Louisiana Blue Professional Workshop

Session B
May 2025

Our Mission

To improve the health and lives of Louisianians.

Our Core Strategies

- Health
- Affordability
- Experience
- Sustainability
- Foundations

Our Vision

To serve Louisianians as the statewide leader in offering access to affordable healthcare by improving quality, value and customer experience.

Agenda

- Identifying your Patients
- iLinkBlue
- Louisiana Blue Authorizations
- Carelon Authorizations
- Claims
- Medical Records
- Billing Guidelines

LOUISIANA BLUE

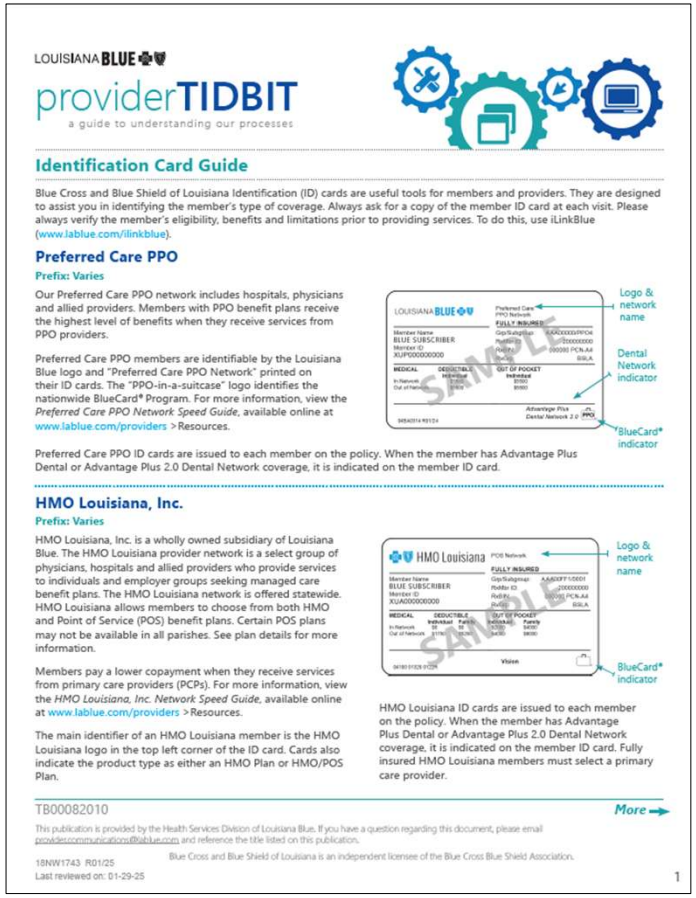
Identifying Your Patients

Identification Card Guide

Louisiana Blue 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. The *Identification Card Tidbit* can be found online at **www.lablue.com/providers** >Resources >Tidbits.

In this guide you can find:

- Network overview
- Sample ID cards
- Prefixes
- Network areas
- Resources



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.

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Last reviewed on: 01-29-25

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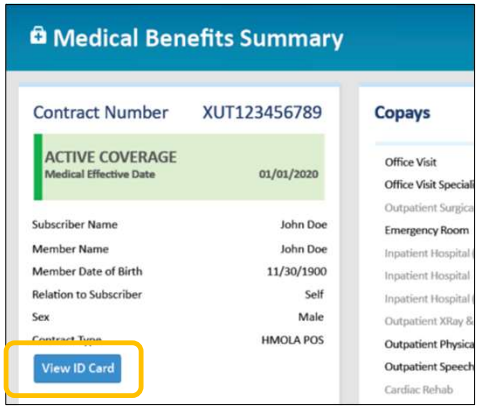
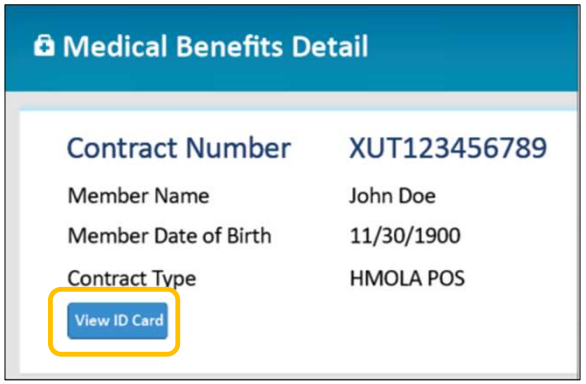
Digital ID Cards

Providers can access member ID cards when researching a member's coverage information in iLinkBlue. To download a PDF of the card, click the **View ID Card** button on the coverage search results, the medical benefits summary page or the medical benefits detail page. Digital ID cards are available for medical policies only (not vision or dental).





LOUISIANA BLUE

iLinkBlue

7

Accessing iLinkBlue

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

LOUISIANA BLUE

Instructions for Accessing Our Secure Online Services

Louisiana Blue offers many online services that require secure access. Louisiana Blue 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 Louisiana Blue:

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@lablue.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@lablue.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 Louisiana Blue's 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.

Administrative representative duties include:

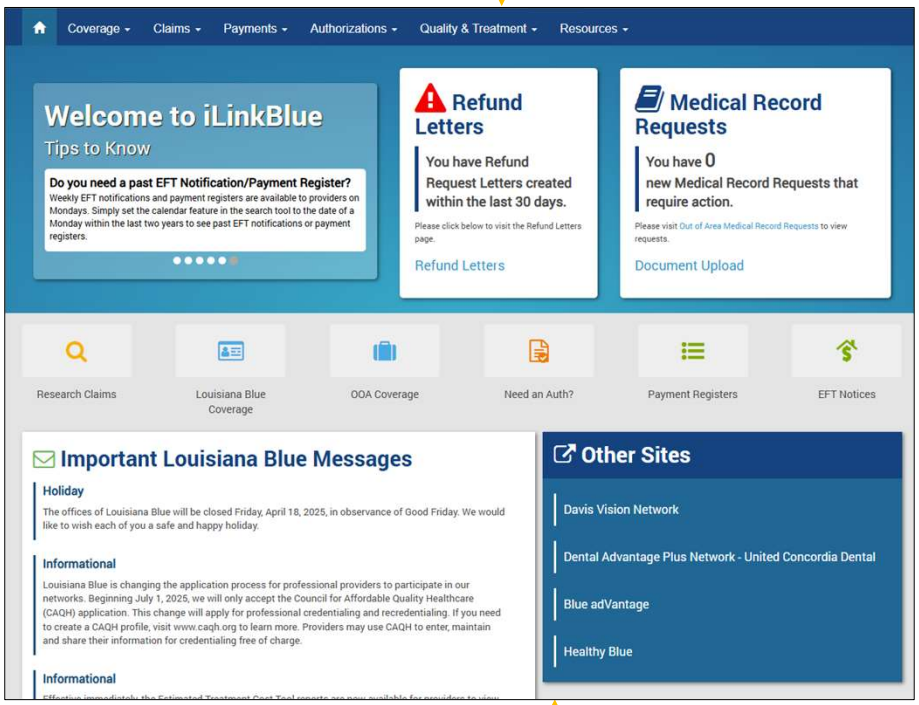
- Identify users at your organization who will need access to our secure online services.
- Assign individual user access to the appropriate applications.
- Manage users and terminate user access when it is no longer needed.
- Contact our Provider Identity Management (PIM) Team at **PIMteam@lablue.com** or 1-800-716-2299, option 5 with questions.

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

Navigating iLinkBlue

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

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



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

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

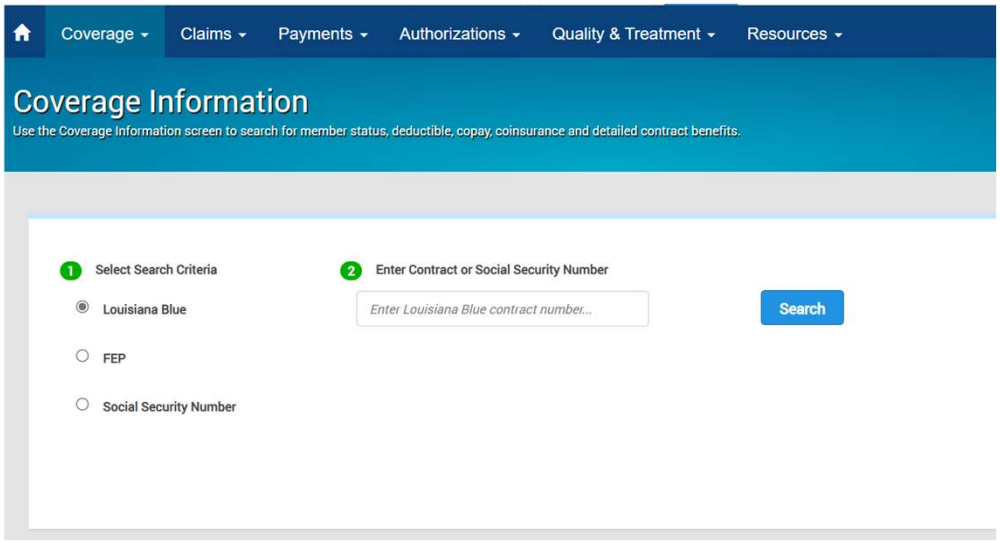
Medical Record Requests
Providers receive an alert when they have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the “Out of Area Medical Record Requests” link on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the “Document Upload” link.

Other Sites
Includes quick access to other sites providers might need to access.

Coverage Information

Enter the member ID number to view coverage information for:

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



Tips

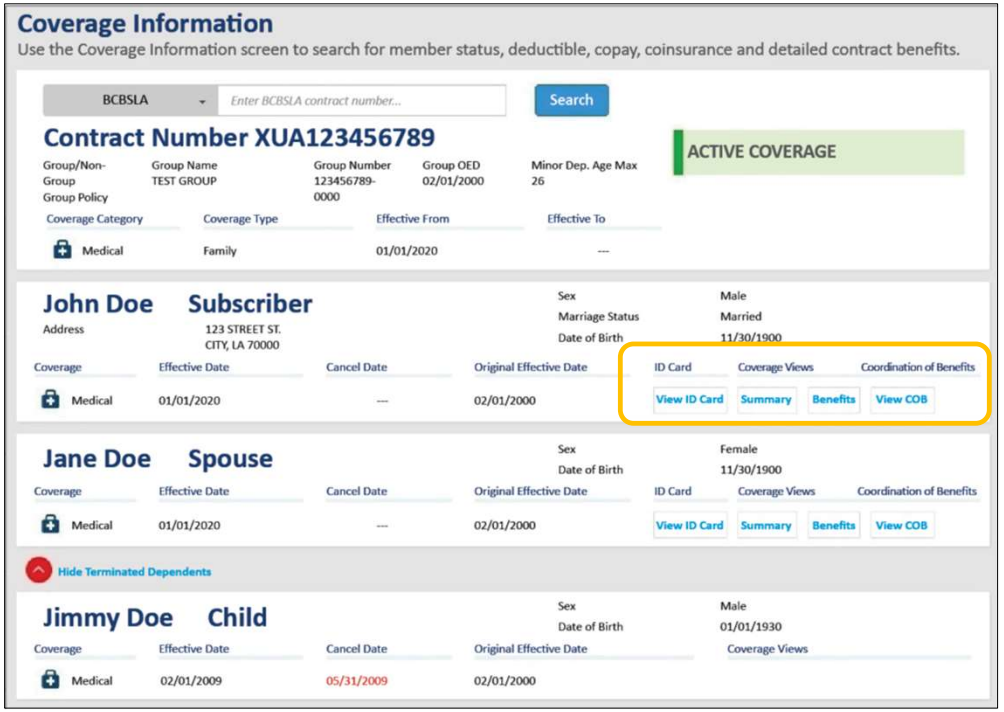
- Louisiana Blue – do not include the member's prefix
- FEP – must include the letter "R"

If you do not have the member ID number, search using the subscriber's Social Security number (SSN). iLinkBlue will return 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).

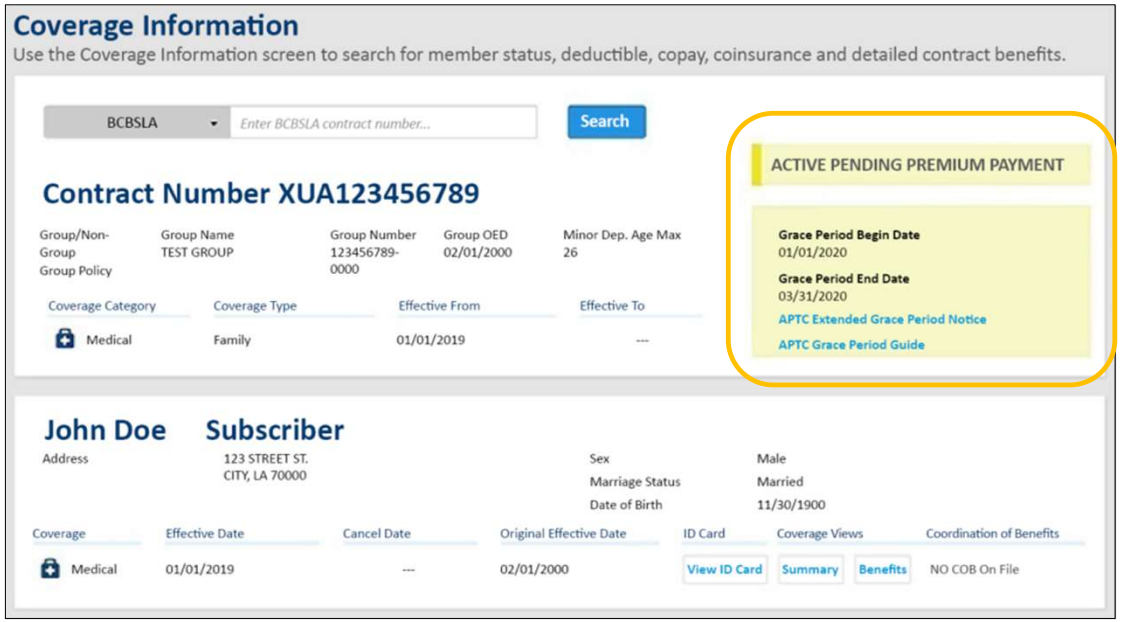
- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the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



Coverage Information

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs.

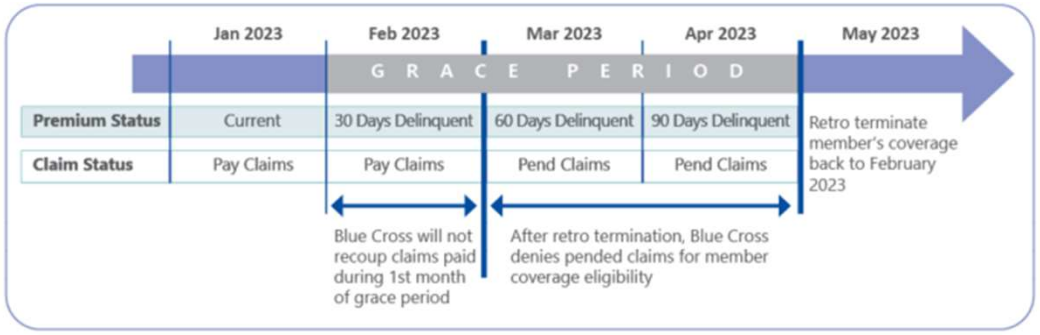
After three months of non-payment of premium, the member's policy will terminate, **effective on the date when the policy was 30 days delinquent**.

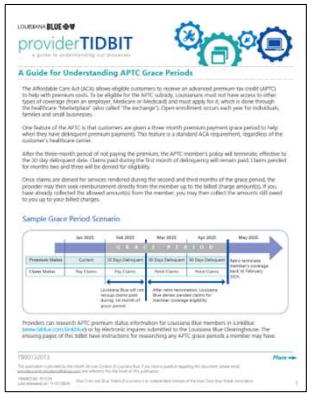


The APTC Extended Grace Period Notice is a PDF copy of the member's premium status notice that providers can print for their records.

APTC Grace Periods

Sample Grace Period Scenario:




providerTIDBIT

A Guide for Understanding APTC Grace Periods

A Guide for Understanding APTC Grace Periods tidbit is available online at **www.lablue.com/providers** >Resources >Tidbits.

ACTIVE COVERAGE

The APTC member is NOT delinquent or within the first month of being delinquent on their premium payment.

ACTIVE PENDING PREMIUM PAYMENT

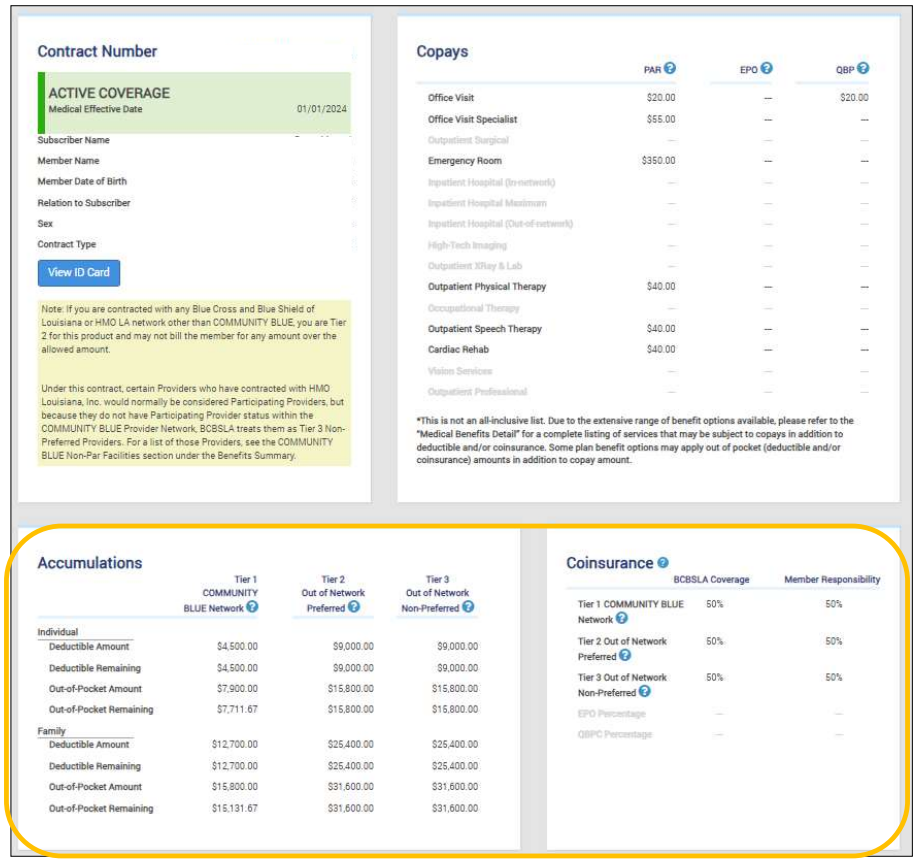
The APTC member is within the second or third month or being delinquent on their premium payments.

INACTIVE COVERAGE

The APTC member has been terminated effective the delinquent date.

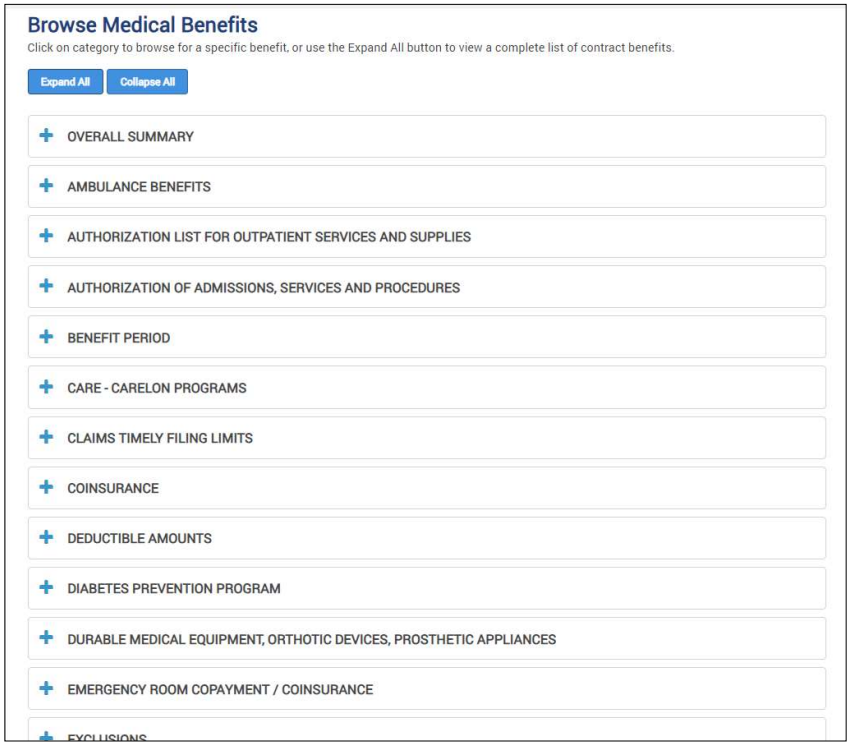
Tiered Benefits

Some members' benefits include **tiered benefit levels**. Accumulations will show deductibles and coinsurance depending on the provider's network participation. The provider must participate in the member specific select network to be considered a Tier 1 provider.



Benefits

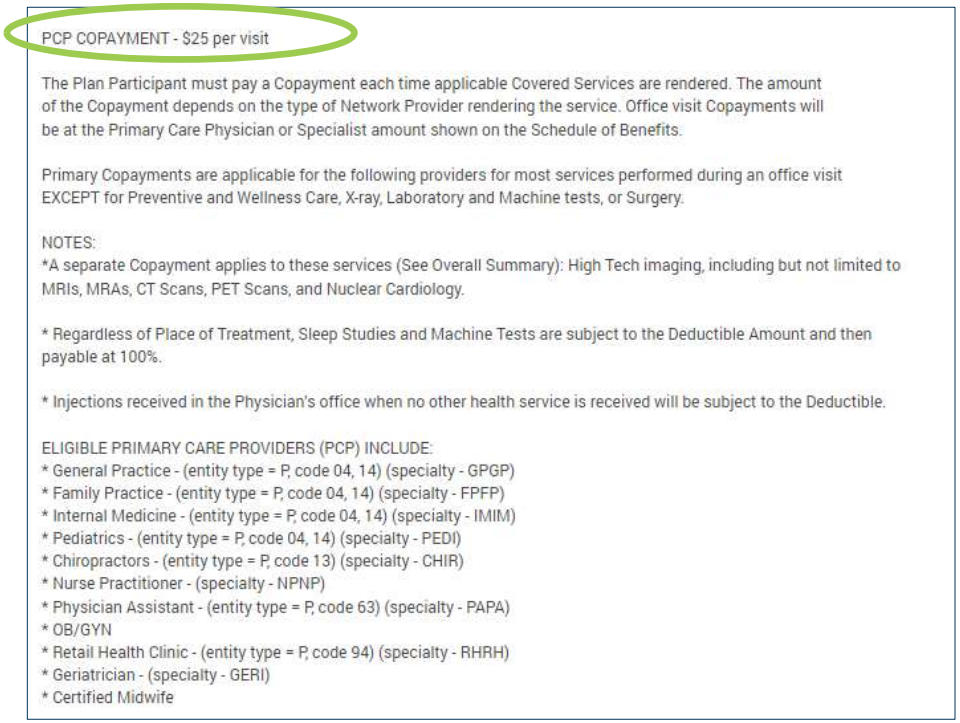
It is important to understand your patient's medical benefits. The Benefits page shows different types of benefits, including:



Go to **www.lablue.com/ilinkblue** >Coverage >Coverage Information, then click on "Benefits."

Office Visit Copayment

Knowing the member's copayment is important. Copayment benefit information is found on the Benefits page.



PCP COPAYMENT - $25 per visit

The Plan Participant must pay a Copayment each time applicable Covered Services are rendered. The amount of the Copayment depends on the type of Network Provider rendering the service. Office visit Copayments will be at the Primary Care Physician or Specialist amount shown on the Schedule of Benefits.

Primary Copayments are applicable for the following providers for most services performed during an office visit EXCEPT for Preventive and Wellness Care, X-ray, Laboratory and Machine tests, or Surgery.

NOTES:
*A separate Copayment applies to these services (See Overall Summary): High Tech imaging, including but not limited to MRIs, MRAs, CT Scans, PET Scans, and Nuclear Cardiology.

* Regardless of Place of Treatment, Sleep Studies and Machine Tests are subject to the Deductible Amount and then payable at 100%.

* Injections received in the Physician's office when no other health service is received will be subject to the Deductible.

ELIGIBLE PRIMARY CARE PROVIDERS (PCP) INCLUDE:
* General Practice - (entity type = P, code 04, 14) (specialty - GPGP)
* Family Practice - (entity type = P, code 04, 14) (specialty - FPFP)
* Internal Medicine - (entity type = P, code 04, 14) (specialty - IMIM)
* Pediatrics - (entity type = P, code 04, 14) (specialty - PEDI)
* Chiropractors - (entity type = P, code 13) (specialty - CHIR)
* Nurse Practitioner - (specialty - NPNP)
* Physician Assistant - (entity type = P, code 63) (specialty - PAPA)
* OB/GYN
* Retail Health Clinic - (entity type = P, code 94) (specialty - RHRH)
* Geriatrician - (specialty - GERI)
* Certified Midwife

Go to **www.lablue.com/ilinkblue** >Coverage >Coverage Information, then click on "Benefits."

Office Visit Copayment - Specialist

Does this office visit fall under “Specialist Copayment?” This info can also be found on the Benefits page.

OFFICE VISIT - SPECIALIST

SPECIALIST COPAYMENT - $50 per visit

This is a direct access Plan. You may see Specialists in the HMOLA Network without contacti
Care Physician or getting a referral from a Primary Care Physician.

Specialist Physicians includes Physicians who are not practicing in the capacity of a Primary

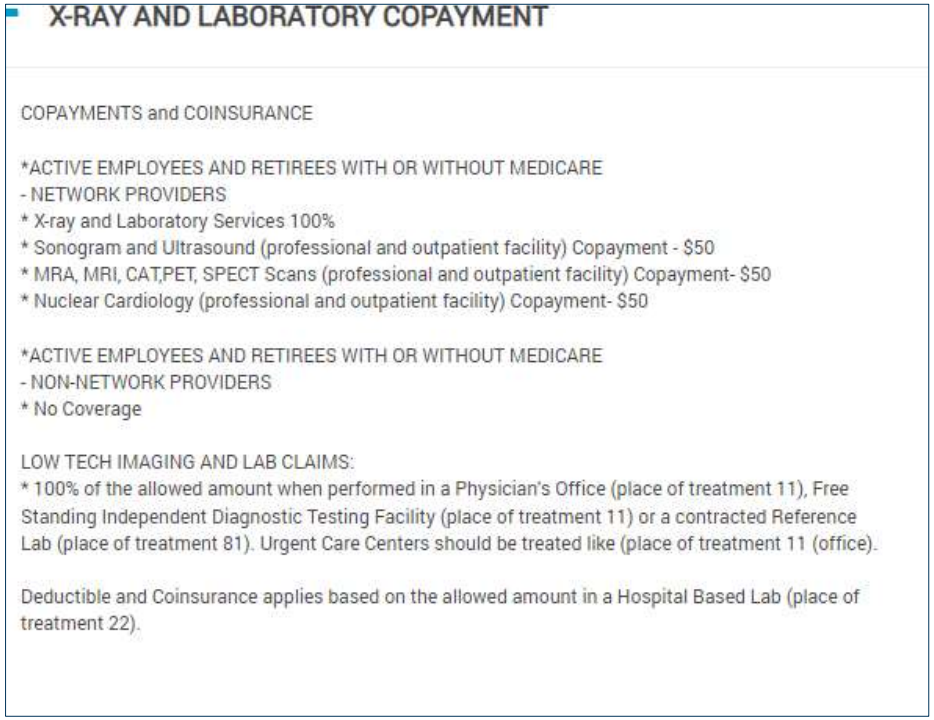
Reference OFFICE VISIT - PRIMARY for additional benefit information.

Eligible Specialist Providers include:
* Physicians - (entity type = P, code 04, 14) (specialty is not - GPGP, FPFP, IMIM, PEDI, OGBY)
* Podiatrist - (entity type = P, code 11)
* Optometrist - (entity type = P, code 21)
* Audiologist - (specialty - AUDI)
* Registered Dietician
* Sleep Disorder Clinic/Lab - (entity type = F, code 80)
* Ophthalmologist

Go to **www.lablue.com/ilinkblue** >Coverage >Coverage Information, then click on “Benefits.”

Additional Copayments

All additional Copayments are also listed on the Benefits page.



X-RAY AND LABORATORY COPAYMENT

COPAYMENTS and COINSURANCE

*ACTIVE EMPLOYEES AND RETIREES WITH OR WITHOUT MEDICARE
- NETWORK PROVIDERS
* X-ray and Laboratory Services 100%
* Sonogram and Ultrasound (professional and outpatient facility) Copayment - $50
* MRA, MRI, CAT,PET, SPECT Scans (professional and outpatient facility) Copayment- $50
* Nuclear Cardiology (professional and outpatient facility) Copayment- $50

*ACTIVE EMPLOYEES AND RETIREES WITH OR WITHOUT MEDICARE
- NON-NETWORK PROVIDERS
* No Coverage

LOW TECH IMAGING AND LAB CLAIMS:
* 100% of the allowed amount when performed in a Physician's Office (place of treatment 11), Free Standing Independent Diagnostic Testing Facility (place of treatment 11) or a contracted Reference Lab (place of treatment 81). Urgent Care Centers should be treated like (place of treatment 11 (office).

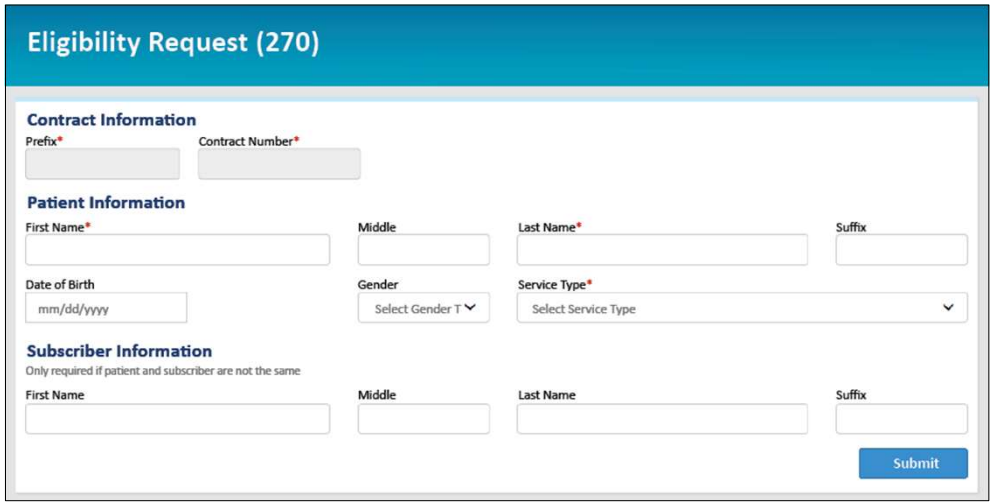
Deductible and Coinsurance applies based on the allowed amount in a Hospital Based Lab (place of treatment 22).

Go to **www.lablue.com/ilinkblue** >Coverage >Coverage Information, then click on “Benefits.”

Coverage – Out of Area

Use this section to research coverage information for a **BlueCard®** (out-of-area) member. This is someone insured through a Blue Plan other than Louisiana Blue.

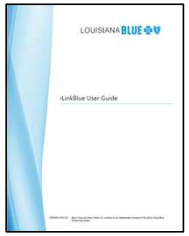
Submit Eligibility Request (270) – submit an electronic eligibility inquiry to the BlueCard member's Blue Plan. Enter the member's prefix (first three characters of the member ID number) and contract number.



Eligibility Request (270)

To ensure proper benefits are returned when submitting **Eligibility Requests (270)**, use the drop-down to select the most appropriate service type from the following code list:

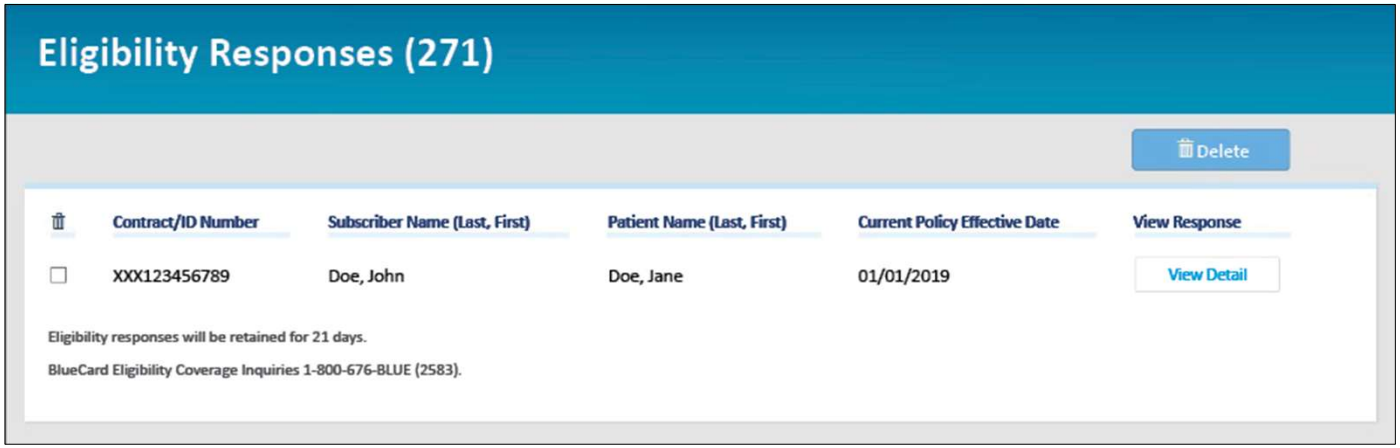
1 Medical Care
2 Surgical
3 Consultation
4 Diagnostic X-Ray
5 Diagnostic Lab
6 Radiation Therapy
7 Anesthesia
8 Surgical Assistance
9 Other Medical
10 Blood Charges
11 Used Durable Medical Equipment
12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility
14 Renal Supplies in the Home
15 Alternate Method Dialysis
16 Chronic Renal Disease (CRD) Equipment
17 Pre-Admission Testing
18 Durable Medical Equipment Rental
19 Pneumonia Vaccine
20 Second Surgical Opinion
21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontic
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions19
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology
67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A9 Rehabilitation
AA Rehabilitation - Room and Board
AB Rehabilitation - Inpatient
AC Rehabilitation - Outpatient
AD Occupational Therapy
AE Physical Medicine
AF Speech Therapy
AG Skilled Nursing Care
AH Skilled Nursing Care - Room and Board
AI Substance Abuse
AJ Alcoholism
AK Drug Addiction
AL Vision (Optometry)
AM Frames
AN Routine Exam
AO Lenses
AQ Nonmedically Necessary Physical
AR Experimental Drug Therapy
BA Independent Medical Evaluation
BB Partial Hospitalization (Psychiatric)
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures
BT Gynecological
BU Obstetrical
BV Obstetrical/Gynecological
BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well
CE MH Provider – Inpatient
CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient
CK Screening X-ray
CL Screening Laboratory
CM Mammogram, HR Patient
CN Mammogram, LR Patient
CO Flu Vaccination
DM Durable Medical Equipment
MH Mental Health
PT Physical Therapy
UC Urgent Care



The full listing can also be found in the iLinkBlue User Guide on our Provider page at **www.lablue.com/providers** >Resources >Manuals.

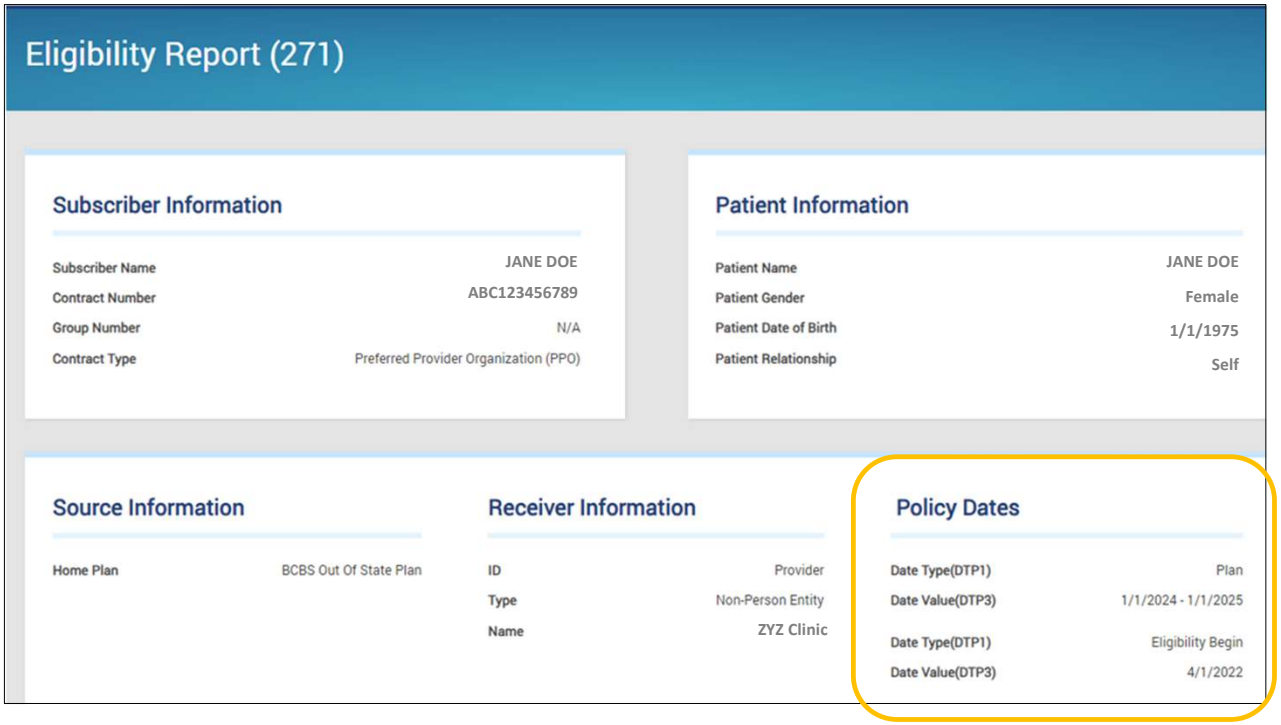
Coverage – Out of Area

View Eligibility Response (271) – access the electronic response from the member's Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute if the Plan provides one. iLinkBlue retains eligibility responses for 21 days.



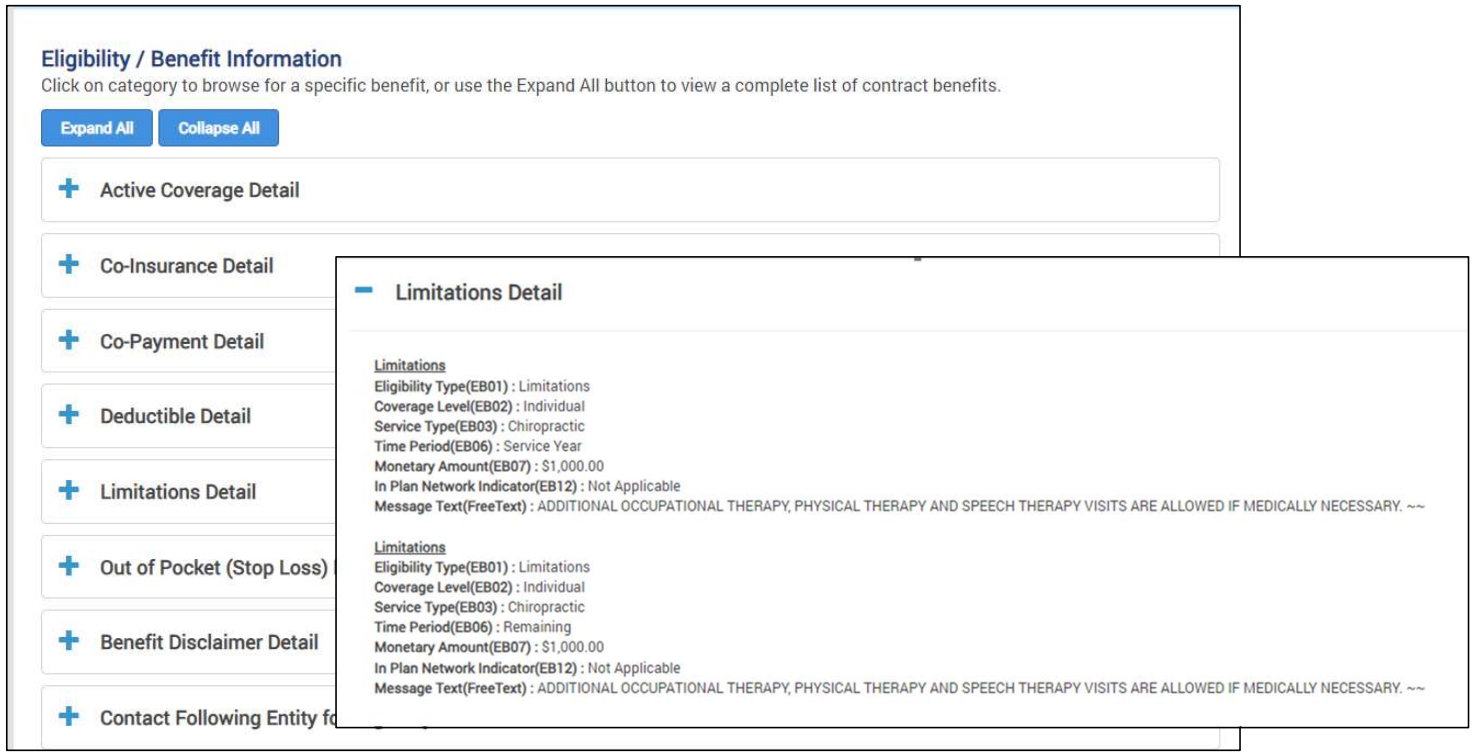
Coverage – Out of Area

The Policy Dates can be found on the 271 Eligibility Report.



Coverage – Out of Area

The Eligibility Benefit Information displayed varies by contract. The information details is dependent on the home plan and how much information is shared with Louisiana Blue. **If provided by the home plan**, the Limitations Details will show detailed information.



Coverage – Out of Area

Providers can also use IVR to obtain BlueCard eligibility and benefits.

Interactive Voice Recognition (IVR)

Providers can also access this information through our Interactive Voice Recognition (IVR) by calling 1-800-676-2583.

- Say if you are calling for Eligibility and Benefits, Precertification or both.
- When asked if you are a healthcare provider, say Yes.
- Give the alpha prefix for the member's out-of-area policy to be connected to the appropriate Blue Plan.
- Press "1" to select Provider.
- Say or enter the numeric portion of the Provider NPI then press the pound (#) key.
- Press "1" to select Medical.
- Enter the numeric portion of the member ID as it appears on the member ID card.
- Enter the member's date of birth in the MMDDYYYY format to verify eligibility and benefits.


LOUISIANA BLUE

providerTIDBIT

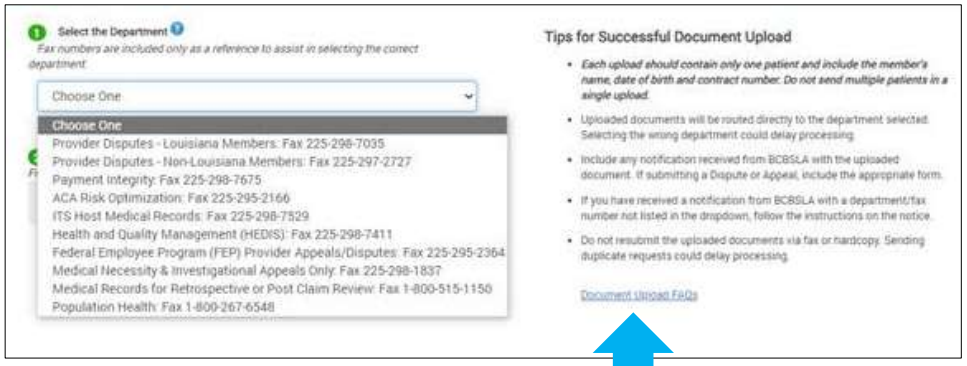
Automated Benefits & Claim Status

Customer Care Center 1-800-922-8866

Provider Menu

The Automated Benefit & Claim Status (IVR Navigation Guide) can be found on our Provider page at **www.lablue.com/providers** >Resources >Tidbits.

Document Upload



Document Upload Frequently Asked Questions can be found here.

Document Upload - upload documents that would otherwise be faxed, emailed or mailed.

Once Louisiana Blue receives the uploaded document, a confirmation message will display, “The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY. The transaction ID is XXXXX.”

Louisiana Blue accepts document uploads for:

- Provider Disputes – Louisiana Members
- Provider Disputes – Non-Louisiana Members
- Payment Integrity
- ACA Risk Optimization
- ITS Host Medical Records
- Health and Quality Management (HEDIS)
- Federal Employee Program (FEP) Provider Appeals/Disputes
- Medical Necessity & Investigational Appeals
- Medical Records for Retrospective or Post Claim Review
- Population Health

How to Confirm Your Documents Successfully Uploaded in iLinkBlue

You can confirm your documents successfully uploaded through the application. There is no need to also call or send an email asking for confirmation.

Once we receive your uploaded document, the application will display a confirmation message:

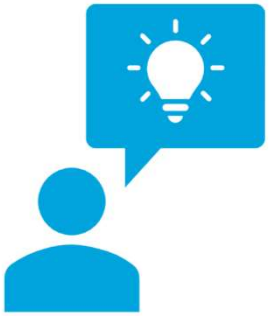
> "The uploaded file was successfully received and sent to XXX Department at hhmmss am/pm, mm/dd/yyyy. The transaction ID is XXXXX."

This message means your upload was successful and the application sent the document to the department for processing.

If the application displays an error instead of the above confirmation message, email our EDI Department at **EDIservices@lablue.com**. Please include a screenshot of the error, if possible.

For more information on using the Document Upload application, view the *iLinkBlue User Guide*. Find it online at **www.lablue.com/providers** >Resources >Manuals.

Document Upload Helpful Tips



- Please do not upload your documents via Document Upload AND fax or mail the same information. Duplicate submissions cause delays.
- Please do not upload medical records for multiple patients in one transaction. Also include the medical record request form as the cover.
- Do not use document upload for items for departments not listed in the dropdown listing.
- Please select to the appropriate department requesting the information and include the cover sheet/request form.

2025 Product Enhancements

Each year, Louisiana Blue makes enhancements and updates to our member benefit plans. Providers can learn about these changes in our Product Enhancement Guide, published each December and available on our Provider page **www.lablue.com/providers** >News and Events >Product Enhancements Guide.

Louisiana Act 621 – Urinary or Sexual Dysfunction Resulting from a Cancer Diagnosis

This Act provides that any health benefit plan that provides medical and surgical benefits for cancer treatments shall provide coverage for the medical and surgical treatments for urinary and sexual dysfunction resulting from the treatment of cancer. Urinary dysfunction services are an existing covered benefit.

The law specifically lists that the following sexual dysfunction services must be covered:

- Penile injections
- External pumps
- Surgical implants

Enhancements are subject to each member's benefits and eligibility. These benefits are effective as policies renew in 2025.

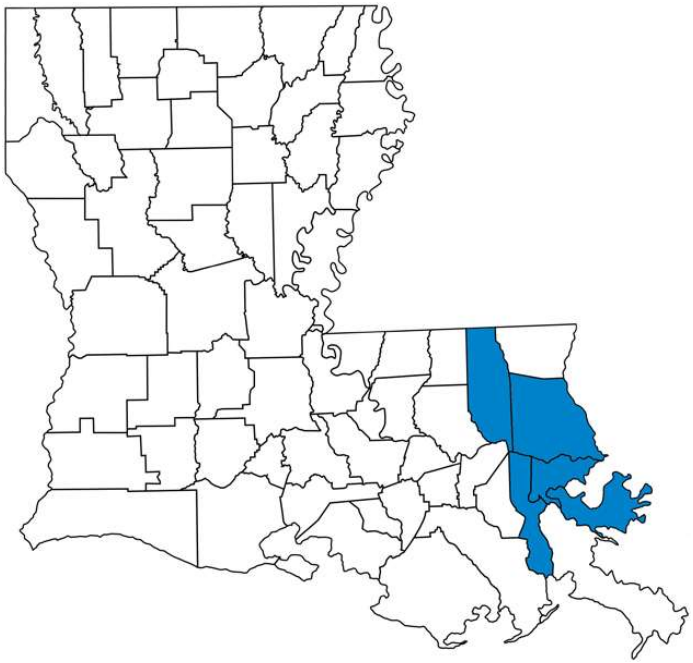
2025 Product Enhancements

Expansion of the Signature Blue Network

For 2024, the Signature Blue network was available in Orleans, Jefferson and St. Tammany parishes.

2025 Enhancement

Beginning January 1, 2025, the Signature Blue Network is also being offered in St. Bernard and Tangipahoa parishes.



LOUISIANA BLUE

Authorizations

30

Louisiana Blue Authorizations Application

The Louisiana Blue Authorizations application is powered by **Epic Systems Corporation** (Epic) and designed to be user friendly and efficient for providers and their staff. If you do not have access, contact your organizations administrative representative.

Resources about this new application are available online:

- View Frequently Asked Questions at **www.lablue.com/providers** >Electronic Services >Authorizations, under the quick links section.
- Access the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue (**www.lablue/ilinkblue**) under Resources.
- Video demonstrations for Inpatient/Outpatient authorizations are also available in iLinkBlue, under Resources.

Provider Training for the new application is available by contacting your Provider Relations Representative.

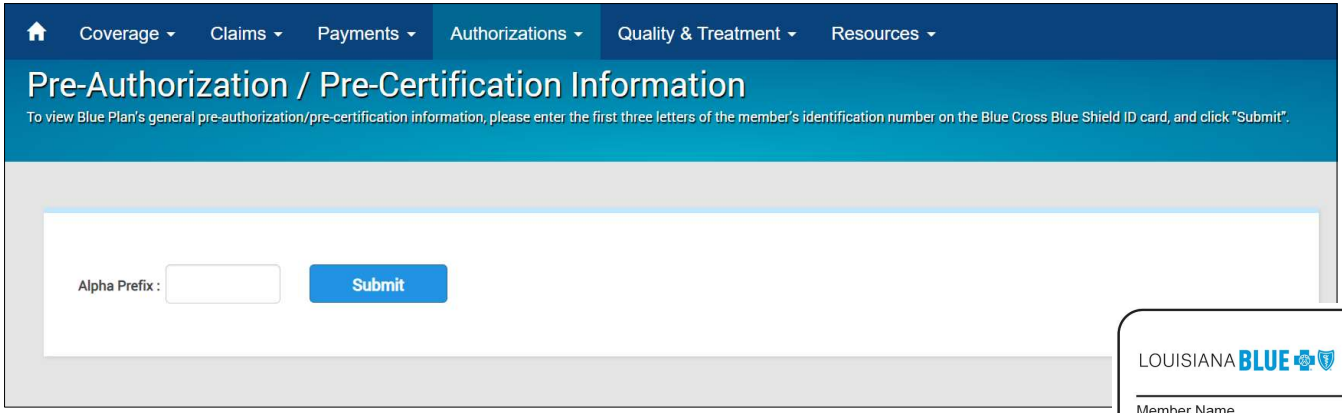
Authorizations

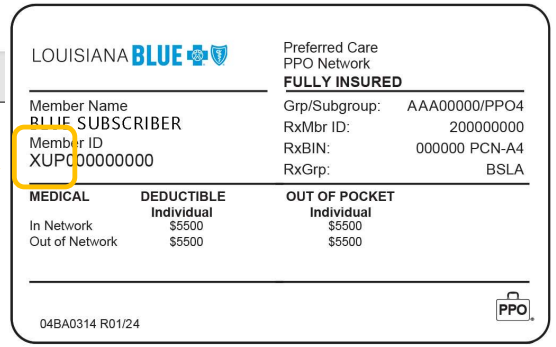
The Authorizations section of iLinkBlue includes resources and applications for both **Louisiana Blue Members** and **Out of Area Members**.

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

Authorizations Louisiana Blue Members

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

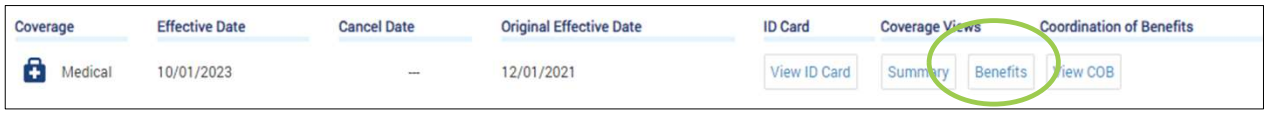




Enter the member's prefix to access general pre-authorization/pre-certification information.

Where to Find Authorization Requirements?

Providers should check iLinkBlue to determine if an authorization is required. This information can be found under the “Benefits” menu.



+ AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES

+ SCHEDULE OF BENEFITS DESCRIPTION

The following list of Outpatient services and supplies require Authorization prior to the services being rendered or supplies being received. The list of services requiring Authorization may change from time to time. Providers may request a pre-determination of Medical Necessity prior to rendering services. Requests for Authorization or a pre-determination of Medical Necessity must be made to Blue Cross and Blue Shield of Louisiana by calling 1-800-376-7973.

- Air Ambulance - Non-Emergency (no Benefit without prior Authorization)
- Applied Behavior Analysis
- Arterial Ultrasound
- Arthroscopy and Open procedures (Shoulder & Knee)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- Compound Drugs equal to or greater than $100.00
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic or Molecular Testing
- Hearing Aids (ages 18 and older) (no Benefit without prior Authorization)
- Hip Arthroscopy
- Home Health Care
- Hospice Care
- Hyperbarics

Failure to Obtain an Authorization

Failure to obtain a prior authorization can result in:

- A 30% penalty imposed on Preferred Care PPO and HMO Louisiana, Inc. network providers for failing to obtain authorization prior to performing an outpatient service that requires authorization.
- A $1,000 penalty applied to inpatient hospital claims if the patient's policy requires an inpatient stay to be authorized (Note: some policies contain a different inpatient penalty provision).
- The denial of payment for services for our Office of Group Benefits (OGB) members.
- A $500 penalty applied to inpatient hospital claims for Federal Employee Program (FEP) members with Standard Option, Basic Option and FEP Blue Focus benefits. For select outpatient services, no payment will be made if prior authorization is not obtained. If prior approval is not obtained for certain OP and IP services, a $100 penalty may be applied on Blue Focus.

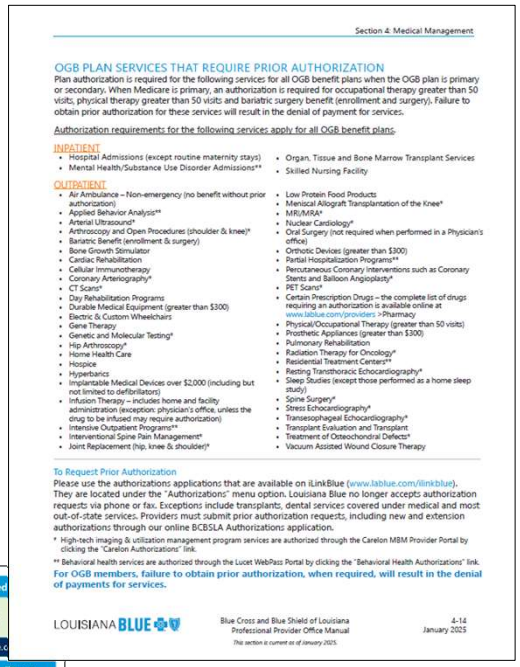
Authorization penalties or services that deny for no authorization are not billable to the member.

OGB Authorizations

OGB authorization requirements are different. **Failure to obtain an authorization will result in denial of payment for services. OGB does not authorize Louisiana Blue to reconsider these denials at the appeal level.**

The list of OGB authorization requirements can be found in our *Professional Provider Office Manual* located at **www.lablue.com/providers** >Resources >Manuals.

The list also appears on the OGB Speed Guide located on **www.lablue.com/providers** >Resources.



Section 4: Medical Management

OGB PLAN SERVICES THAT REQUIRE PRIOR AUTHORIZATION

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, an authorization is required for occupational therapy greater than 50 visits, physical therapy greater than 50 visits and bariatric surgery benefit (enrollment and surgery). Failure to obtain prior authorization for these services will result in the denial of payment for services.

Authorization requirements for the following services apply for all OGB benefit plans.

INPATIENT

- Hospital Admissions (except routine maternity stays)
- Mental Health/Substance Use Disorder Admissions**
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility

OUTPATIENT

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis**
- Arterial Ultrasound*
- Arthroscopy and Open Procedures (shoulder & knee)*
- Bariatric Benefit (enrollment & surgery)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than $300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic and Molecular Testing*
- Hip Arthroscopy*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over $2,000 (including but not limited to defibrillators)
- Infusion Therapy – includes home and facility administration (exception: physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs**
- Interventional Spine Pain Management*
- Joint Replacement (hip, knee & shoulder)*
- Low Protein Food Products
- Meniscal Allograft Transplantation of the Knee*
- MRI/MRA*
- Nuclear Cardiology*
- Oral Surgery (not required when performed in a Physician's office)
- Orthotic Devices (greater than $300)
- Partial Hospitalization Programs**
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty*
- PET Scans*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.lablue.com/providers >Pharmacy
- Physical/Occupational Therapy (greater than 50 visits)
- Prosthetic Appliances (greater than $300)
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers**
- Resting Transthoracic Echocardiography*
- Sleep Studies (except those performed as a home sleep study)
- Spine Surgery*
- Stress Echocardiography*
- Transesophageal Echocardiography*
- Transplant Evaluation and Transplant
- Treatment of Osteochondral Defects*
- Vacuum Assisted Wound Closure Therapy

To Request Prior Authorization

Please use the authorizations applications that are available on iLinkBlue (www.lablue.com/ilinkblue). They are located under the "Authorizations" menu option. Louisiana Blue no longer accepts authorization requests via phone or fax. Exceptions include transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations through our online BCBSLA Authorizations application.

* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the "Carelon Authorizations" link.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

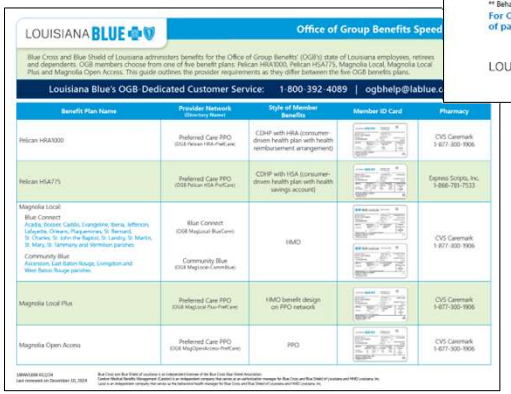
For OGB members, failure to obtain prior authorization, when required, will result in the denial of payments for services.

LOUISIANA BLUE

Blue Cross and Blue Shield of Louisiana
Professional Provider Office Manual

4-14
January 2025

This section is current as of January 2025.



LOUISIANA BLUE

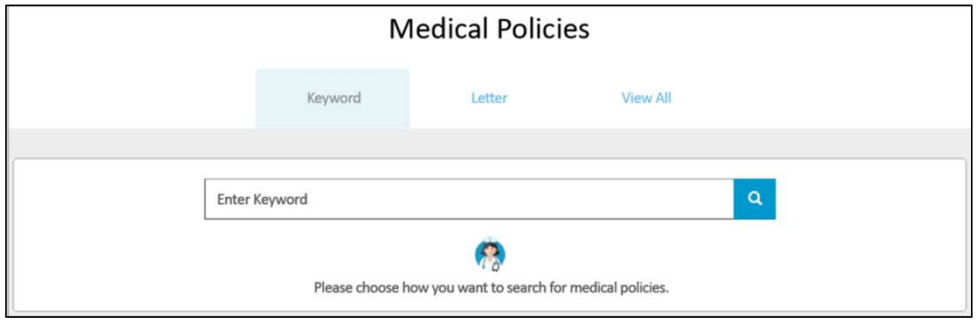
Office of Group Benefits Speed

Louisiana Blue's OGB Dedicated Customer Service: 1-800-392-4089 | ogbhelp@lablue.c

Benefit Plan Name	Provider Network	Style of Member Benefits	Member ID Card	Pharmacy
Pelican HRA1000	Preferred Care PPO	CDHP with HRA (consumer-driven health plan with health reimbursement arrangement)		CVS Caremark 1-877-300-1906
Pelican HSA775	Preferred Care PPO	CDHP with HSA (consumer-driven health plan with health savings account)		Express Scripts, Inc. 1-866-781-7533
Magnolia Local: Blue Connect; Community Blue	Blue Connect; Community Blue	HMO		CVS Caremark 1-877-300-1906
Magnolia Local Plus	Preferred Care PPO	HMO benefit design on PPO network		CVS Caremark 1-877-300-1906
Magnolia Open Access	Preferred Care PPO	PPO		CVS Caremark 1-877-300-1906

Authorizations Louisiana Blue Members

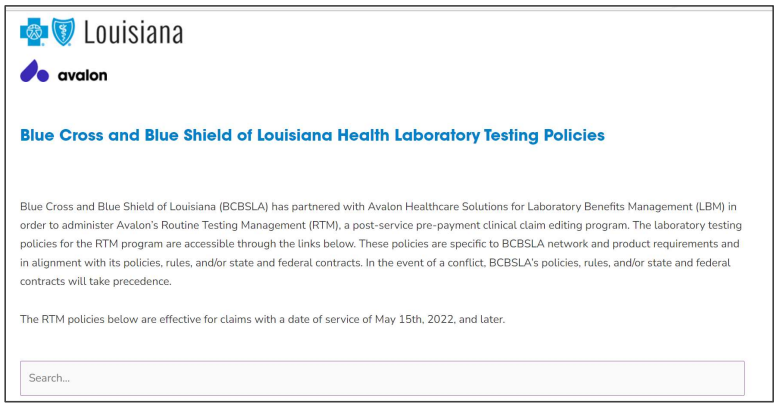
Medical Policy Guidelines* – access the Louisiana Blue medical policy index to research Louisiana Blue's medical policies. Search for policies alphabetically by title or use the search bar to look by keywords or codes.



*This application is also available on the Provider page; **www.lablue.com/providers** >Medical Management >Medical Policies.

Authorizations Louisiana Blue Members

Lab Reimbursement Policies* – access the policies used as part of Louisiana Blue's Lab Benefit Management Program. These policies are managed by Avalon.



FEP Medical Policy Guidelines – access medical policies that govern claims for Federal Employee Program members.

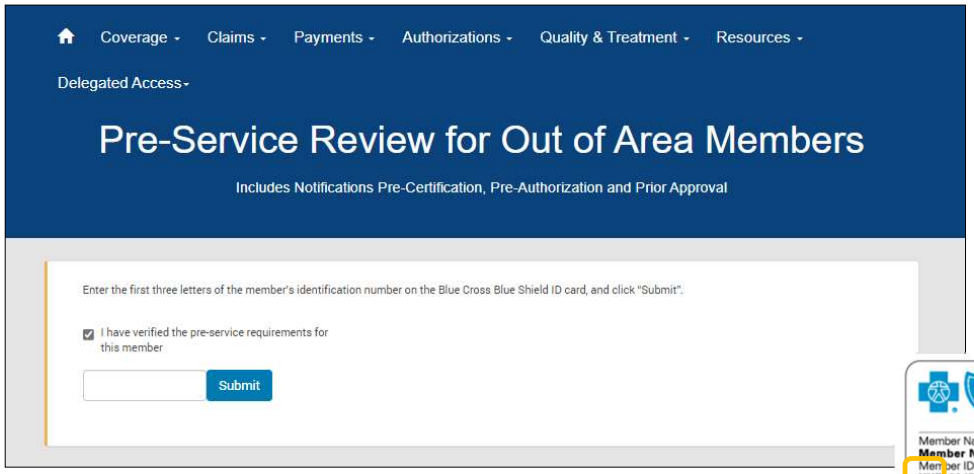
*This application is also available on the Provider page at **www.lablue.com/providers** >Medical Management >Lab Management.

Authorizations Out of Area Members

Out of Area (Pre-Service Review – EPA)

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

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



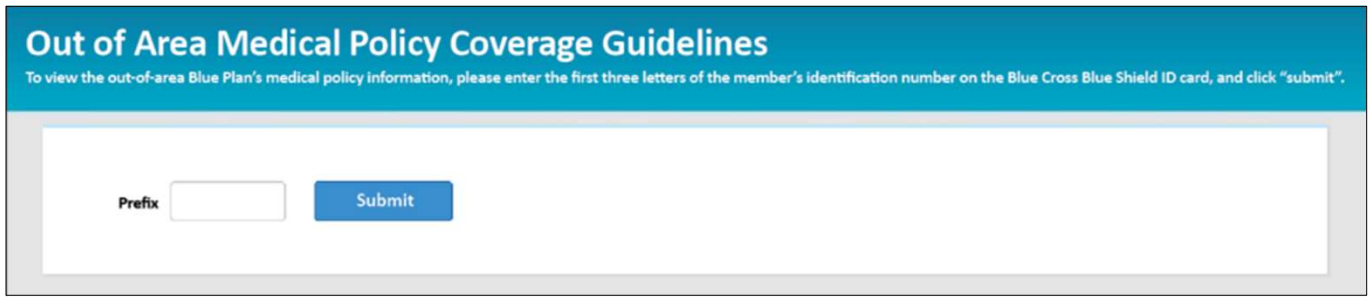
Enter the member's prefix to access general pre-authorization/pre-certification information.

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.



NEW

Changes to Authorizations Numbers Coming Soon

- Currently the Louisiana Blue Authorizations application uses the referral ID number assigned to a request as the authorization number. Referral ID numbers begin with the letter “B” and appear in the top left of the Referral Details screen.
- Later this summer the Referral Details screen will identify new authorization numbers in the Authorizations section. The new authorization numbers will begin with the letter “L.”
- Providers will need to begin using the new “L” authorization numbers for claims submission and processing. Only use the referral ID numbers as a reference number for the request.

This change will not alter the process for adding additional service requests or extension requests to an authorization. Continue to add these to the authorization via the Add Note/Attachment feature accessed on the Referral Details screen.

Changing a Louisiana Blue Authorization

You can add a note and/or attachment to change or add a code to an already approved authorization when **all of the following** conditions are met:

- There is an approved authorization on file
- Provider states a claim has not been filed
- The requested code is surgical or diagnostic
- The requested code is not on a Louisiana Blue medical policy or a non-covered benefit

If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered.

Adding a note and/or attachment to the request in the Louisiana Blue Authorizations application will allow providers to:

- Correspond with the Louisiana Blue Authorization Department
- Add additional information
- Extend an authorization or add additional services
- Change an authorization
- Requesting peer-to-peer review (flag as critical)
- Close or cancel an authorization created in error

How to Expedite an Authorization

- Louisiana providers must use our Louisiana Blue Authorizations application powered by Epic. We do not accept authorization requests via fax or phone calls.
  - With the exception of transplants, dental services covered under medical and most out-of-state services.
- Do not submit an authorization as Urgent unless services performed within 72 hours.
  - When submitting an authorization as urgent, you must attach clinical information.
- Make sure to use correct procedure/HCPCS codes and dates of service.
- Add attachments before submitting the authorization.

*Exceptions and information can be found in the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue (**www.lablue/ilinkblue**) under Resources.

Using Notes When Expediting an Authorization

To avoid delays, please choose the correct “Note.” Do not default to using “Provider IP extension.”

- **Provider Non-clinical Comments**: Select when asking a question, providing 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 when 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.

Note Summary is not a required field, but we recommend you enter a concise description about the note. **Important**: If you are requesting an authorization for a service that will occurwithin the next 24-hours, put “STAT NOTE" in the summary field.

LOUISIANA BLUE

Carelon Authorizations

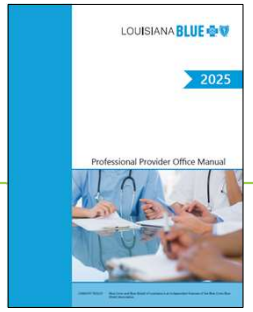
Utilization Management Programs

Louisiana Blue has several utilization management programs that require prior authorization for select elective services. Carelon Medical Benefits Management, an independent specialty benefits management company, serves as our authorization manager for these services:

- Cardiology
- Genetic
- High-tech Imaging
- Radiation Oncology
- Sleep Study
- Musculoskeletal (MSK)
  - Interventional Pain Management
  - Joint Surgery
  - Spine Surgery

Authorization requests may be completed online using the Carelon MBM Provider Portal accessed through iLinkBlue. Carelon clinical appropriateness guidelines are available at **guidelines.carelonmedicalbenefitsmanagement.com**.

NOTE: When medical records are requested are requested by Carelon, please forward the records to them instead of Louisiana Blue.

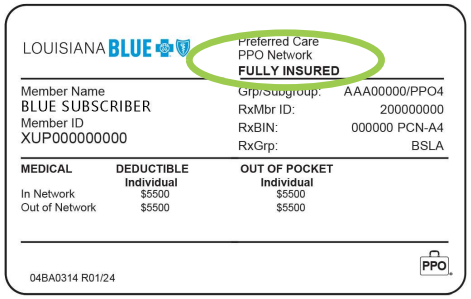


Additional information can be found in the ***Professional Provider Office Manual***. Find it online at **www.lablue.com/providers** >Resources >Manuals.

Which Members are in the Carelon Program?

Below are general guidelines to help identify the members that are a part of our utilization management programs. Always verify authorization requirements and member benefits on iLinkBlue, prior to rendering services.

- Fully insured members are a part of all programs. Fully insured members can be identified by the words “Fully Insured” on the member ID card.
- Self-funded members (ASO plans) have an option to be in these programs or not. Self-funded member ID cards will include the group name but will NOT include the words “Fully Insured.”



- Small Business Funded (SBF) members are a part of all programs. SBF members have “SBF” in the group number in the Group/Subgroup section of their member ID card.
- Office of Group Benefits (OGB) members are a part of all programs, except the Sleep Management Program.
- FEP members are excluded from all Carelon programs.

Carelon Authorizations

When an authorization is required, please refer to members' benefits in iLinkBlue to determine where to obtain an authorization, (Carelon or the Louisiana Blue Authorizations application). Fully insured members are in all Carelon programs. This can also be viewed under the Benefits tab.

Example: member's authorizations through Carelon for these services.

Example: authorization would be entered in Louisiana Blue Authorizations

Genetic Testing Program

Genetic testing is reviewed by Carelon.

This program is for **all** fully insured and self-funded members, including Office of Group Benefits (OGB) members. Federal Employee Program (FEP) members are not included in the program.

Program Changes

- **Effective August 1, 2025**, Carelon is changing the definition of the service date (date of service). On August 1, complete the “date of service” field with the date that the sample will be collected when requesting prior authorization for genetic testing.
- Prior authorization requests must be submitted prior to the service being rendered; therefore, requests submitted after the collection date, even if the lab has not been processed yet, will be subject to authorization timelines and applicable penalties.

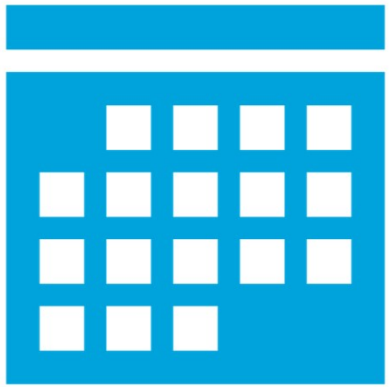
Sleep Management Program

Carelon reviews sleep disorder services and treatment for Louisiana Blue. They work with leading insurers to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable.

- Providers of sleep disorder management are required to obtain prior authorization from Carelon for all outpatient sleep testing and therapy services for all fully insured members only.
- You can easily identify fully insured members by the words "Fully Insured" on the top right corner of the member ID card.
- Self-funded members (ASO plans) have the option to be in this program.

Carelon Guidelines for Changing an Authorization

- Carelon allows **seven** days post service (retro) for the provider to call and update the original request for MSK program.
- All other programs allow **two** days, with the exception of some cardiac services that allow **10** days post service.



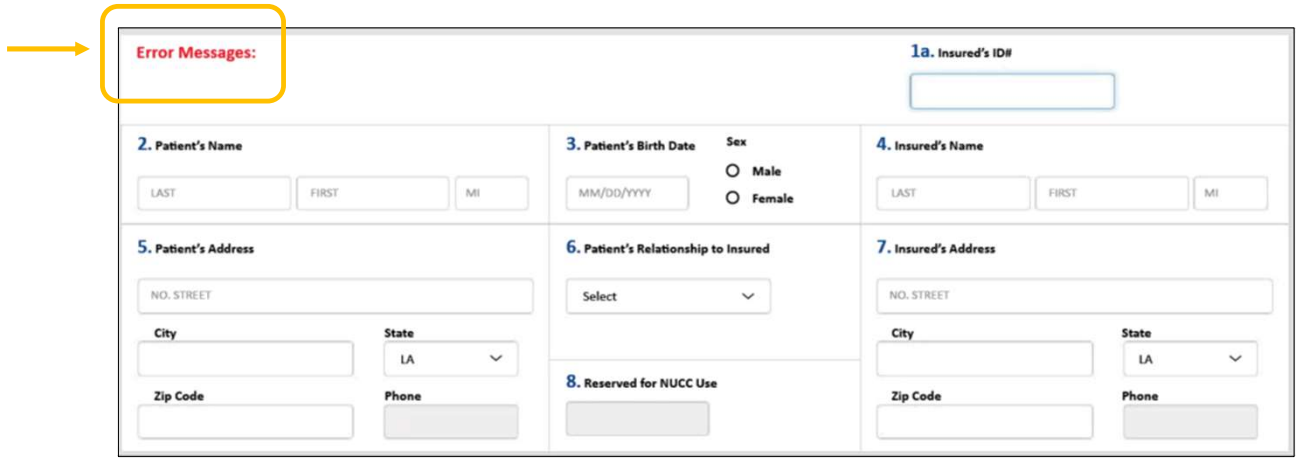
LOUISIANA BLUE

Claims

Submitting Claims in iLinkBlue

Louisiana Blue Professional Claims Entry (1500) – follows the format of the HCFA 1500 form R (02-12).

If the claim entry contains errors, the edits will be listed under the “Error Messages” section at the top of the screen.



When the claim is submitted and accepted, the provider will receive a confirmation message.

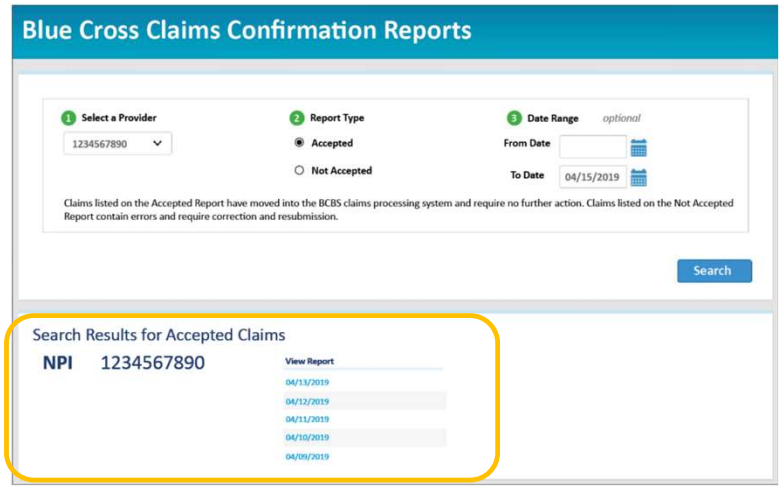
Claim for 12345678901; DOE, JANE has been submitted

The *iLinkBlue 1500 Claims Entry Manual* can be found on iLinkBlue under Resources.

Louisiana Blue Claims Confirmation Reports

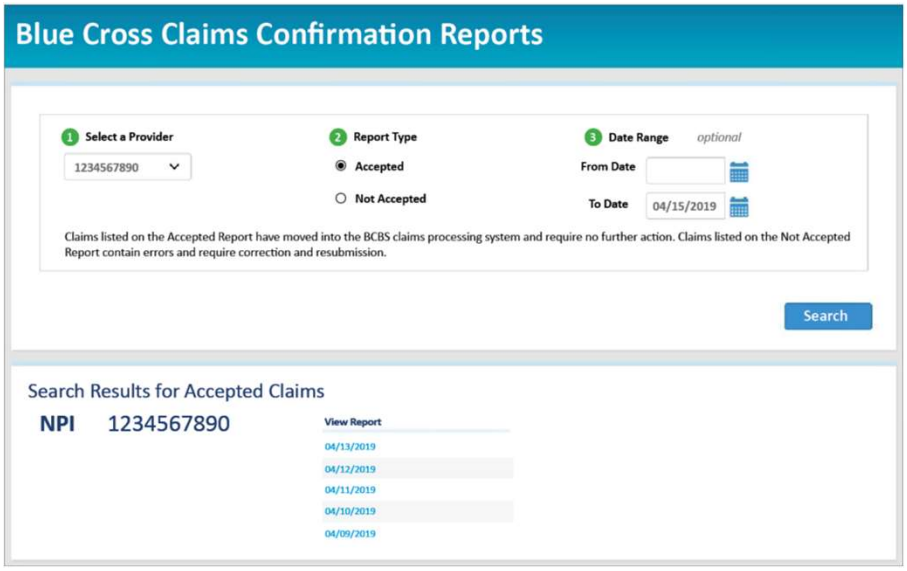
These reports allow providers to research Claims Confirmation for electronically submitted claims.

- Daily reports confirm if your claims submitted directly through iLinkBlue, billing agency or clearinghouse were accepted.
- Reports are available up to 120 days.
- The returned reports will display by date.



Louisiana Blue Claims Confirmation Reports

- If you do not enter dates in the application's optional date range field, the returned results will list all reports that have generated within 120 days. Click on a date under View Report to open that report.
- If you use a billing agency or clearinghouse, you can still use this application to confirm the claims processing systems at Louisiana Blue accepted your claims.



Reports are available within 24 hours of submitting claims prior to 3 p.m. CT and are available for up to 120 days.

Louisiana Blue Claims 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: 04-12-19
PAGE 1

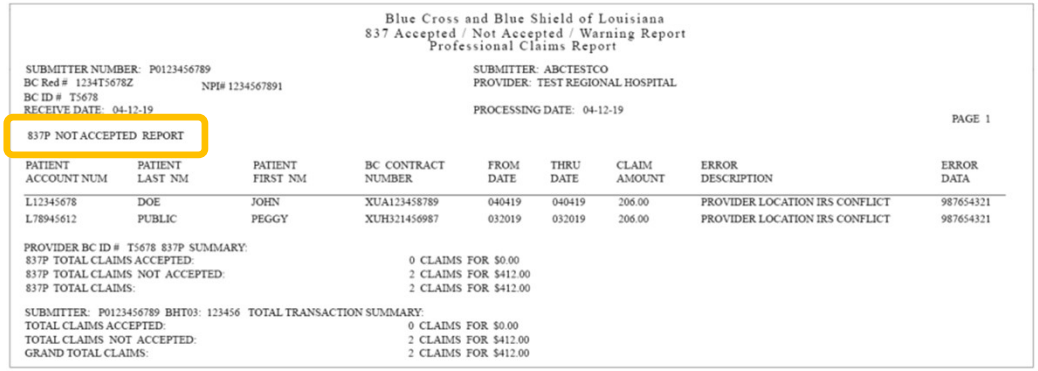
837P ACCEPTED REPORT

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

Non-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: 04-12-19
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

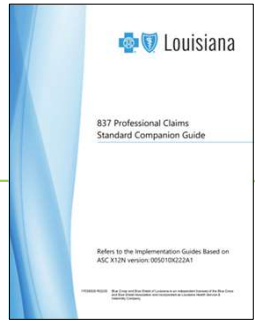
Louisiana Blue Claims Confirmation Reports

Not Accepted Error Message Descriptions

Error Message	Description
ADJ CLM REQS ICN CLAIM NUMBER	Adjustment claims does not contain the Internal Control Number (ICN) assigned by BCBSLA to the original claim. The ICN can be found on the BCBSLA payment register/electronic remit or in iLinkBlue on the claim status application.
ADJCLM PROCESSING WAIT UNTIL COMPLETE	There is already an adjustment claim for the ICN on this claim in our processing system. BCBSLA can only process one adjustment for a single ICN at a time.
ANESTHESIA MINUTES INVALID	Anesthesia minutes cannot be equal to 0 or 1 and must be reported according to the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
ANESTHESIA MODIFIER REQUIRED	Anesthesia coding must include an appropriate modifier that follows the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
BILLING NPI MATCHES MULTI PROVIDER RECORDS	Using information submitted, we are unable to locate a single BCBSLA Provider ID number to apply on this claim. Resubmit using the G2 qualifier along with the appropriate BCBSLA assigned provider ID.
BILL NPI NOT IN BCSYS FAX TO 225_297_2750	Billing provider NPI is not set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL NPI TAXID COMBO NOT SETUP FAX INFO	Billing provider NPI and Tax ID number on claim is not set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL TAXONOMY CD NO SINGLE NPI MATCH	The taxonomy code used for the billing provider does not allow the unique identification of the unit in which services were rendered. Select a code from the BCBSLA taxonomy table which provides a better description.
BILLING PROVIDER TAXONOMY REQUIRED	NPI and Tax ID require the submission of a taxonomy code. Please select a taxonomy code from the BCBSLA table.

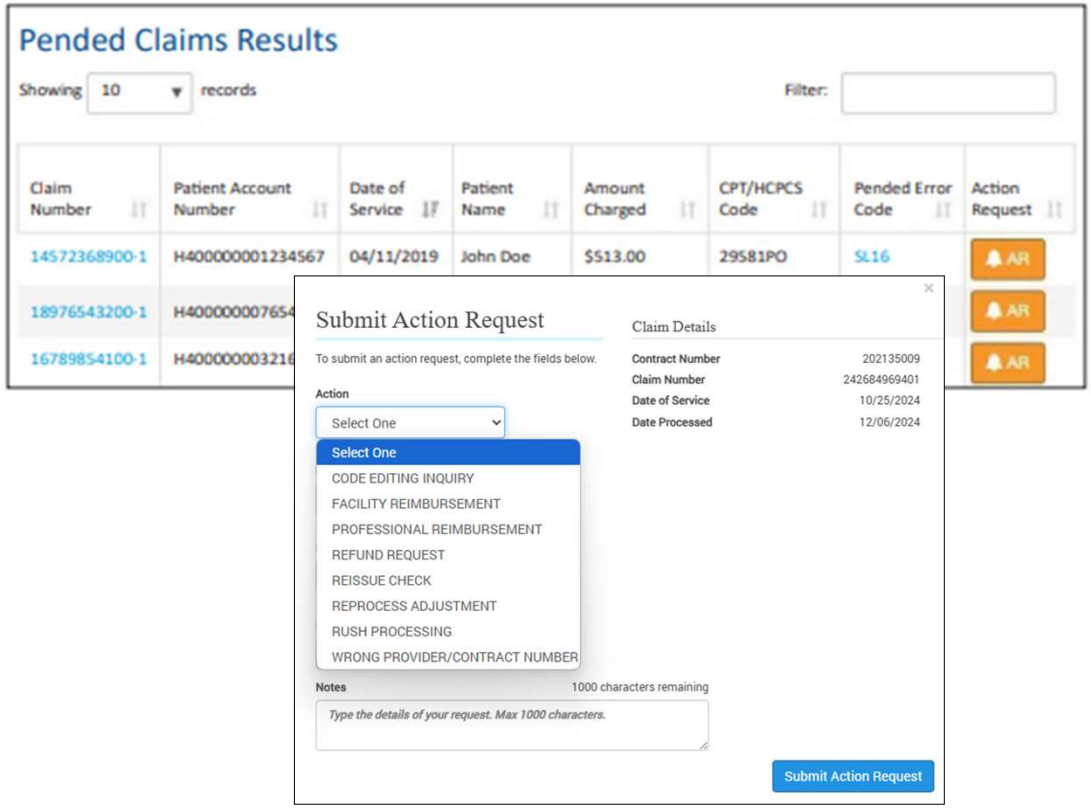
The Not Accepted Report identifies claims with critical errors, which were not accepted for processing. All claims that appear on the Not Accepted Report must be corrected and retransmitted for processing. The error description field on the report provides a verbose message indicating the critical error detected. The error data field on the report, when populated, shows the information from the claim that requires correction.

Not accepted error message description can be found in our companion guide. This should provide the details needed to correct and resubmit claims found on the Not Accepted Report.



The *837 Professional Claims Standard Companion Guide* can be found on our Provider page at **www.lablue.com/providers** >Electronic Services >Clearinghouse Services.

Action Requests



When submitting an Action Request:

- Include your contact information.
- Be specific and detailed.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Only one Action Request can be open on the same claim at a time.

Action Requests Enhancements

Action requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim. We have recently added the following enhancements:

- The notes field allow up to 1,000 characters for users to better communicate their claim issue. The past limit was 250 characters.
- The Action Items drop-down list for reporting the type of issue has expanded from six to eight options. We have added “Facility Reimbursement” and “Professional Reimbursement” as options.
- iLinkBlue now add case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests will load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.

Action Requests Enhancements

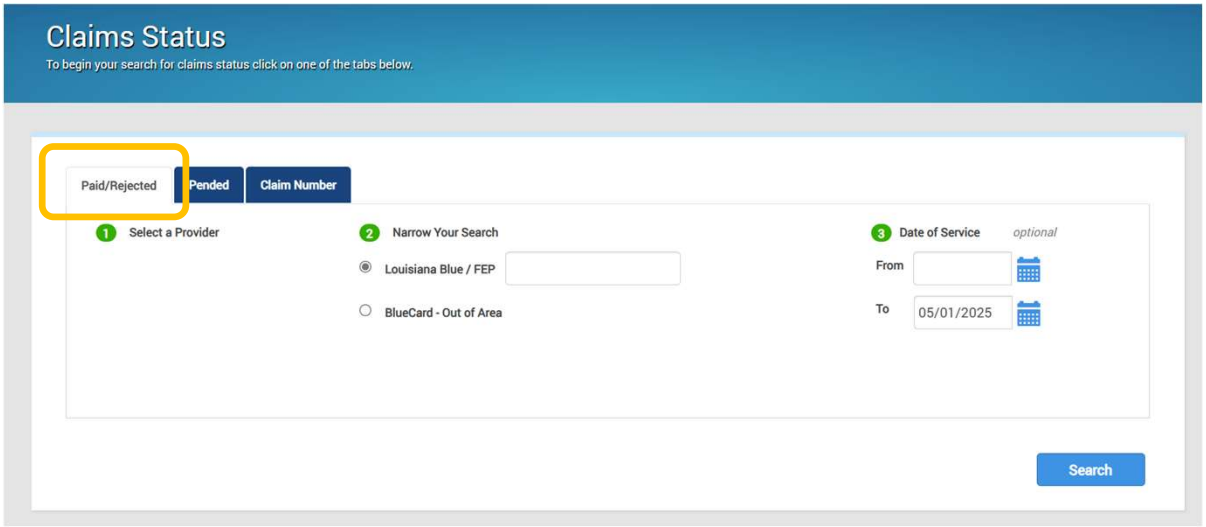
Users may notice some additional changes because of these enhancements.

- You can no longer edit or delete an action request once submitted.
- You cannot submit duplicate action request on the same claim.
- After submitting your request, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request before submitting.
- If you receive an error message after clicking submit, there may have been an issue with creating your request. Check the Action Request Inquiry search to verify it was created. If the request is not found in your search, please enter the request again.
- After transmitted, the action request Answer History will indicate the request was routed to group workflow case. This means the request entered our system for processing and is not a response to the request.

Claims Research

Claims Status Search – research paid/rejected or pended claims. You can also search by claim number.

Research Louisiana Blue, FEP and BlueCard - Out of Area claims.

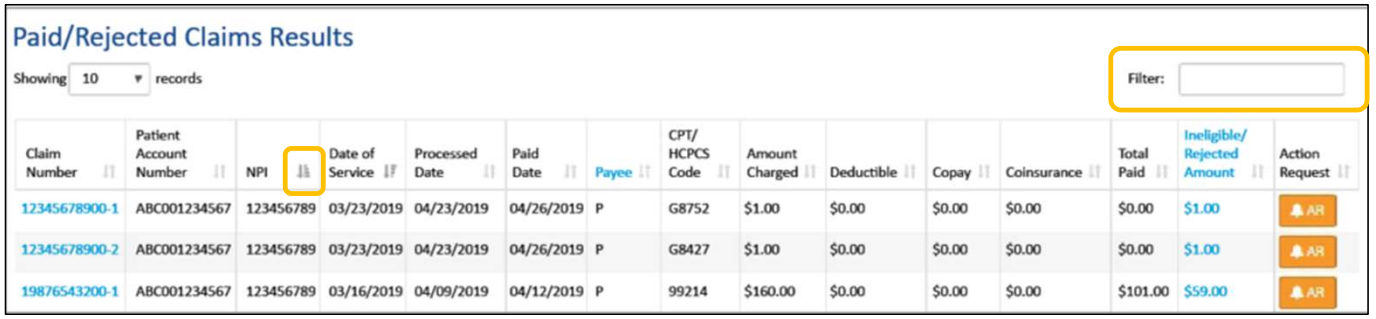


Claims Status Search

The **Paid/Rejected Claims** results screen provides information on paid or rejected claims. This includes amounts applied toward the deductible, copay, coinsurance or ineligible/rejected amounts.

For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that processed claim line.
- **Ineligible/Rejected Amount** to view a code and description of the reason the amount was not paid.



Paid/Rejected Claims Results

Showing 10 records

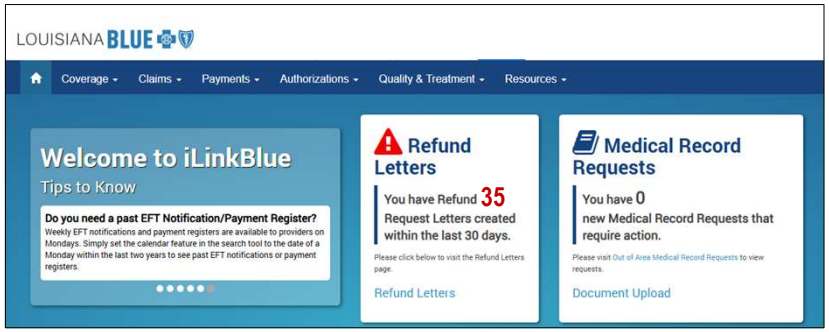
Filter:

Claim Number	Patient Account Number	NPI	Date of Service	Processed Date	Paid Date	Payee	CPT/ HCPCS Code	Amount Charged	Deductible	Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
12345678900-1	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8752	$1.00	$0.00	$0.00	$0.00	$0.00	$1.00	AR
12345678900-2	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8427	$1.00	$0.00	$0.00	$0.00	$0.00	$1.00	AR
19876543200-1	ABC001234567	123456789	03/16/2019	04/09/2019	04/12/2019	P	99214	$160.00	$0.00	$0.00	$0.00	$101.00	$59.00	AR

Refund Request Letters

Providers now have access to electronic copies of Refund Request letters in iLinkBlue. The letters will be accessible for 24 months from their issue date. Letters created before August 21, 2024, are not available.

To search for a refund letter, enter any or all of the following criteria:



- **Select a Provider** – Allows you to search by provider NPI. If no NPI is selected, search results will return letters for all the providers associated with your iLinkBlue access.
- **Contract Number** – Allows you to search by a member's contract number.
- **Claim Number** – Allows you to search by claim number. **Note**: Disregard letters are not generated with a claim number.
- **Letter Creation Date Range** – Allows you to search by the date span Louisiana Blue created the letter. If no date range is entered, the returned results will list letters created within the last 30 days.

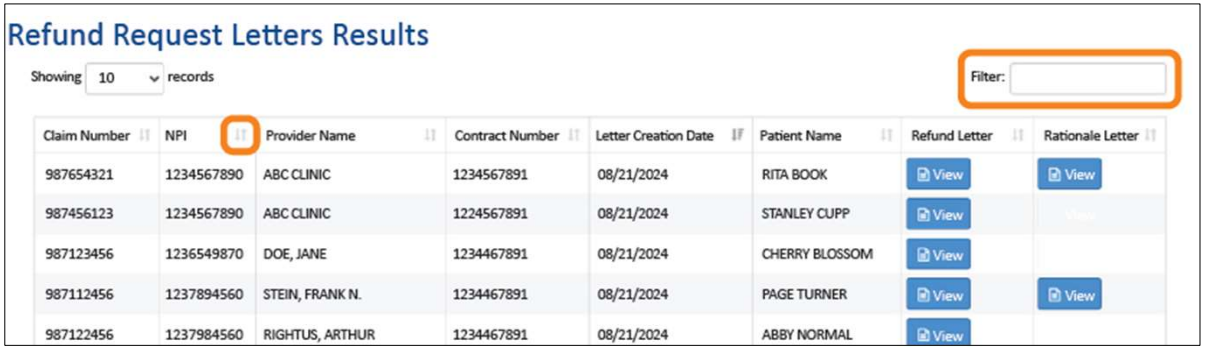
The returned search results will display below this application. Click on a "**View**" button to access PDF copies of the refund or rationale letters. **Note**: Rationale letters, if applicable, may display a day after the refund letters.

Refund Request Letters

The **Refund Request Letters Results** grid displays key information that is extracted from letters:

- **Claim Number** – Identifies the claim the letter is associated with. This field will remain blank for refund letters created with multiple claim numbers.
- **NPI** – Lists the NPI number of the provider or clinic the letter is associated with.
- **Provider Name** – Identifies the provider addressed in the letter. **Note**: Letters are created in the practitioner, clinic or facility name.
- **Contract Number** – Identifies the member ID number the letter is associated with.
- **Letter Creation Date** – Lists the date Louisiana Blue created the letter.
- **Patient Name** – Identifies the patient the letter is associated with.

Use the **Filter** search function to narrow the displayed results. Use the **Sort** function by the column headers to display results in ascending or descending order.

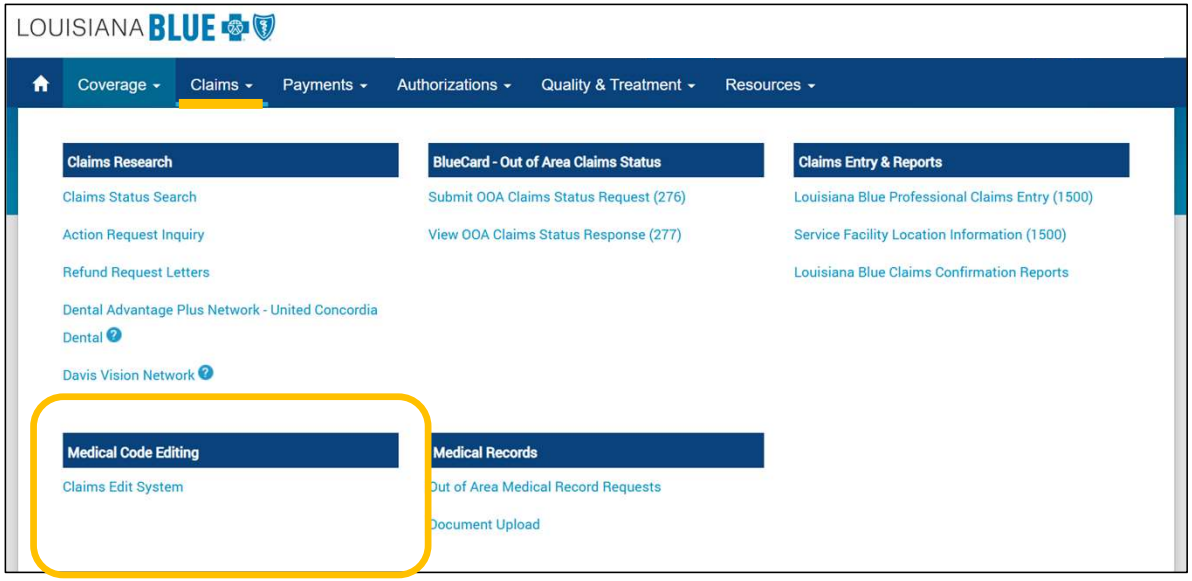


Medical Code Editing

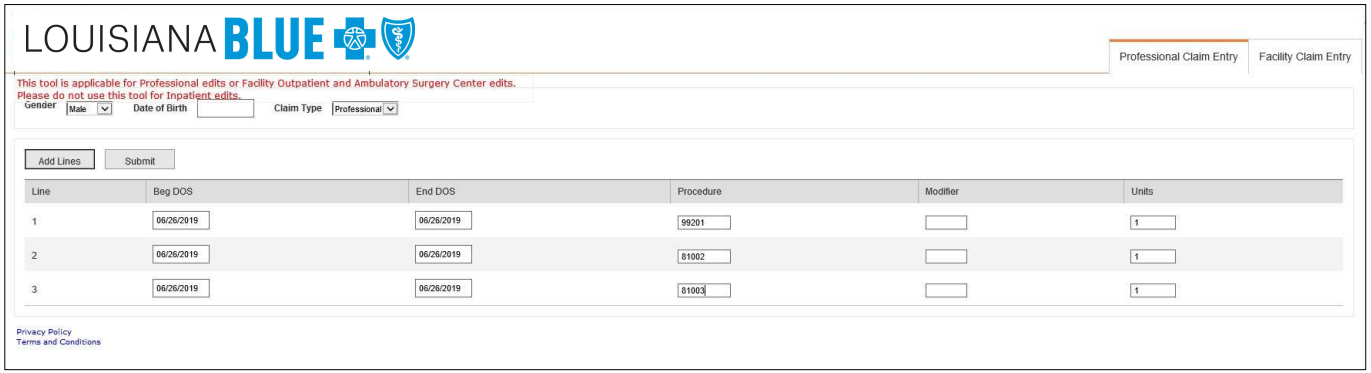
Use this section to evaluate code combinations to help reduce time-consuming disputes.

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 – Professional Claims



Our **Claims Editing System (CES)** calculates code-edit outcomes. On the **Professional Claim Entry** screen, you can enter codes for a professional claim. The available fields and accepted values include:

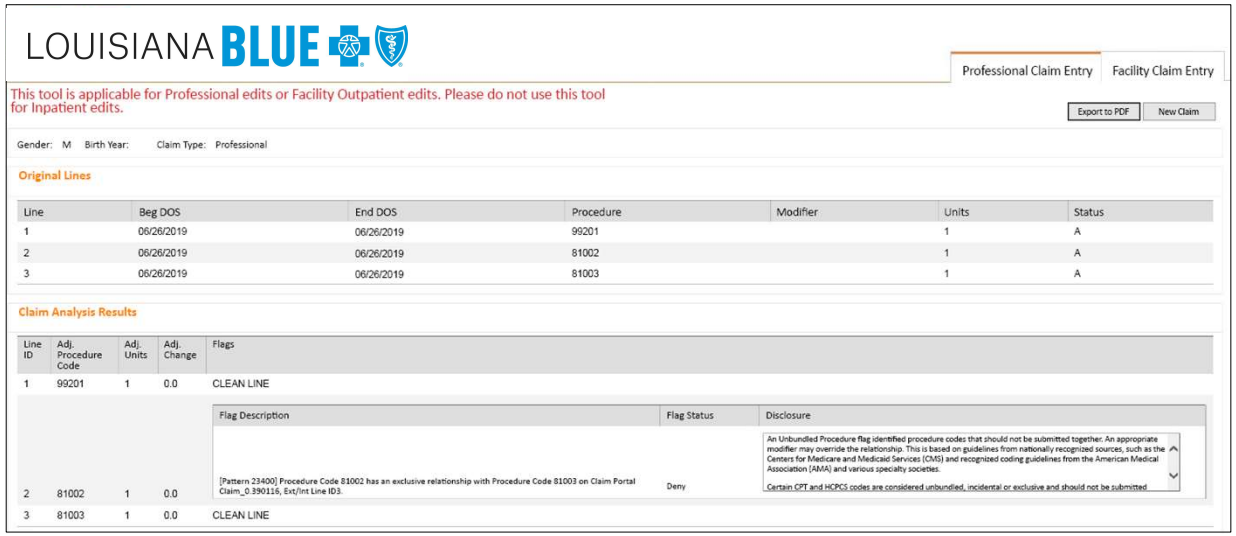
- Gender
- Date of Birth
- Claim type – Select professional
- Beginning date of service (DOS)
- End date of service (DOS)
- Procedure – Valid CPT code must be submitted
- Modifier – Appropriate modifier for this CPT code
- Units – Enter the number of units, this field defaults to a value of one

Click the “Add Lines“ button if more than three codes are on your claim. After entering all applicable information, click “Submit“ to generate CES system review results.

CES – Professional Claims

The claim line information entered by the user displays under **Original Lines**. The Louisiana Blue CES system review of the claim lines appear under the **Claims Analysis Results**.

- When the claim line is compatible, no edit results are generated. The Flag Status will indicate “CLEAN LINE.”
- When the claim line is not compatible, the Flag Status displays information on the potential claim edit.



LOUISIANA BLUE

Professional Claim Entry | Facility Claim Entry

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

Export to PDF | New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	06/26/2019	06/26/2019	99201		1	A
2	06/26/2019	06/26/2019	81002		1	A
3	06/26/2019	06/26/2019	81003		1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	99201	1	0.0	CLEAN LINE
2	81002	1	0.0	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.
3	81003	1	0.0	CLEAN LINE

Flag Description	Flag Status	Disclosure
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.	Deny	An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted

CES – Professional Claims

What edits or overrides are included in our CES logic?

The CES application includes the following edits or overrides as they apply to a single code or code pairs:

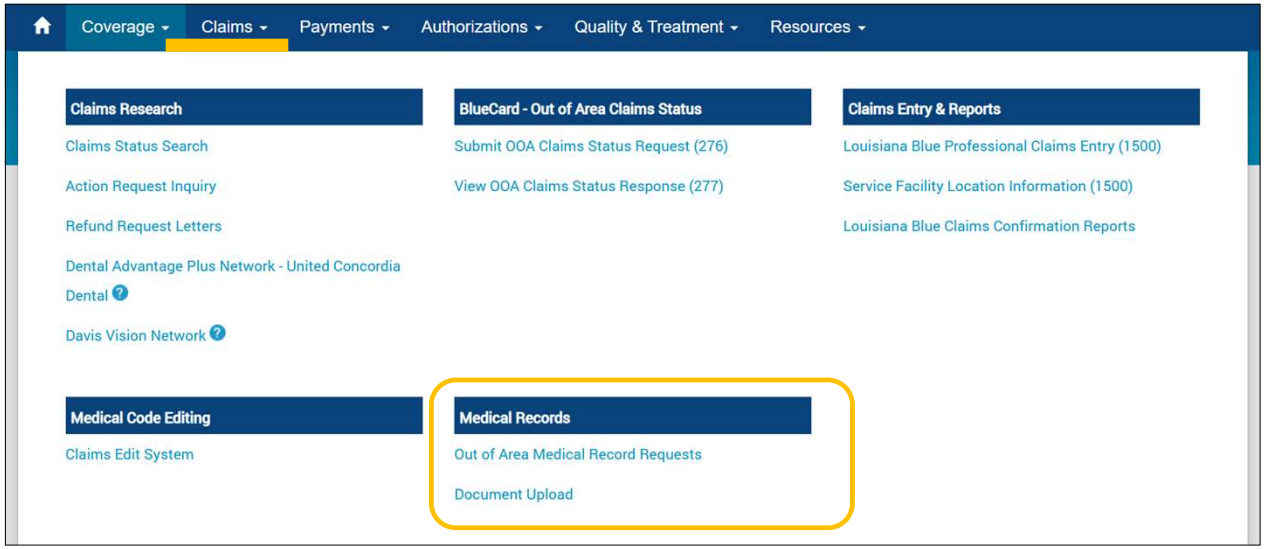
- Modifier 25, 59 and 57 edit overrides
- Age edits
- Duplicate edits
- Mutually exclusive edits
- Incidental edits
- Visit processing edits
- Assist at surgery edits
- Pre/post op processing edits

LOUISIANA BLUE

Medical Records

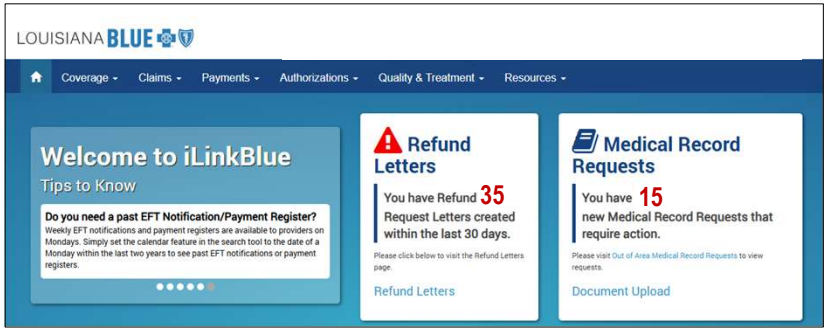
Medical Records

Use this section to view medical record requests for your Out of Area (BlueCard®) patients. You can also securely upload documents to select Louisiana Blue departments.



BlueCard Medical Record Requests

- Providers no longer receive hardcopy letters for BlueCard medical record requests. Instead, Louisiana Blue will only alert providers through iLinkBlue.
- This change does not affect non-BlueCard medical record requests. Louisiana Blue will continue to send hardcopy requests for non-BlueCard members.



For more information find our *Medical Record Guidelines for BlueCard* tidbit at **www.lablue.com/providers** >Resources >Tidbits.

Medical Record Requests

Medical Request Reminders:

- Per your Louisiana Blue network agreement, medical records should be provided at no cost.
- We will work with your copy center or vendor at no cost.
- Under the HIPAA Privacy Rule, data collection for HEDIS® is permitted, and a release of this information requires no special patient consent or authorization.
- We appreciate your cooperation in sending the requested medical record information in a timely manner (ideally in five to seven business days).

Electronic Medical Records (EMRs)

- Granting Louisiana Blue access to your EMR can save you time!
- With your permission and agreement on file, we can access your HEDIS, RADV and other **non-claims records** without having to request them from you.
- Simply send your EMR agreement to our Provider Relations Department at **provider.relations@lablue.com**.

LOUISIANA BLUE

Billing Guidelines

74

Timely Filing

Louisiana Blue, HMO Louisiana, Blue Connect, Community Blue, BlueHPN, Precision Blue & Signature Blue

Claims must be filed within 15 months (or length of time stated in the member's contract) of date of service.

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 service were provided.

Blue Advantage

Providers have 12 months from the date of service to file an initial claim.
Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim.

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 and BlueCard

Timely filing standards may vary. Always verify the member's benefits, including timely filing standards, through iLinkBlue.

Out-of-network Referrals

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

- Out-of-network member benefits often include higher copayments, coinsurances and deductibles.
- Some members have no benefits for services provided by non-participating providers.
- Non-participating providers can balance bill the member for all amounts not paid by Louisiana Blue.

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

Coordination of Benefits

Louisiana Blue would periodically and proactively request information from our members about other coverage. If we did not receive the information, we would pend or deny claims. We no longer pend or deny claims based on the member's response status to other coverage inquiries.

If Louisiana Blue or HMO Louisiana is not the primary insurer of a member, providers must submit an explanation of benefits from the primary carrier when filing a claim.

Scenarios in which claims may pend or deny due to coordination of benefits still exist and include (but not limited to):

- A member with Medicare, plus a group policy through Louisiana Blue.
- A child with coverage from different parents' group plans.

In these cases, claims will deny if we do not receive an explanation of benefits. Always verify member benefits before rendering services. You may find information about a member's network on their ID card. This Act does not include Federal Employee Program (FEP) members or BlueCard® claims.

Billing Claims by Provider Type

If Louisiana Blue offers network participation for a provider type, then that provider is required to file claims under their own name and provider number for services rendered.

Provider types include:

- Nurse Practitioner
- Physician Assistant
- Dietitian
- Audiologist
- Certified Nurse Anesthetist
- Behavior Analyst

Note: For provider types not eligible for network participation, Louisiana Blue follows CMS incident-to guidelines for processing incident-to claims.

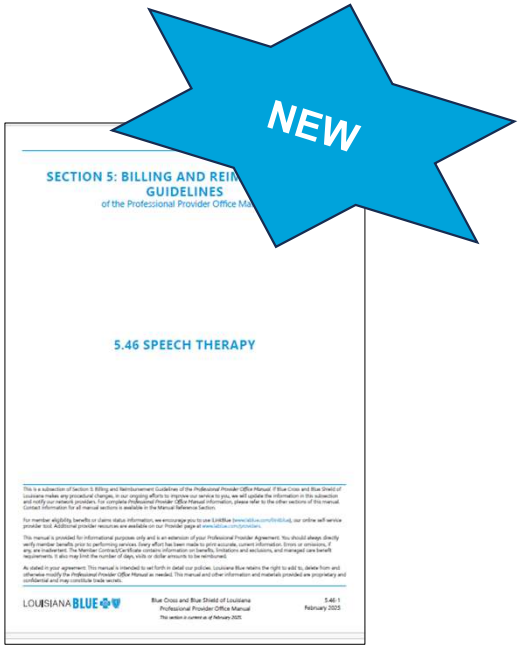
Modifier SA – Urgent Care Clinics

Nurse practitioners and physician assistants must submit claims for their services using their individual NPI**. For nurse practitioners and physician assistants providing services under an urgent care center or emergency room physician number, Modifier SA should be appended to the services billed.**

Speech Therapy Billing Guidelines Now Available

Louisiana Blue has added a speech therapy section to the *Professional Provider Office Manual*. The section details the billing and reimbursement guidelines for:

- General Guidelines
- Time Based Services
- Comprehensive Speech Therapy Codes
- Physical Medicine Services



Find Section 5.46 Speech Therapy below and online at **www.lablue.com/providers** >Resources >Manuals >Professional Provider Office Manual.

Future Educational Opportunities

Behavioral Health (ABA)

- August 5

Behavioral Health (Professional)

- August 7

Behavioral Health (Facility)

- August 7

Risk Adjustment

- August 20

BlueCard

- September 23

New to Blue (Professional)

- October 8

New to Blue (Facility)

- October 8

iLinkBlue

- October 14

New to Blue Advantage

October 15

Invitations for these webinars will be included in our Weekly Digest emails closer to the webinar dates.

Provider Survey

Each year, Louisiana Blue conducts the Provider Engagement Survey.

Your feedback is important to us. If you took the survey last year, **thank you** for taking the time to let us know how we are doing! Your feedback helps us better understand your needs.

We would love for you to complete our 2025 provider survey later this year. Participants have a chance to win 1 of 26 gift cards with top prize of $500.

LOUISIANA BLUE

Questions?

LOUISIANA BLUE

Appendix

Provider-Patient Relationships

Maintaining good provider-patient relationships are important, particularly when a patient receives a survey from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) asking about their experience with their personal provider.

Think about how your patients would respond to questions like these:

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last 6 months, how often did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?
- Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

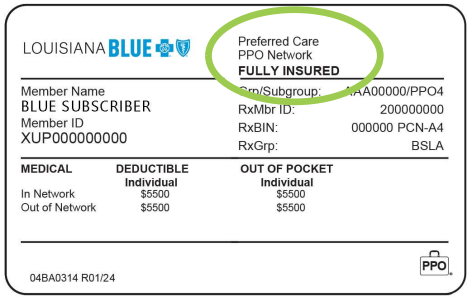
LOUISIANA BLUE

Identifying Your Patients

appendix

PPO and HMO Available Statewide

Preferred Care PPO


LOUISIANA BLUE

Preferred Care
PPO Network
FULLY INSURED

Member Name
BLUE SUBSCRIBER
Member ID
XUP000000000

Grp/Subgroup: AA00000/PPO4
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

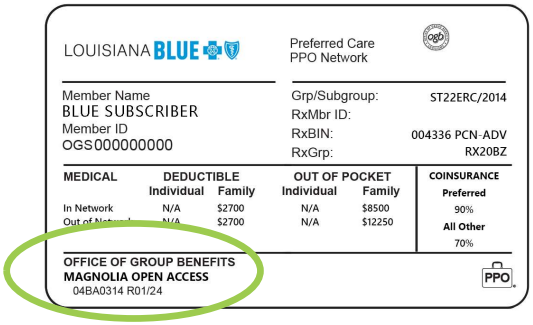
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual
In Network	$5500	$5500
Out of Network	$5500	$5500

04BA0314 R01/24

PPO

Fully Insured vs. Self-funded:

- "Fully Insured" notation


LOUISIANA BLUE

Preferred Care
PPO Network

Member Name
BLUE SUBSCRIBER
Member ID
OGS000000000

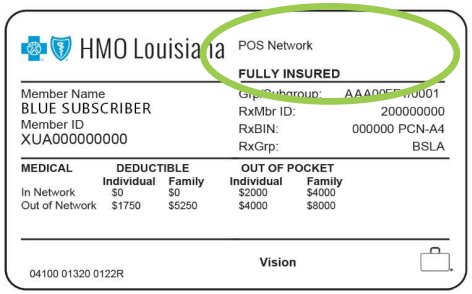
Grp/Subgroup: ST22ERC/2014
RxMbr ID:
RxBIN: 004336 PCN-ADV
RxGrp: RX20BZ

MEDICAL	DEDUCTIBLE Individual	DEDUCTIBLE Family	OUT OF POCKET Individual	OUT OF POCKET Family	COINSURANCE
In Network	N/A	$2700	N/A	$8500	Preferred 90%
Out of Network	N/A	$2700	N/A	$12250	All Other 70%

OFFICE OF GROUP BENEFITS
MAGNOLIA OPEN ACCESS
04BA0314 R01/24

PPO

HMO Louisiana, Inc.


HMO Louisiana

POS Network
FULLY INSURED

Member Name
BLUE SUBSCRIBER
Member ID
XUA000000000

Grp/Subgroup: AAA00[illegible]0001
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

MEDICAL	DEDUCTIBLE Individual	DEDUCTIBLE Family	OUT OF POCKET Individual	OUT OF POCKET Family
In Network	$0	$0	$2000	$4000
Out of Network	$1750	$5250	$4000	$8000

Vision

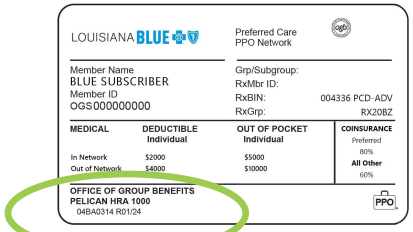
04100 01320 0122R

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

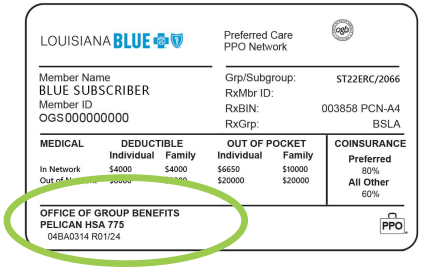
Requirements often vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (**www.lablue.com/ilinkblue**).

Sample OGB Member ID Cards

Pelican HRA 1000



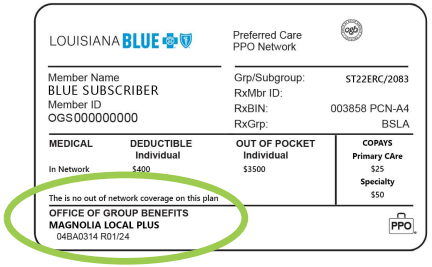
Pelican HRA 775



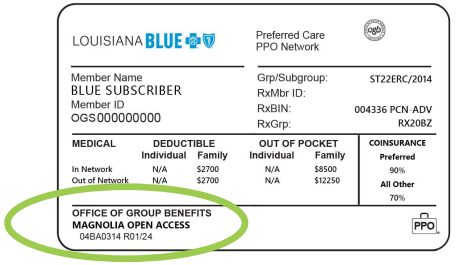
Magnolia Local Blue Connect

Magnolia Local Community Blue

Magnolia Local Plus



Magnolia Open Access



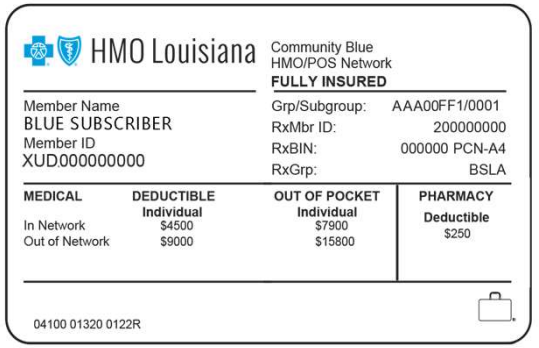
For more information about our OGB benefit plans as well as important plan requirements, view the *OGB Speed Guide*, available at **www.lablue.com/providers** >Resources >Speed Guides.

Blue Connect
HMO/POS Product

- **Prefixes XUF, XUG, XUU and XUV**
- Blue Connect is an HMO POS product currently available to groups and individuals residing in 17 parishes.
- Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Blue Connect Network.

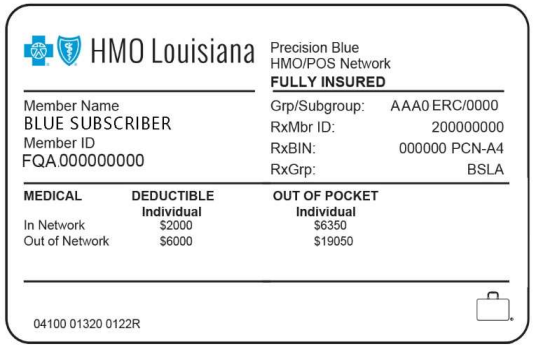
Community Blue
HMO/POS Product

- **Prefixes XUD, XUJ and XUT**
- Community Blue is an HMO POS product currently available to groups and individuals residing in four parishes.
- Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Community Blue Network.



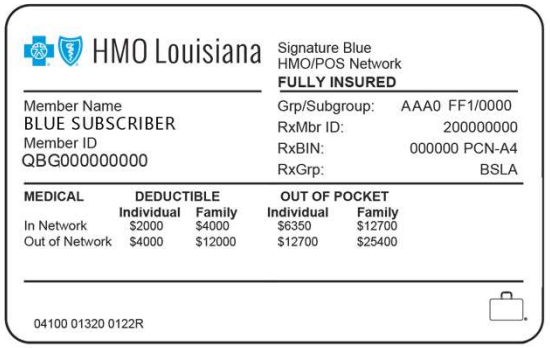
Precision Blue
HMO/POS Product

- **Prefixes: FQA, FQT or FQW**
- Precision Blue is an HMO POS product currently available to groups and individuals residing in 10 parishes.


HMO Louisiana
Precision Blue
HMO/POS Network
FULLY INSURED
Member Name
BLUE SUBSCRIBER
Member ID
FQA 000000000
Grp/Subgroup: AAA0 ERC/0000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA
MEDICAL | DEDUCTIBLE Individual | OUT OF POCKET Individual
In Network | $2000 | $6350
Out of Network | $6000 | $19050
04100 01320 0122R

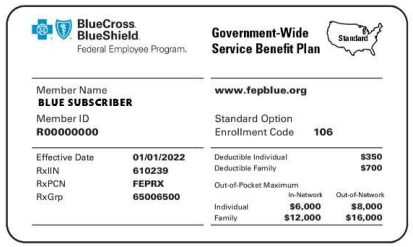
Signature Blue
HMO/POS Product

- **Prefixes: QBB, QBE, QBG and QBS**
- Signature Blue is an POS product currently available to groups and individuals residing in St. Bernard, Jefferson, Orleans, St. Tammany and Tangipahoa parishes.

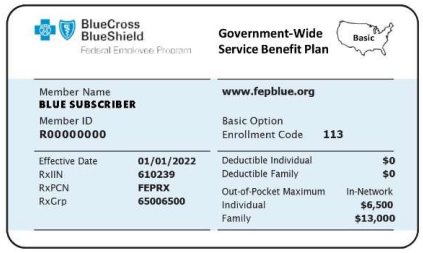

HMO Louisiana
Signature Blue
HMO/POS Network
FULLY INSURED
Member Name
BLUE SUBSCRIBER
Member ID
QBG000000000
Grp/Subgroup: AAA0 FF1/0000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA
MEDICAL | DEDUCTIBLE Individual | DEDUCTIBLE Family | OUT OF POCKET Individual | OUT OF POCKET Family
In Network | $2000 | $4000 | $6350 | $12700
Out of Network | $4000 | $12000 | $12700 | $25400
04100 01320 0122R

Federal Employee Program

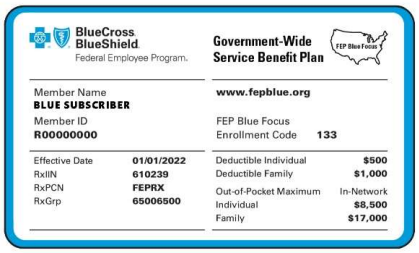
- **Prefix: R (followed by 8 digits)**
- The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.



Standard
In-network benefit
Out-of-network benefits



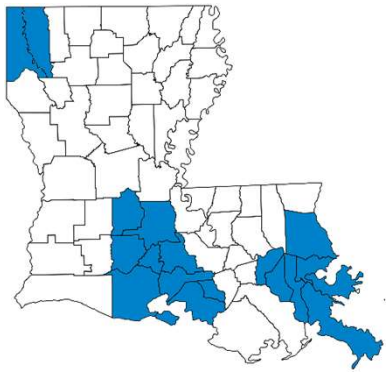
Basic
In-network benefits
No out-of-network benefits



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

Blue High-Performance Network

BlueHPN is an HMO product currently available to groups and individuals residing in the following parishes:



Lafayette area

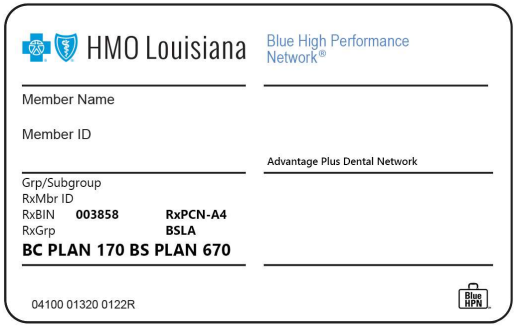
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes

New Orleans area

Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes

Shreveport area

Bossier and Caddo parishes



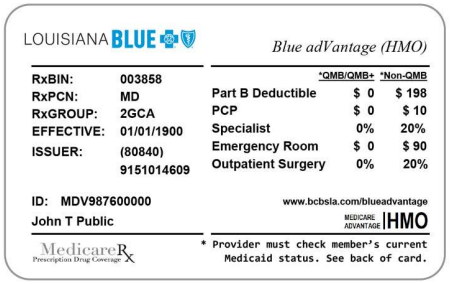
BlueHPN members are identifiable by the BlueHPN in a **suitcase logo** in the bottom right-hand corner of the card.

Blue Advantage

- **Prefixes: PMV and MDV**
- Blue Advantage (HMO) and Blue Advantage (PPO) are our Medicare Advantage products currently available to Medicare-eligible members statewide.
- Blue Advantage members must use Blue Advantage network providers except for select situations such as emergency care.

D-SNP

- **Prefixes: MDV**
- Dual eligible special needs plans (D-SNPs) are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible members currently available to Medicare-eligible members statewide.
- D-SNP members must use Blue Advantage network providers except for select situations such as emergency care.



BlueCard® Program

- 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 for BlueCard members 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’s PPO or EPO product.

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

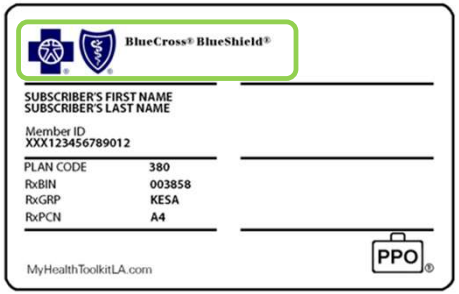
- The BlueHPN suitcase logo indicates the member is enrolled in a Blue High Performance Network$_{SM}$ (Blue HPN) product.

Note: BlueCard authorizations are handled through each member’s home plan.

National Alliance

(South Carolina Partnership)

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



This list of prefixes is available on iLinkBlue (**www.lablue.com/ilinkblue**) under the "Resources" section.

LOUISIANA BLUE

iLinkBlue

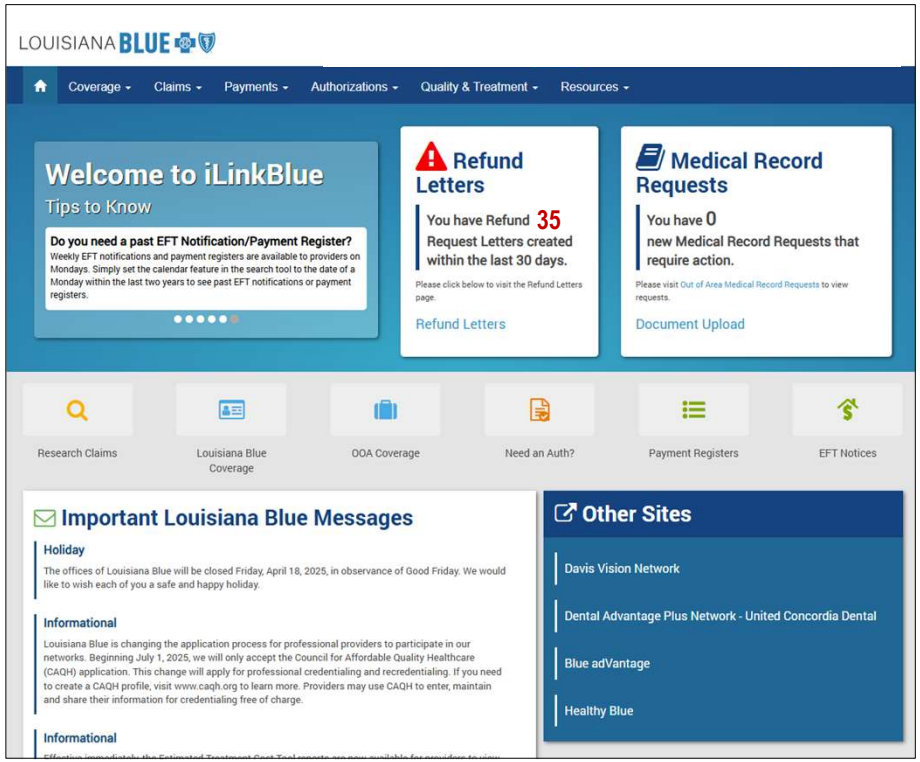
appendix

Features of iLinkBlue:

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

What is iLinkBlue?

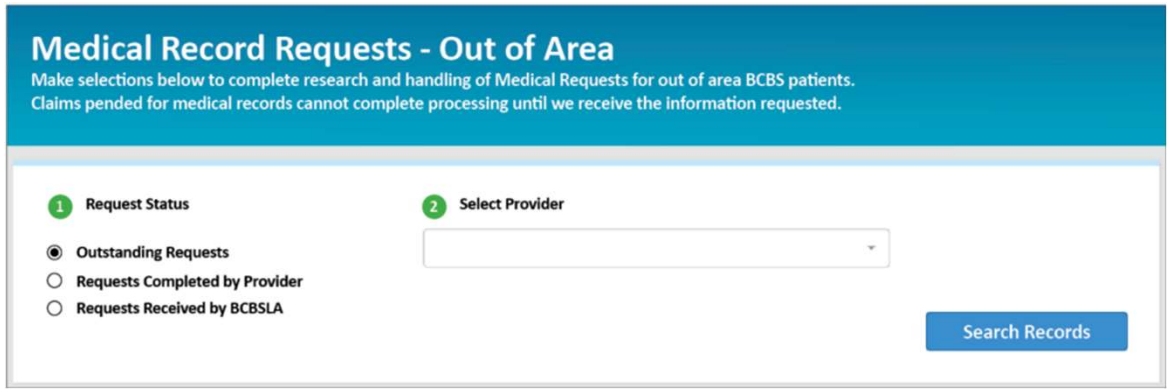
iLinkBlue is Louisiana Blue's secure online provider portal.



www.lablue.com/ilinkblue

Medical Records

Use the **Out of Area Medical Record Requests** option to research requests for medical records for **BlueCard** (out-of-area) member claims. You can research completed requests and Louisiana Blue receipt confirmation.



This application is not for medical record requests for Louisiana Blue (including HMO Louisiana) members.

For more information on out of area medical record requests, view our Medical Record Guidelines for BlueCard® provider tidbit.

It is available online; **www.lablue.com/providers**, click on "Resources" and look under "Tidbits."

Security Setup Application

- Delegated Access, our security setup application for administrative representatives, is available through iLinkBlue only.
  - Gives administrative representatives a better user experience with simpler navigation while maximizing functionality.
- We migrated the data housed in the tool for your provider organization to the new application.

Multi-factor Authentication Verification

- All iLinkBlue users will be required to complete several verification steps before entering iLinkBlue (**www.lablue.com/ilinkblue**).

- Multi-factor Authentication (MFA) is a simplified, convenient and user-friendly self-service interface.

- Choose from various authentication methods, including email, text and smartphone authenticator application.

OptiNet Registration in iLinkBlue

- Carelon offers ***Opti****Net*® an online registration application that gathers information about the technical component capabilities of diagnostic imaging services and calculates provider scores based on self-reported information.
- Through this application, we can offer members and their ordering providers the option to “shop” for quality, lower-cost diagnostic imaging services.
- Without an ***Opti****Net* score, you miss out on this opportunity for exposure to Blue members.

Why Is Your Score So Important?

- For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in transparency programs such as our shopper program or future reimbursement incentives.

If you have trouble accessing OptiNet, contact our PIM (option 5) or EDI (option 3) Teams at 1-800-716-2299.

OptiNet Registration in iLinkBlue

How Is Your Score Calculated?

- The site score measures basic performance indicators that are applicable for the facility, such as general site access, quality assurance and staffing.
- The modality specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality.

How to Access OptiNet?

- Log into iLinkBlue (**www.lablue.com/ilinkblue**).
- Click on the “Authorizations” menu option Click on the “Carelon Authoirzations” link; this link takes you to the Carelon MBM Provider Portal.
- Click on “Access Your OptiNet Registration” on the left menu bar.
- Click the green “Access Your OptiNet Registration” button.

LOUISIANA BLUE

Medical Policies

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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.

MEDICAL POLICY UPDATE

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

Updated Medical Policies

Policy No. Policy Name

Effective October 10, 2022

00012 Botulinum Toxins
00177 Immune Prophylaxis for Respiratory Syncytial Virus
00391 Tumor Treating Fields Therapy
00435 Genetic Testing for Mitochondrial Disorders
00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease
00665 Gender Affirming Surgery

Effective November 14, 2022

00019 Continuous Glucose Monitoring
00141 Risk-Reducing Mastectomy
00353 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
00387 Drug Testing in Pain Management and Substance Use Disorder Treatment
00501 mepolizumab (Nucala™)
00509 Treatment of Hepatitis C with elbasvir and grazoprevir (Zepatier®)
00574 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas
00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
00720 Select Fenofibrate Products
00774 ruxolitinib (Opzelura™)

Effective December 12, 2022

00148 Laboratory Tests Post Transplant
00217 infliximab (Remicade®, Inflectra®)
00242 ustekinumab (Stelara®)
00255 Metformin and Metformin Containing Products
00301 Nasal Allergy Medications
00456 lumacaftor/ivacaftor (Orkambi™)
00480 Prostatic Urethral Lift
00539 infliximab-dyyb (Inflectra®)
00607 infliximab-abda (Renflexis®)
00668 Select Novel Drug Formulations
00712 infliximab-axxq (Avsola®)
00745 Select Combination Products for the Treatment of H. pylori Infection

Effective January 1, 2023

00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA 1, BRCA 2, PALB2)
00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
00206 Genetic Testing for Familial Cutaneous Malignant Melanoma
00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

Effective January 1, 2023 (continued)

00233 Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer
00257 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer
00268 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer
00271 Gene Expression-Based Assays for Cancers of Unknown Primary
00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
00320 Molecular Analysis (including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma
00332 Molecular Markers in Fine Needle Aspirates of the Thyroid
00334 Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreaticobiliary Lesions
00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
00403 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
00417 Genetic Testing for PTEN Hamartoma Tumor Syndrome
00420 JAK2 MPL and CALR Testing for Myeloproliferative Neoplasms
00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy
00424 Genetic Testing for Li-Fraumeni Syndrome
00428 BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia
00452 Molecular Analysis (including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
00459 Genetic Testing in Acute Myeloid Leukemia
00497 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
00504 Germline Genetic Testing for Gene Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM, and BARD1)
00548 Gene Expression Profiling for Uveal Melanoma
00562 Molecular Testing in the Management of Pulmonary Nodules
00622 Gene Expression Profiling for Cutaneous Melanoma
00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
00731 Germline and Somatic Biomarker Testing (including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
00792 Tumor Informed Circulating Tumor DNA Testing for Cancer Management

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

LOUISIANA BLUE

Claims

appendix

Submitting a Corrected Claim

When a claim is refiled for any reason, all services should be reported on the claim.

Adjustment Claim – requests that a previously processed claim be changed (information or charges added to, taken away or changed).

Void Claim – requests that the entire claim be removed, and any payments or rejections be retracted from the member's and provider's records.

If submitting a corrected claim through iLinkBlue:

- In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim)
- In Field 19b, enter the Internal Control Number (ICN Number which is the original claim number)


Louisiana
providerTIDBIT
Submitting Corrected Claims

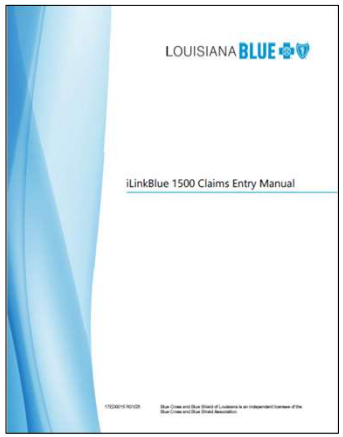
For more information find our Submitting a Corrected Claim Tidbit at www.lablue.com/providers >Resources >Tidbits.

Submitting Claims in iLinkBlue

If you click the **Submit Claim** button and are sent to the iLinkBlue login screen, you were logged out because of inactivity.

During claim entry, if you stop to research information like a diagnosis or procedure code, be aware that security features of iLinkBlue will log you out **after 15 minutes of inactivity**.

For complete instructions on using the 1500 Form claim entry application, view our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



LOUISIANA BLUE

Healthcare Effectiveness Data and Information Set (HEDIS®)

appendix

What is HEDIS?

Healthcare Effectiveness Data and Information Set

HEDIS is a set of healthcare performance measures developed by the National Committee for Quality Assurance (NCQA).

- It is used by more than 90% of America's health plans to measure and improve healthcare quality.
- HEDIS is a retrospective performance review of the prior calendar year and beyond.

Find more information online at www.ncqa.org/hedis.

Purpose of HEDIS Results

Health plans use HEDIS performance results to:

- Evaluate quality of care and services.
- Evaluate provider performance.
- Develop performance quality improvement initiatives.
- Perform outreach to members.
- Compare performance with other health plans.

HEDIS Data Collection Methods

HEDIS data is collected in three ways:

- **Administrative Method** - Obtained from our claims database and supplemental data.
- **Hybrid Method** - Obtained from our claims database and medical record reviews.
- **Survey Method** - Obtained from member surveys.

Tips for Improving Quality of Care HEDIS

- Encouraging patients to schedule preventive exams.
- Reminding patients to follow up with ordered tests and procedures.
- Ensure necessary services are being performed in a timely manner.
- Submitting claims with proper codes.
- Accurately documenting all completed services and results in the patient's chart.

If you have question related to HEDIS measures or medical record collections, please contact the Health and Quality Department at **HEDISteam@lablue.com**.

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HEDIS Medical Record Requests

- Medical record requests are sent to providers from our Louisiana Blue HEDIS Team. Requests include:
  - Member Name
  - Provider Name
  - A description of the type of medical records and timeframes needed to close the HEDIS gaps.

- The team will coordinate with your office for data collection methods. These options include:
  - Remote Electronic data collection
  - Onsite visits
  - Fax
  - Mail
  - Direct upload

HEDIS medical records can be uploaded through the Document Upload link on the iLinkBlue (**www.lablue.com/ilinkblue**) homepage.

LOUISIANA BLUE

Resources

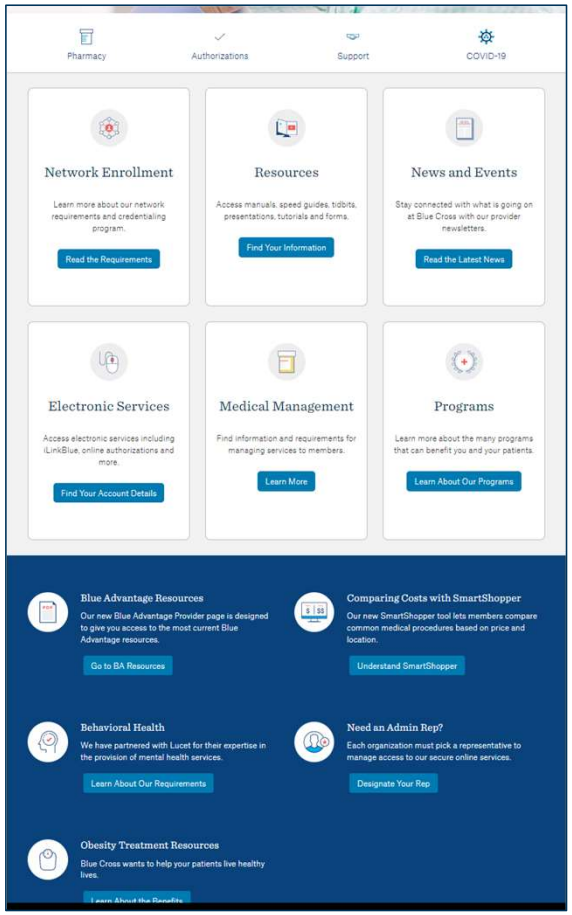
appendix

Provider Page

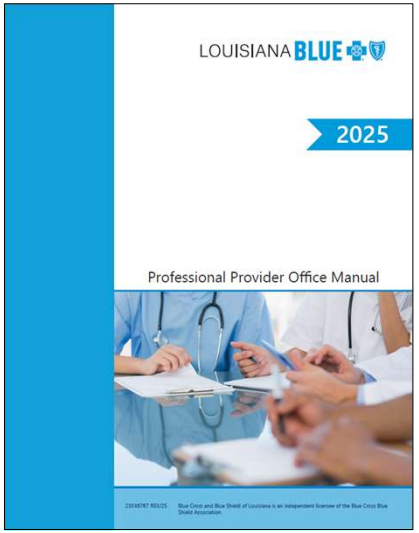
The Provider page is home to online resources such as:

- Provider manuals
- Network speed guides
- Newsletters
- Provider forms
- And more

www.lablue.com/providers

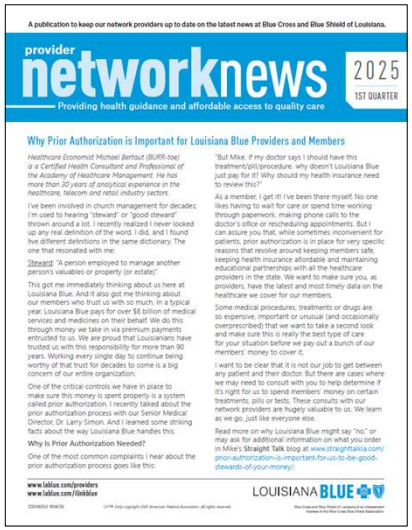


Manuals and Newsletters



Our provider **manuals** are extensions of your network agreement(s). The manuals are designed to provide the information you need as a participant in our network.

www.lablue.com/providers >Resources


A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana.

provider networknews 2025 1ST QUARTER

Providing health guidance and affordable access to quality care

Why Prior Authorization is Important for Louisiana Blue Providers and Members

Healthcare Economist Michael Bertaut (BURR-toe) is a Certified Health Consultant and Professional of the Academy of Healthcare Management. He has more than 30 years of analytical experience in the healthcare, telecom and retail industry sectors.

I've been involved in church management for decades; I'm used to hearing "steward" or "good steward" thrown around a lot. I recently realized I never looked up any real definition of the word. I did, and I found five different definitions in the same dictionary. The one that resonated with me:

Steward: "A person employed to manage another person's valuables or property (or estate)."

This got me immediately thinking about us here at Louisiana Blue. And it also got me thinking about our members who trust us with so much. In a typical year, Louisiana Blue pays for over $8 billion of medical services and medicines on their behalf. We do this through money we take in via premium payments entrusted to us. We are proud that Louisianians have trusted us with this responsibility for more than 90 years. Working every single day to continue being worthy of that trust for decades to come is a big concern of our entire organization.

One of the critical controls we have in place to make sure this money is spent properly is a system called prior authorization. I recently talked about the prior authorization process with our Senior Medical Director, Dr. Larry Simon. And I learned some striking facts about the way Louisiana Blue handles this.

Why Is Prior Authorization Needed?

One of the most common complaints I hear about the prior authorization process goes like this:

"But Mike, if my doctor says I should have this treatment/pill/procedure, why doesn't Louisiana Blue just pay for it? Why should my health insurance need to review this?"

As a member, I get it! I've been there myself. No one likes having to wait for care or spend time working through paperwork, making phone calls to the doctor's office or rescheduling appointments. But I can assure you that, while sometimes inconvenient for patients, prior authorization is in place for very specific reasons that revolve around keeping members safe, keeping health insurance affordable and maintaining educational partnerships with all the healthcare providers in the state. We want to make sure you, as providers, have the latest and most timely data on the healthcare we cover for our members.

Some medical procedures, treatments or drugs are so expensive, important or unusual (and occasionally overprescribed) that we want to take a second look and make sure this is really the best type of care for your situation before we pay out a bunch of our members' money to cover it.

I want to be clear that it is not our job to get between any patient and their doctor. But there are cases where we may need to consult with you to help determine if it's right for us to spend members' money on certain treatments, pills or tests. These consults with our network providers are hugely valuable to us. We learn as we go, just like everyone else.

Read more on why Louisiana Blue might say "no," or may ask for additional information on what you order in Mike's **Straight Talk** blog at www.straighttalkla.com/prior-authorization-is-important-for-us-to-be-good-stewards-of-your-money/.

www.lablue.com/providers
www.lablue.com/linkblue

LOUISIANA BLUE

Our provider **newsletters** are sent electronically and contain information and tips on changes to processes, such as claims filing procedures or reimbursement changes, along with a number of featured articles.

www.lablue.com/providers >Newsletters

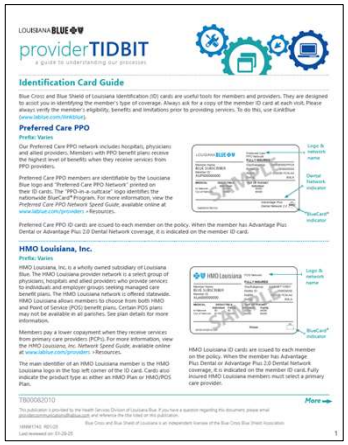
Not Getting Our Newsletters?

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

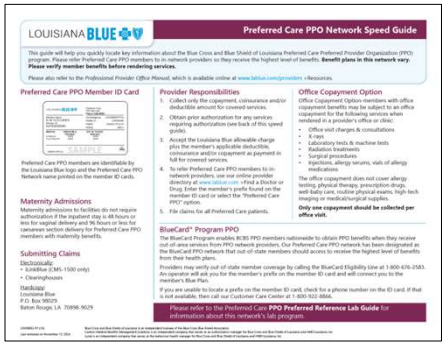
Speed Guides and Tidbits

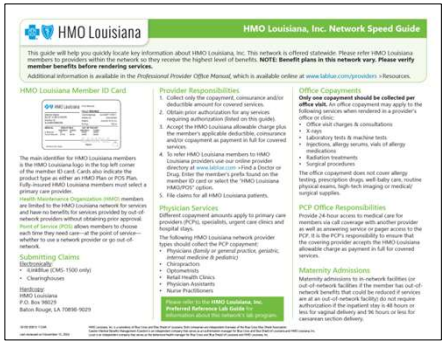
Speed guides offer quick reference to network authorization requirements, policies and billing guidelines.

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


providerTIDBIT
Identification Card Guide
Preferred Care PPO
HMO Louisiana, Inc.


providerTIDBIT
Medical Record Guidelines for BlueCard®


LOUISIANA BLUE
Preferred Care PPO Network Speed Guide


HMO Louisiana
HMO Louisiana, Inc. Network Speed Guide

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

www.lablue.com/providers
>Resources >Tidbits