

APPENDIX I: ONLINE RESOURCES

of the Professional Provider Office Manual

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This is an appendix of the *Professional Provider Office Manual*, and is for informational purposes only. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider Page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

Provider Page

Blue Cross and Blue Shield of Louisiana's provider website serves our provider needs. Use this page to help locate important information.

 <p>Network Enrollment</p> <p>Learn more about our network requirements and credentialing program.</p> <p>Read the Requirements</p>	 <p>Resources</p> <p>Access manuals, speed guides, tidbits, presentations, tutorials and forms.</p> <p>Find Your Information</p>	 <p>News and Events</p> <p>Stay connected with what is going on at Blue Cross with our provider newsletters.</p> <p>Read the Latest News</p>
 <p>Electronic Services</p> <p>Access electronic services including iLinkBlue, online authorizations and more.</p> <p>Find Your Account Details</p>	 <p>Medical Management</p> <p>Find information and requirements for managing services to members.</p> <p>Learn More</p>	 <p>Programs</p> <p>Learn more about the many programs that can benefit you and your patients.</p> <p>Learn About Our Programs</p>

Find information on:

- Network Enrollment
 - Credentialing
 - Provider Support
- Resources
 - Manuals
 - Speed Guides
 - Tidbits
 - Workshops & Webinars
 - Forms for Providers
- News and Events
 - Network News
 - Product Enhancements
 - Blue Advantage Insight
 - Past Newsletters
- Electronic Services
 - Learn about iLinkBlue
 - Clearinghouse Services
 - Admin Reps
 - Electronic Funds
- Medical Management
 - Authorizations
 - Medical Policies
 - Lab Management
 - Care Management
 - Pharmacy
- Programs
 - Blue Distinction
 - Quality Blue
 - Specialty Care Insight

www.bcbsla.com/providers

iLinkBlue

Blue Cross and Blue Shield of Louisiana's iLinkBlue is our secure online tool for facility and professional healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

To gain access to iLinkBlue, you must complete the iLinkBlue agreement packet. The iLinkBlue provider agreement packet is available on our Provider page.

The screenshot displays the iLinkBlue web application interface. At the top, there is a navigation menu with options: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections:

- Welcome to iLinkBlue**: A large blue header with the text "Welcome to iLinkBlue" and "Tips to Know". Below this is a white box with the heading "Need Coverage Information But Don't Have the Member ID?" and a paragraph explaining that users can search for coverage information by a BCBSLA subscriber's social security number if they do not have their BCBSLA member ID.
- Medical Record Requests**: A white box with a blue header "Medical Record Requests" and a message: "You have 10 new Medical Record Requests that require action." Below this is a link to "Out of Area Medical Record Requests" and a "Document Upload" button.
- Quick Links**: A row of six icons with corresponding text: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices.
- Important Blue Cross Messages**: A white box with a green checkmark icon and the heading "Important Blue Cross Messages". It contains an "Informational" message about a new "Document Upload" feature.
- Other Sites**: A blue box with a white header "Other Sites" and a list of links: Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue.

iLinkBlue is your one-stop for:

- Benefits
- Eligibility
- Claims Research
- Payment Information
- Authorizations
- Electronic Funds Transfer
- BlueCard Medical Record Requests
- Medical Policies
- Manuals
- Allowable Charges
- Estimated Treatment Cost
- Grace Period Notices
- Medical Code Editing
- And so much more!

www.bcbsla.com/ilinkblue

EXAMPLE PAYMENT REGISTER/REMITTANCE ADVICE

Page 1 of 1
Date: 04/03/2023

BLUE CROSS BLUE SHIELD OF LOUISIANA

WEEKLY PROVIDER PAYMENT REGISTER

Anytown Eye Physicians
Page: 1 of 1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Patient Name	Contract Number	Patient Acct	Performing Provider	Days/ Units	Adm/ Dis Df	Claim Number	CPT4 Rev	Drig	Total Charges	Above Allow Amt	COB OC Pay	OC Code	Not Covered Det-Coin-Hel	Patient Resp 1	Amount Paid
GRATER, ALLIE	123456789011	441280-1-835946	1234567890	1	3/21/2023	123456789011	92014		\$140.00	\$12.67	\$0.00		\$50.00	\$50.00	\$77.33
			First, Hugo		3/21/2023					\$12.67			\$50.00		
						** CPT4 92014							\$50.00		
GRATER, ALLIE	123456789011	441280-1-835946	1234567890	1	3/21/2023	123456789011	92015		\$25.00	\$3.82	\$0.00		\$0.00	\$0.00	\$21.18
			First, Hugo		3/21/2023					\$3.82			\$0.00		
						** CPT4 92015							\$0.00		
BOOK, RITA	234567890112	438846-1-831710	1234567890	1	2/10/2023	123456789112	98024		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
			First, Hugo		2/10/2023								\$0.00		
						** CPT4 98024							\$0.00		
Totals:				3					\$165.00	\$16.49	\$0.00		\$50.00		\$88.51

1 - The patient responsibility amount may have been reduced by any COB amount included in the calculation
 CO - This Amount is determined by Blue Cross to be the responsibility of the Provider.
 PR - This is the amount determined by Blue Cross to be the responsibility of the Patient.
 OA - This liability for this amount is not determined on this processing because this amount has previously been processed or may be processed in the future.
 PXN - The charge exceeds the allowed amount for this service.
 CPY - Copay
 ZO4 - Medicare is primary to Blue Cross Blue Shield of Louisiana. Medicare benefits assigned.
 OCR - Other Carrier Allowable, Payment and Out of Pocket are considered in the processing of Secondary Benefits.
 EL6 - According to the Member's contract, routine eye exams and refraction are not covered.
 DED - Deductible

Federal regulation 42 CFR part 2 prohibits unauthorized disclosure of these records. You are prohibited from making any further disclosure of information in this record that identifies a member as having had, currently having, or having been referred for treatment of a substance use disorder unless you obtain express written consent of the member.

Note: All charges and codes are examples only.

ILB ID: 1234567
 PAID PROV: 1234567890
 DATE: 04/03/2023
 EFT NO: 123456789

Blue Cross Blue Shield of Louisiana
 Post Office Box 98027
 Baton Rouge, Louisiana 70898-9917
 1-800-392-4089

Anytown Eye Physicians
 12345 Somewhere Blvd
 Anytown, LA 70000-0000



PAYMENT REGISTER/REMITTANCE ADVICE EXPLANATION

Following is a description of each item on the Blue Cross Weekly Provider Payment Register/Remittance Advice.

1. **Patient Name** - The last and first name of the patient.
2. **Contract Number** - The member's Blue Cross and Blue Shield identification number.
3. **Patient Acct** - The patient identification number assigned by the provider's office. This information will appear only if provided on the claim.
4. **Performing Provider** - The provider number and name of the provider who performed the service.
5. **Days/Units** - The number of visits that the line item charge represents.
6. **Admit/Dis Dt** - The beginning and ending date(s) of service for a claim.
7. **Claim Number** - The number assigned to the claim by Blue Cross for document identification purposes. NOTE: When making inquiries about a specific payment, always refer to this number.
8. **CPT4 Rev** - The code used to describe the services performed by the provider.
9. **Drg** - Not applicable to providers.
10. **Total Charges** - The charge for each service and the total claim charges submitted to Blue Cross and Blue Shield.
11. **Above Allow Amt** - The amount above the allowable charge. NOTE: This amount cannot be collected from the member.
12. **COB OC Pay** - An asterisk in this column denotes that Blue Cross and Blue Shield is the secondary carrier.
13. **OC Code** - C = Commercial Carrier, M = Medicare.
14. **Not Covered Ded-Coin-Inel** - The total amount owed by a patient for each claim including deductible, coinsurance, copayment, noncovered charges, etc.
15. **Patient Resp** - The total patient responsibility amount. NOTE: The patient responsibility amount may have been reduced by any COB amount included in the calculation.
16. **Amount Paid** - The amount paid by Blue Cross.
17. **Totals** - The total of days, charges, contract benefits, patient liability, above allowable amount, and amount paid for all patients listed.
18. **Paid Prov** - Provider's/Clinic's NPI under which payment is made.
19. **Date** - Date the Provider Payment Register/Remittance Advice is generated by Blue Cross.
20. **EFT NO** - The number assigned to the EFT associated with the Payment Register.