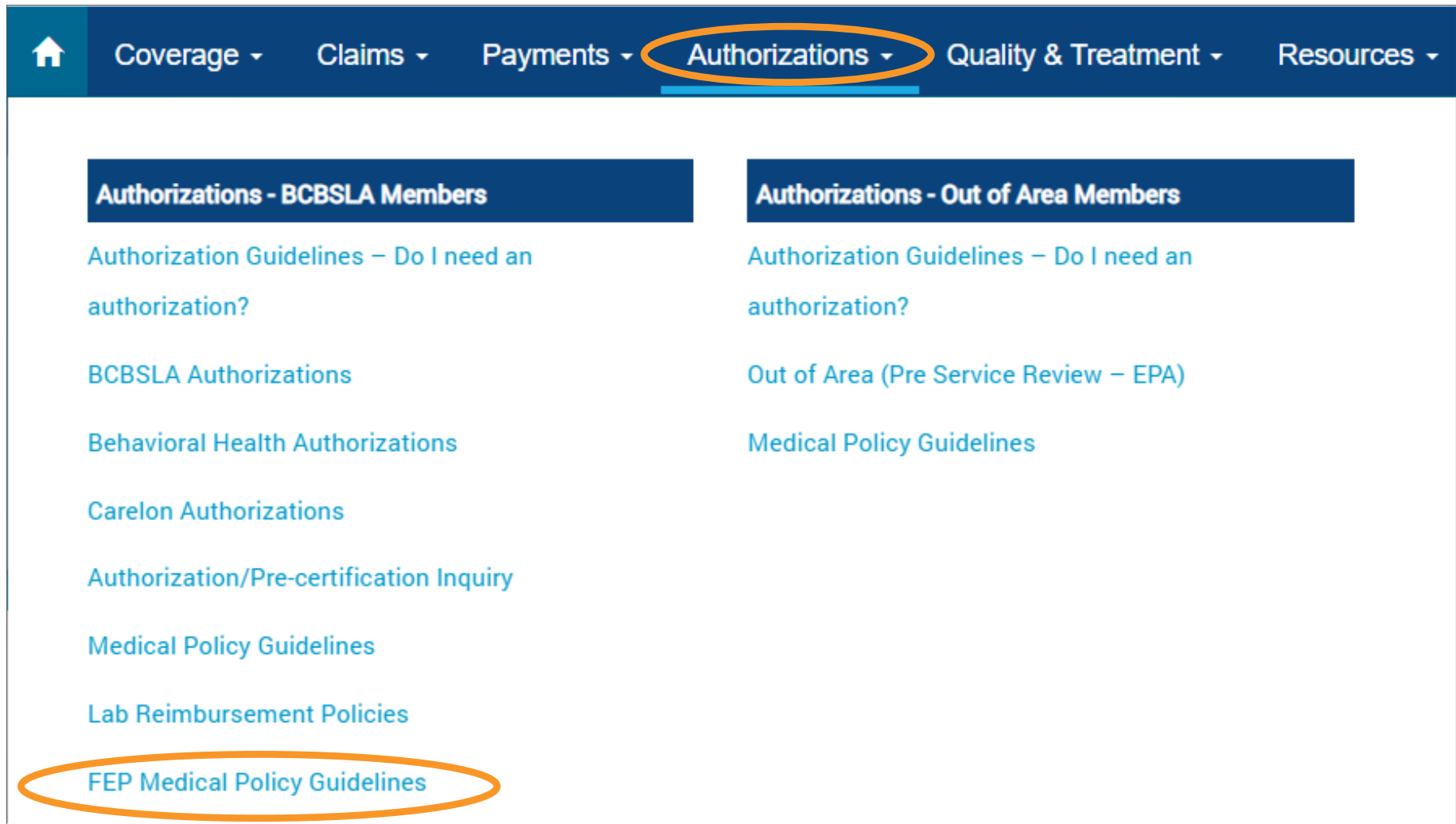


2



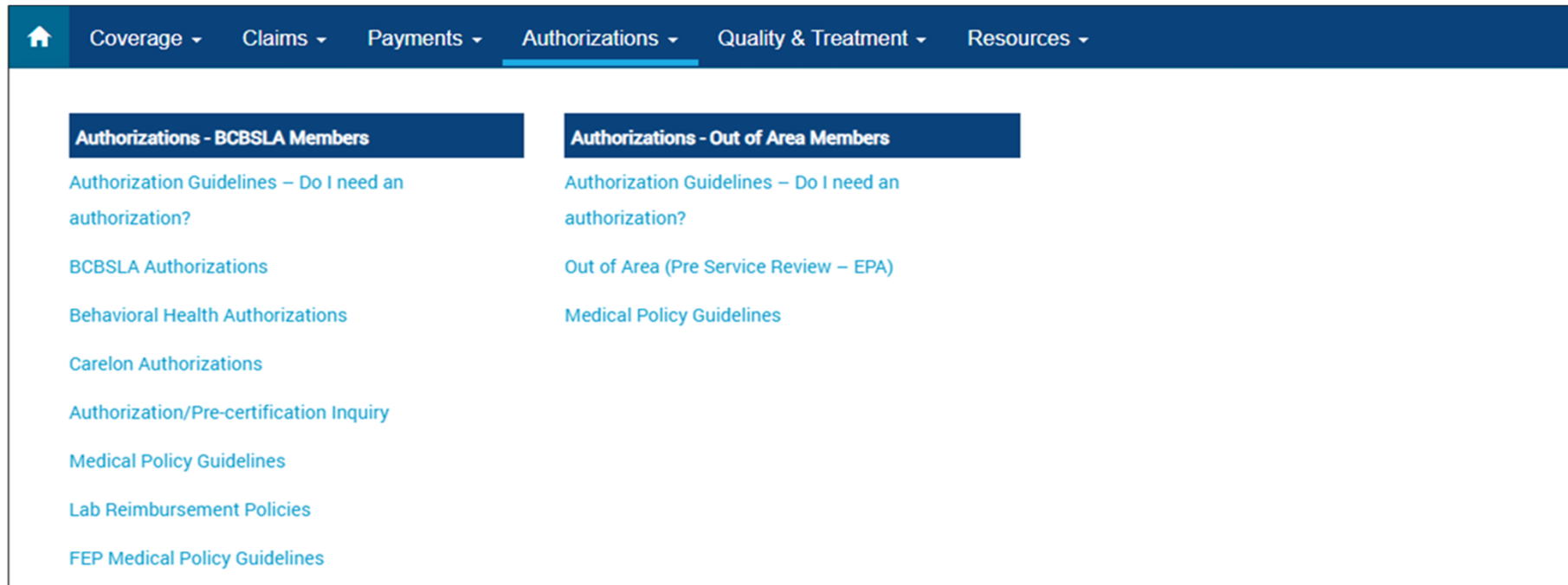
Medical policies are reviewed annually and are updated throughout the year as needed. We publish these updates in our quarterly *Provider Network News* newsletters, available online at www.bcbsla.com/providers >Newsletters.

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



The screenshot shows the iLinkBlue website navigation menu. The 'Authorizations' menu item is highlighted with an orange oval. Below it, the 'Authorizations - BCBSLA Members' section is visible, with 'FEP Medical Policy Guidelines' highlighted by an orange oval. The 'Authorizations - Out of Area Members' section is also visible.

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



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.

Finding Authorization Information

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.

Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)



[Coverage](#) ▾

[Claims](#) ▾

[Payments](#) ▾

[Authorizations](#) ▾

[Quality & Treatment](#) ▾

[Resources](#) ▾

Pre-Authorization / Pre-Certification Information

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

Alpha Prefix :

[Submit](#)

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



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 Facility User Guide* is available on iLinkBlue under the “Resources” tab, then click “Manuals.”

Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

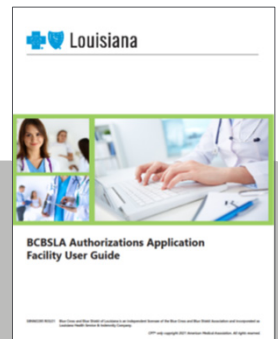
[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)



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).

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.

[Carelton Authorizations](#) – submit and research authorizations for outpatient high-tech radiology, diagnostic, cardiology services, musculoskeletal (MSK) joint surgery, spine surgery, spine pain management and radiation oncology authorizations. 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.

[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.

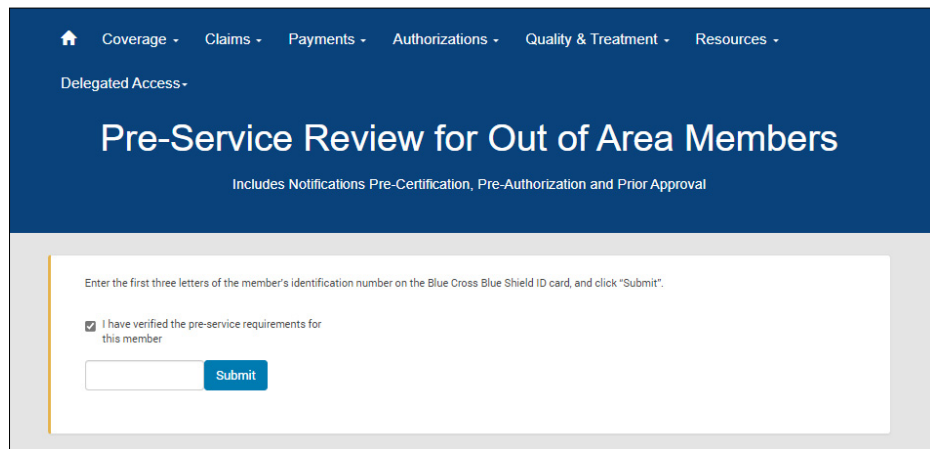
Providers can review and research laboratory policies and guidelines online at www.bcbsla.com/providers, click on "Medical Management," then "Lab Management."

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.

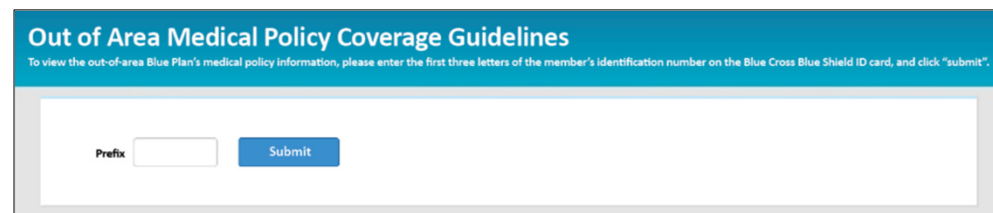


The screenshot shows a web application interface with a dark blue header. The header contains a navigation menu with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation menu is a section titled "Delegated Access" with the main heading "Pre-Service Review for Out of Area Members". Under this heading, it says "Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval". The main content area is white and contains a form. At the top of the form, it says "Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click 'Submit'". Below this is a checkbox labeled "I have verified the pre-service requirements for this member" which is checked. At the bottom of the form 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 teal header. The header contains the heading "Out of Area Medical Policy Coverage Guidelines" and a subheading "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'". The main content area is white and contains a form. At the top of the form is a label "Prefix" followed by a text input field. To the right of the input field is a blue "Submit" button.

Providers enrolled in the Gold Card Program will receive the following benefits:

- Professional providers will always receive an approval on high-tech imaging services administered through Carelon when they meet the following:
 - Have a volume of at least 50 high-tech imaging service requests per year.
 - Maintain an authorization approval rating of 95- 99%.
- Facilities will no longer need to perform continuation/concurrent reviews for acute inpatient stays if they are a diagnosis-related group acute care facility.

Providers that qualify for participation in the program are notified with a letter.

Gold Card Program Selection

Dear Facility:

Congratulations! Blue Cross and Blue Shield of Louisiana is pleased to welcome you to its Gold Card Program.

Because you are a DRG inpatient acute care facility, beginning July 1, 2023, you will no longer need to perform continuation/concurrent reviews for acute inpatient stays. This applies for all Blue Cross and HMO Louisiana Inc. members.

We still require you to perform notification and current review activities for the initial-day(s) approval. You should continue to notify your Blue Cross utilization management contact of discharge date and discharge diagnosis. We need this information to reimburse the inpatient stay. Complete these activities in the BCBSLA Authorizations application, available in iLinkBlue (www.bcbsla.com/ilinkblue).

Contact Us

Send questions about this letter or the Gold Card Program to our Provider Relations Department at provider.relations@bcbsla.com. Please put "Gold Card" in the subject line.

1. What is the Gold Card Program?

Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., is implementing a facility Gold Card Program. This program is designed to help lessen the administrative burdens for facilities that meet the established criteria. Facilities in the Gold Card Program will no longer need to perform continuation/concurrent reviews for inpatient acute stays.

2. When does the Gold Card Program begin?

The facility Gold Card Program begins July 1, 2023.

3. Which networks and/or member policies does the program include?

The facility Gold Card Program applies to inpatient acute authorization requests made for Blue Cross and HMO Louisiana Inc. members.

4. What program criteria do facilities need to meet to participate in the Gold Card Program?

To participate in the Gold Card Program, a facility must be a DRG inpatient acute care facility. Blue Cross does not consider inpatient rehabilitation, skilled nursing or long-term acute care facilities for the Gold Card Program.

5. How will providers know they met the program criteria?

We will send a welcome letter to providers who meet the criteria to participate in the program.

6. What are the advantages of being a Gold Card facility?

You will no longer be required to perform concurrent reviews for inpatient acute stays.

7. What authorization activities do I need to complete as a Gold Card facility?

We require you to perform notification and current review activities for the initial day(s) approval. You still need to notify your Blue Cross utilization management contact of discharge date and diagnosis. Complete these activities in the BCBSLA Authorizations application, available in iLinkBlue (www.bcbsla.com/ilinkblue).

8. Why do I need to continue these authorization activities as a Gold Card facility?

Blue Cross requires an authorization approval to reimburse the inpatient stay. You must obtain the initial approval for claim payments and to avoid "failure to authorize" penalties.

Claims



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

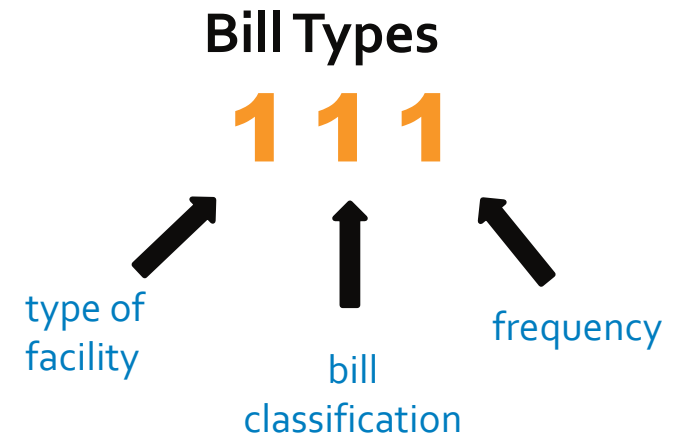
- Various healthcare transactions can be submitted electronically to the Blue Cross clearinghouse in a system-to-system arrangement.
- Blue Cross does not charge a fee for electronic transactions.
- You can send your transactions to Blue Cross via indirect submission through a clearinghouse or through 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 or at 1-800-716-2299, option 3.

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

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

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



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

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

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 >Electronic Services >Clearinghouse Services.

or

Hardcopy

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

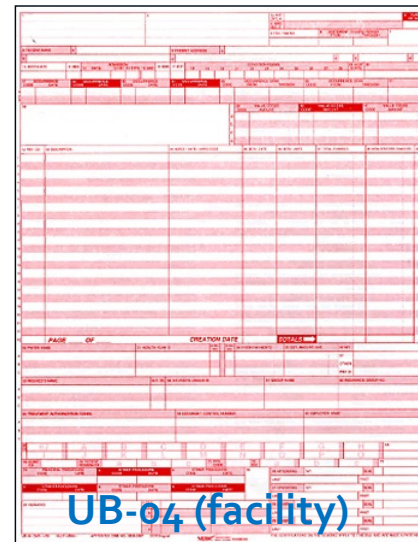
BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898

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



UB-04 (facility)

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

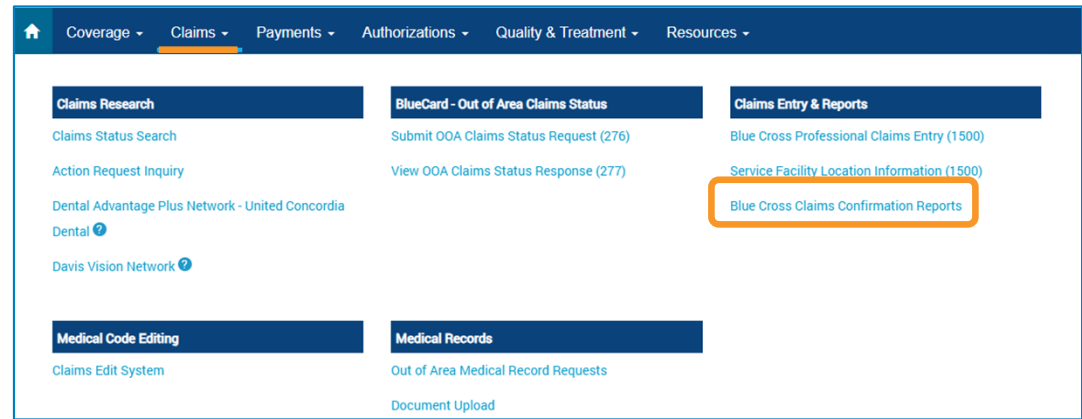


Policy Type

Filing Requirements

<ul style="list-style-type: none"> Preferred Care PPO HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue) BlueHPN 	<p>Claims must be filed within 15 months (<i>or length of time stated in the member's contract</i>) of date of service.</p>
<ul style="list-style-type: none"> Federal Employee Program (FEP) 	<p>Blue Cross FEP Preferred Provider claims must be filed within 15 months from date of service. Members/ Non-preferred providers have no later than December 31 of the year following the year in which the services were provided.</p>
<ul style="list-style-type: none"> Blue Advantage 	<p>Claim must be filed within 12 months of date of service. Claims must be resubmitted or corrected within 12 months of the date the claim was processed (remit date).</p>
<ul style="list-style-type: none"> Office of Group Benefits (OGB) 	<p>Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.</p>
<ul style="list-style-type: none"> Self-funded Groups BlueCard (out-of-area) 	<p>Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).</p>

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



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

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
☒ Accepted
☐ Not Accepted

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

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

Search

Search Results for Accepted Claims

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

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

[Accepted Report Example](#)

Blue Cross and Blue Shield of Louisiana							
837 Accepted / Not Accepted / Warning Report							
Institutional Claims Report							
SUBMITTER NUMBER: P0001234				SUBMITTER: SENDER NAME HERE			
BC REG# 7200000000 NPI#1234567890				PROVIDER: PROVIDER NAME 12345			
BC ID# 12345							
RECEIVE DATE: 07-24-19 PROCESSING DATE: 07-24-19							
837I ACCEPTED REPORT 23, 23, PAGE 8							
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	CH TRACKING
ACCOUNT NUM	LAST NM	FIRST	NM NUMBER	DATE	DATE	AMOUNT	NUMBER
00000000	LAST NAME	FIRST	OGS000000000	071919	071919	1991.96	1234567890123456789
PROVIDER BC ID# 12345 837I SUMMARY:							
837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$1991.96							
837I TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0							
837I TOTAL CLAIMS: 1 CLAIMS FOR \$1991.96							

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

[Not Accepted Report Example](#)

Blue Cross and Blue Shield of Louisiana									
837 Accepted / Not Accepted / Warning Report									
Institutional Claims Report									
SUBMITTER NUMBER: P0001234				SUBMITTER: SENDER NAME HERE					
BC REG# 7200000000 NPI#1234567890				PROVIDER: PROVIDER NAME HERE					
BC ID# 12345									
RECEIVE DATE: 07-24-19 PROCESSING DATE: 07-24-19									
837I NOT ACCEPTED REPORT									
PAGE 25									
23									
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	ERROR	ERROR	
ACCOUNT NUM	LAST NM	FIRST NM	NUMBER	DATE	DATE	AMOUNT	DESCRIPTION	DATA	
1234567	DOE	1212121212121	XUP000000000	062919	070619	157323.24	PAT LAST NAME NOT ON BC FILE	DOE	
PROVIDER BC ID# 12345 837I SUMMARY:									
837I TOTAL CLAIMS ACCEPTED: 28 CLAIMS FOR \$185282.36									
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$157323.24									
837I TOTAL CLAIMS: 29 CLAIMS FOR \$342605.60									



Use this section to access your 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

Search results for 07/06/2020

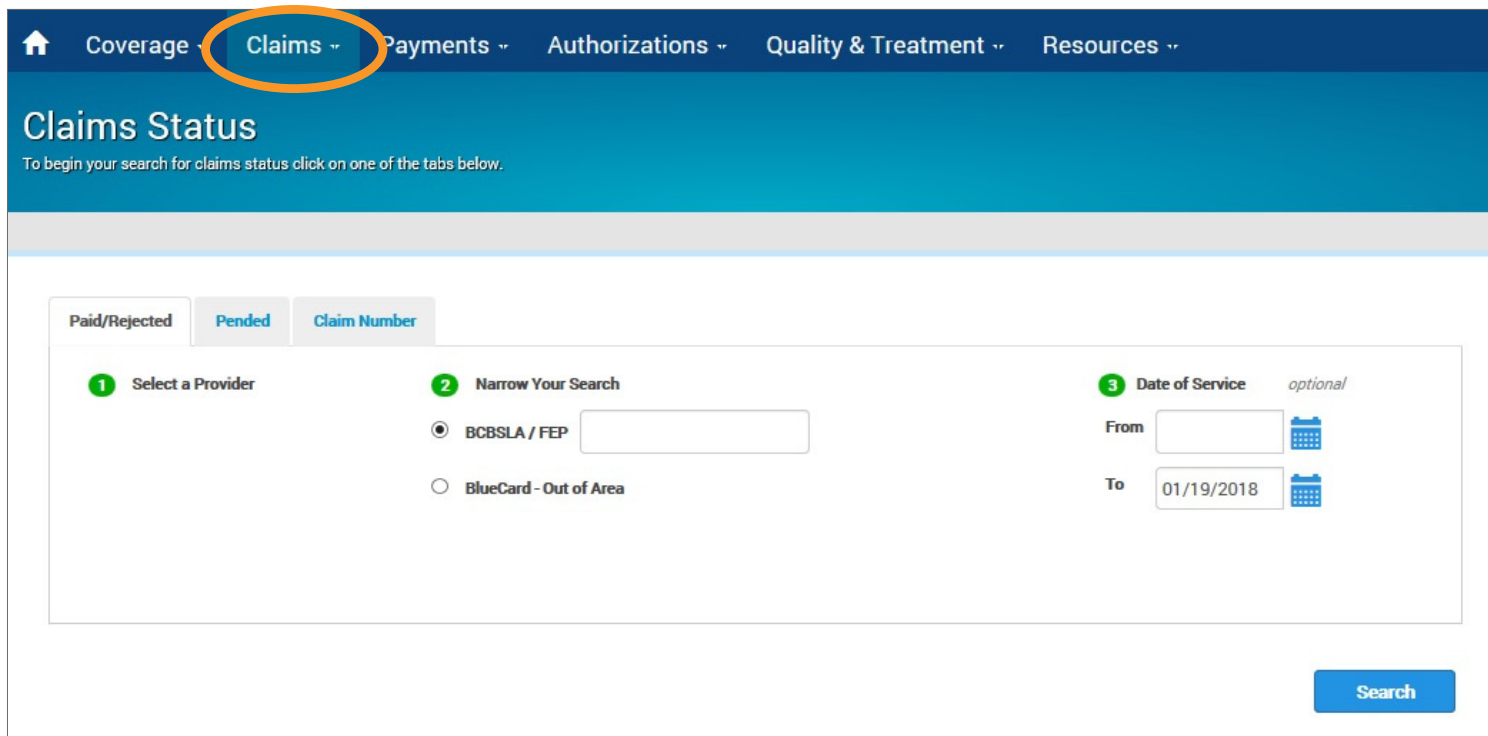
*** Some registers may take several minutes to generate a PDF due to the size of the register.

NPI 1234567890

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

NPI 2234567890

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



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

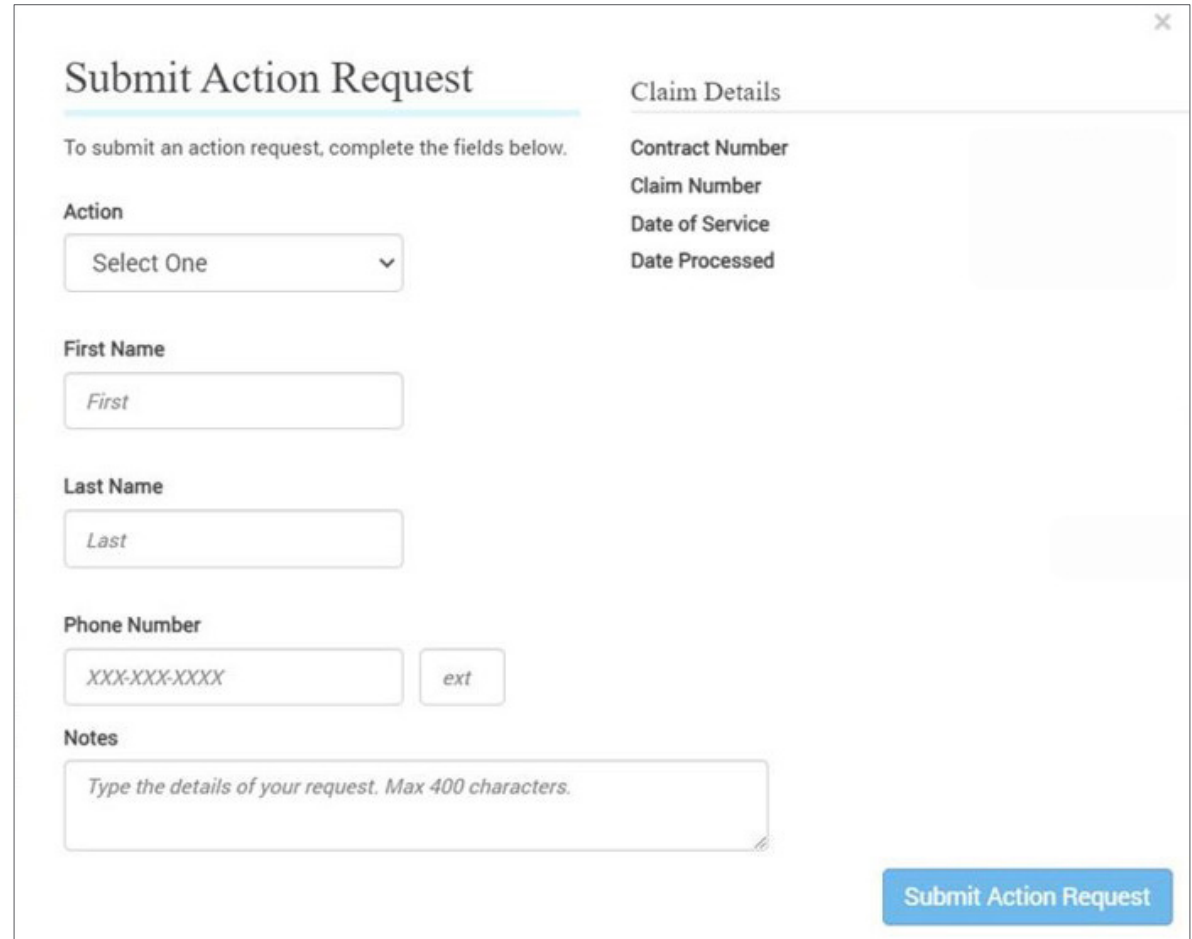
on the **Pended Claims Results** screen

Claim Number	12345678900-1
<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 horizontal bar, followed by the instruction: "To submit an action request, complete the fields below." The form is divided into two main sections. The left section contains the following fields: "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text box with "First" as a placeholder), "Last Name" (a text box with "Last" as a placeholder), "Phone Number" (a text box with "XXX-XXX-XXXX" as a placeholder and a separate "ext" box), and "Notes" (a large text box with the placeholder "Type the details of your request. Max 400 characters."). The right section, titled "Claim Details", contains four fields: "Contract Number", "Claim Number", "Date of Service", and "Date Processed". 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.



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.

Outpatient Facility Allowable Charges Search

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

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

Search by Code

Fee Schedule Request

1 Select a Date

11/01/2022



2 Select a Facility

Select a facility



3 Select a Network

Select a Network



4 Enter a CPT/HCPCS Code*

Continue

Reset

View Allowables

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

Outpatient Facility Allowable Charges Search

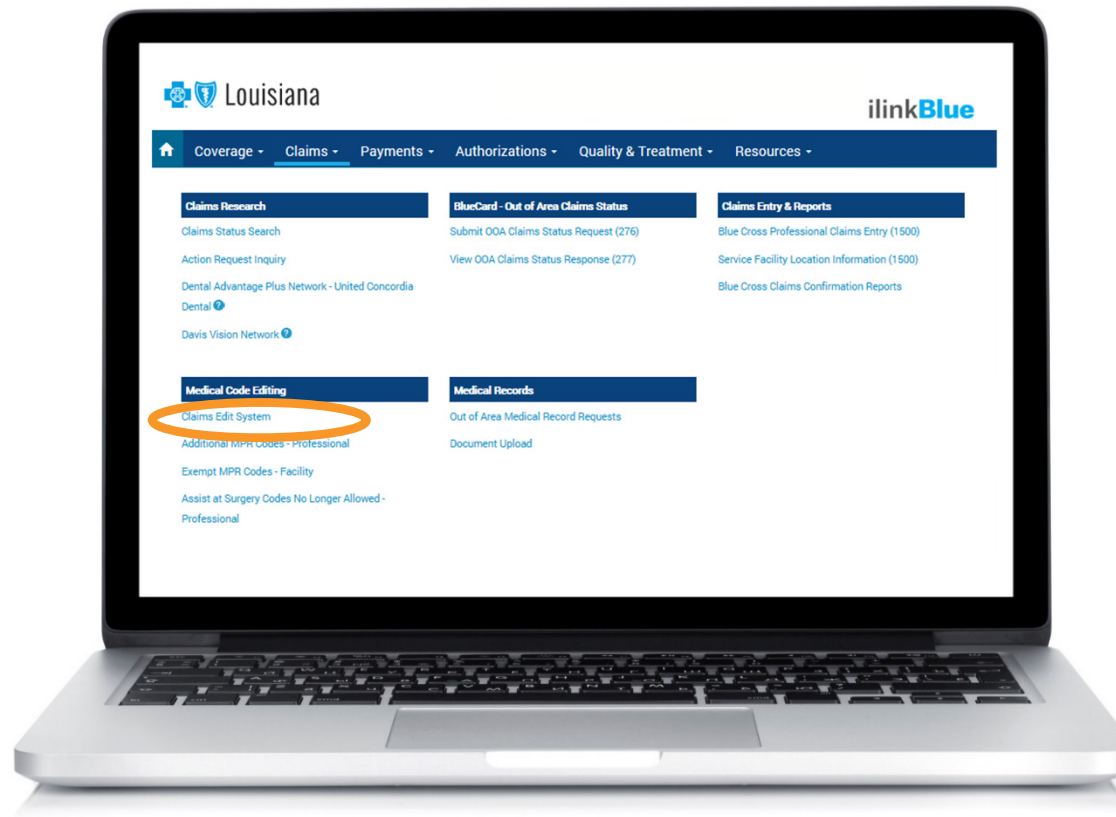
This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

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

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.



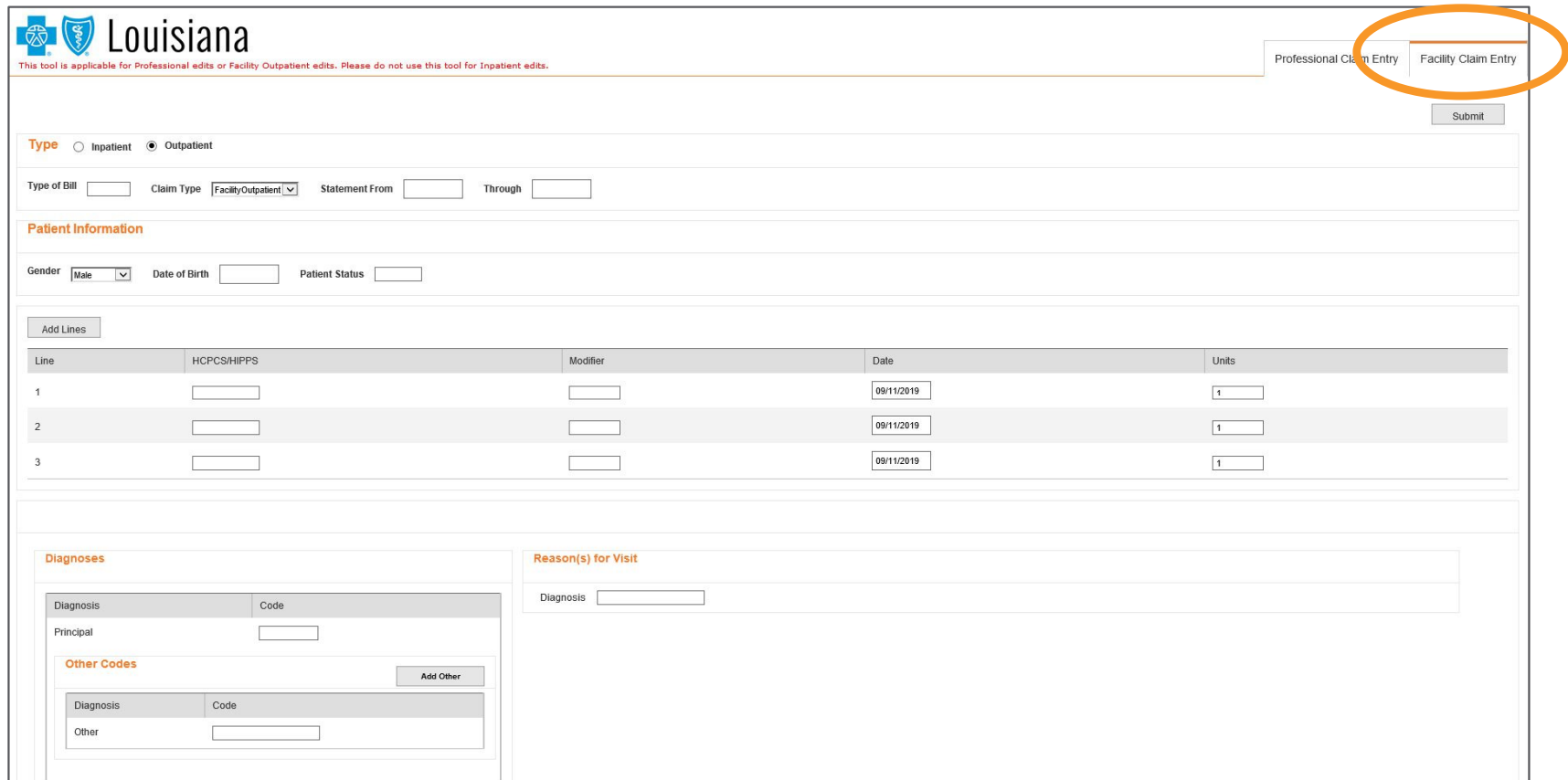
This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

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

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



The 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**

Submit

Type ☐ Inpatient ☒ Outpatient

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

Patient Information

Gender **Male** Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	09/11/2019	1
2	<input type="text"/>	<input type="text"/>	09/11/2019	1
3	<input type="text"/>	<input type="text"/>	09/11/2019	1

Diagnoses

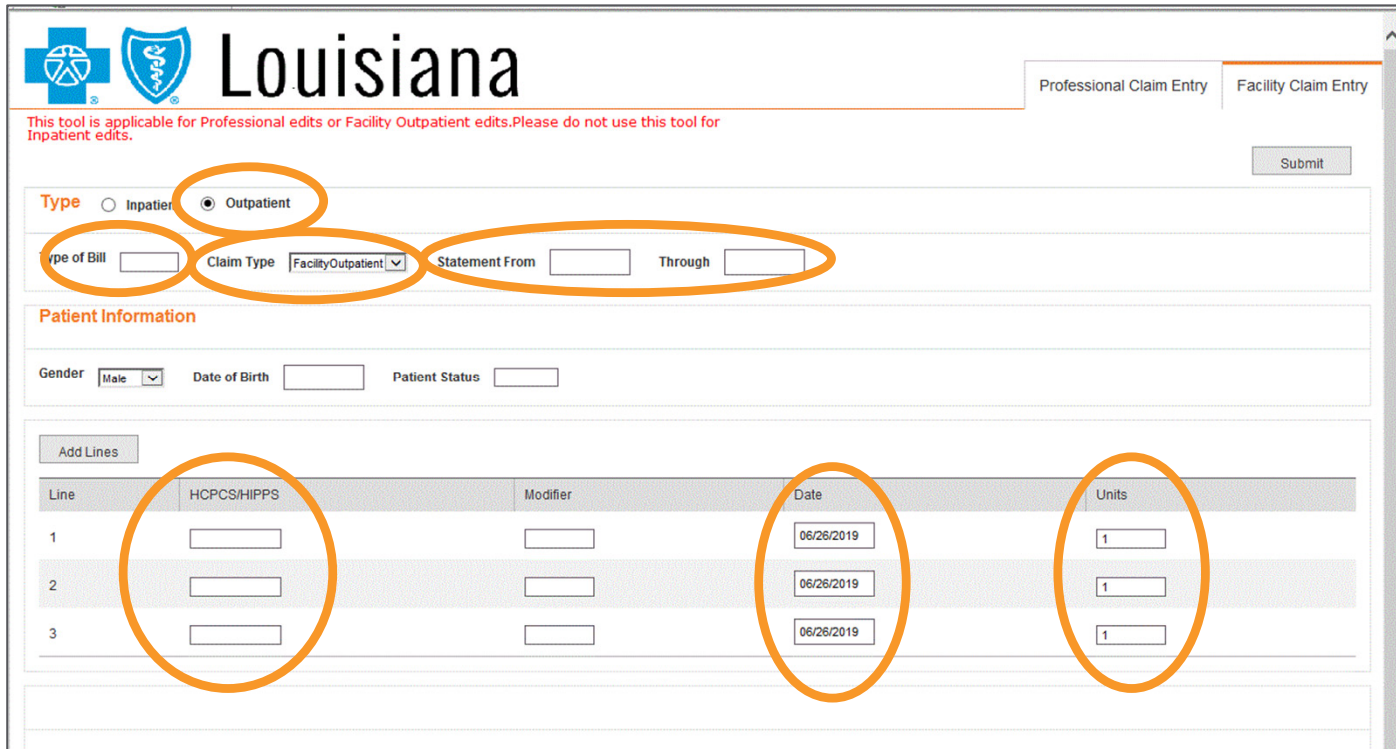
Diagnosis	Code
Principal	<input type="text"/>

Other Codes

Diagnosis	Code
Other	<input type="text"/>

Reason(s) for Visit

Diagnosis



Louisiana

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

Professional Claim Entry | Facility Claim Entry

Submit

Type: ☐ Inpatient ☒ Outpatient

Type of Bill: Claim Type: Facility Outpatient Statement From: Through:


Patient Information

Gender: Male Date of Birth: Patient Status:

Add Lines

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

If you do not enter the "statement from" or "through dates," no edits will be returned, so the dates are necessary.



Louisiana

Professional Claim Entry
Facility Claim Entry

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

Export to PDF
New Claim

Type: Outpatient

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

Patient Information

Gender: M
Birth Year:
Patient Status:

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
CLAIM				CLEAN CLAIM

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	92250	0	0.0	<div> Flag Description: [DDR BCLA4477] HCPCS code 92250 is inherently bilateral and should not be billed more than once for the same date of service. Flag Status: Deny Disclosure: The 017EP edit fires when an inherently bilateral procedure code occurs on more than one line or with more than one unit for the same date of service. This edit applies unless modifier 76 or 77 is submitted on the second or subsequent line or unit. Condition code G0 will override edit 17 for inherently bilateral codes with a status indicator of "V." This edit is based on a requirement from the Centers for... </div>

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis:

Original Lines

Line	Rev Code	Modifier	Date	Units
1			06/26/2019	2

Bilateral procedure (92250) billed with 2 units.

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

Type: Outpatient

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

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

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

Flag Description: [DDR BCLA19 FE] Submitted HCPCs code G0463 is not separately reimbursable. Flag Status: Deny Disclosure:

Code Type:

Diagnoses Reason(s) for Visit

Go463 not separately reimbursable.

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.bcbcla.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

T8000172019
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 providersupport@bcbcla.com or call 1-800-922-8866. Please be sure to reference the Tidbit number.

TS8000172019 05/22/2019 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.
Last reviewed on: 09-21-22

Next →

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

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

Step 1

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

Step 2

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

Step 3

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

Helpful Reminders

- Allows identification of high-risk patients.
- Allows opportunities to engage patients in care management programs and care prevention initiatives.
- Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross.
- Reduces costs associated with submitting corrected claims.



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

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

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

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

- Per your 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.



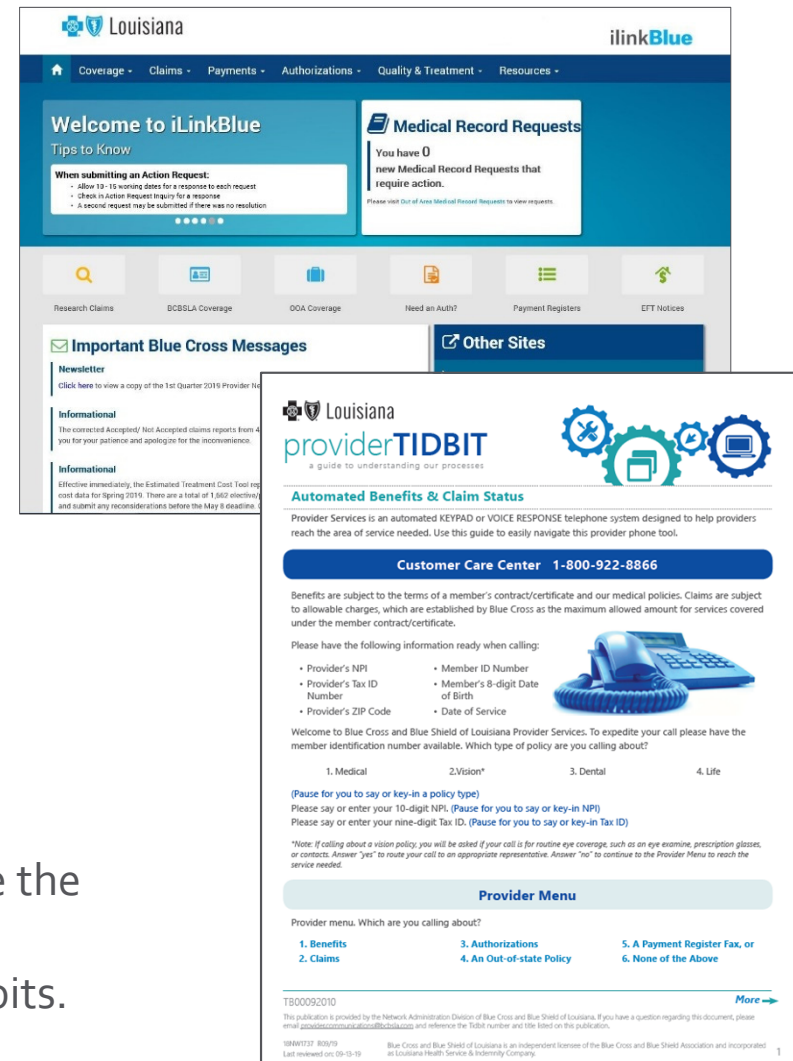
Providers are required to use our self-service tools for:

- Member eligibility
- Claim status inquiries
- Outpatient facility 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)
- 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 >Resources >Tidbits.
- HIPAA 27x transactions



Credentialing, Recredentialing & Updating Your Information

Credentialing is Required for Network Participation

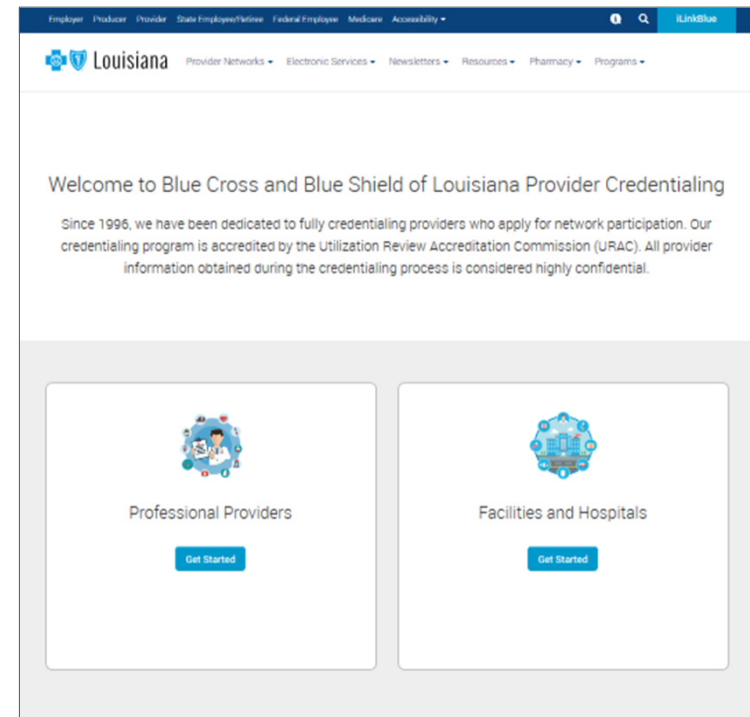


Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

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

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

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



www.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.

 **Louisiana** 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

230X7231 R10/19 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

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

The form is available online at www.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.

TYPE OF CHANGE

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

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

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

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

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



Submissions that are missing checklist items will be returned.

For this practice location (please select at least one option):

☐ 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: _____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Office Hours	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____

Practice Hours (available appointment hours)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____

For this practice location (please select at least one option):

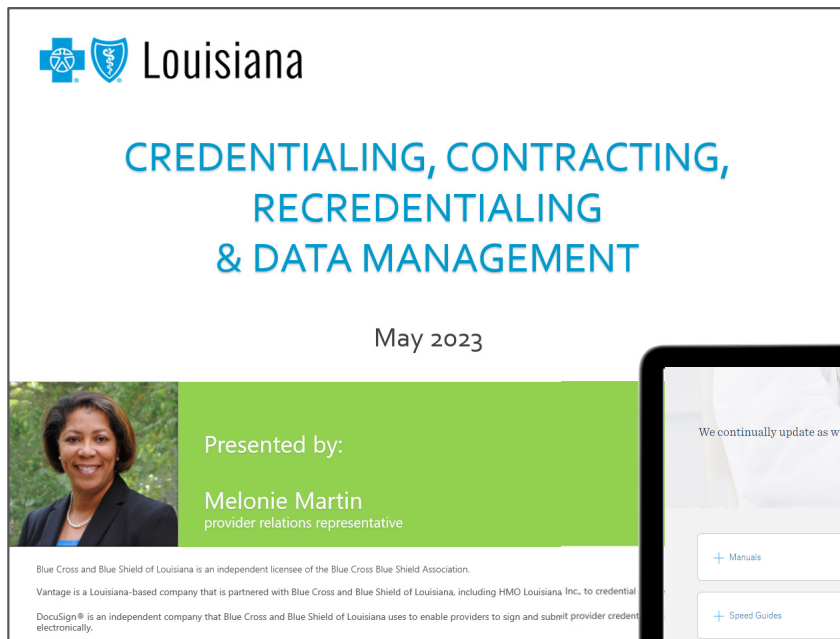
☐ I am available to see patients at least 16 hours per week on a regular basis.
☐ I see patients here at least one day per month, but less than one day per week on a regular basis.
☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.
☐ I read tests or provide 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.

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 >Resources >Workshops & Webinars.



Louisiana

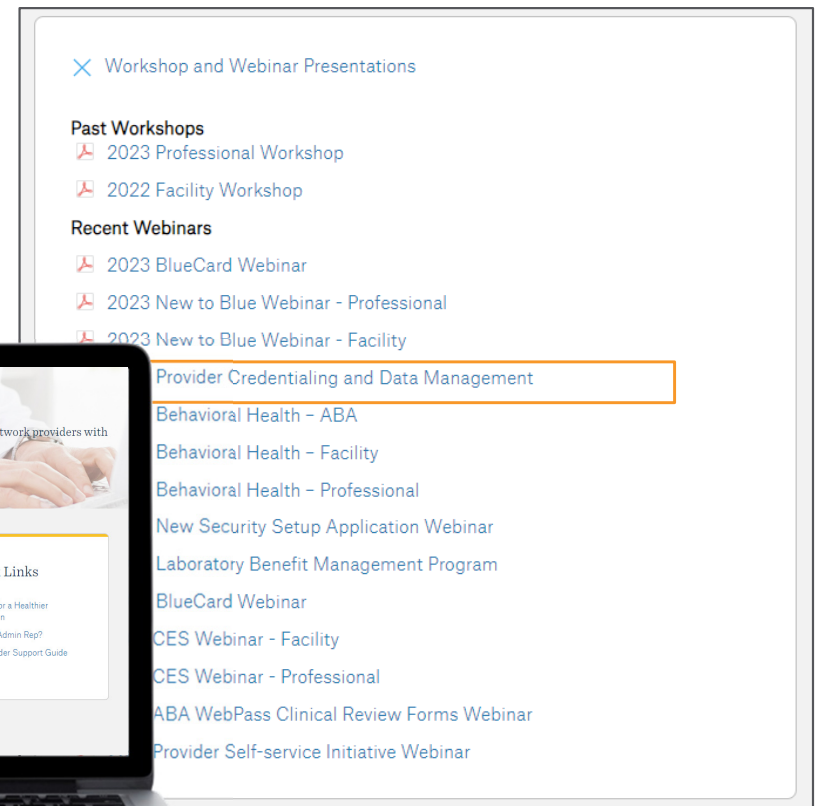
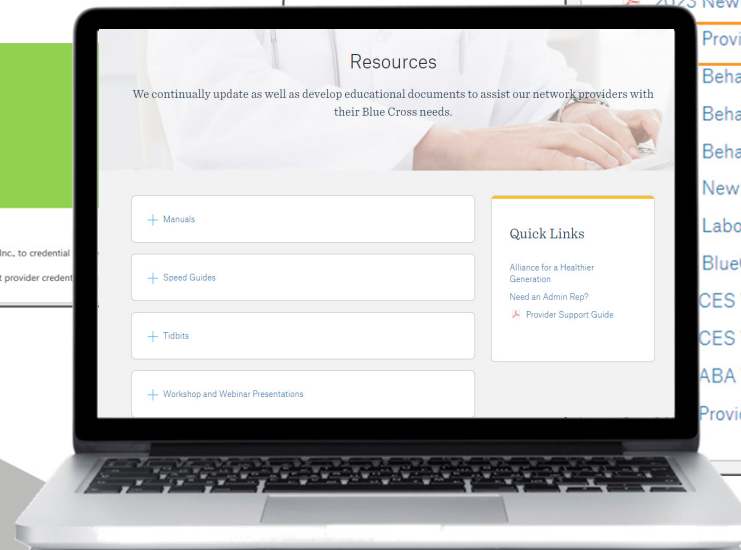
CREDENTIALING, CONTRACTING, RECREREDENTIALING & DATA MANAGEMENT

May 2023

Presented by:

Melonie Martin
provider relations representative

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



Workshop and Webinar Presentations

Past Workshops

- 2023 Professional Workshop
- 2022 Facility Workshop

Recent Webinars

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

Provider Credentialing and Data Management

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

To attend this webinar on **November 1**, register using the link in our upcoming Provider Weekly Digests.

Support

Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-866-508-7145

For information
NOT available
on iLinkBlue

Other Provider Phone Lines

BlueCard Eligibility 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

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

Doreen Prejean

Mary Landry

Karen Armstrong

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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 | 1-800-716-2299, option 2

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



Appendix

HIPAA 835 Transaction

- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from 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 or 1-800-716-2299, option 3.

- Readmissions to the same or an affiliated facility for the same condition, similar condition or a complication of the original condition within **30 days** of discharge will not be reimbursed.
- The first admission payment will encompass full reimbursement for treatment of the condition and/or any related complications.
- Providers cannot bill members for service recouped as a result of this policy.
- EXCD codes related to our provider integrity audits will appear on the payment register for the BCBSLA (excludes FEP and BlueCard claims) members only. Readmissions will be identified by the code “VT8.”

To view the full Blue Cross readmissions policy, refer to our *Member Provider Procedure & Policies Manual*, available in iLinkBlue (www.bcbsla.com/ilinkblue) under the “Resources” menu option.

For claims submitted on a UB-04:

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

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

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





- 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

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For Hardcopy Claims

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

For Electronic Claims 837I

Report the NDC in loop 2410, Segment LINO3 of the 837I. The code should consist of a CMS 11-digit NDC in a fixed length 5-4-2 (no hyphens) configuration. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.



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

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

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



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

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

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



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

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

Two designation levels:

**Blue
Distinction®
Center**

**Blue
Distinction®
Center+**

The current programs are:

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

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

Evaluation Criteria for Participation Focused on:



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

Blue Distinction® Center

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



Blue Distinction® Center+

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



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




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



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

- Anesthesia
- Emergency Medicine
- Neonatology
- Pathology
- Radiology

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



Louisiana

BATON ROUGE REGION HOSPITAL-BASED PHYSICIANS

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

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

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

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

HOSPITAL OR AMBULATORY SURGERY CENTER	Facility Networks						Hospital-based Physician or Group		Specialty					Contracted Networks						NON-CONTRACTED (OUT OF NETWORK)				
	No Hospital Services Offered	PREFERRED CARE PPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPP	COMMUNITY BLUE	PRECISION BLUE	SIGNATURE BLUE	NAME AND OFFICE ADDRESS	PHONE NUMBER	ANESTHESIOLOGY	EMERGENCY ROOM MEDICINE	NEONATOLOGY	PATHOLOGY	RADIOLOGY	PREFERRED CARE PPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPP		COMMUNITY BLUE	PRECISION BLUE	SIGNATURE BLUE	
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70403 (985) 345-7246		✓							Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70403	(985) 345-7246	✓						✓	✓						
Advanced Surgical Care of Baton Rouge LLC 7310 Perkins Rd Baton Rouge, LA 70808 (225) 236-3100		✓	✓			✓			KJA Anesthesia 6438 Providence Ln Baton Rouge, LA 70808 Pathology Group of Louisiana 5339 O'Donovan Dr Baton Rouge, LA 70808 Baton Rouge Radiology Group 5422 Dijen Cr Baton Rouge, LA 70808	(225) 532-4061 (225) 766-4999 (225) 769-9337	✓			✓			✓	✓	✓	✓	✓	✓	✓	

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

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

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

19NOV1699 708021

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

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More

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

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

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

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


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

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

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

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

¹Reporting is required by Act 354 of the 2008 Louisiana Regular Legislative Session. A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services.

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

³In the "Specialty" column, please denote either anesthesiologist, pathologist, neonatologist, radiologist, emergency medicine or hospitalist.

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

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