Welcome to the Louisiana Blue Network

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

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

How to submit questions:

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

LOUISIANA BLUE

Welcome to the Louisiana Blue Network

Professional Webinar

Presented by Marie Davis
Senior Provider Relations Representative

March 2025

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

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

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

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

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

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Welcome to Louisiana Blue!

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

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

Credentialing, Recredentialing & Updating Your Information

Credentialing is Required for Network Participation

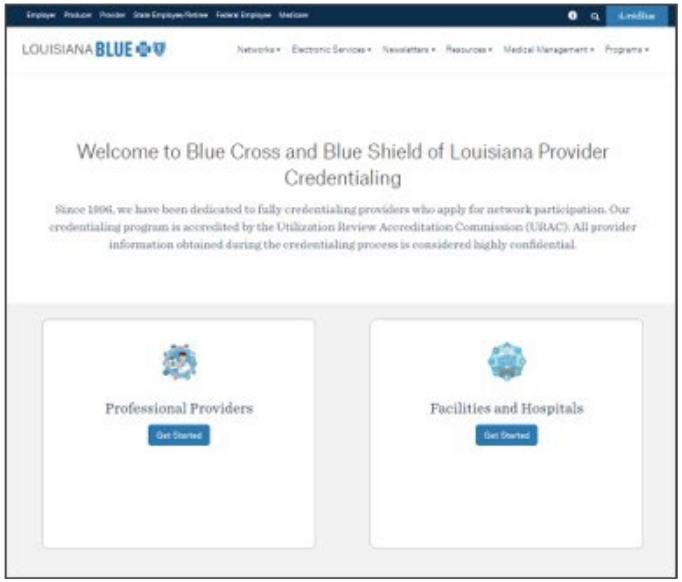
Louisiana Blue credentials all practitioners and facilities that participate in our networks.

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

Network Participation

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

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

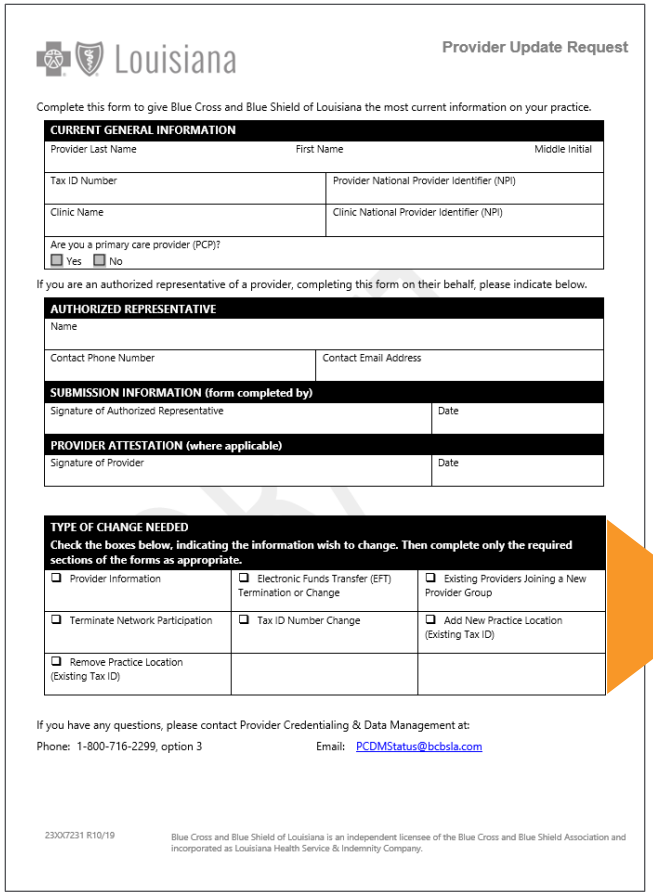


www.lablue.com/providers >Network Enrollment >Join Our Networks

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.



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)? ☐ Yes ☐ 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.

❑ Provider Information	❑ Electronic Funds Transfer (EFT) Termination or Change	❑ Existing Providers Joining a New Provider Group
❑ Terminate Network Participation	❑ Tax ID Number Change	❑ Add New Practice Location (Existing Tax ID)
❑ 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

23XX7231 R10/19

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

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

TYPE OF CHANGE

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

☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

The form is available online at **www.lablue.com/providers** >Resources >Forms.

Updating Your Information

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

- Indicate on the Provider Request Form they 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.**		
☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

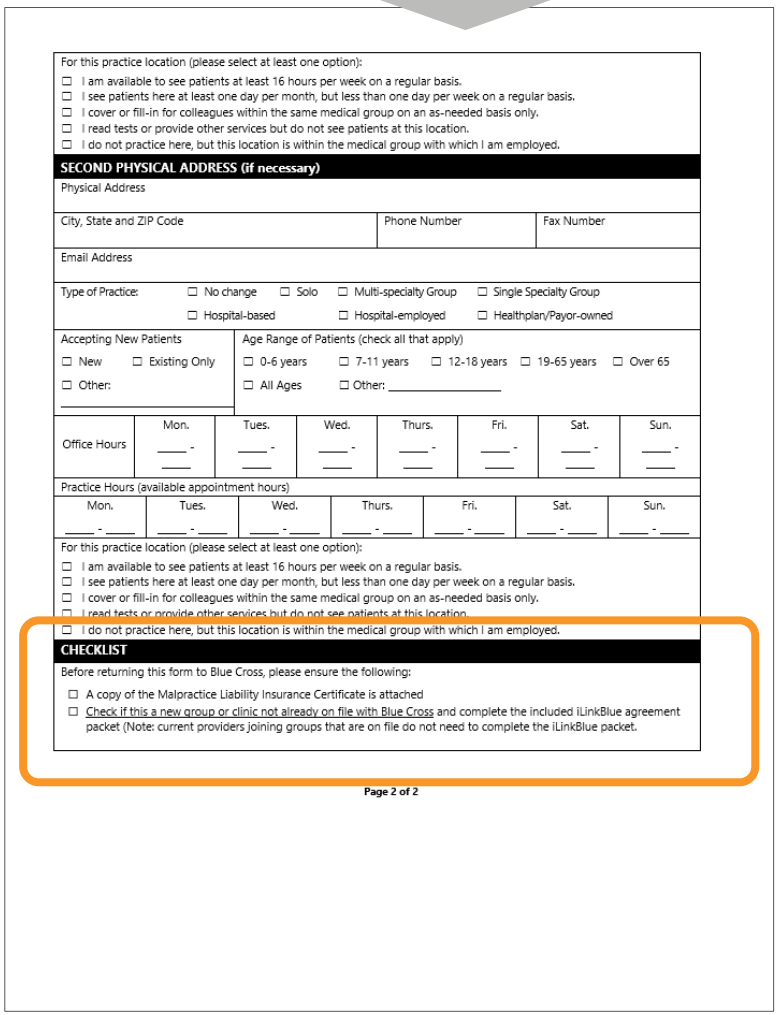
Updating Your Information

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

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

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

Submissions that are missing checklist items will be returned.



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

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

SECOND PHYSICAL ADDRESS (if necessary)

Physical Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

Type of Practice: ☐ No change ☐ Solo ☐ Multi-specialty Group ☐ Single Specialty Group ☐ Hospital-based ☐ Hospital-employed ☐ Healthplan/Payor-owned

Accepting New Patients: ☐ New ☐ Existing Only ☐ Other:

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

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

Practice Hours (available appointment hours)

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

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

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

CHECKLIST

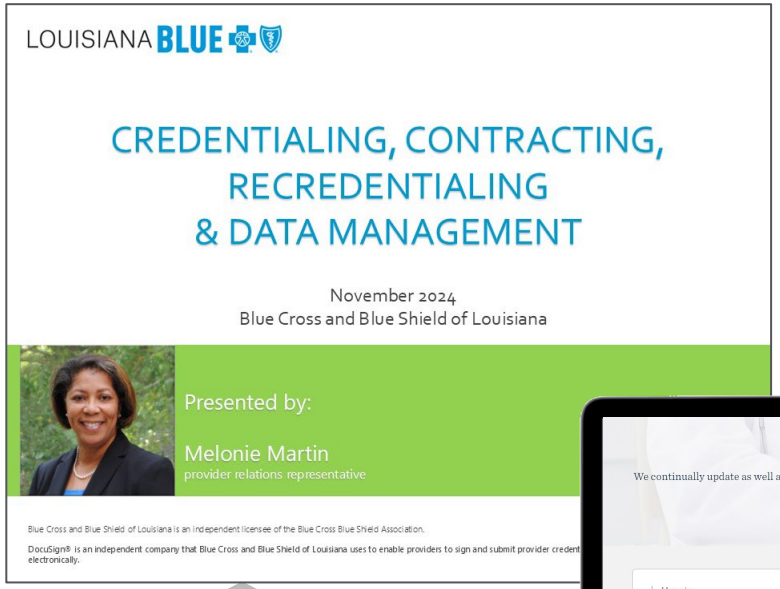
Before returning this form to Blue Cross, please ensure the following:

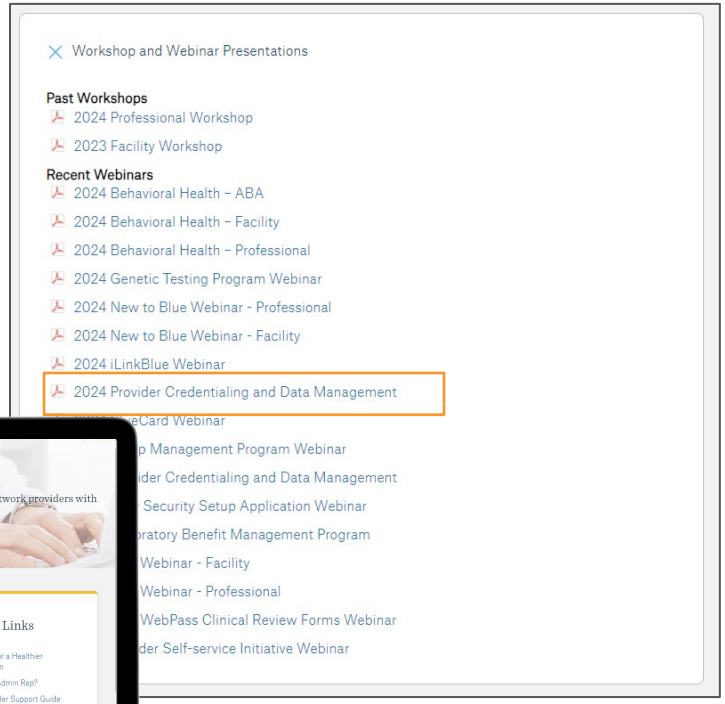
- ☐ A copy of the Malpractice Liability Insurance Certificate is attached
- ☐ Check if this a new group or clinic not already on file with Blue Cross and complete the included iLinkBlue agreement packet (Note: current providers joining groups that are on file do not need to complete the iLinkBlue packet.

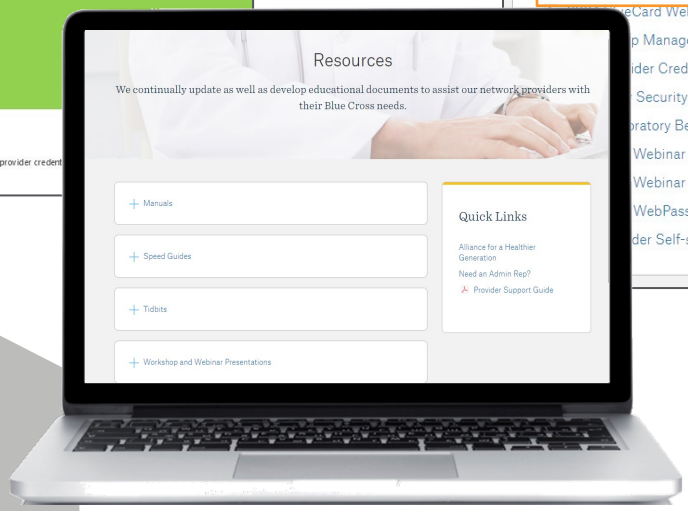
Page 2 of 2

Learn More About Credentialing and Recredentialing

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







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

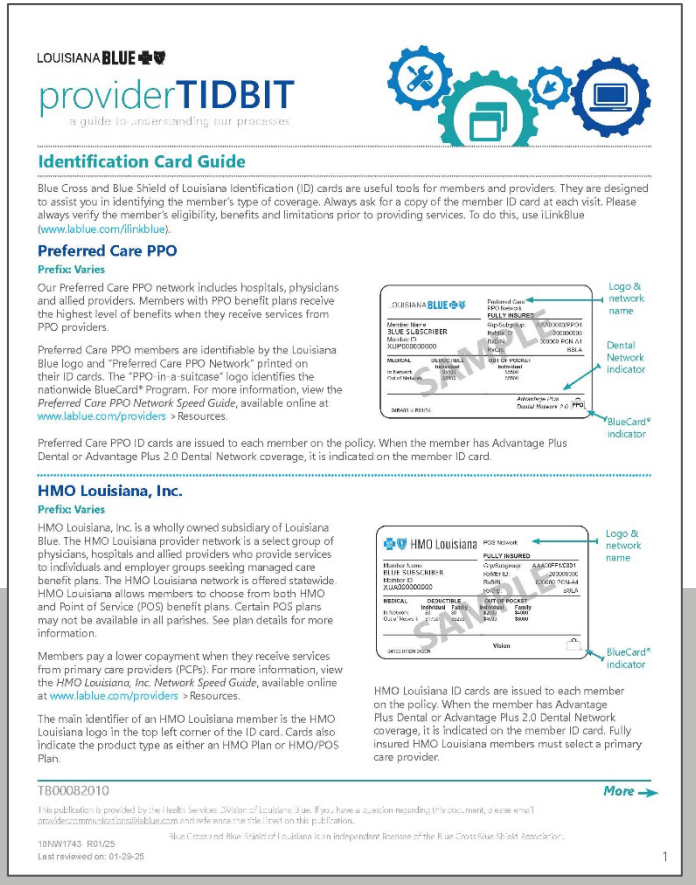
Our Networks

Louisiana Blue's Provider Networks

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

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue (Extended Parishes)
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Ochsner Health Network
- Federal Employee Program (FEP)

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



LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Identification Card Guide

Blue Cross and Blue Shield of Louisiana 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.lablue.com/ilinkblue).

Preferred Care PPO

Prefix: Varies

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

Preferred Care PPO members are identifiable by the Louisiana Blue 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.lablue.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 Louisiana Blue. 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. Certain POS plans may not be available in all parishes. See plan details for more information.

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.lablue.com/providers > Resources.

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

Logo & network name

BlueCard® indicator

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

TB00082010

More →

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

Blue Cross and Blue Shield of Louisiana is an Independent Licensee of the Blue Cross Blue Shield Association.

18NW1743 R01/25

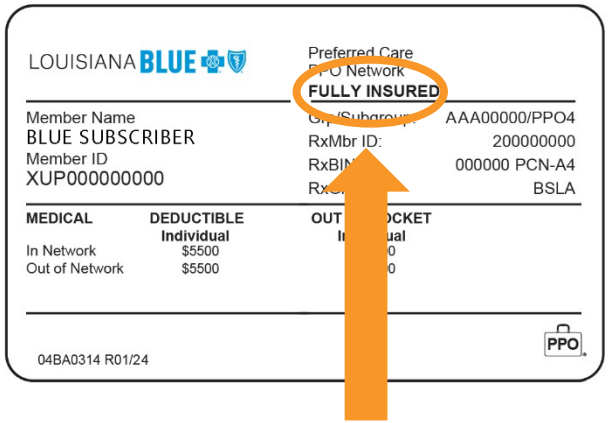
Last reviewed on: 01-29-25

1

Fully Insured & Self Funded

FULLY INSURED

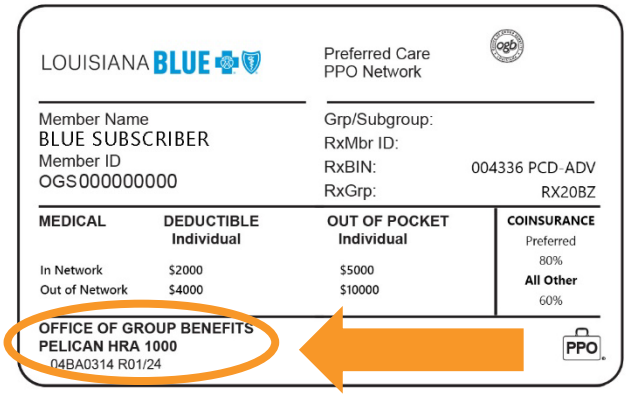
Group and individual policies issued by Louisiana Blue/HMOLA, and claims are funded by Louisiana Blue/HMOLA.



"Fully Insured" notation

SELF FUNDED

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

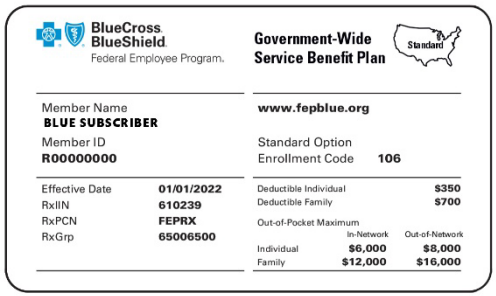


- **"Fully Insured" NOT noted**
- **Self-funded group name listed**

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

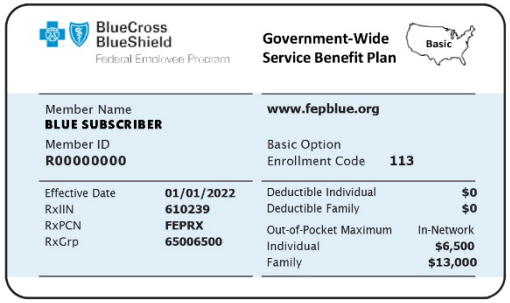
Federal Employee Program (FEP)

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



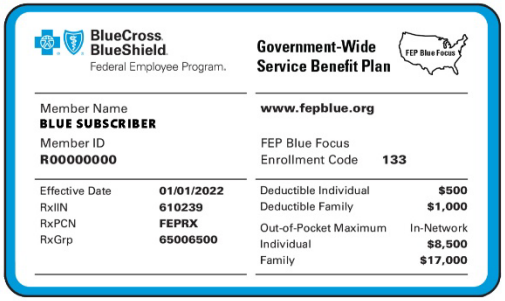
Standard

In-network benefit
Out-of-network benefits



Basic

In-network benefits
No out-of-network benefits



Blue Focus

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

BlueCard® Program (out-of-area) Members

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

The suitcase logo provides the following information about the member:

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

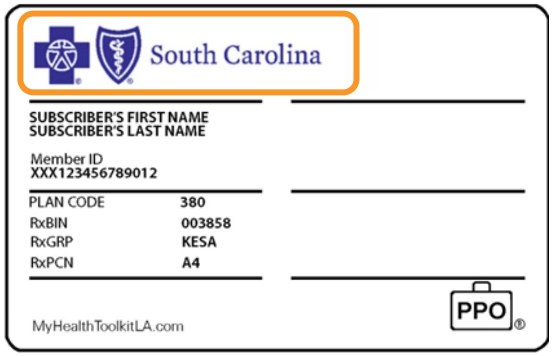
The PPO suitcase indicates the member is enrolled in a Blue Plan PPO or EPO product.

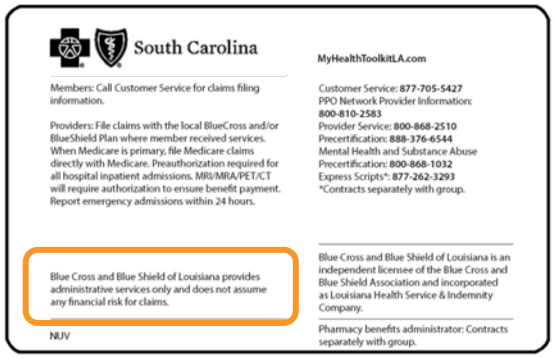
The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.

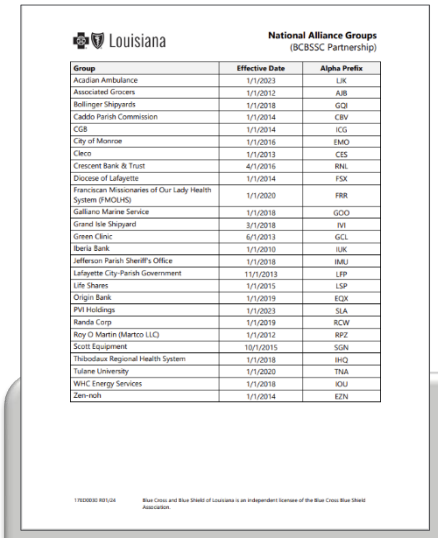
The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network® (BlueHPN ®) product.

National Alliance Members *(South Carolina Partnership)*

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







Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Acadian Ambulance	1/1/2023	LJK
Associated Grocers	1/1/2012	AJB
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	CES
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMOLHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyard	3/1/2018	IVI
Green Clinic	6/1/2013	GCL
Iberia Bank	1/1/2010	IUK
Jefferson Parish Sheriff's Office	1/1/2018	IMU
Lafayette City-Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EQX
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IHQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	KIU
Zen-noh	1/1/2014	EZN

We publish a list of these groups (with prefixes) in iLinkBlue (**www.lablue.com/ilinkblue**) under the "Resources" section.

Member Referrals

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

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

- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement.

Referring Members Out-of-network

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

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

- Higher cost shares (deductibles, coinsurances, copayments)
- No benefits for some members
- Balance billing to member for all amounts not paid by Louisiana Blue if the provider is non-participating

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

Laboratory Referrals

- All our network providers should refer members to preferred reference lab vendors when lab services are needed and are not performed in the office.
- If you perform laboratory testing procedures in your office, we require a copy of your Clinical Laboratory Improvement Act (CLIA) certification.
- HMO Louisiana, Blue Connect, Community Blue, Precision Blue and Signature Blue physicians may perform a selection of lab tests from our In-office Lab List.

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

- CMS-1500: Block 17B
- 837P: 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element

The In-office Lab List is available in our *HMO Preferred Reference Lab Guide* which is available online at **www.lablue.com/providers** >Resources >Speed Guides.

Online Resources

Online Provider Directories

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

We publish demographic information in our online provider directory. The directory is available on our website at **www.lablue.com**.

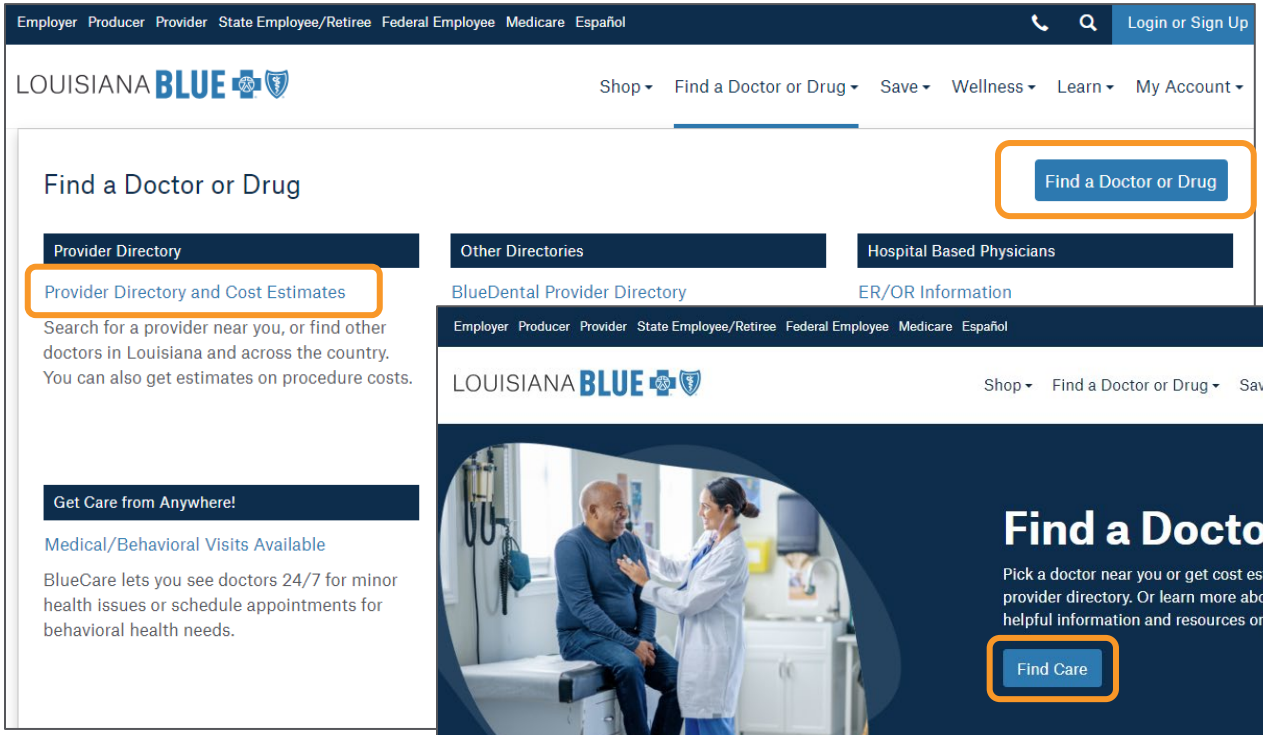
- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services

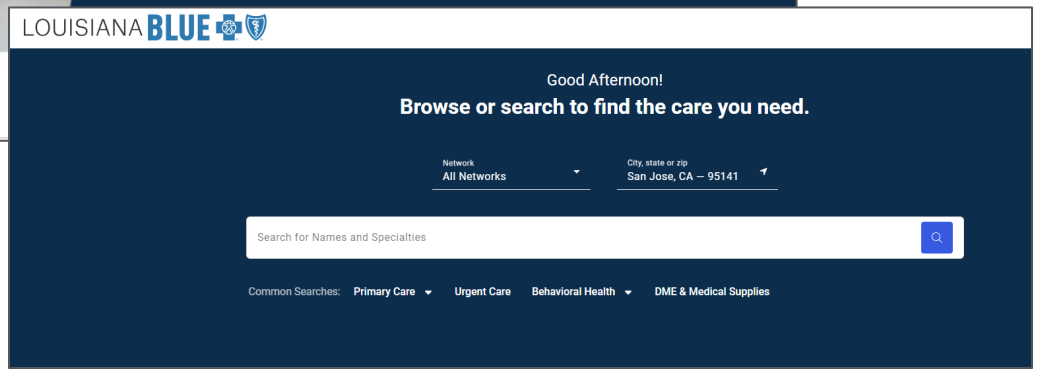
For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.

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

Online Provider Directories

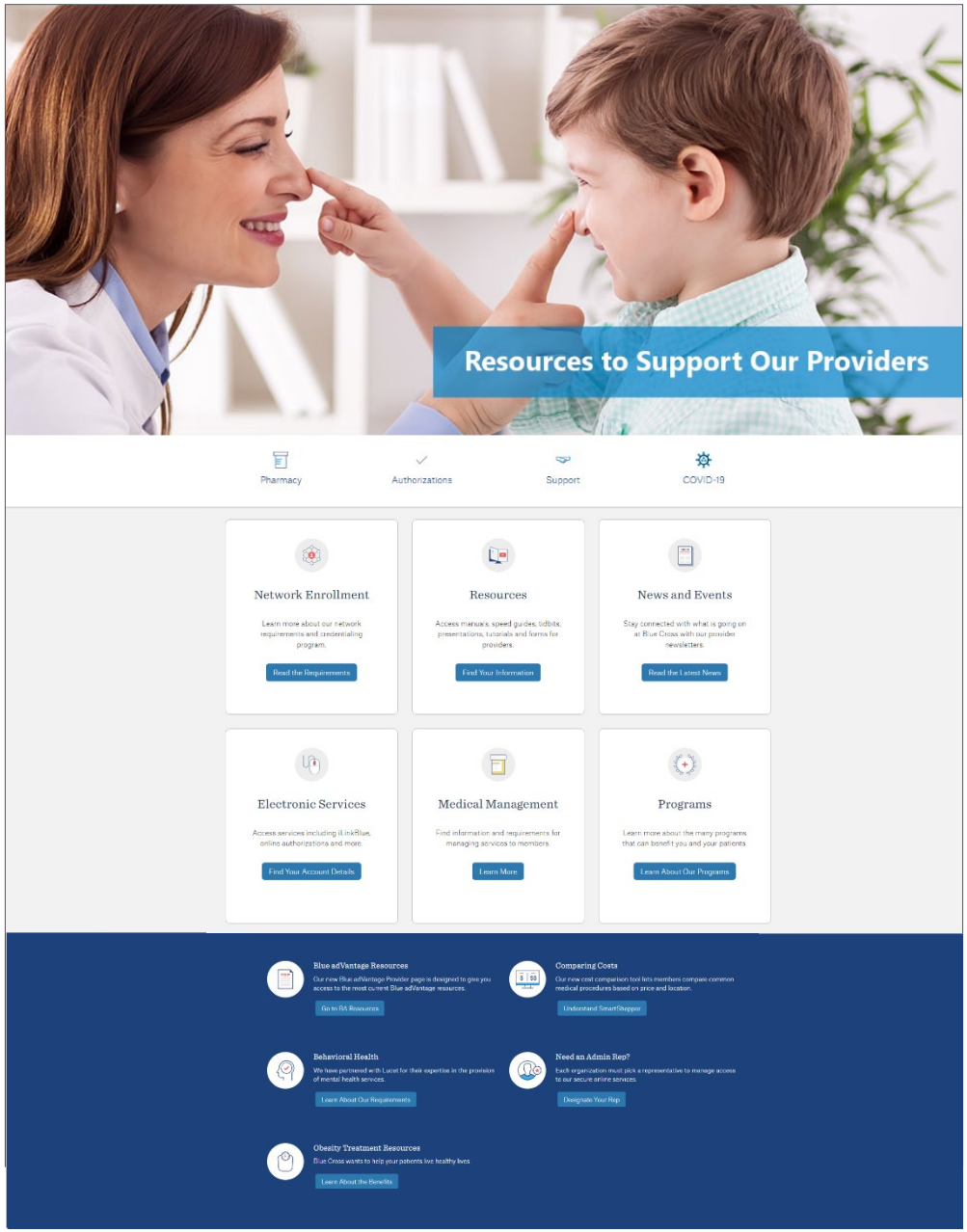
www.lablue.com >Find a Doctor or Drug >Provider Directory and Cost Estimates >Find Care





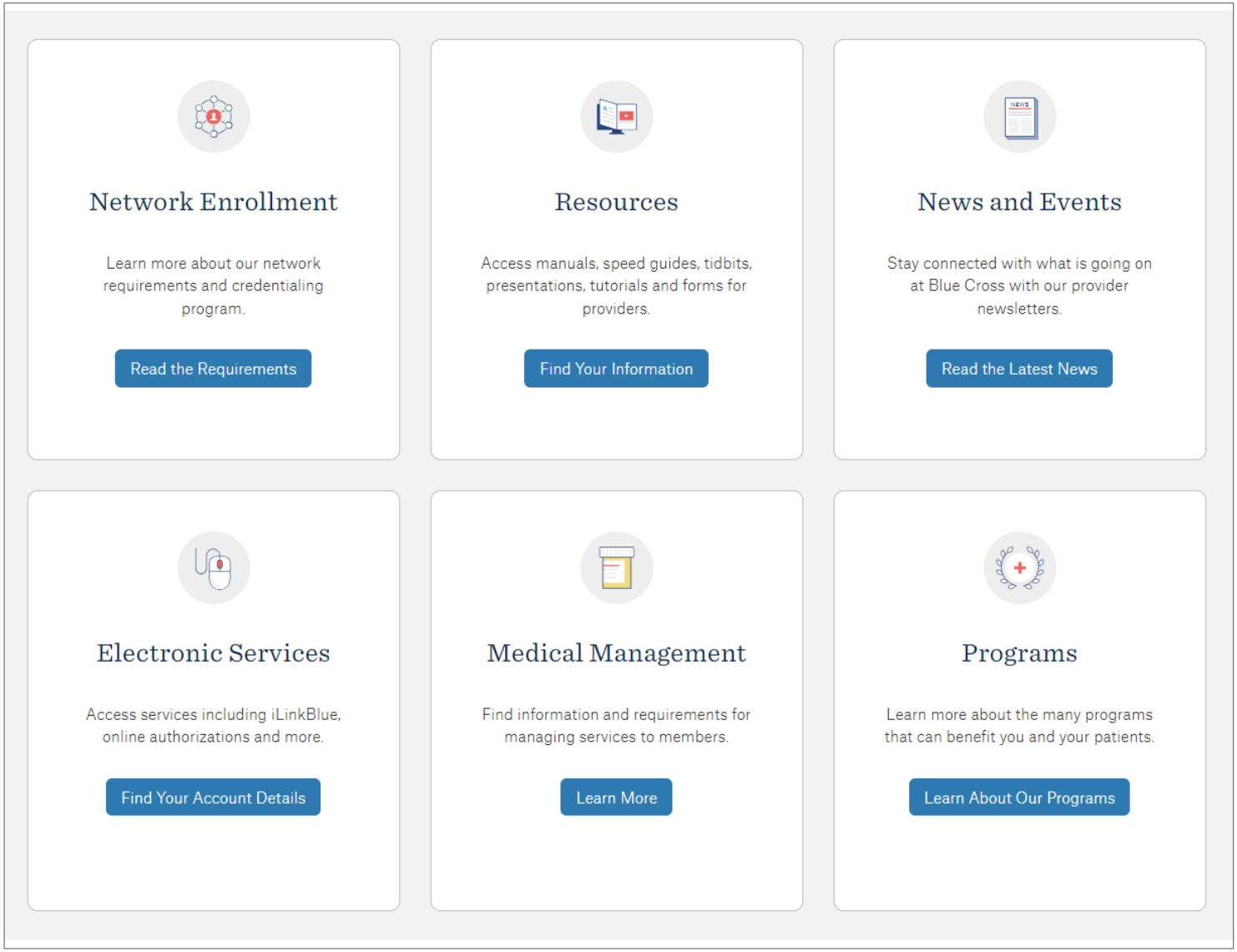
The Provider Page

www.lablue.com/providers



The Provider Page

www.lablue.com/providers

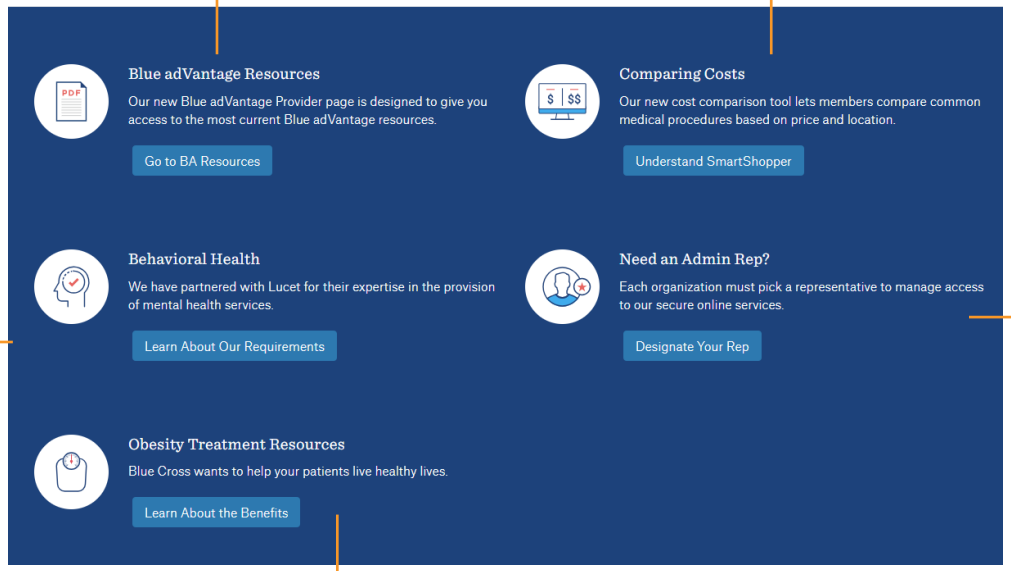


The Provider Page

www.lablue.com/providers

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

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

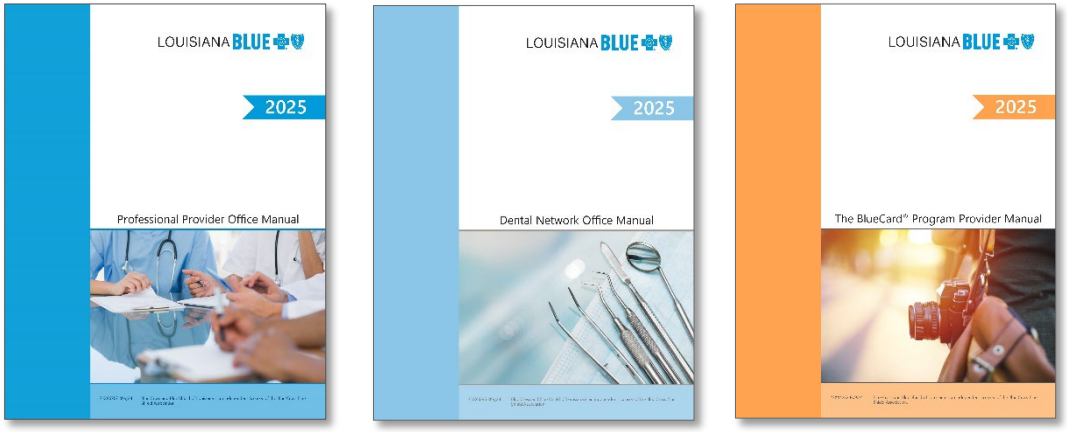


Behavioral Health
We have partnered with Lucet for their expertise in the provision of mental health services.

Need an Admin Rep?
Each organization must pick a representative to manage access to our secure online services.

Obesity Treatment Resources
Louisiana Blue wants to help your patients live healthy lives.

Provider Manuals



www.lablue.com/providers >Resources >Manuals

Our manuals are an extension of your member provider agreement.

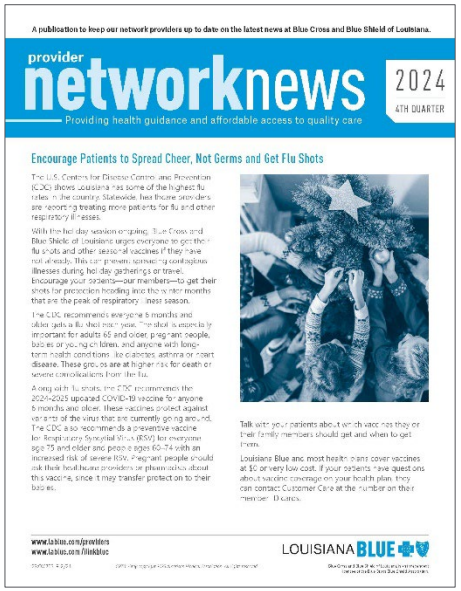
The manuals include the information you need as a participant in our networks:

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

Newsletters

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

www.lablue.com/providers >Newsletters



Network News

Our quarterly newsletter for network providers.

Blue Advantage Insight

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

Not Getting Our Newsletters?

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

Weekly Digest

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

It includes:

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

LOUISIANA BLUE

provider communications

WEEKLY DIGEST

PROVIDER NOTICES

Lab Reimbursement Policy Update

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

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

Provider Letter
Revised Policy No. G2022: Biomarker Testing for Autoimmune Rheumatic Disease

UPCOMING EVENTS

Register Today!

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

Risk Adjustment 101 Webinar

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

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

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

Register

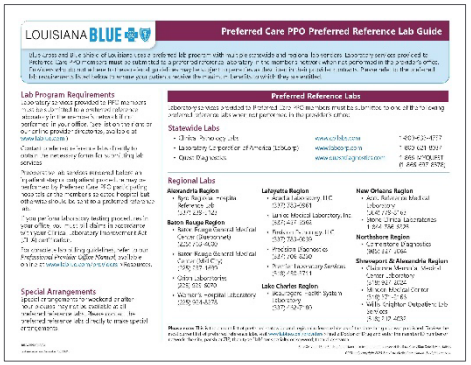
Important information to share with others at your organization!

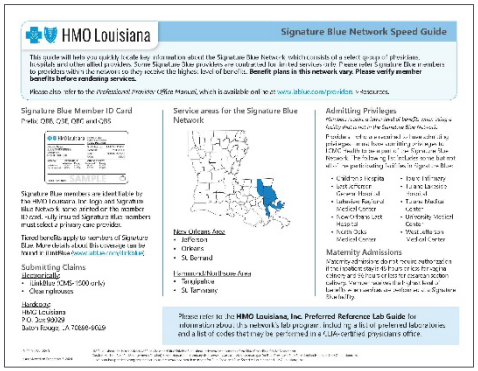
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

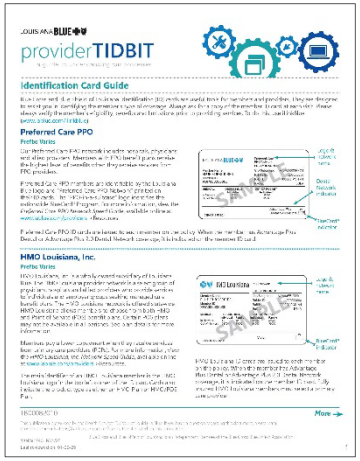
Speed Guides & Tidbits

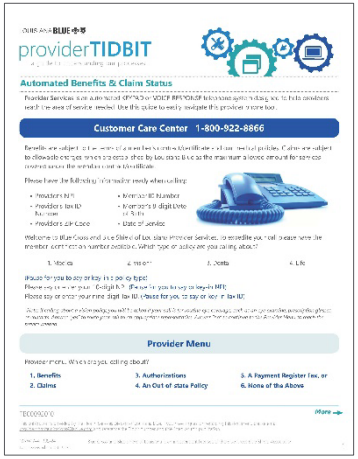
Speed Guides offer quick reference to network authorization requirements, policies and billing guidelines.

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









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

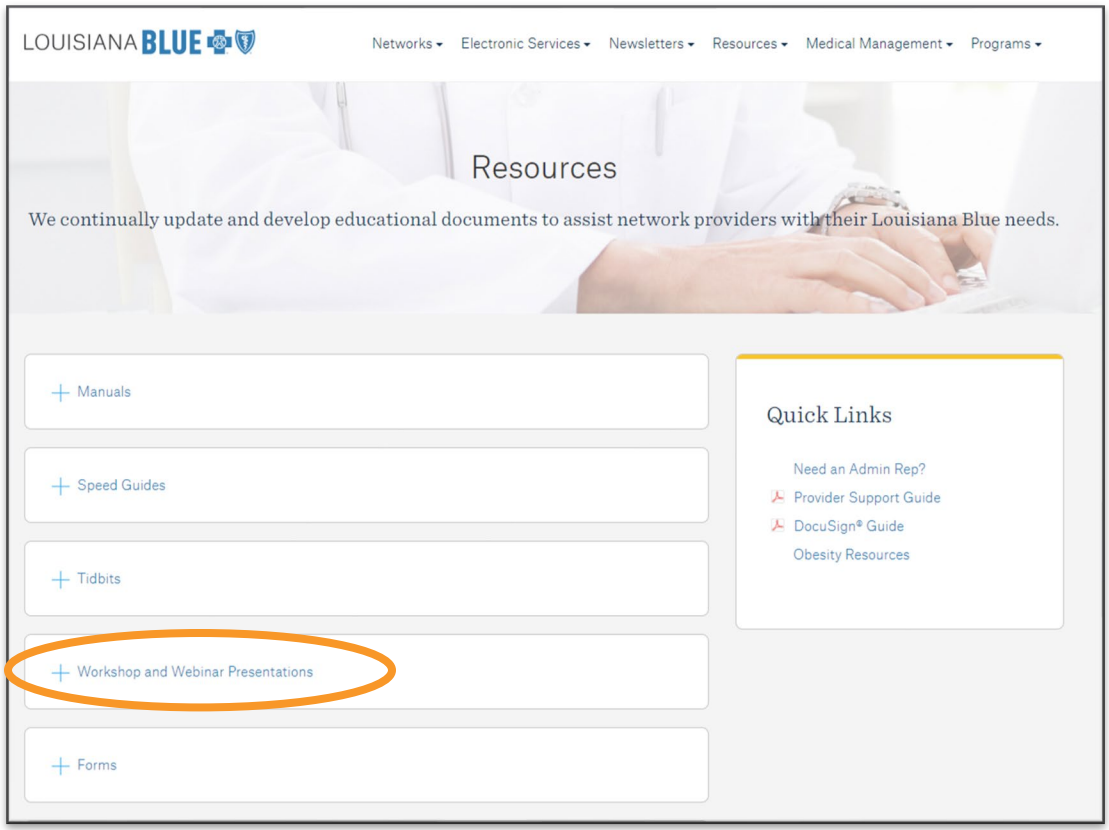
www.lablue.com/providers
>Resources >Tidbits

Workshops and Webinars

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

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

PDF copies of our workshops and webinars are available online.



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

Using iLinkBlue

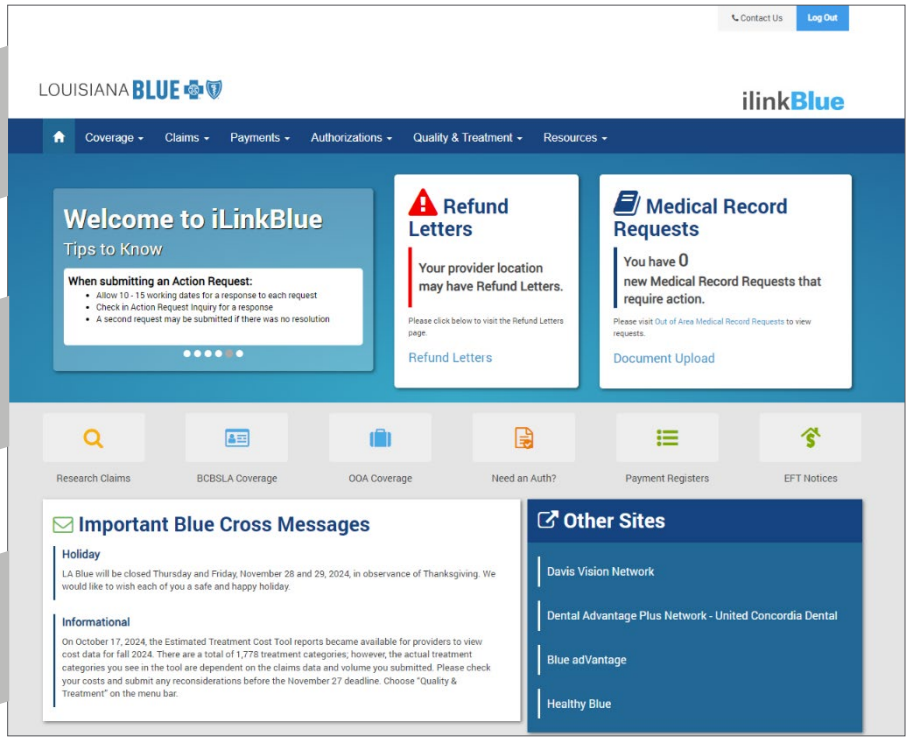
What is iLinkBlue?

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

no cost to providers

user-friendly navigation

secure auth applications



www.lablue.com/ilinkblue

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

The Administrative Representative Role

What is an Administrative Representative?

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

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

Accessing iLinkBlue

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

Louisiana

Instructions for Accessing Our Secure Online Services

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

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

To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.

   Email: PIMTeam@bcbsla.com Fax: 1-800-515-1128 Attn. Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?

If you have questions regarding the administrative representative setup process, please contact our PIM Team.

Email: PIMTeam@bcbsla.com

Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

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

16NW2367 R06/22

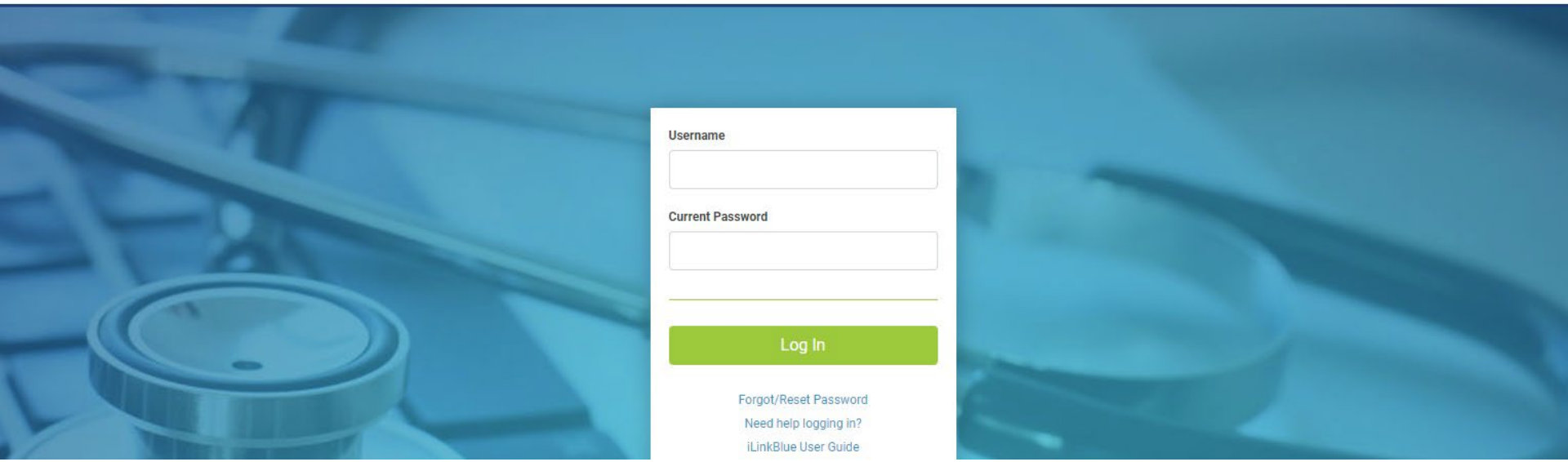
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative representative duties include:

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

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at **www.lablue.com/providers** >Electronic Services >Admin Reps.

Accessing iLinkBlue



Logging in for the first time:

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

Passwords

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

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

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

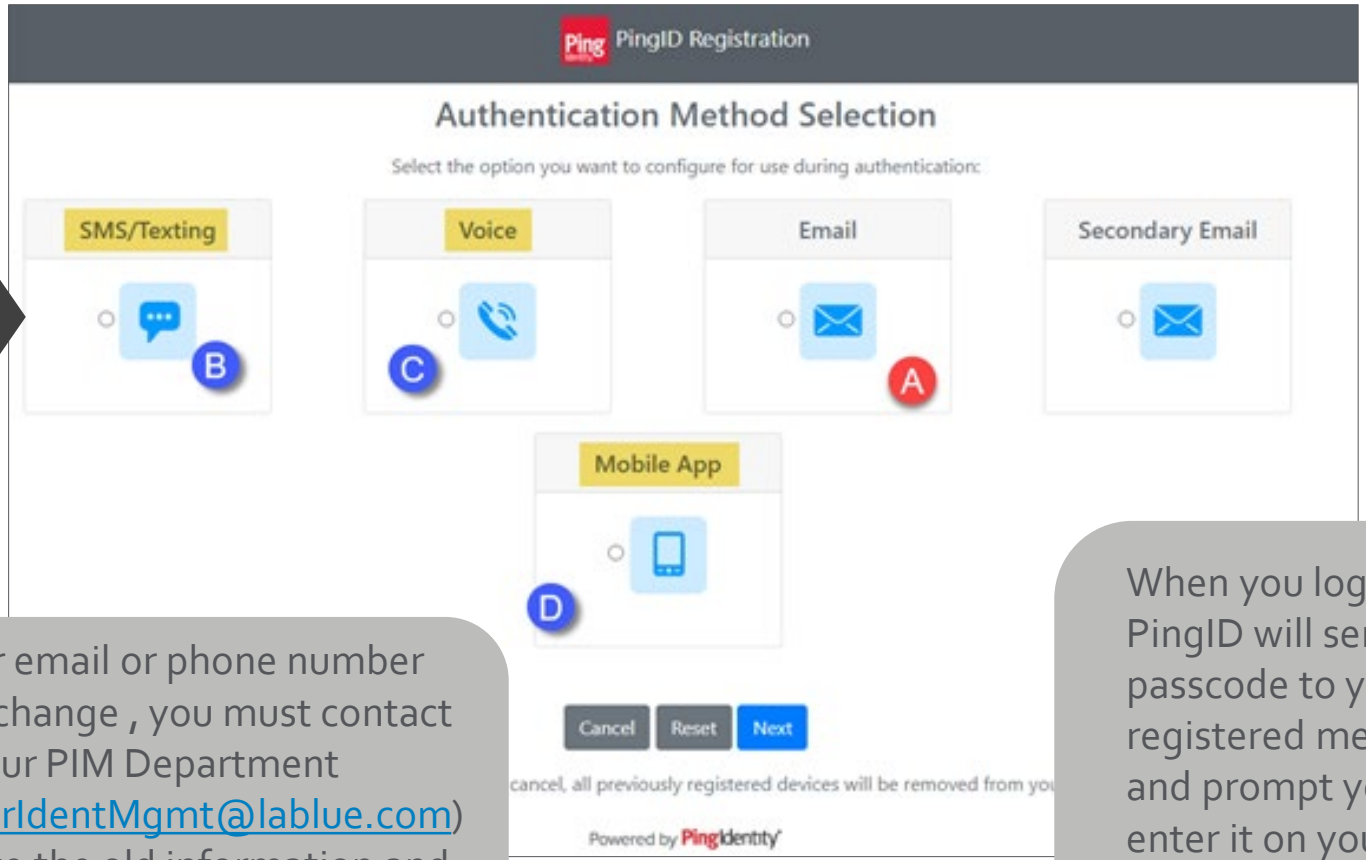
Phone: 1-800-716-2299, option 5
Monday – Friday 7:30 a.m. to 4 p.m.

Email: **PIMteam@lablue.com**

Multi-factor Authentication

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

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



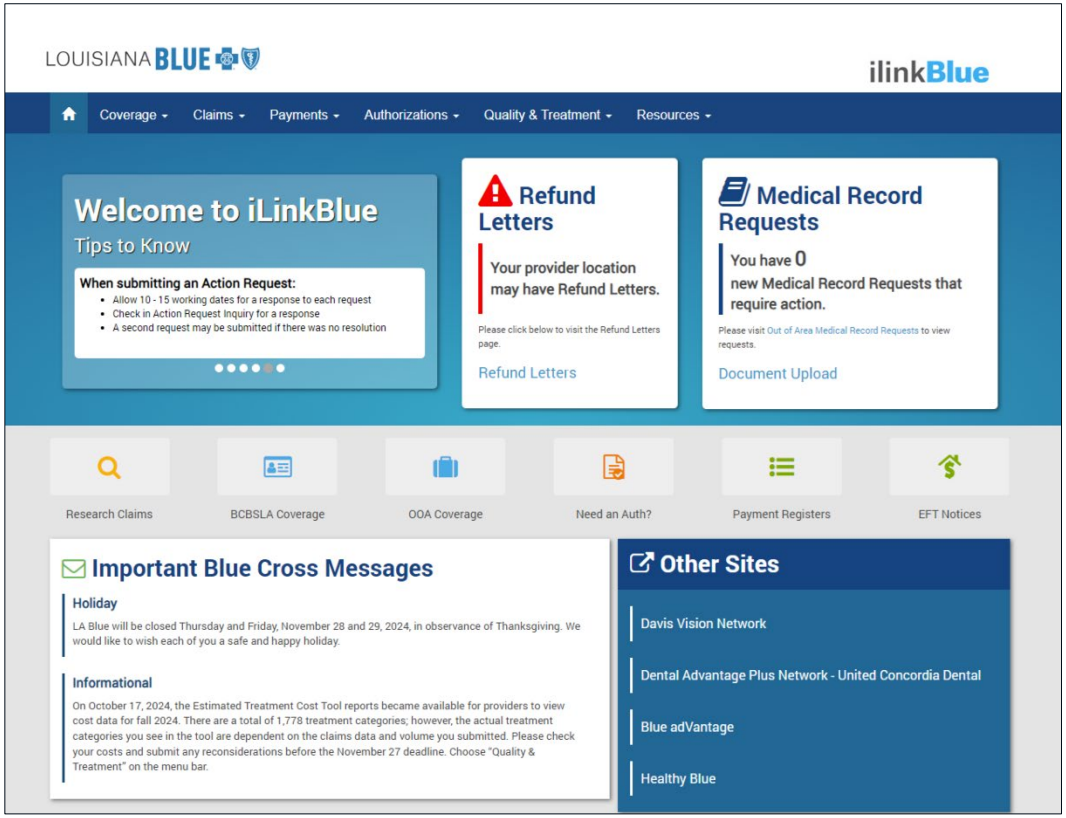
If your email or phone number should change , you must contact our PIM Department (ProviderIdentMgmt@lablue.com) to delete the old information and add the new.

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

Navigating iLinkBlue

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

Refund Letters
Providers now have a shortcut to check/search for Refund Request Letters.



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.

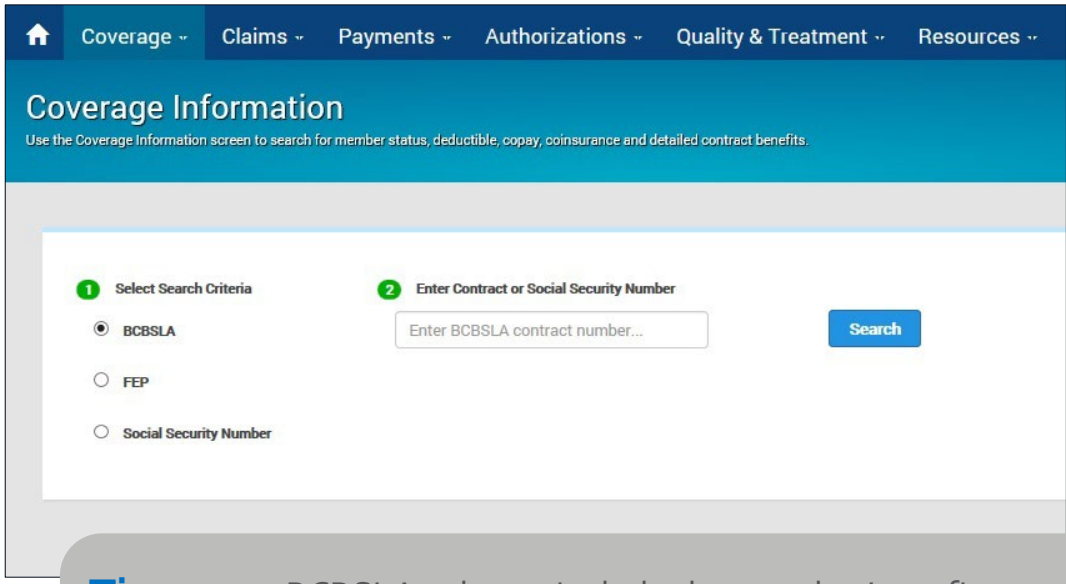
Other Sites
We provide quick access to other sites a provider might need to access.

Verifying Member Benefits in iLinkBlue

Use iLinkBlue (**www.lablue.com/ilinkblue**) to lookup a member's coverage information.

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

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



Tips

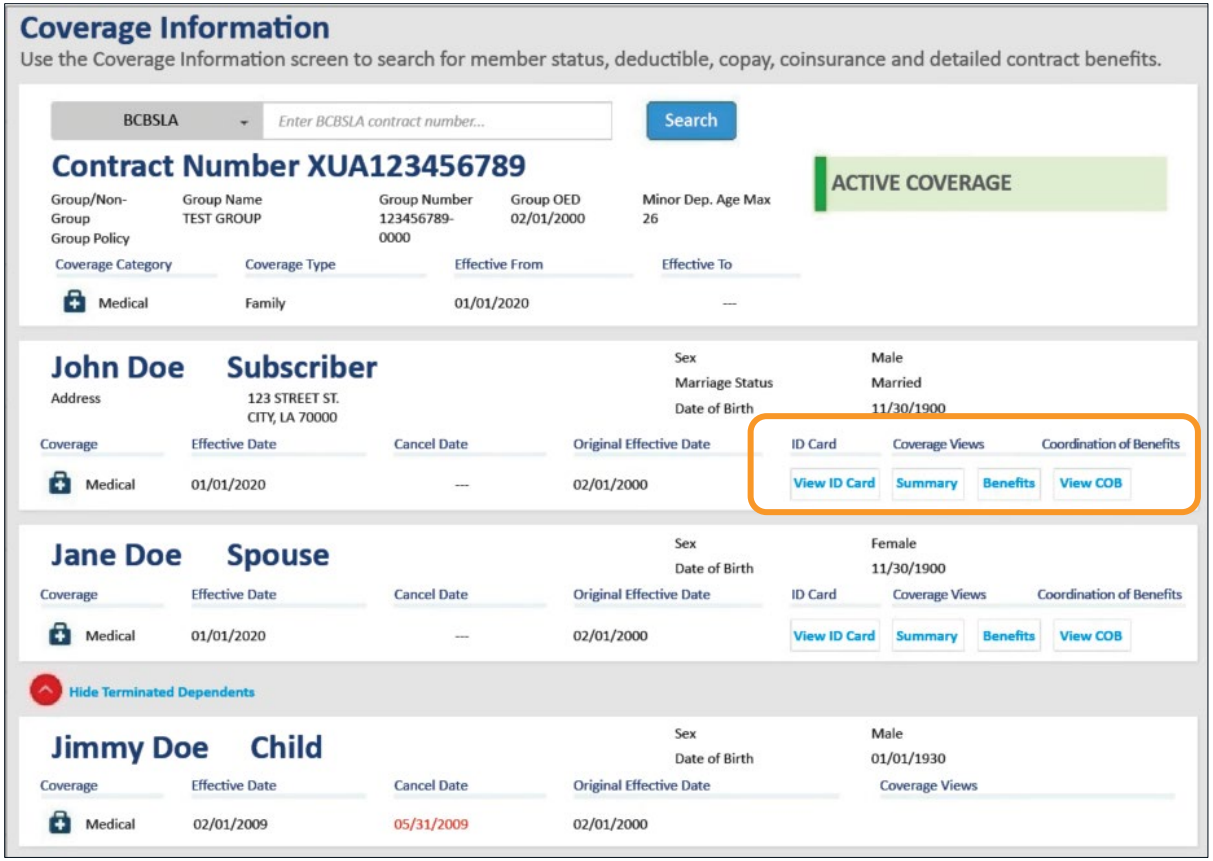
- BCBSLA – do not include the member's prefix.
- FEP – must include the letter "R"
- A different application is used for BlueCard (out-of-area) members

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

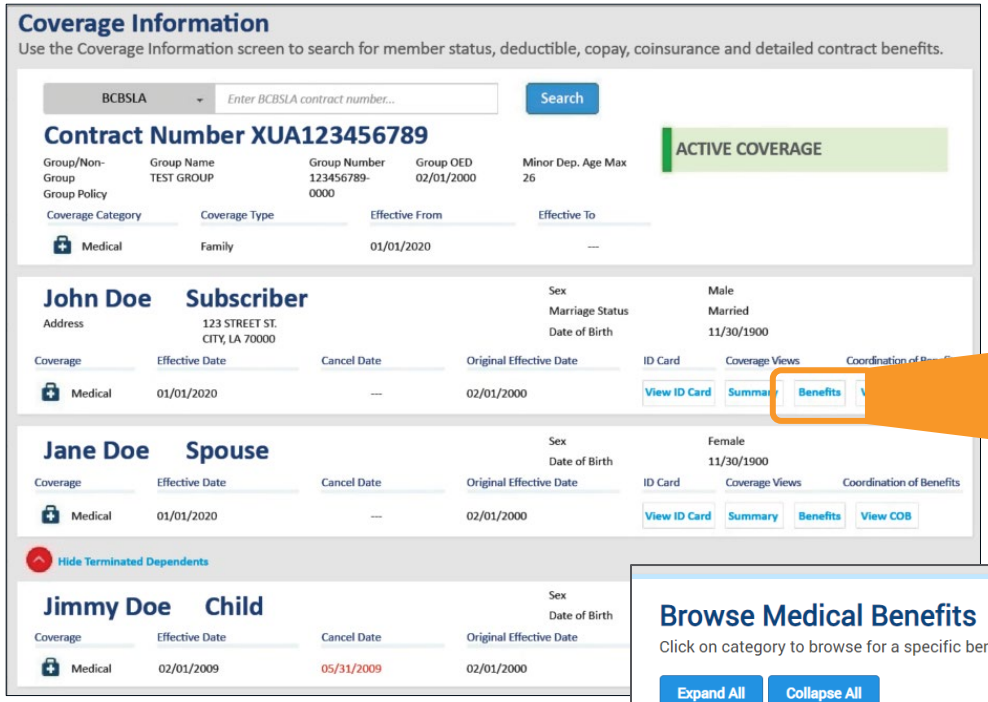
Coverage Information

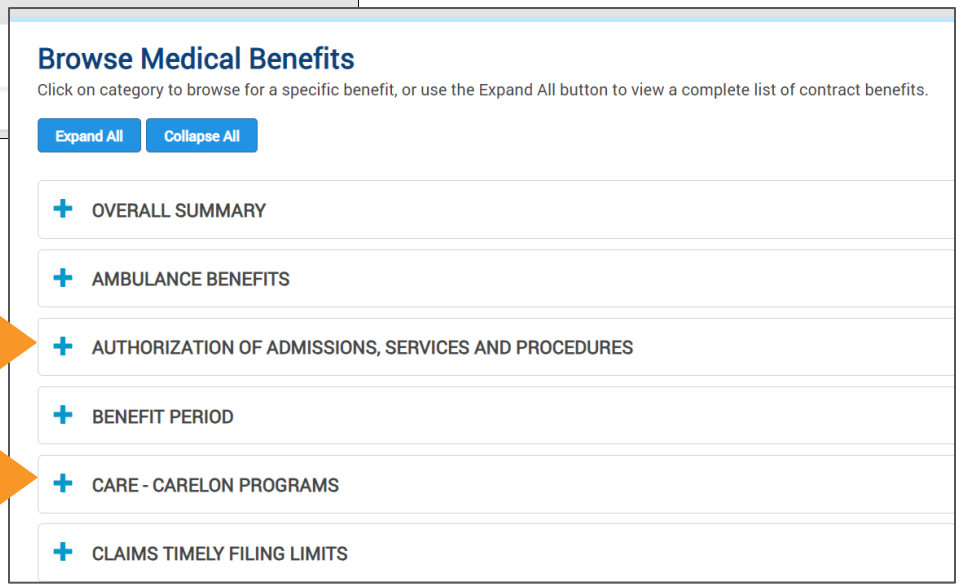
This screen identifies members covered on a policy, effective date and the status of the contract (active, pended, cancelled).

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



Verifying Benefits for Members

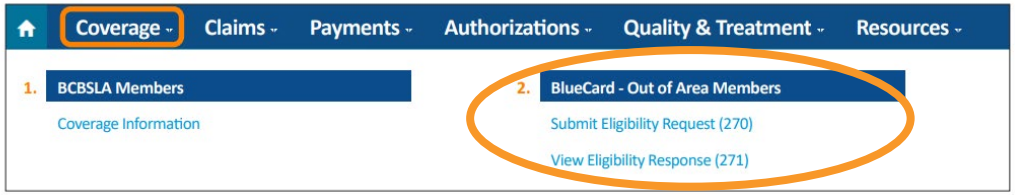


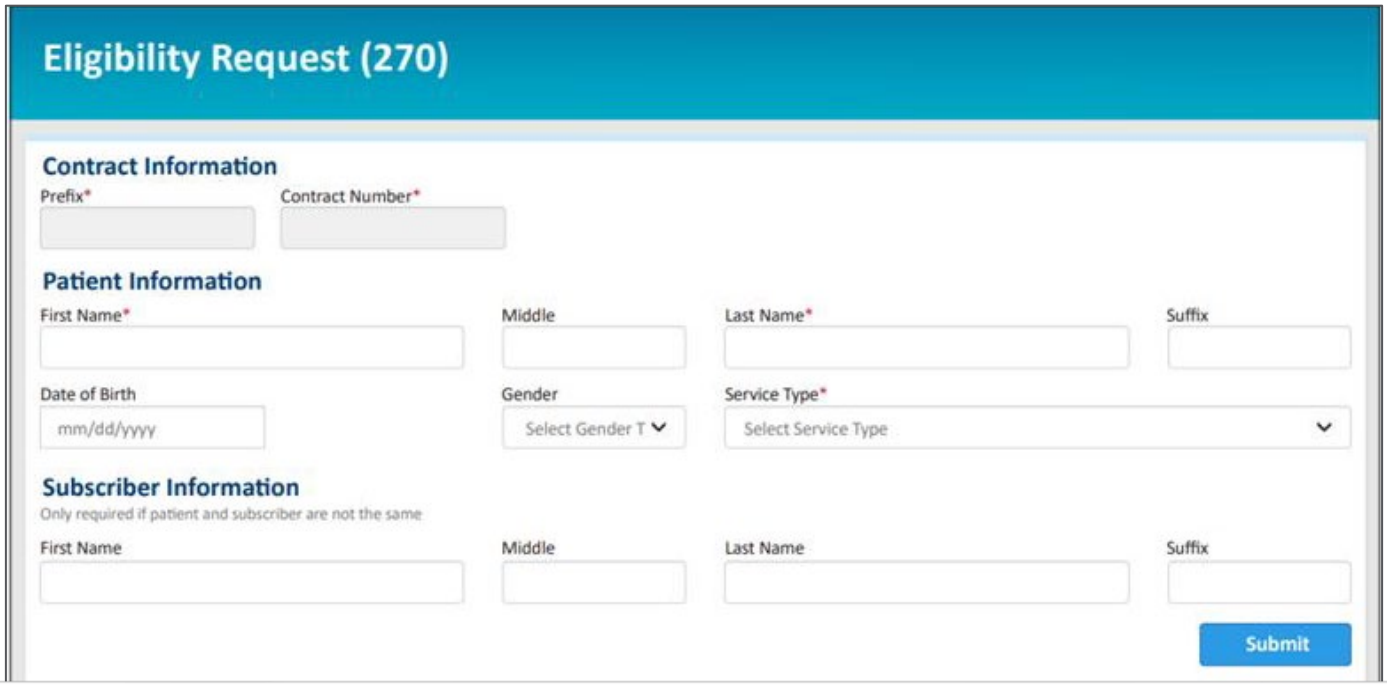


Click on **Benefits** to open the list of services covered under the member's policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

Verifying Benefits for BlueCard Members

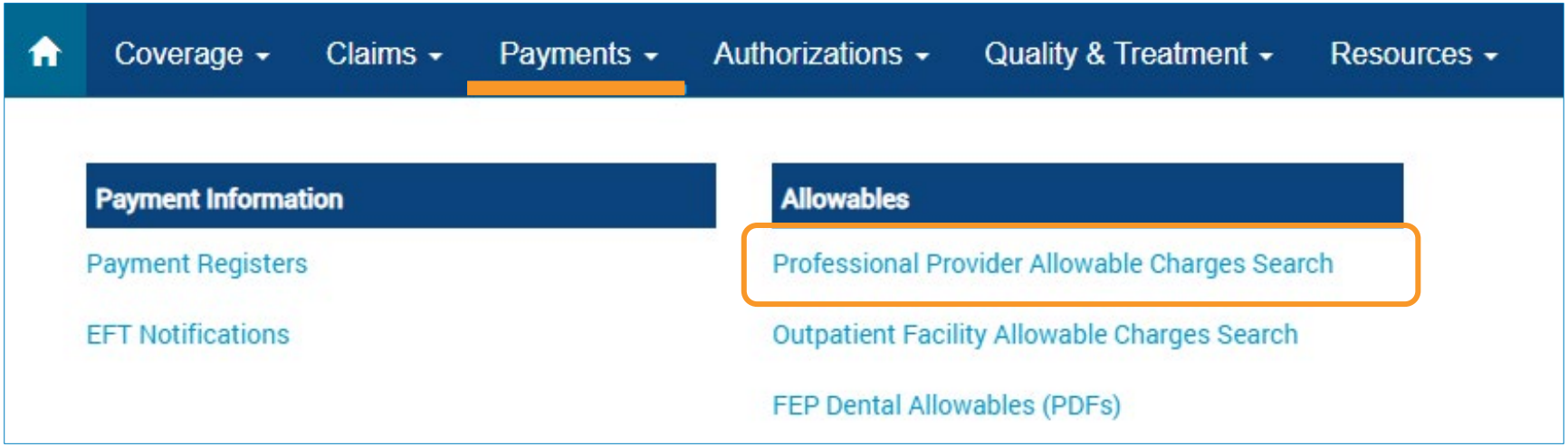
Use the "Coverage" menu option to research a BlueCard (out-of-area) member (insured through a Blue Plan other than Louisiana Blue).





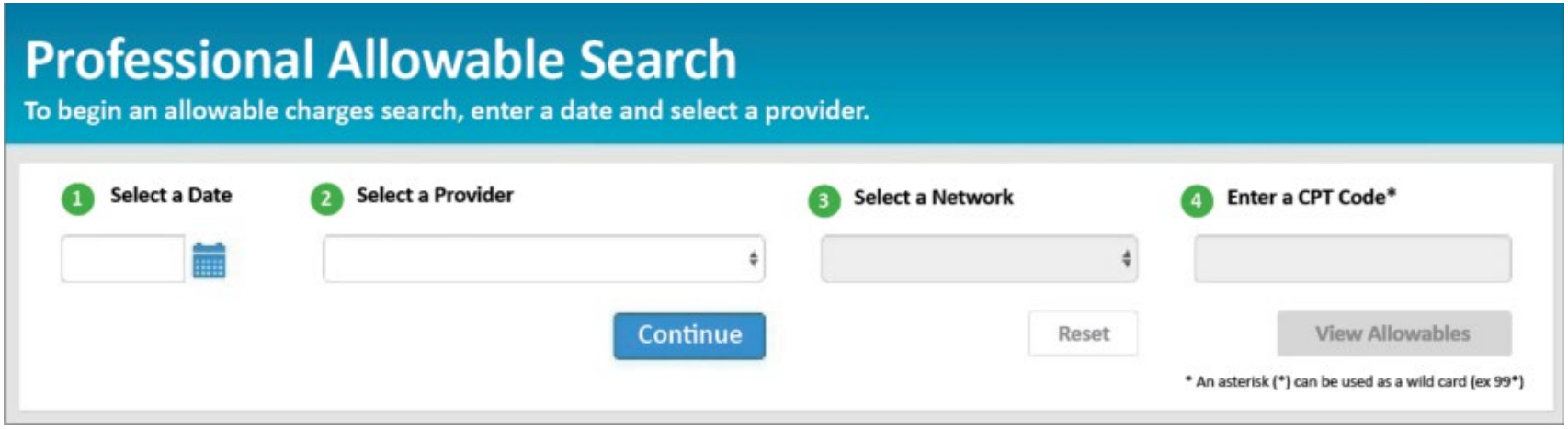
More information on BlueCard Eligibility and Benefits is available online at **www.lablue.com/providers** >Resources >Speed Guides.

Allowables Research



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

- **Professional Provider Allowable Charges Search**.



Professional Allowable Search

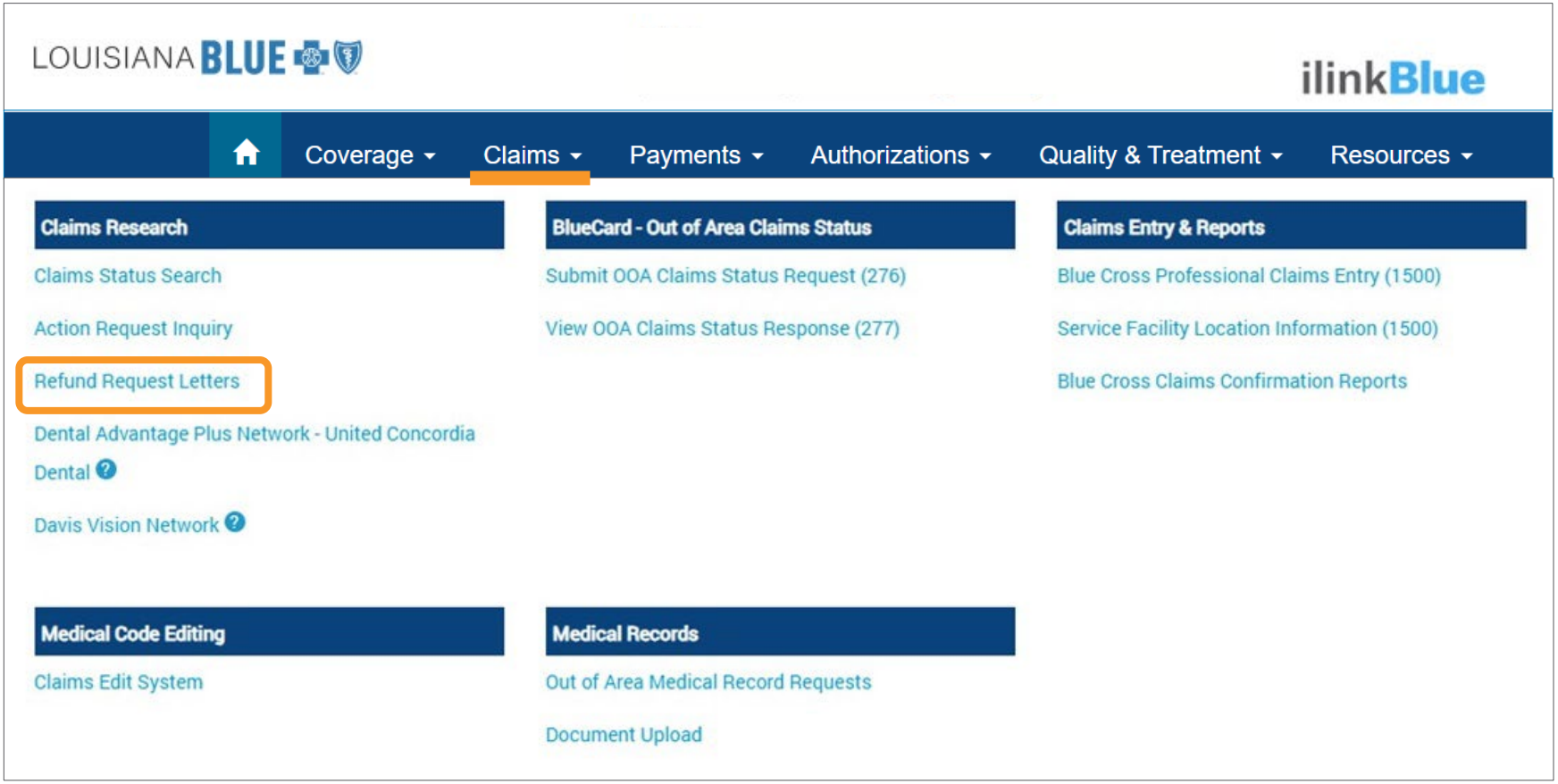
- When searching for an allowable charge enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.

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

Refund Request Letters

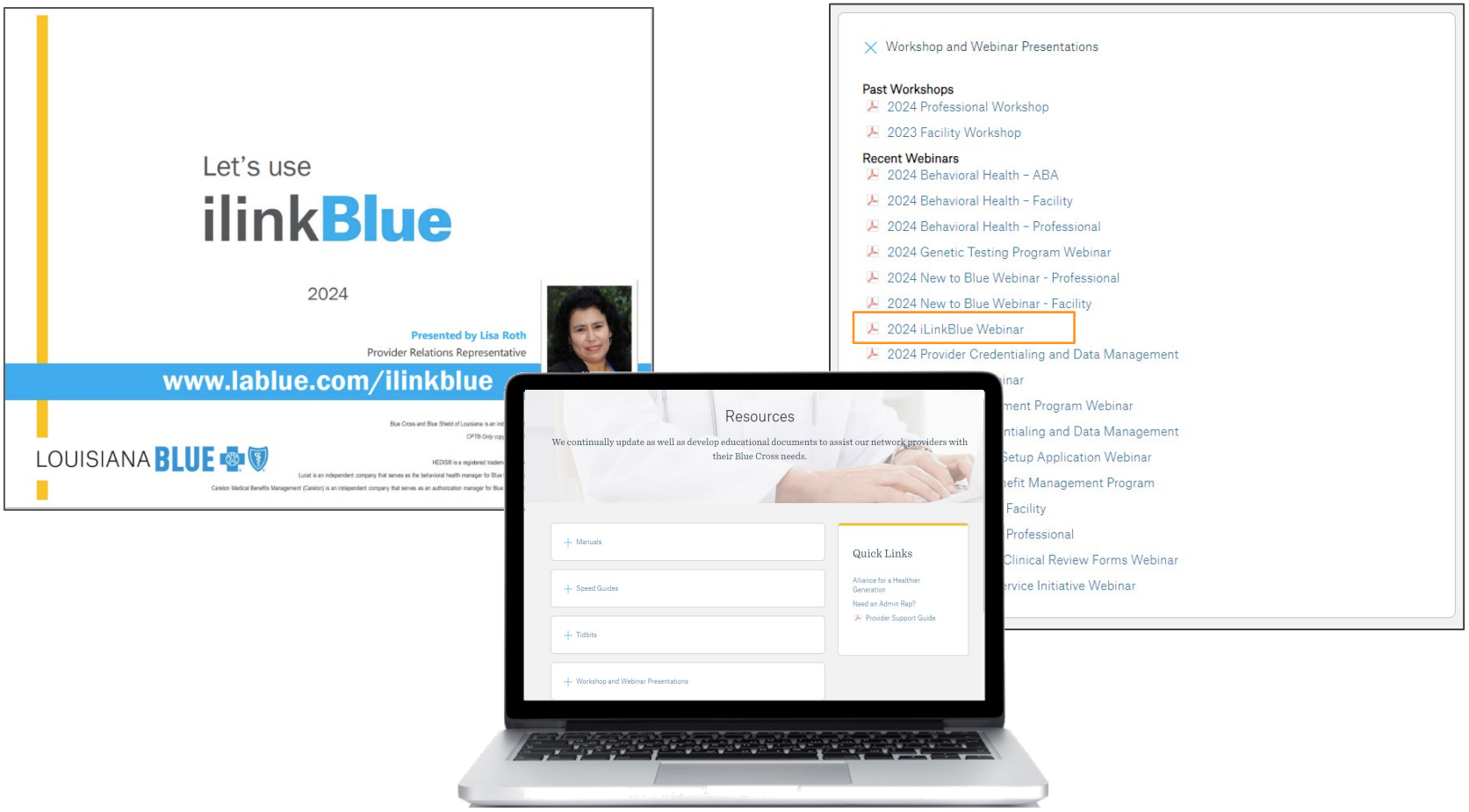
Providers now have access to electronic copies of Refund Request letters in iLinkBlue.

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



Learn More About iLinkBlue

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



Louisiana Blue Policies and Procedures

Laboratory Benefit Management Program

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

Avalon provides:

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

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

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

Providers can review and research laboratory policies and guidelines online at **www.lablue.com/providers** >Medical Management >Lab Management.

Laboratory Benefit Management Denials

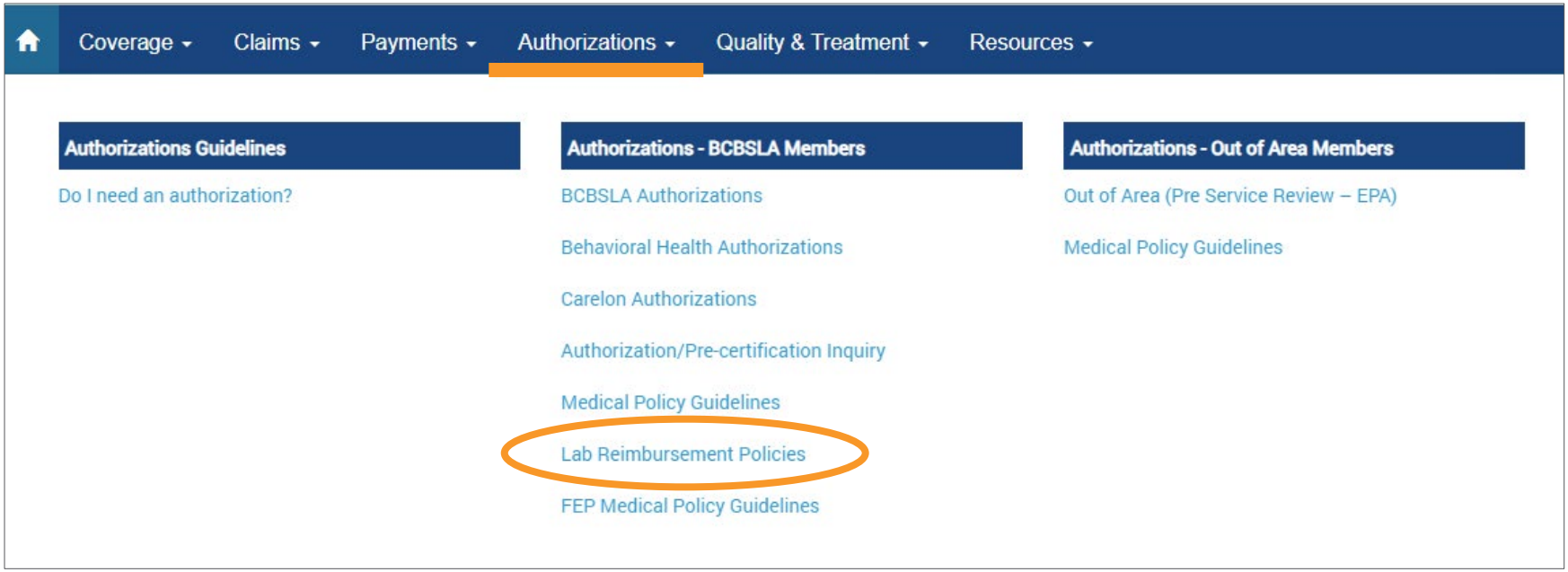
- If services were denied due to an Avalon policy, the policy number will appear on the provider payment register.
- You can then access our policies and procedures, put the policy number in the search field and it will display the policy and criteria.

SUBSCRIBER, JOE XUP20000000 1 7/2/2022 7/2/2022 22000080061 $137.98 $137.98 $0.00
Lab Policy #G2050, Procedure Code: 80061, Decision: D06R - 1 per 1 Yr

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

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

Laboratory Reimbursement Policies



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

Laboratory Policies

Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

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

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

Search...

- F2019: Flow Cytometry
- G2002: Cervical Cancer Screening
- G2005: Vitamin D Testing
- G2006: Diabetes Mellitus Testing
- G2007: Prostate Biopsies
- G2008: Prostate Specific Antigen (PSA) Testing
- G2009: Preventive Screening in Adults
- G2011: Diagnostic Testing of Iron Hemostasis and Metabolism
- G2013: Testosterone

Medical Policies

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

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

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

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

MEDICAL POLICY UPDATE

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

Updated Medical Policies

Policy No. Policy Name

Effective November 1, 2024

00316 Cranial Electrotherapy Stimulation and Auricular Electrostimulation

00323 Ablation and Surgical Treatment of Chronic Rhinitis

Effective November 11, 2024

00082 Allogeneic Pancreas Transplant

00141 Risk-Reducing Mastectomy

00279 etanercept (Enbrel®)

00293 Iloprost Inhaler Products

00357 Diabetic Test Strips

00366 Ivabradine (Corlanor®, generic)

00367 Overactive Bladder Medications (Branded)

00383 mifepristone (Korlym®, generic)

00431 Prochlorperazine Products

00539 ranolazine (Ranexa®)

00625 Select Drug Quantity Management

00720 Select Terconazole Products

00845 Gene Therapy for Hemophilia B

Effective November 25, 2024

00162 Laser Treatment of Skin Conditions

Effective December 1, 2024

00588 guselkumab (Tremfya®)

Effective December 9, 2024

00070 Hyperbaric Oxygen Therapy (HBO)

00242 risedronate (Actonel®)

00295 Methemoglobin and Methemoglobin Containing Products

00308 Nasal Allergy Medications

00539 Pharmacotherapy for Primary Biliary Cholangitis

00587 brodalumab (Siliq™)

00608 Pharmacologic Treatment of Off Episodes in Parkinson Disease

00643 Tussionex™, generics (pseudoephedrine)

00686 romosozumab-aqqg (Evenity®)

00705 Select Combination Products for the Treatment of H. pylori Infection

00754 Monoclonal Antibodies for the Treatment of Alzheimer's Disease

Effective December 9, 2024 (continued)

00767 amifampridine (Firdapse®)

00911 daclizumab (Zenapax®)

00967 Valsartan, Sacubitril and Valsartan, Hydralazine (Entresto™, Hydralazine™)

00969 Dolasetron Mesylate Injectable (Anzemet®)

00970 Vaccines® (Nonpreferred)

Effective January 1, 2025

00170 Immune Globulin Therapy

00304 GLP-1 (GIP/GLP-1) Agonists for Diabetes

00305 Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products

00484 Focal Treatments for Prostate Cancer

00577 Laboratory Testing, Investigational Services

00797 Adjunctive Techniques for Screening, Surveillance and Risk Classification of Barrett Esophagus and Esophageal Dysplasia

Effective January 13, 2025

00777 Immune Prophylaxis for Respiratory Syncytial Virus

00544 Vigabatrin Products

00749 Plasma Exchange (PE)

00915 Topical Corticosteroids

00926 Select Opthalmic Prostaglandins

00956 Select Muscle Relaxants

00541 Select Anti-Epileptic Drugs

00559 bone zumab (Boniva™), ozanezumab and hyaluronidase-oysk (Prevesis Zunovo™)

00595 cariprazine hcl (Vraylar™)

00600 pilocarpine (Salagen™)

00714 benzocaine Products (Nexcella™, Nexcel™)

00725 bimatoprost implant (Durysta™)

00726 Select Erectile Dysfunction Medications

00775 morphine oral solution (Journavx™)

00791 Select Orally Ingested Vaccine Products

00827 Zorvolex™ (diflunisal)

00850 Pharmacotherapy for Geographic Atrophy

00900 Novel Medications for the Treatment of Anemia Due to Chronic Kidney Disease

7

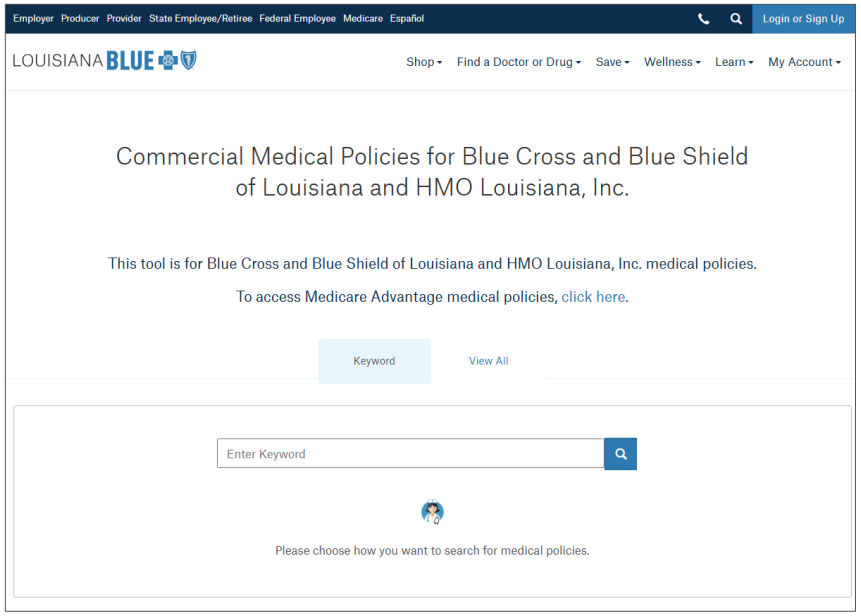
Our medical policies can be found online at **www.lablue.com/provider** >Medical Management >Medical Policies.

Medical Policy Guidelines

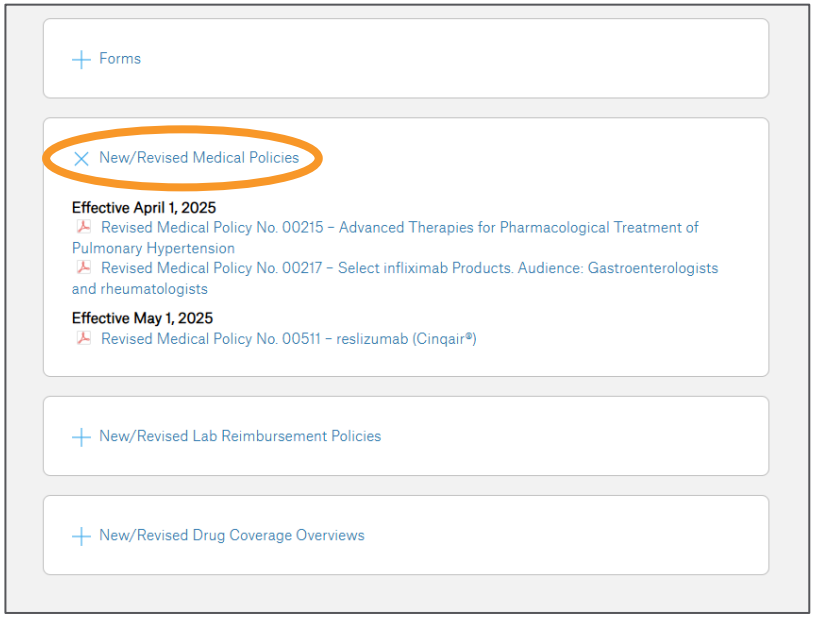
Medical Policy Guidelines – access medical policies that govern claims for members. Can be found on iLinkBlue (**www.lablue.com/ilinkblue**), under Authorizations.

Medical Policies

All **current medical policies** can be found on the Provider page (**www.lablue.com**), under Medical Management, then Medical Policies.



All **future effective medical policies** can be found on the Provider page (**www.lablue.com**), under Resources, then New/Revised Medical Policies.



FEP Medical Policy Guidelines

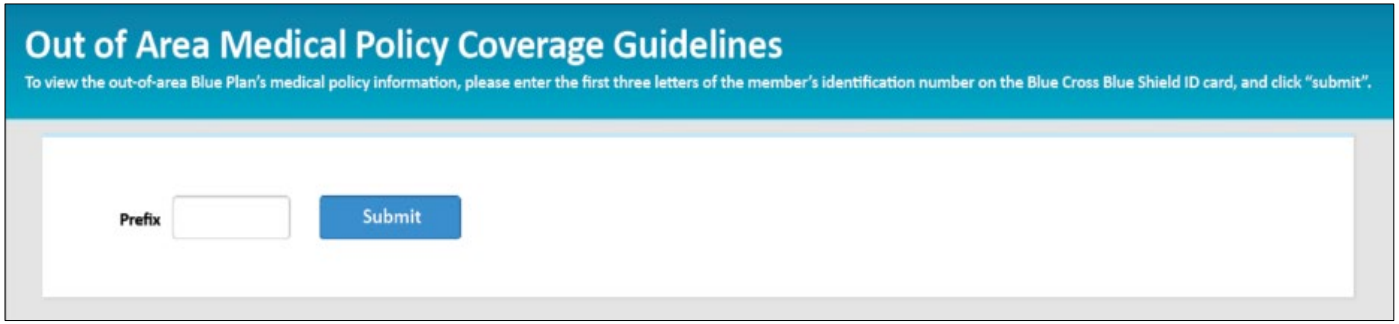
FEP Medical Policy Guidelines – access medical policies that govern claims for Federal Employee Program members. Can be found on iLinkBlue (**www.lablue.com/ilinkblue**), under Authorizations.

Out of Area Members

Medical Policy Guidelines

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

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



Genetic Testing Program

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

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

Genetic Testing Authorizations

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

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

Authorizations

Authorizations

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

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

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

BCBSLA Authorizations Application

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

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

Adding Notes to an Authorization Request

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

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

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

Provider Note Type

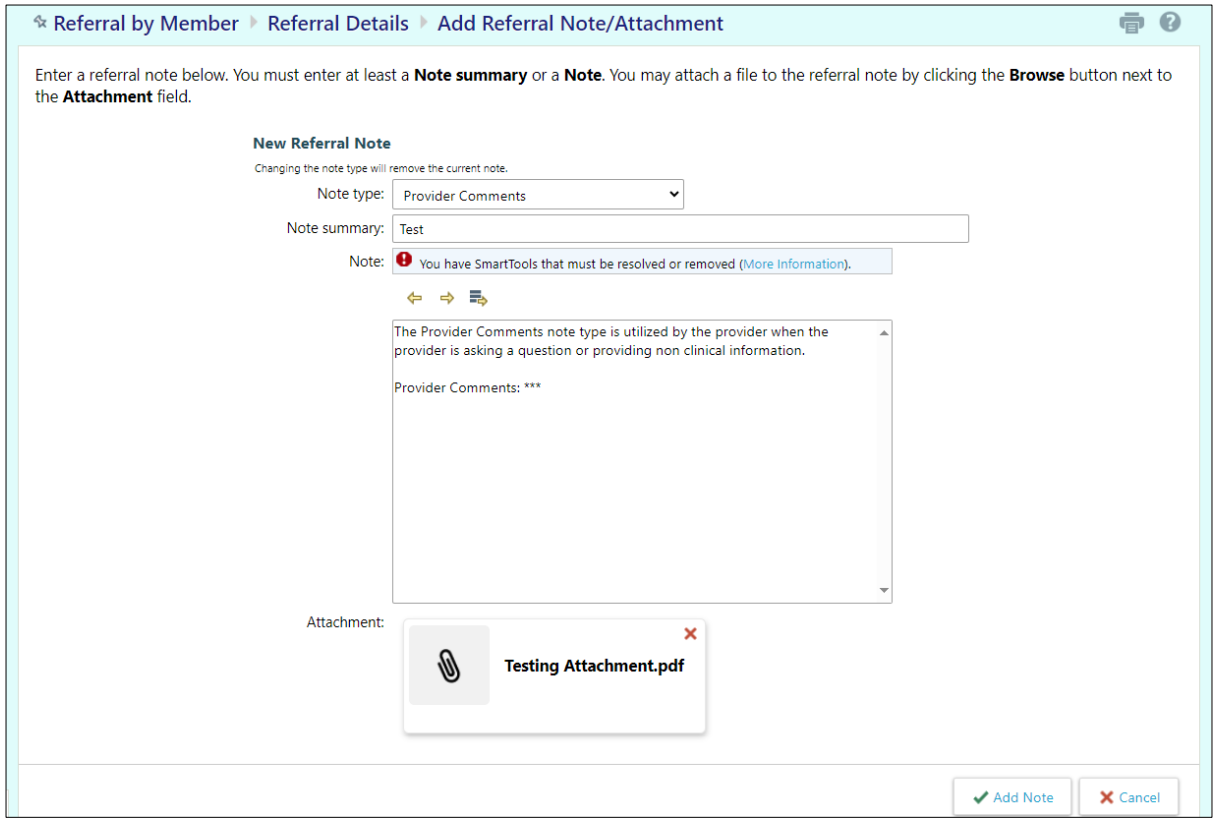
When adding a note, select the appropriate Note Type that fits your need. Selecting the incorrect type can delay processing of your authorization request.

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

Adding Notes to an Authorization Request

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

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



Finding Authorization Information

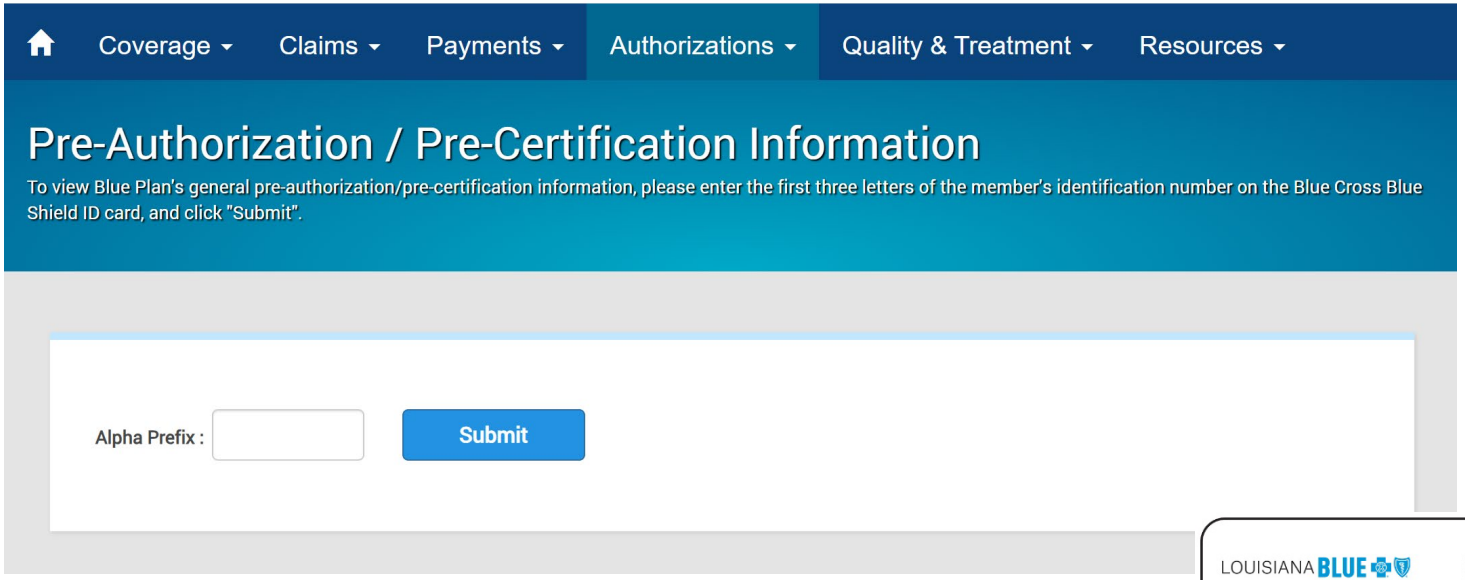
The Authorizations section of iLinkBlue includes resources and applications for both **BCBSLA Members** and **Out of Area Members**.

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

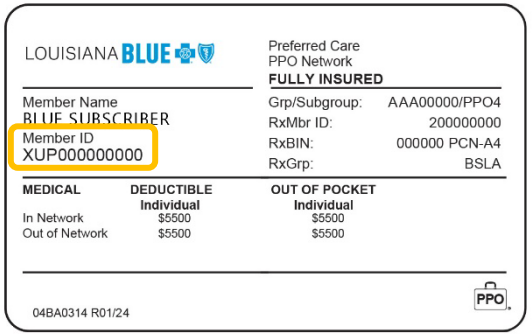
- If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.
- Providers are responsible for checking member eligibility and benefits.

Finding Authorization Information

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



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



Claims

Timely Filing

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

Policy Type	Filing Requirements
• Preferred Care PPO • HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue) • BlueHPN	Claims must be filed within 15 months *(or length of time stated in the member's contract)* of date of service.
• Federal Employee Program (FEP)	Louisiana Blue 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.
• Blue Advantage	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).
• Office of Group Benefits (OGB)	Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.
• Self-funded Groups • BlueCard (out-of-area)	Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).

Electronic Claims

Electronic Data Interchange (EDI)

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

Electronic Transaction Exchange

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

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

Submitting Claims

Electronic Transmission

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

We do not charge a fee for electronic transactions.

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

For more information on how to submit electronic claims to Louisiana Blue, visit **www.lablue.com/providers** >Electronic Services >Clearinghouse Services.

or

Hardcopy

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

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

For FEP Claims:

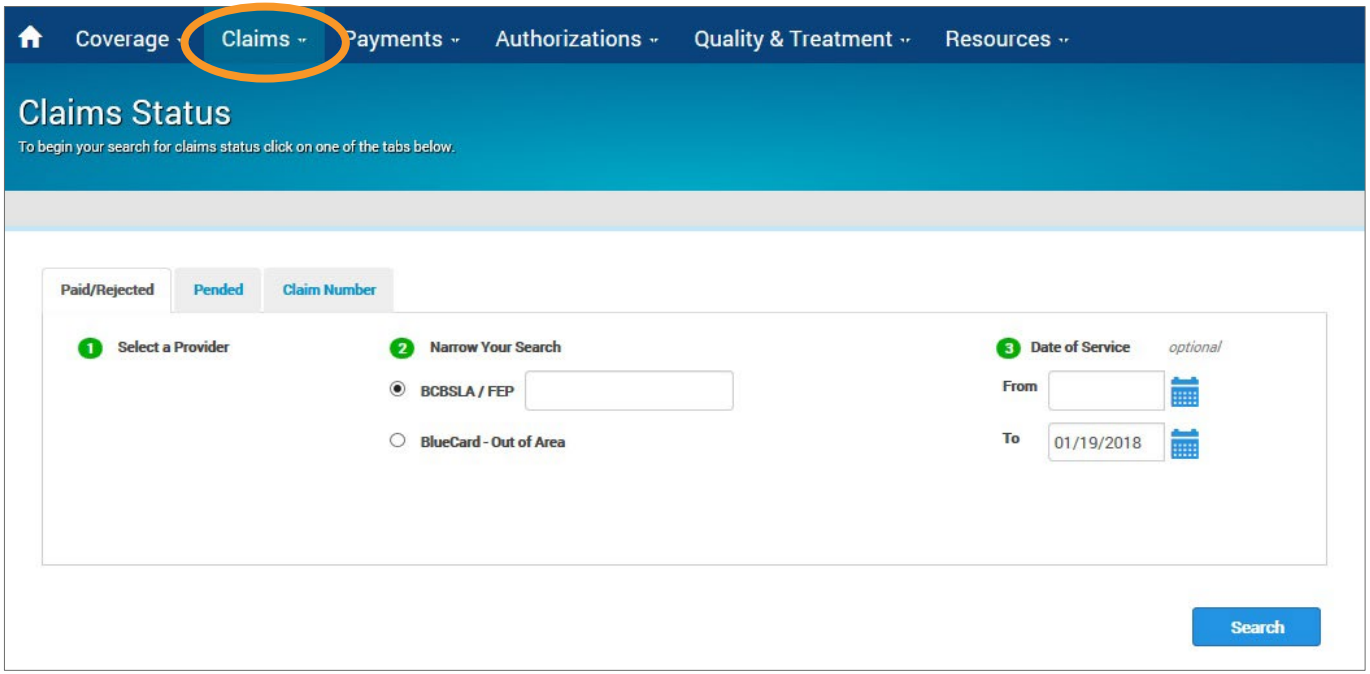
Louisiana Blue
P.O. Box 98028
Baton Rouge, LA 70898

For Blue Advantage Claims:

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

CMS-1500 (professional)

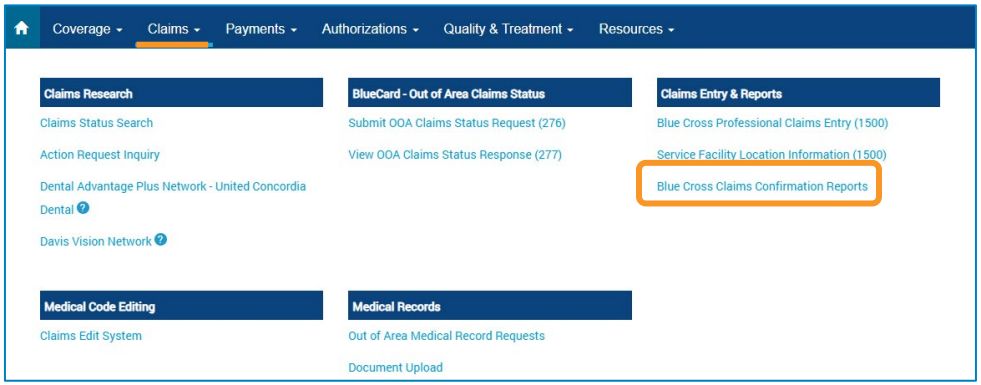
Claims Research



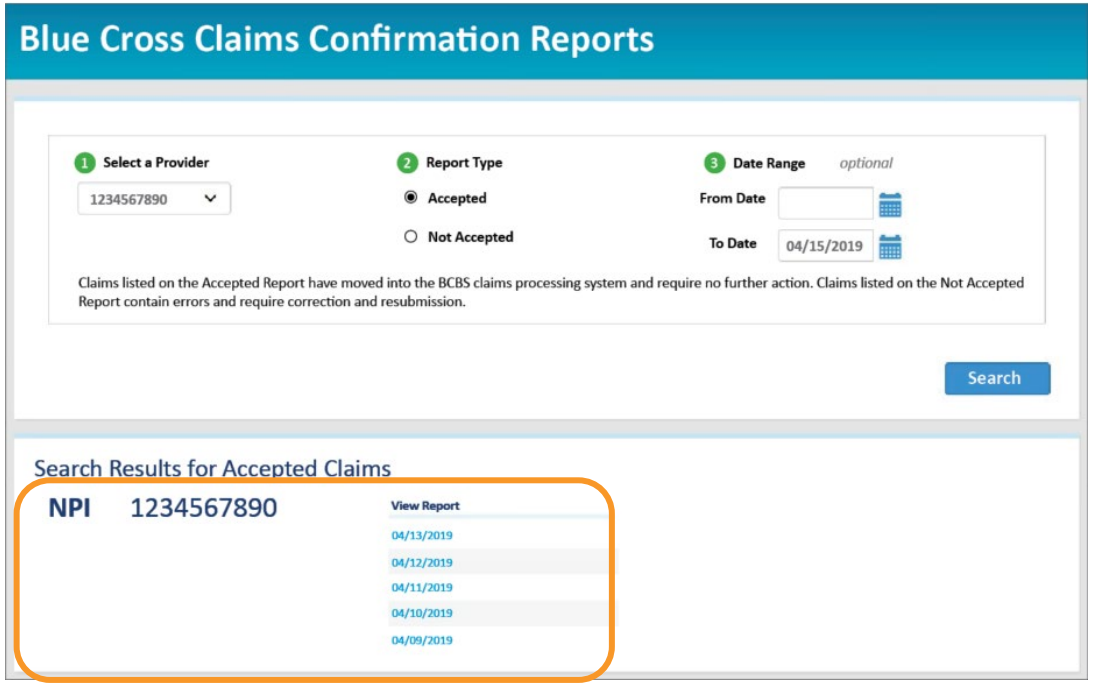
- Use the "Claims" menu option to research paid, rejected and pended claims.
- You can research BCBSLA, FEP and BlueCard-Out of Area claims submitted to Louisiana Blue for processing.

Verifying Receipt of Claims

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



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



Sample Confirmation Reports

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

Accepted Report Example

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

SUBMITTER NUMBER: P0123456789
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE:
PAGE 1

837P ACCEPTED REPORT

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

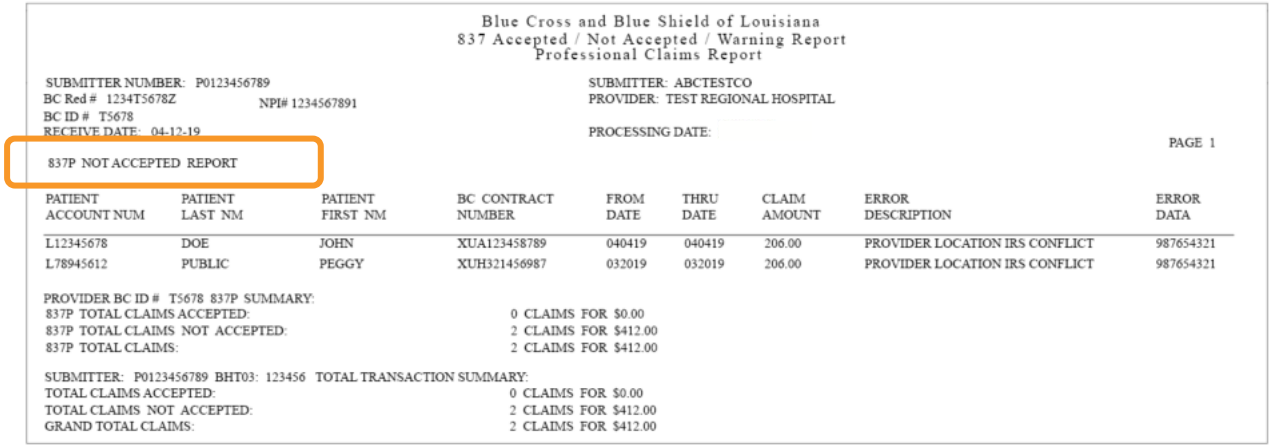
PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:	1 CLAIMS FOR $125.00
837P TOTAL CLAIMS NOT ACCEPTED:	0 CLAIMS FOR $0.00
837P TOTAL CLAIMS:	1 CLAIMS FOR $125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:	1 CLAIMS FOR $125.00
TOTAL CLAIMS NOT ACCEPTED:	0 CLAIMS FOR $0.00
GRAND TOTAL CLAIMS:	1 CLAIMS FOR $125.00

Not Accepted Report Example



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

SUBMITTER NUMBER: P0123456789
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE:
PAGE 1

837P NOT ACCEPTED REPORT

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

PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:	0 CLAIMS FOR $0.00
837P TOTAL CLAIMS NOT ACCEPTED:	2 CLAIMS FOR $412.00
837P TOTAL CLAIMS:	2 CLAIMS FOR $412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:	0 CLAIMS FOR $0.00
TOTAL CLAIMS NOT ACCEPTED:	2 CLAIMS FOR $412.00
GRAND TOTAL CLAIMS:	2 CLAIMS FOR $412.00

Payment Information

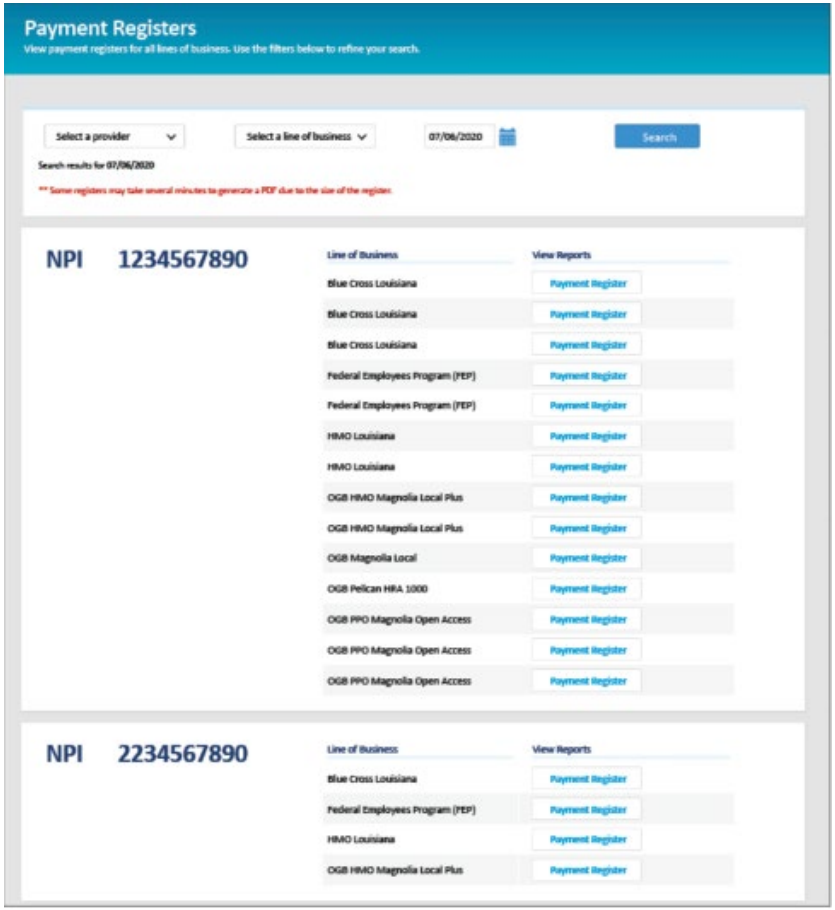
Use this section to access your Louisiana Blue payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

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

Need a past EFT Notification/Payment Register?

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

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



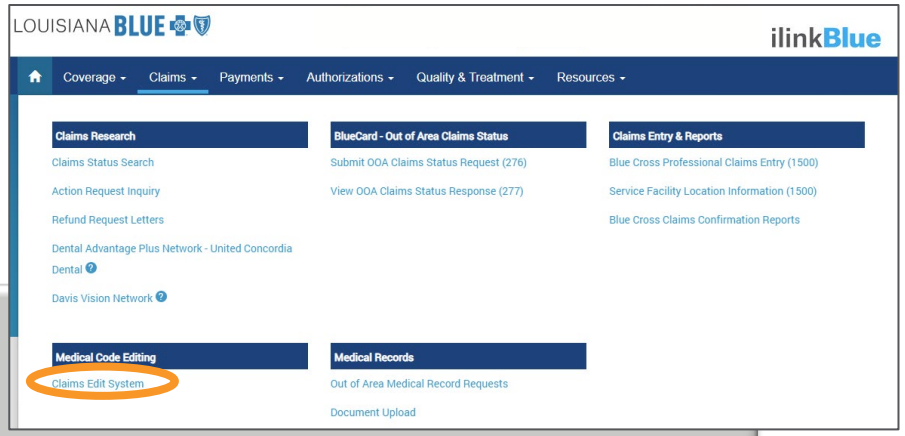
Submitting Action Requests

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

Common reasons to submit an Action Request

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

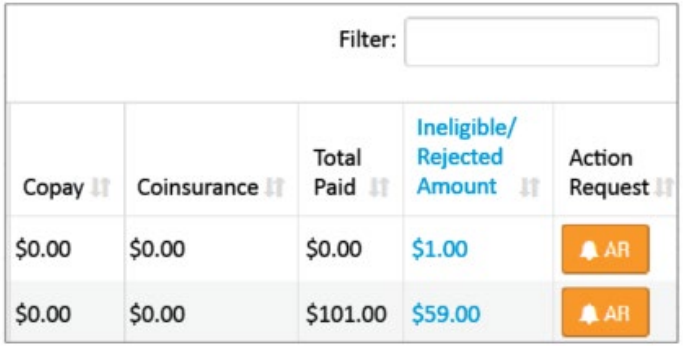
Action Requests do not allow you to submit documentation regarding your claims review.



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

Submitting Action Requests

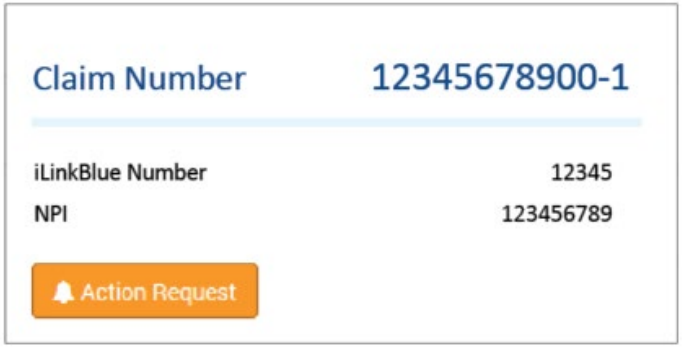
In iLinkBlue, on each claim, there is an **Action Request** button. It opens an electronic form that prepopulates with information on the specific claim. There are multiple places within iLinkBlue that include the action request buttons.



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

and

on the **Pended Claims Results** screen

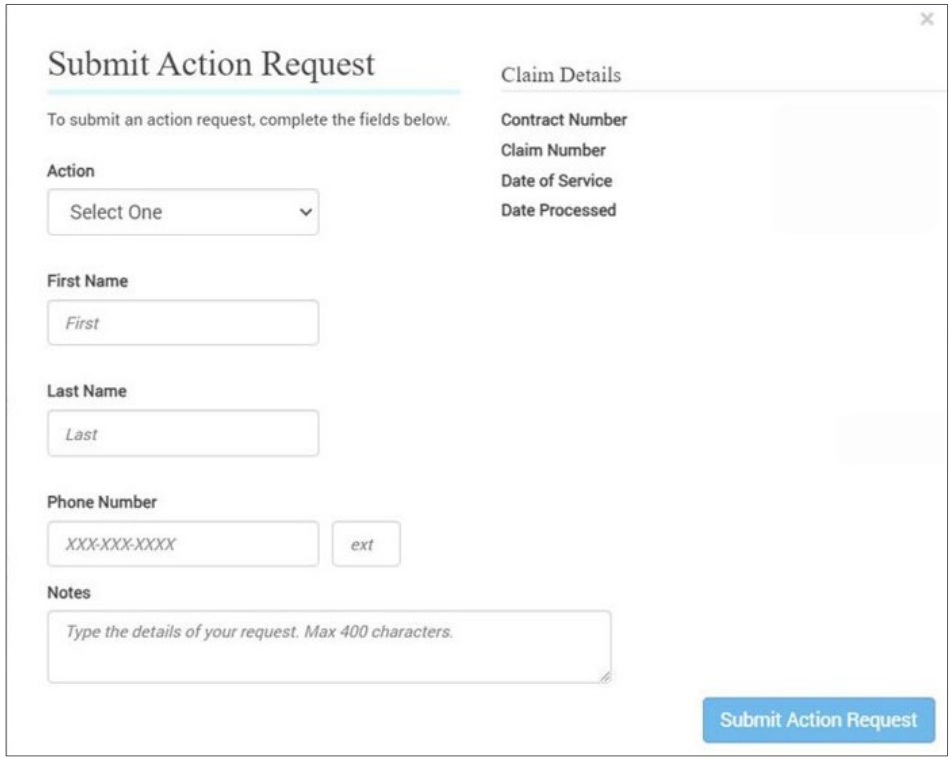


on the **Claims Detail** screen

Submitting Action Requests

When submitting an Action Request:

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



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

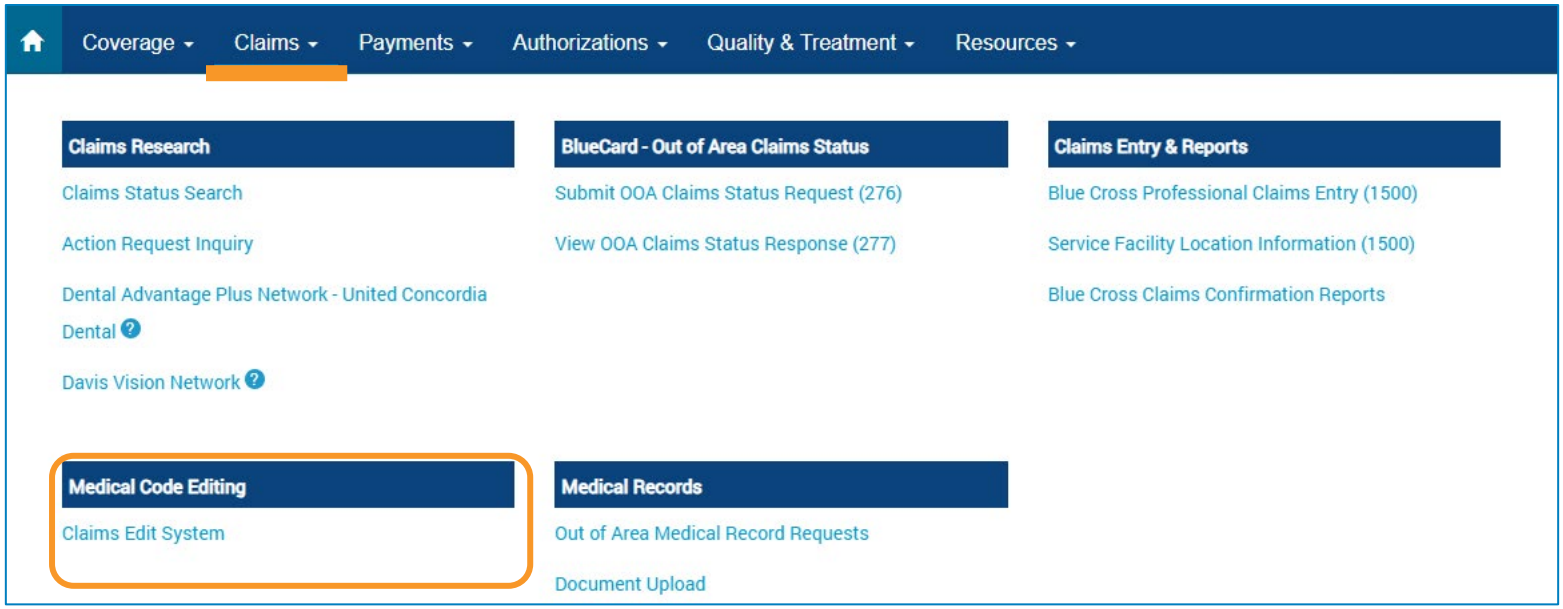
Claims Editing

Medical Code Editing

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

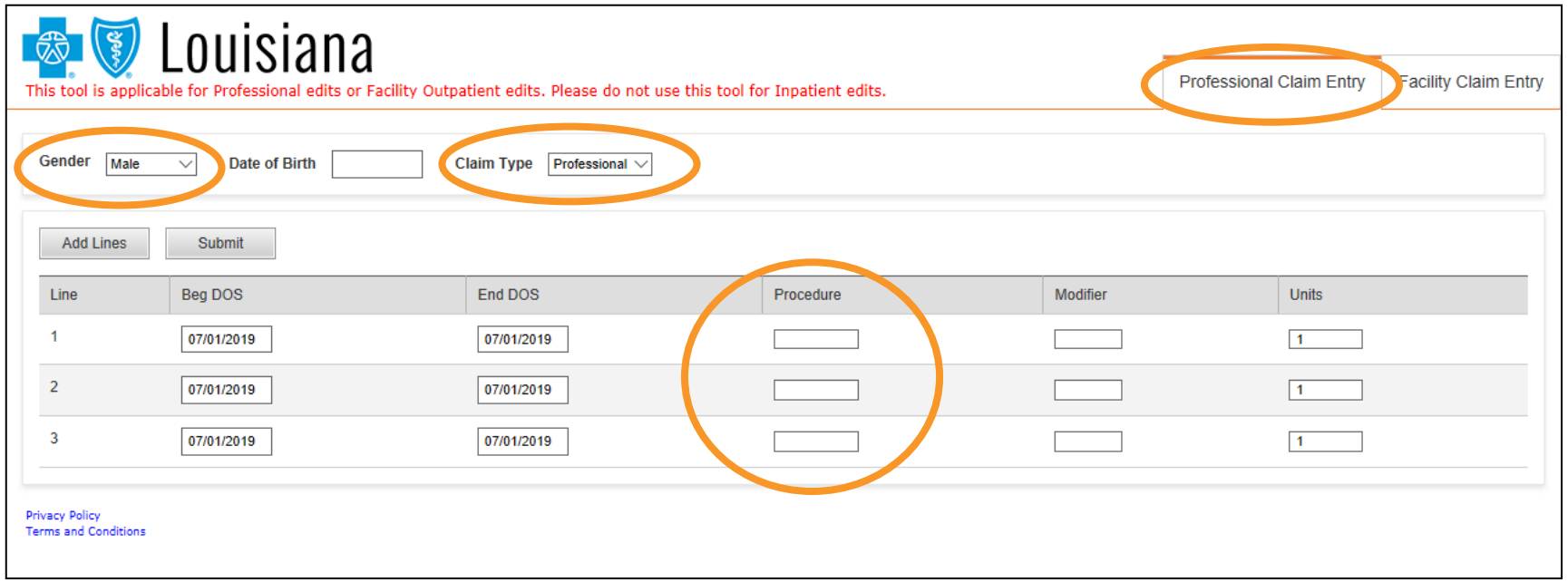
Claims Edit System (CES) – This is an easy-to-use code-auditing reference application designed to help providers determine claim edit outcomes.

The CES application in iLinkBlue is not a pricing or a claims processing application. It is a research application designed to evaluate code combinations in the Louisiana Blue claims-editing system.



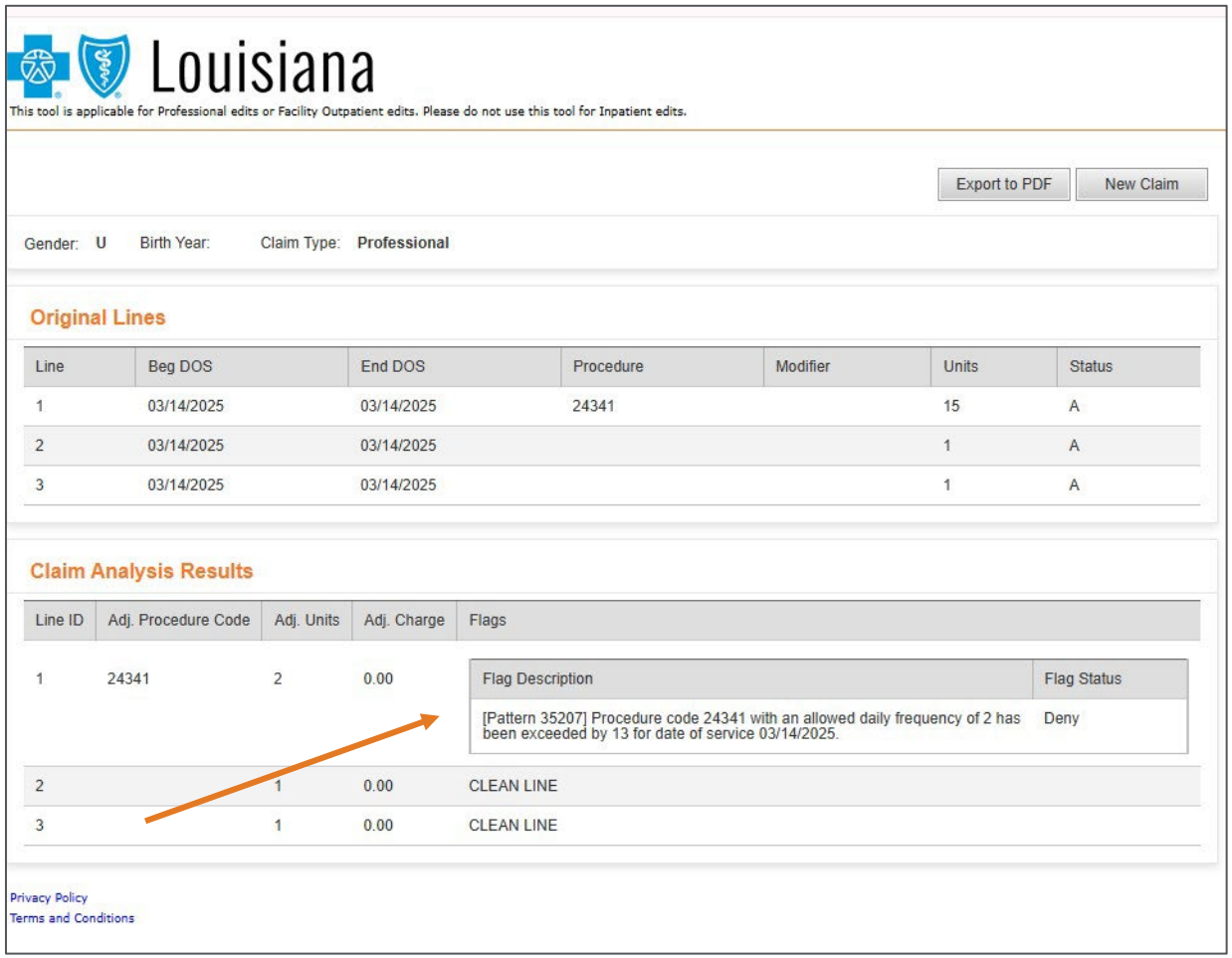
CES Application

The application 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.



NOTE: If you do not enter the Statement From or Through dates, no edits will be returned, so the dates are necessary.

CES Application Outputs



Louisiana

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

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

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	03/14/2025	03/14/2025	24341		15	A
2	03/14/2025	03/14/2025			1	A
3	03/14/2025	03/14/2025			1	A

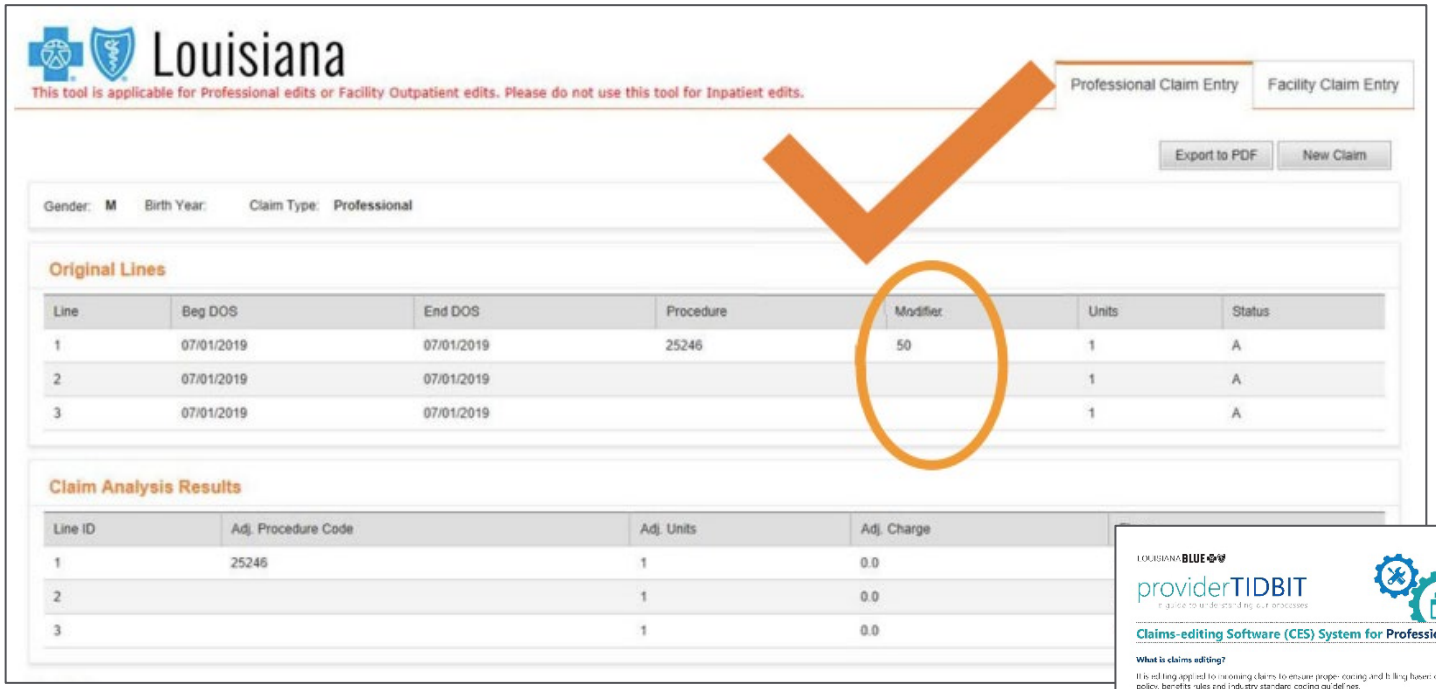
Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	24341	2	0.00	Flag Description: [Pattern 35207] Procedure code 24341 with an allowed daily frequency of 2 has been exceeded by 13 for date of service 03/14/2025. — Flag Status: Deny
2		1	0.00	CLEAN LINE
3		1	0.00	CLEAN LINE

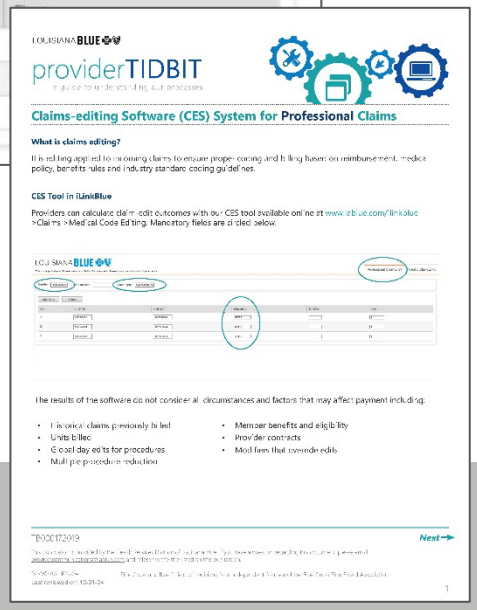
Privacy Policy
Terms and Conditions

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

CES Application Outputs



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



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

Helpful Reminders

Benefits of Proper Clinical Documentation

- Allows identification of high-risk patients.
- Allows opportunities to engage patients in care management programs and care prevention initiatives.
- Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Louisiana Blue.
- Reduces costs associated with submitting corrected claims.
- Use of Category II Codes can reduce the need for medical records.

Coding to the Highest Level of Specificity

- 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.

Medical Record Requests

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

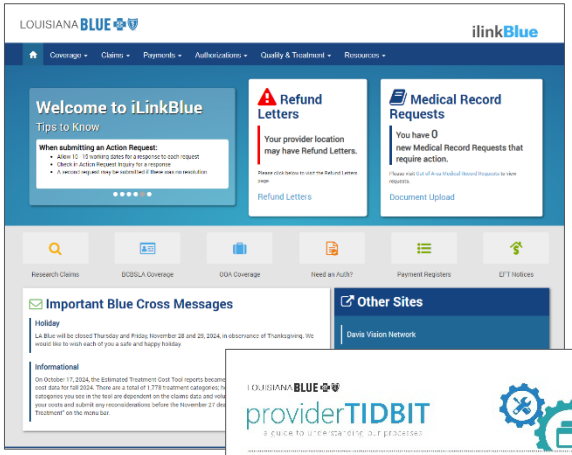
- Per your Louisiana Blue network agreement, **providers are not to charge a fee** for providing medical records to Louisiana Blue or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Louisiana Blue subscriber contract allows for the release of the information to Louisiana Blue or its designee.
- iLinkBlue has a Document Upload feature allowing documents, including medical records for retrospective or post claim review, to be uploaded that would otherwise be faxed, emailed or mailed.

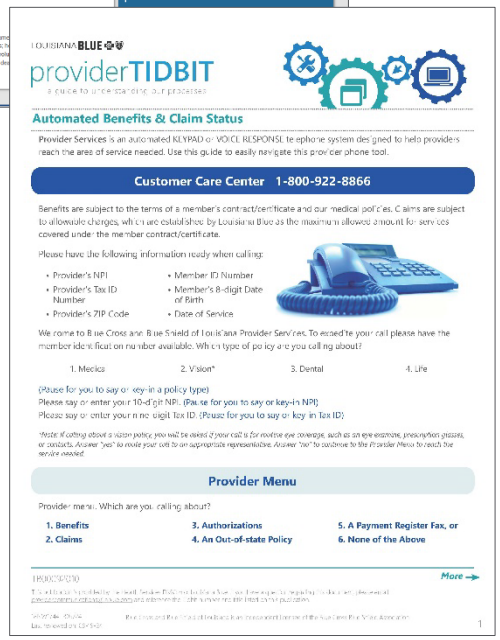
Provider Self-service

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

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

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





Self-service tools available to providers:

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

Support

Customer Care Center

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

For information NOT available on iLinkBlue

Other Provider Phone Lines

BlueCard Eligibility – 1-800-676-BLUE (1-800-676-2583)
for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249
Call 24/7 and you can remain anonymous as all reports are confidential

Health Services Division – 1-800-716-2299

- **option 1** – for questions regarding provider contracts
- **option 2** – for questions regarding credentialing and provider record information
- **option 3** – for questions regarding iLinkBlue and clearinghouse information
- **option 4** – for questions regarding provider relations
- **option 5** – for questions regarding security access to online services

Provider Relations

Jami Zachary Director

Paden Mouton Provider Relations Manager

Mary Reising Health System Representative

Brittney Brooks
Acadia, Allen, Cameron, Evangeline, Iberia, Jefferson Davis, St. Charles, St. Mary, St. John the Baptist, St. Landry, Vermillion

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

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

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

Melonie Martin
Ascension, East Baton Rouge, West Baton Rouge

Lisa Roth
Online Portal Training

Amber Strahan
Assumption, Bienville, Bossier, Caddo, Claiborne, Desoto, Grant, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn

Mary Catherine Vial
Calcasieu, Lafayette

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

Provider Contracting

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Jackson, Lincoln, Tensas, Madison, East Carroll, West Carroll, Franklin, Richland, Morehouse, Ouachita, Caldwell, Union, Concordia, Catahoula and Lasalle parishes

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

Provider Credentialing & Data Management

Provider Network Setup, Credentialing, Contracting & Demographic Change

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

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

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

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

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

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

Appendix

Expedited Processing

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

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

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

Requesting expedited processing:

Include with the initial credentialing application via DocuSign:

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

Example Letter to Blue Cross

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

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

Sample Letter

{Date}

Dear Louisiana Blue:

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

{Signature of the provider}

Electronic Payment Registers

HIPAA 835 Transaction

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

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

National Drug Code (NDC) Required on Drug Claims

Use the following billing guidelines to report required NDCs on professional CMS-1500 claims:

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

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

Reporting NDCs on Professional Claims

For Hardcopy Claims

On the CMS-1500 claim form, report the NDC in the shaded area of Box 24A. We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N49999999999. The drug quantity and measurement/qualifier should be included.

For Electronic Claims 837P

Report the 11-digit NDC in loop 2410, Segment LIN03 of the 837. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.

For iLinkBlue Claims (Professional Only)

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

- NDC Code Field: Enter the 11-digit NDC code. No alpha characters, spaces or hyphens can be present.
- Quantity: Numeric value of quantity.
- Measurement: Select the appropriate measurement from the drop-down menu.
  - F2 – International Unit
  - GR – Gram
  - ME – Milligram
  - ML – Milliliter
  - UN – Unit

Reporting NDCs on Professional Claims

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.

Closed Formulary

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

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

Provider's Role in Documenting

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

- Each page of the patient's medical records should include the following for a face-to-face visit:
  - Patient name
  - Date of birth or other unique identifier
  - Date of service including the year
- Provider signature (must be legible and include credentials).
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (CMS-1500 claim forms can accommodate up to 12 diagnosis codes).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.