

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

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

### How to submit questions:

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

# Blue Cross and Blue Shield of Louisiana (Louisiana Blue) Facility Workshop

Facility  
Sept. 2025

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

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



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## Our Mission

To improve the health and lives of Louisianians.

## Our Core Strategies

- Health
- Sustainability
- Affordability
- Foundations
- Experience

## Our Vision

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

# Agenda

- Credentialing
- Recredentialing
- Data Management
- Verifying your Networks
- Identifying your Patients
- iLinkBlue
- Authorizations
- Carelon Authorizations
- Billing Guidelines
- Claims
- Blue Distinction
- Medical Records
- Resources



# Credentialing

## Facility Network Availability

The following facility types must meet certain criteria to participate in our networks:

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services
- Dialysis Facility
- DME Supplier
- Emergency Medicine
- Physician Groups
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory
- Lithotripsy/Orthotripsy
- Nursing Home
- Radiation Center
- Residential Treatment
- Retail Health Clinic
- Skilled Nursing Facility
- Sleep Lab/Center
- Specialty Pharmacy
- Urgent Care Clinic

View the *Credentialing Criteria* for these facility types at [www.lablue.com/providers](http://www.lablue.com/providers) > Network Enrollment > Join Our Networks > Facilities and Hospitals > Credentialing Process.

# Credentialing Process



Since 1996, we have been dedicated to fully credentialing providers who apply for network participation.



Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC).



To participate in our networks, providers must meet certain criteria as regulated by our accreditation body and the Louisiana Blue.



Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.



The credentialing committee approves credentialing twice per month.

Inquire about your initial credentialing status by contacting our Provider Credentialing & Data Management (PCDM) Department at **[PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com)**.

# The Paperwork for Facilities

[Overview](#)[Credentialing Process](#)[Join Our Network](#)[Update Your Information](#)[Frequently Asked Questions](#)

## Join Our Network

Your request can take up to 90 days to process once all required information has been received. The BCBSLA Welcome to the Network notification letter will notify you of next steps and your network participation effective date shall be the effective date indicated on the signature page of your provider agreement. BCBSLA does not backdate network participation. Any claims submitted prior to network participation will process as out-of-network. When a claim is processed as out-of-network, payment for services may go to the member not to the provider.

Applying for network participation has been made easy. Our online Facility Initial Credentialing packet can now be completed, signed and submitted digitally with **DocuSign**. Each packet includes a checklist of all required documents. Please follow that checklist to ensure all information is included with the submission of your application.

### Facility Initial Credentialing Packet

Some of the required credentialing supporting documentation for Facilities and Hospitals includes:

- Health Delivery Organization (HDO) Form
- HDO Attachment, as applicable
- State License
- Malpractice Liability Certificate (copy of declarations page)

Network facilities and hospitals are reverified every three years from their last credentialing acceptance date. Blue Cross sends reverification packets directly to facilities and hospitals based on the correspondence information on file.



The Facility Initial Credentialing Packet includes a checklist of all required documents needed for credentialing.



# The Paperwork for Facilities

NEW

## Facility Initial Credentialing Packet

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**PARTICIPATING FACILITY CREDENTIALING APPLICATION CHECKLIST**

Use the checklist below when completing a credentialing packet to participate in our networks.

**All required documents must be fully completed and submitted through DocuSign.** (See applicable) Requests that are incomplete or missing information will be returned and the processing time will start over until all required information is received. Please return the completed checklist and required documents with the Facility Credentialing Application.

If you have submission questions or need assistance, email [credentialing@lablue.com](mailto:credentialing@lablue.com). If you have questions about our credentialing requirements, please visit our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers). Network enrollment is on our Network.

- ☐ Include a Facility Credentialing Application.
- ☐ Include the applicable facility information from the provider.
- ☐ Facility information from attachment A: Ambulance Company
- ☐ Facility information from attachment B: DME Supplier or Pharmacy
- ☐ Facility information from attachment C: Ambulatory Surgical Center, Infirmary Center, Hospital, Critical Care, Psychiatric, Home Health, Hospice, Self-Referring Facility, Long Term Acute Care or Rehabilitation Center
- ☐ Facility information from attachment D: Urgent Care Clinic/Walk-in Clinic
- ☐ Facility information from attachment E: Diagnostic Radiology Free-standing
- ☐ Facility information from attachment F: Medical Health Clinic
- ☐ Facility information from attachment G: Laboratory
- ☐ Facility information from attachment H: Outpatient Care Unit
- ☐ If applicable, include a copy of the current accreditation certificate.
- ☐ Include a copy of current state license, occupational license or operational license as applicable.
- ☐ Include a completed LHA Service Agreement.
- ☐ Include a completed Business Associate Addendum to the LHA Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment form.
- ☐ Include a completed check/bank letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration form.
- ☐ Include a completed Administrative Representative Acknowledgment form.
- ☐ Include an EIN form.
- ☐ Include an ONI letter.
- ☐ Facility information from attachment I: Diagnostic Radiology
- ☐ Facility information from attachment J: Diagnostic Radiology
- ☐ Facility information from attachment K: Diagnostic Radiology
- ☐ Facility information from attachment L: Diagnostic Radiology
- ☐ Facility information from attachment M: Diagnostic Radiology
- ☐ Facility information from attachment N: Diagnostic Radiology
- ☐ Facility information from attachment O: Diagnostic Radiology
- ☐ Facility information from attachment P: Diagnostic Radiology
- ☐ Facility information from attachment Q: Diagnostic Radiology
- ☐ Facility information from attachment R: Diagnostic Radiology
- ☐ Facility information from attachment S: Diagnostic Radiology
- ☐ Facility information from attachment T: Diagnostic Radiology
- ☐ Facility information from attachment U: Diagnostic Radiology
- ☐ Facility information from attachment V: Diagnostic Radiology
- ☐ Facility information from attachment W: Diagnostic Radiology
- ☐ Facility information from attachment X: Diagnostic Radiology
- ☐ Facility information from attachment Y: Diagnostic Radiology
- ☐ Facility information from attachment Z: Diagnostic Radiology

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**NON-PARTICIPATING FACILITY CREDENTIALING APPLICATION CHECKLIST**

Use the checklist below when completing an application packet to obtain a provider record for the purpose of filing claims as a non-participating provider.

**All required documents must be fully completed and submitted through DocuSign.** (See applicable) Requests that are incomplete or missing information will be returned and the processing time will start over until all required information is received. Please return the completed checklist and required documents with the Facility Credentialing Application.

If you have submission questions or need assistance, email [credentialing@lablue.com](mailto:credentialing@lablue.com). If you have questions about our credentialing requirements, please visit our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers). Network enrollment is on our Network.

- ☐ Include a Facility Credentialing Application.
- ☐ Include a copy of current state license, occupational license or operational license as applicable.
- ☐ Include a completed LHA Service Agreement.
- ☐ Include a completed Business Associate Addendum to the LHA Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment form.
- ☐ Include a completed check/bank letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration form.
- ☐ Include a completed Administrative Representative Acknowledgment form.
- ☐ Include an EIN form.
- ☐ Include an ONI letter.

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**FACILITY CREDENTIALING APPLICATION**

**ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION**

|                                                                           |                                                                      |                                                                   |
|---------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Acute Care Hospital                              | <input type="checkbox"/> Intensive Outpatient Program                | <input type="checkbox"/> Physical Rehabilitation Hospital         |
| <input type="checkbox"/> Critical Access                                  | <input type="checkbox"/> Laboratory                                  | <input type="checkbox"/> Renal Dialysis Center                    |
| <input type="checkbox"/> Ambulance Services                               | <input type="checkbox"/> Drive Site Only                             | <input type="checkbox"/> Residential Treatment Center             |
| <input type="checkbox"/> Ambulatory Surgical Center                       | <input type="checkbox"/> Full Service                                | <input type="checkbox"/> Retail Health Clinic                     |
| <input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facility | <input type="checkbox"/> Molecular                                   | <input type="checkbox"/> Skilled Nursing Facility                 |
| <input type="checkbox"/> DME                                              | <input type="checkbox"/> Outpatient Facility                         | <input type="checkbox"/> Sleep Disorder Clinic/ Lab               |
| <input type="checkbox"/> Emergency Room Professional Group                | <input type="checkbox"/> Long Term Acute Care Hospital               | <input type="checkbox"/> Specialty Pharmacy                       |
| <input type="checkbox"/> Home Health Agency                               | <input type="checkbox"/> Outpatient Cardiac Catheterization Facility | <input type="checkbox"/> Substance Abuse Hospital (Chemical/Drug) |
| <input type="checkbox"/> Hospice                                          | <input type="checkbox"/> Partial Hospitalization Program             | <input type="checkbox"/> Urgent Care Clinic/Walk-in Clinic        |
| <input type="checkbox"/> Infusion Therapy Provider                        | <input type="checkbox"/> Psychiatric Hospital                        | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Suite                                            | <input type="checkbox"/> Diagnostic Center                           |                                                                   |
| <input type="checkbox"/> Home                                             | <input type="checkbox"/> Diagnostic Imaging                          |                                                                   |
|                                                                           | <input type="checkbox"/> Radiology                                   |                                                                   |

**FIRST PRACTICE LOCATION**

Facility Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Phone \_\_\_\_\_ Appointment Phone \_\_\_\_\_ Fax \_\_\_\_\_

TIN \_\_\_\_\_ NPI Number \_\_\_\_\_

Office Hours \_\_\_\_\_

When shall payments be sent? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

When shall communications be sent? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

When shall medical record requests be sent? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Does the office offer handicapped access for: Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restrooms? ☐ Yes ☐ No Other: \_\_\_\_\_

Accessible by public transportation: Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: \_\_\_\_\_

Offers services for the disabled: Yes/No (TTY) ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No Other: \_\_\_\_\_

Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No

Patient Ages: Please check the ranges of the client population you treat: ☐ 0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages Other (Please specify): \_\_\_\_\_

000001-000001

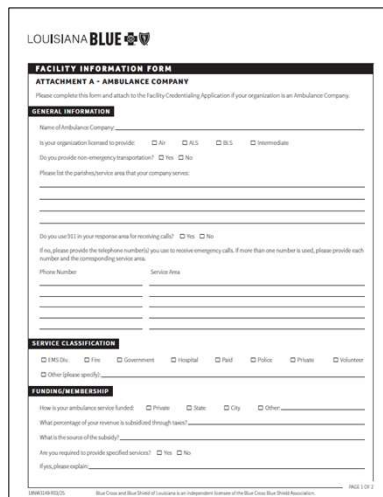
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PAGE 1 OF 6

Checklist for **Participating** and **Non-participating** Application can be found on our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers) > Network Enrollment > Join Our Networks > Facilities and Hospitals and completed through DocuSign.

# The Paperwork for Facilities

Louisiana Blue uses the **Facility Credentialing Application** for initial credentialing.



The image shows a sample of the Facility Information Form, Attachment A - Ambulance Company. The form is titled "FACILITY INFORMATION FORM" and "ATTACHMENT A - AMBULANCE COMPANY". It includes sections for "GENERAL INFORMATION" and "SERVICE CLASSIFICATION". The "GENERAL INFORMATION" section asks for the name of the ambulance company, whether it is a non-emergency transportation service, and the geographic service area. The "SERVICE CLASSIFICATION" section asks for the type of service (e.g., ambulance, DME, ASC, etc.) and the source of the facility's revenue.

There are attachment forms included with the main credentialing form. Facilities should complete only those that apply.

- Attachment A – Ambulance
- Attachment B – DME Supplier
- Attachment C – ASC, Birthing Center, Hospital, IOP/PHP, CDU, Psychiatric, Home Health, Hospice, Skilled Nursing Facility, Long Term Acute Care or Rehab Center
- Attachment D – Urgent Care, Walk-in Clinic
- Attachment E – Diagnostic Services
- Attachment F – Retail Health Clinic
- Attachment G – Laboratory
- Attachment H – Outpatient Cath Lab

Louisiana Blue still accepts the HDO Information Form and affiliated attachments.

[illegible]

# Administrative Representative Acknowledgement Form

To change EFT information, providers should complete the EFT Change form.

# Hospital Based Providers

A hospital-based provider is defined as a provider that **only** sees patients as a result of their being admitted or directed to the hospital.

- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.



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



# Recredentialing

# Recredentialing Process

- Network providers must be approved through our **reccredentialing** process **every three years** from the last credentialing acceptance date.
- Louisiana Blue sends\* recredentialing applications to providers approximately six months prior to the recredentialing due date.
- Instructions are included on how to return completed forms. Louisiana Blue will complete the verification process.
- The Credentialing Committee reviews all recredentialing applications.

If you have questions during the process, you may email **[reccredentialing@lablue.com](mailto:reccredentialing@lablue.com)** or call (318) 807-4755.

*\*The provider's correspondence record information is used when sending recredentialing applications.*

# Recredentialing



Facility

Facilities due for recredentialing are sent an email (correspondence email on file) six months prior to recredentialing due date.

The email provides:

- A link to the Facility Credentialing Application
- A checklist of required supporting documentation
- Instructions on how to complete and return the application

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**FACILITY CREDENTIALING APPLICATION**

**ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Acute Care Hospital<br><input type="checkbox"/> Critical Access<br><input type="checkbox"/> Ambulance Services<br><input type="checkbox"/> Ambulatory Surgical Center<br><input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facility<br><input type="checkbox"/> DME<br><input type="checkbox"/> Emergency Room/Professional Group<br><input type="checkbox"/> Home Health Agency<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Infusion Therapy Provider<br><input type="checkbox"/> Suite<br><input type="checkbox"/> Home | <input type="checkbox"/> Intensive Outpatient Program<br><input type="checkbox"/> Laboratory<br><input type="checkbox"/> Outpatient Only<br><input type="checkbox"/> Full Service<br><input type="checkbox"/> Molecular<br><input type="checkbox"/> Lithotripsy Facility<br><input type="checkbox"/> Long Term Acute Care Hospital<br><input type="checkbox"/> Outpatient Cardiac Catheterization Facility<br><input type="checkbox"/> Partial Hospitalization Program<br><input type="checkbox"/> Psychiatric Hospital<br><input type="checkbox"/> Diagnostic Center<br><input type="checkbox"/> Diagnostic Imaging<br><input type="checkbox"/> Radiology | <input type="checkbox"/> Physical Rehabilitation Hospital<br><input type="checkbox"/> Renal Dialysis Center<br><input type="checkbox"/> Residential Treatment Center<br><input type="checkbox"/> Retail Health Clinic<br><input type="checkbox"/> Skilled Nursing Facility<br><input type="checkbox"/> Sleep Disorder Clinic/Lab<br><input type="checkbox"/> Specialty Pharmacy<br><input type="checkbox"/> Substance Abuse Hospital (Chemical Dependency)<br><input type="checkbox"/> Urgent Care Clinic/Walk-In Clinic<br><input type="checkbox"/> Other: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**FIRST PRACTICE LOCATION**

Facility Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Appointment Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 TIN: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Hours: \_\_\_\_\_  
 when should payments be sent? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 when should communications be sent? \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 when should medical record requests be sent? \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does the office offer handicapped access for Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: \_\_\_\_\_  
 Accessible by public transportation: ☐ Yes ☐ No Counter Service? ☐ Yes ☐ No Other: \_\_\_\_\_  
 Offers services for the disabled: ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No  
 Text Telephone (TTY)? ☐ Yes ☐ No  
 Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No  
 Patient Ages: (Please check the age ranges of the client population you treat)  
☐ 0 to 5 ☐ 6 - 11 ☐ 12 - 18 ☐ 19 - 45 ☐ Over 45 ☐ All Ages Other (Please specify): \_\_\_\_\_

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If information is missing from submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then provider may be terminated from the network. Accreditation standards prohibit us from listing providers as in-network past their recredentialing due date.



# Data Management

# Updating Your Information



Other update forms can be found on our Provider page ([www.lablue.com/providers](http://www.lablue.com/providers)) >Resources >Forms include:

- **Facility Update Request** is to report a demographic change for your facility.
- **Add Facility Location Form** is for adding a location to an existing facility record.
- **Facility TIN Change Form**
- **National Provider Identifier Change**
- **Request for Termination** is to remove a facility from your provider record or to terminate your provider record.
- **EFT Termination or Change** to update your EFT information.

The image displays six forms from Louisiana Blue Cross and Blue Shield of Louisiana, arranged in a grid. Each form has a header with the company logo and name. The forms are:

- Facility Update Request**: Includes sections for General Information, Authorized Representative, and Physical Address Change.
- Add Facility Location Form**: Includes sections for General Information, Authorized Representative, and Physical Address Change.
- Facility TIN Change Form**: Includes sections for General Information, Authorized Representative, and Physical Address Change.
- Request for Termination**: Includes sections for General Information, Authorized Representative, and Termination/Change Request.
- Electronic Funds Termination/Change**: Includes sections for General Information, Authorized Representative, and Termination/Change Request.
- Link to Group or Clinic Request Form**: Includes sections for General Information, Authorized Representative, and Termination/Change Request.



## Verifying Your Networks

# Online Provider Directories

Louisiana Blue offers many networks. All providers do not participate in all networks. In order to maximize benefits for your patients, you need to know which networks you participate in. This information can be found online at [www.lablue.com](http://www.lablue.com) >Find a Doctor or Drug >Provider Directory and Cost Estimates.

The screenshot displays the Louisiana Blue website's navigation and search interface. At the top, a dark blue header contains links for 'Employer', 'Producer', 'Provider', 'State Employee/Retiree', 'Federal Employee', 'Medicare', and 'Español', along with a search icon and a 'Login or Sign Up' button. Below this, the 'LOUISIANA BLUE' logo is visible, followed by a secondary navigation bar with links for 'Shop', 'Find a Doctor or Drug', 'Save', 'Wellness', 'Learn', and 'My Account'. The main content area is titled 'Find a Doctor or Drug' and features a prominent blue button with the same text. Below the title, the 'Provider Directory' link is highlighted with a blue circle. Other visible links include 'Provider Directory and Cost Estimates', 'Other Directories' (with sub-links for BlueDental, Blue Vision, Blue Cross Blue Shield Global Core, Federal Employee Program (FEP), and Medicare Advantage Provider Search), 'Hospital Based Physicians' (with ER/OR Information), 'Get Care from Anywhere!' (with Medical/Behavioral Visits Available), 'Rx Drug Resources' (with Find and Manage Medicine, Pharmacy Directory, and Search Express Scripts' network), and 'Blue Distinction Centers'.

# Online Provider Directories

- To find a provider in a particular network, select a network from the **Network** dropdown menu.
- The networks are listed in alphabetical order, or you can search "All Networks."

The screenshot displays the Louisiana Blue Cross website's provider directory search page. At the top, the Louisiana Blue Cross logo is on the left, and a language selector (English) and a 'Log In' button are on the right. The main heading reads 'Good Afternoon! Browse or search to find the care you need.' Below this, there is a search bar with the placeholder text 'Search for Names and'. To the right of the search bar is a dropdown menu labeled 'Network' with 'All Networks' selected and a checkmark. Below the dropdown, a list of networks is shown: 'All Networks', 'Abbeville General', 'Affinity Health Network', 'Blue Connect EPO PPO', 'Blue Connect HMO/POS', and 'BlueHPN'. To the right of the network dropdown is a text input field for 'City, state or zip' with 'San Jose, CA - 95141' entered. Below the search bar and network dropdown, there are links for 'Common Searches: Pri...', 'Behavioral Health', and 'DME & Medical Supplies'.

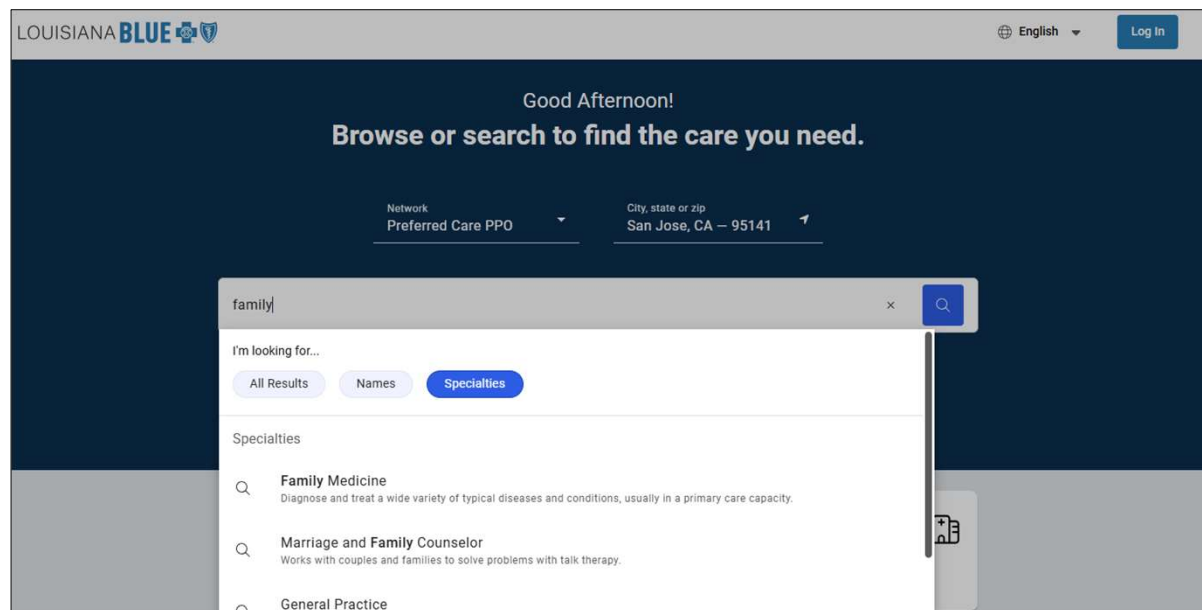
# Online Provider Directories

- You can search for a provider by name or specialty.
- To refine your search, select a **Network** and/or enter your location in the **city, state or ZIP** field.

The screenshot shows the Louisiana Blue Cross provider directory interface. At the top left is the logo "LOUISIANA BLUE" with a blue cross icon. At the top right are links for "English" and "Log In". The main heading reads "Good Afternoon! Browse or search to find the care you need." Below this are two filters: "Network" with a dropdown menu showing "All Networks", and "City, state or zip" with a text input field containing "San Jose, CA — 95141" and a location pin icon. A large search bar with the placeholder text "Search for Names and Specialties" and a magnifying glass icon is positioned below the filters. At the bottom, a section titled "Common Searches:" includes links for "Primary Care", "Urgent Care", "Behavioral Health", and "DME & Medical Supplies", each with a dropdown arrow.

# Online Provider Directories

- To search by medical specialty, type in a specialty or term in the search bar box, and then click the result for which you're searching in the dropdown menu.
- If you do not see the specialty you need in the dropdown menu, then click the blue magnifying glass button to the far right of the search bar to get more search results.



# Online Provider Directories

Each provider has a page with links:

- Provider Highlights
- Networks Accepted
- Specialties & Expertise
- Credentials
- Awards & Recognitions
- Ratings & Reviews
- Affiliated Facilities
- More About This Provider

The screenshot shows a provider profile for ABC Medical Center. The header includes the provider's name, specialty (HOSPITAL (ACUTE)), a star rating (5 stars), and a 'Be the First to Review' prompt. A sidebar on the left lists navigation links: Provider Highlights, Networks Accepted, Specialties & Expertise, Awards & Recognitions, Affiliated Facilities, Locations & Hours, Affiliated Doctors, and More About This Provider. The main content area features a 'Provider Highlights' section with the provider's name, address (1234 Medical Way, Baton Rouge, LA 70810), phone number (555-555-5555), a star rating, a 'Be the First to Review' link, a '2 Awards' badge, and a link to 'More about this provider's race, ethnicity, languages, etc.'. Below this is a yellow banner with a message about network tiers. The 'Networks Accepted' section lists various insurance plans, including Blue Connect EPO PPO, Community Blue HMO/POS, OGB MagLocal - BlueConn, and others, with a link to 'View 13 More Networks Accepted'.

ABC Medical Center  
SPECIALTY: HOSPITAL (ACUTE)

★★★★★ • Be the First to Review

Print Share

**Provider Highlights**

ABC Medical Center  
1234 Medical Way  
Baton Rouge, LA 70810  
Phone: 555-555-5555

★★★★★  
[Be the First to Review](#)

2 Awards  
[More about this provider's race, ethnicity, languages, etc.](#)

In "Preferred Care PPO" Network  
Tier 1 (\$)

You get the highest level of benefits from providers in Tier 1 or Enhanced Tier 1. Providers in Tiers 2 or 3 will cost more. Please check your benefits for how, or if, your plan covers care in those tiers.

**Networks Accepted**

[Log In](#) for personalized results

(Tier 1) Blue Connect EPO PPO (Tier 1) Blue Connect HMO/POS (Tier 1) Community Blue EPO HMO/POS  
(Tier 1) Community Blue HMO/POS (Tier 1) HMO Louisiana HMO/POS  
(Tier 1) OGB MagLocal - BlueConn (Tier 1) OGB MagLocal BR - CommBlue

[View 13 More Networks Accepted](#)

# Online Provider Directories

**Keeping your information up to date with us is extremely important to help our members find you.**

We publish demographic information in our online provider directory. The directory is available on our website at [www.lablue.com](http://www.lablue.com).

- Addresses (location information)\*
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services (telehealth/virtual-only providers are identified as such and address is not displayed)

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

\*Limit of 10 locations per provider per TIN.



It is the contractual responsibility of all participating providers to notify Louisiana Blue when they leave a group or location, as well as to keep all other information current. To report changes in your information, use the **Individual/Group Provider Update Request** form. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

# Network Expansion Update

NEW

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.





## 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](http://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/linkblue](http://www.lablue.com/linkblue)).

#### Preferred Care PPO

**Prefix: Varies**

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

Preferred Care PPO members are identifiable by the 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](http://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.

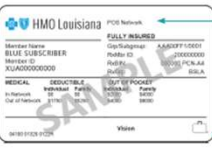
#### HMO Louisiana, Inc.

**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](http://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

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](mailto:providercommunications@lablue.com) and reference the title listed on this publication.

18NW1743: R01/25  
Last reviewed on: 01-29-25

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

More ➔

# Digital ID Cards

Providers can access Louisiana Blue 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).

|                                   |                                  |                 |                         |                     |                |                          |          |
|-----------------------------------|----------------------------------|-----------------|-------------------------|---------------------|----------------|--------------------------|----------|
| <b>John Doe</b> <b>Subscriber</b> |                                  | Sex             | Male                    |                     |                |                          |          |
| Address                           | 123 STREET ST.<br>CITY, LA 70000 | Marriage Status | Married                 |                     |                |                          |          |
|                                   |                                  | Date of Birth   | 11/30/1900              |                     |                |                          |          |
| Coverage                          | Effective Date                   | Cancel Date     | Original Effective Date | ID Card             | Coverage Views | Coordination of Benefits |          |
| Medical                           | 01/01/2020                       | ---             | 02/01/2000              | <b>View ID Card</b> | Summary        | Benefits                 | View COB |

|                                 |              |
|---------------------------------|--------------|
| <b>Medical Benefits Summary</b> |              |
| Contract Number                 | XUT123456789 |
| <b>ACTIVE COVERAGE</b>          |              |
| Medical Effective Date          | 01/01/2020   |
| Subscriber Name                 | John Doe     |
| Member Name                     | John Doe     |
| Member Date of Birth            | 11/30/1900   |
| Relation to Subscriber          | Self         |
| Sex                             | Male         |
| Contract Type                   | HMOLA POS    |
| <b>View ID Card</b>             |              |
| <b>Copays</b>                   |              |
| Office Visit                    |              |
| Office Visit Special            |              |
| Outpatient Surgical             |              |
| Emergency Room                  |              |
| Inpatient Hospital              |              |
| Inpatient Hospital              |              |
| Inpatient Hospital              |              |
| Outpatient XRay &               |              |
| Outpatient Physical             |              |
| Outpatient Speech               |              |
| Cardiac Rehab                   |              |

|                                |              |
|--------------------------------|--------------|
| <b>Medical Benefits Detail</b> |              |
| Contract Number                | XUT123456789 |
| Member Name                    | John Doe     |
| Member Date of Birth           | 11/30/1900   |
| Contract Type                  | HMOLA POS    |
| <b>View ID Card</b>            |              |



**iLinkBlue**

# Accessing iLinkBlue

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



## Administrative representative duties include:

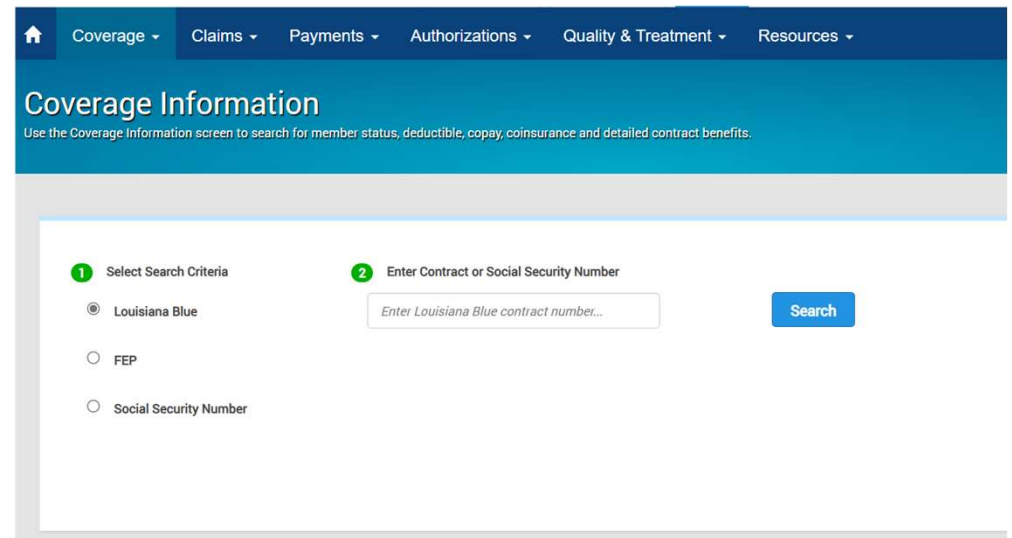
- Identify users at your organization who will need access to our secure online services.
- Assign individual user access to the appropriate applications.
- Manage users and terminate user access when it is no longer needed.
- Contact our Provider Identity Management (PIM) Team at [PIMteam@lblue.com](mailto:PIMteam@lblue.com) 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.lblue.com/providers](http://www.lblue.com/providers) >Electronic Services >Admin Reps.

# 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, pending, cancelled).

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

### Coverage Information

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

BCBSLA

Enter BCBSLA contract number...

Search

**Contract Number XUA123456789**

ACTIVE COVERAGE

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

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

**John Doe** Subscriber

Sex: Male, Marriage Status: Married, Date of Birth: 11/30/1900

Address: 123 STREET ST, CITY, LA 70000

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

**Jane Doe** Spouse

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

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

**Jimmy Doe** Child

Sex: Male, Date of Birth: 01/01/1930

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

# 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**.

### Coverage Information

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

BCBSLA

Enter BCBSLA contract number...

Search

#### Contract Number XUA123456789

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

|                   |               |                |              |
|-------------------|---------------|----------------|--------------|
| Coverage Category | Coverage Type | Effective From | Effective To |
| Medical           | Family        | 01/01/2019     | ---          |

ACTIVE PENDING PREMIUM PAYMENT

Grace Period Begin Date

01/01/2020

Grace Period End Date

03/31/2020

[APTC Extended Grace Period Notice](#)

[APTC Grace Period Guide](#)

John Doe

Subscriber

Address

123 STREET ST.  
CITY, LA 70000

Sex

Male

Marriage Status

Married

Date of Birth

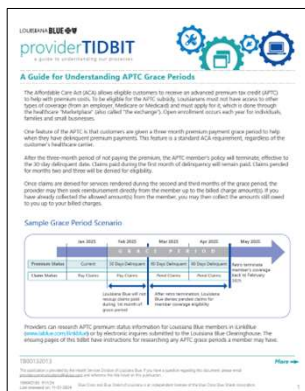
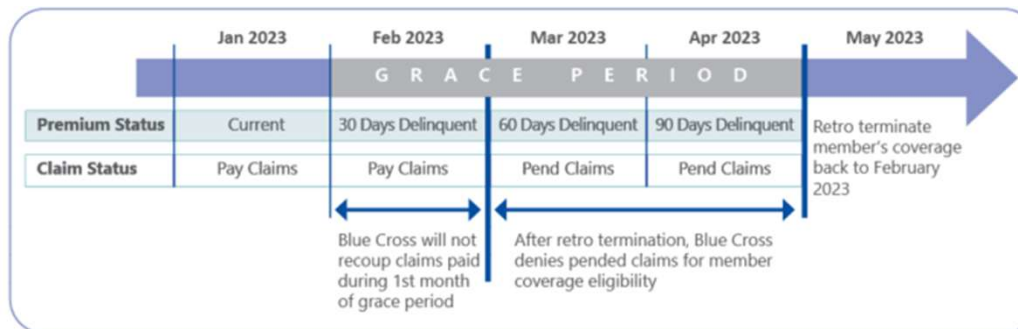
11/30/1900

|          |                |             |                         |                              |                                                  |                          |
|----------|----------------|-------------|-------------------------|------------------------------|--------------------------------------------------|--------------------------|
| Coverage | Effective Date | Cancel Date | Original Effective Date | ID Card                      | Coverage Views                                   | Coordination of Benefits |
| Medical  | 01/01/2019     | ---         | 02/01/2000              | <a href="#">View ID Card</a> | <a href="#">Summary</a> <a href="#">Benefits</a> | NO COB On File           |

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:



A Guide for Understanding APTC Grace Periods tidbit is available online at [www.lablue.com/providers](http://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.

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                       |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------------|
| Contract Number                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                       |                                           |
| ACTIVE COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                       |                                           |
| Medical Effective Date 01/01/2024                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                       |                                           |
| Subscriber Name                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                       |                                           |
| Member Name                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                       |                                           |
| Member Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                       |                                           |
| Relation to Subscriber                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                       |                                           |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                       |                                           |
| Contract Type                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                       |                                           |
| View ID Card                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                       |                                           |
| Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than COMMUNITY BLUE, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.                                                                                                                                                                                       |                                     |                                       |                                           |
| Under this contract, certain Providers who have contracted with HMO Louisiana, Inc. would normally be considered Participating Providers, but because they do not have Participating Provider status within the COMMUNITY BLUE Provider Network, BCBSLA treats them as Tier 3 Non-Preferred Providers. For a list of those Providers, see the COMMUNITY BLUE Non-Par Facilities section under the Benefits Summary. |                                     |                                       |                                           |
| Copays                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                       |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | PAR                                 | EPO                                   | QBP                                       |
| Office Visit                                                                                                                                                                                                                                                                                                                                                                                                        | \$20.00                             | —                                     | \$20.00                                   |
| Office Visit Specialist                                                                                                                                                                                                                                                                                                                                                                                             | \$55.00                             | —                                     | —                                         |
| Outpatient Surgical                                                                                                                                                                                                                                                                                                                                                                                                 | —                                   | —                                     | —                                         |
| Emergency Room                                                                                                                                                                                                                                                                                                                                                                                                      | \$350.00                            | —                                     | —                                         |
| Inpatient Hospital (In-network)                                                                                                                                                                                                                                                                                                                                                                                     | —                                   | —                                     | —                                         |
| Inpatient Hospital (Midwestern)                                                                                                                                                                                                                                                                                                                                                                                     | —                                   | —                                     | —                                         |
| Inpatient Hospital (Out-of-network)                                                                                                                                                                                                                                                                                                                                                                                 | —                                   | —                                     | —                                         |
| High-Tech Imaging                                                                                                                                                                                                                                                                                                                                                                                                   | —                                   | —                                     | —                                         |
| Outpatient XRay & Lab                                                                                                                                                                                                                                                                                                                                                                                               | —                                   | —                                     | —                                         |
| Outpatient Physical Therapy                                                                                                                                                                                                                                                                                                                                                                                         | \$40.00                             | —                                     | —                                         |
| Occupational Therapy                                                                                                                                                                                                                                                                                                                                                                                                | —                                   | —                                     | —                                         |
| Outpatient Speech Therapy                                                                                                                                                                                                                                                                                                                                                                                           | \$40.00                             | —                                     | —                                         |
| Cardiac Rehab                                                                                                                                                                                                                                                                                                                                                                                                       | \$40.00                             | —                                     | —                                         |
| Vision Services                                                                                                                                                                                                                                                                                                                                                                                                     | —                                   | —                                     | —                                         |
| Outpatient Professional                                                                                                                                                                                                                                                                                                                                                                                             | —                                   | —                                     | —                                         |
| *This is not an all-inclusive list. Due to the extensive range of benefit options available, please refer to the "Medical Benefits Detail" for a complete listing of services that may be subject to copays in addition to deductible and/or coinsurance. Some plan benefit options may apply out of pocket (deductible and/or coinsurance) amounts in addition to copay amount.                                    |                                     |                                       |                                           |
| Accumulations                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                       |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 1<br>COMMUNITY<br>BLUE Network | Tier 2<br>Out of Network<br>Preferred | Tier 3<br>Out of Network<br>Non-Preferred |
| Individual                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                       |                                           |
| Deductible Amount                                                                                                                                                                                                                                                                                                                                                                                                   | \$4,500.00                          | \$9,000.00                            | \$9,000.00                                |
| Deductible Remaining                                                                                                                                                                                                                                                                                                                                                                                                | \$4,500.00                          | \$9,000.00                            | \$9,000.00                                |
| Out-of-Pocket Amount                                                                                                                                                                                                                                                                                                                                                                                                | \$7,900.00                          | \$15,800.00                           | \$15,800.00                               |
| Out-of-Pocket Remaining                                                                                                                                                                                                                                                                                                                                                                                             | \$7,711.67                          | \$15,800.00                           | \$15,800.00                               |
| Family                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                       |                                           |
| Deductible Amount                                                                                                                                                                                                                                                                                                                                                                                                   | \$12,700.00                         | \$25,400.00                           | \$25,400.00                               |
| Deductible Remaining                                                                                                                                                                                                                                                                                                                                                                                                | \$12,700.00                         | \$25,400.00                           | \$25,400.00                               |
| Out-of-Pocket Amount                                                                                                                                                                                                                                                                                                                                                                                                | \$15,800.00                         | \$31,600.00                           | \$31,600.00                               |
| Out-of-Pocket Remaining                                                                                                                                                                                                                                                                                                                                                                                             | \$15,131.67                         | \$31,600.00                           | \$31,600.00                               |
| Coinsurance                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                       |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | BCBSLA Coverage                     | Member Responsibility                 |                                           |
| Tier 1 COMMUNITY BLUE Network                                                                                                                                                                                                                                                                                                                                                                                       | 50%                                 | 50%                                   |                                           |
| Tier 2 Out of Network Preferred                                                                                                                                                                                                                                                                                                                                                                                     | 50%                                 | 50%                                   |                                           |
| Tier 3 Out of Network Non-Preferred                                                                                                                                                                                                                                                                                                                                                                                 | 50%                                 | 50%                                   |                                           |
| EPO Percentage                                                                                                                                                                                                                                                                                                                                                                                                      | —                                   | —                                     |                                           |
| QBP Percentage                                                                                                                                                                                                                                                                                                                                                                                                      | —                                   | —                                     |                                           |

# Benefits

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

### Browse Medical Benefits

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

Expand AllCollapse All

OVERALL SUMMARY

AMBULANCE BENEFITS

AUTHORIZATION LIST FOR OUTPATIENT SERVICES AND SUPPLIES

AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES

BENEFIT PERIOD

CARE - CARELON PROGRAMS

CLAIMS TIMELY FILING LIMITS

COINSURANCE

DEDUCTIBLE AMOUNTS

DIABETES PREVENTION PROGRAM

DURABLE MEDICAL EQUIPMENT, ORTHOTIC DEVICES, PROSTHETIC APPLIANCES

EMERGENCY ROOM COPAYMENT / COINSURANCE

EXCLUSIONS

Go to [www.lablue.com/ilinkblue](http://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<br>- NETWORK PROVIDERS<br>* X-ray and Laboratory Services 100%<br>* Sonogram and Ultrasound (professional and outpatient facility) Copayment - \$50<br>* MRA, MRI, CAT,PET, SPECT Scans (professional and outpatient facility) Copayment- \$50<br>* Nuclear Cardiology (professional and outpatient facility) Copayment- \$50 |
| *ACTIVE EMPLOYEES AND RETIREES WITH OR WITHOUT MEDICARE<br>- NON-NETWORK PROVIDERS<br>* No Coverage                                                                                                                                                                                                                                                                                   |
| LOW TECH IMAGING AND LAB CLAIMS:<br>* 100% of the allowed amount when performed in a Physician's Office (place of treatment 11), Free<br>Standing Independent Diagnostic Testing Facility (place of treatment 11) or a contracted Reference<br>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<br>treatment 22).                                                                                                                                                                                                                                                                    |

Go to [www.lablue.com/ilinkblue](http://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)**

**Contract Information**

Prefix\*

Contract Number\*

**Patient Information**

First Name\*

Middle

Last Name\*

Suffix

Date of Birth

Gender  
Select Gender T ▼

Service Type\*  
Select Service Type ▼

**Subscriber Information**

Only required if patient and subscriber are not the same

First Name

Middle

Last Name

Suffix

Submit

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



The full listing can also be found in the iLinkBlue User Guide on our Provider page at [www.lablue.com/providers](http://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.

| Eligibility Responses (271)                                    |                    |                               |                            |                               |                             |
|----------------------------------------------------------------|--------------------|-------------------------------|----------------------------|-------------------------------|-----------------------------|
|                                                                |                    |                               |                            |                               | Delete                      |
|                                                                | Contract/ID Number | Subscriber Name (Last, First) | Patient Name (Last, First) | Current Policy Effective Date | View Response               |
| <input type="checkbox"/>                                       | XXX123456789       | Doe, John                     | Doe, Jane                  | 01/01/2019                    | <a href="#">View Detail</a> |
| Eligibility responses will be retained for 21 days.            |                    |                               |                            |                               |                             |
| BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583). |                    |                               |                            |                               |                             |

# Coverage – Out of Area

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

Eligibility Report (271)

Subscriber Information

Subscriber Name

JANE DOE

Contract Number

ABC123456789

Group Number

N/A

Contract Type

Preferred Provider Organization (PPO)

Patient Information

Patient Name

JANE DOE

Patient Gender

Female

Patient Date of Birth

1/1/1975

Patient Relationship

Self

Source Information

Home Plan

BCBS Out Of State Plan

Receiver Information

ID

Provider

Type

Non-Person Entity

Name

ZYZ Clinic

Policy Dates

Date Type(DTP1)

Plan

Date Value(DTP3)

1/1/2024 - 1/1/2025

Date Type(DTP1)

Eligibility Begin

Date Value(DTP3)

4/1/2022

## 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.

Eligibility / Benefit Information

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

Expand All

Collapse All

+ Active Coverage Detail

+ Co-Insurance Detail

+ Co-Payment Detail

+ Deductible Detail

+ Limitations Detail

+ Out of Pocket (Stop Loss)

+ Benefit Disclaimer Detail

+ Contact Following Entity for

- Limitations Detail

Limitations

Eligibility Type(EB01) : Limitations  
Coverage Level(EB02) : Individual  
Service Type(EB03) : Chiropractic  
Time Period(EB06) : Service Year  
Monetary Amount(EB07) : \$1,000.00  
In Plan Network Indicator(EB12) : Not Applicable  
Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~

Limitations

Eligibility Type(EB01) : Limitations  
Coverage Level(EB02) : Individual  
Service Type(EB03) : Chiropractic  
Time Period(EB06) : Remaining  
Monetary Amount(EB07) : \$1,000.00  
In Plan Network Indicator(EB12) : Not Applicable  
Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~

# 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.

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

The screenshot shows the Louisiana Blue Cross providerTIDBIT interface. At the top, it says "LOUISIANA BLUE CROSS providerTIDBIT a guide to understanding our processes". Below this is the "Automated Benefits & Claim Status" section, which includes a "Customer Care Center 1-800-922-8866" button. The main text explains that benefits are subject to the terms of a member's contract and that the system is designed to help providers reach the area of service needed. It lists the information needed when calling: Provider's NPI, Provider's Tax ID Number, Provider's ZIP Code, Member ID Number, Member's 8-digit Date of Birth, and Date of Service. There are four numbered options: 1. Medical, 2. Vision, 3. Dental, and 4. Life. Below these are instructions for how to use the system, including a "Provider Menu" section with options: 1. Benefits, 2. Claims, 3. Authorizations, 4. An Out-of-state Policy, 5. A Payment Register Fax, or 6. None of the Above. At the bottom, there is a "TIDBIT" logo and a "Next" button.

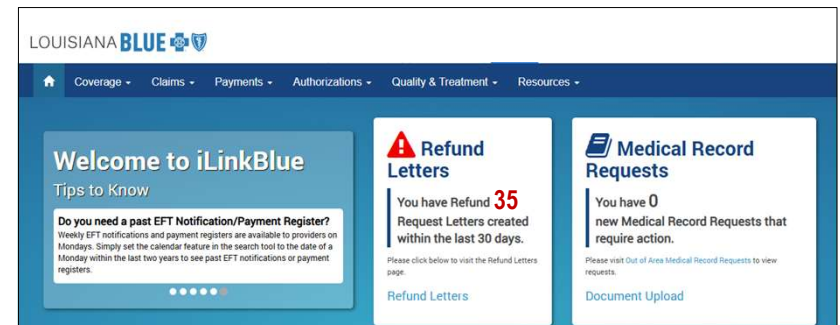
# Refund Request Letters

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.

The screenshot shows the 'Refund Request Letters' search form. At the top, it says 'To review a Refund letter, select the NPI of a provider. In addition, you may enter a contract number, claim number or letter creation date range.' The form has four main sections: 'Select a Provider' with a dropdown menu labeled 'Choose one'; 'Contract Number (optional)' with a radio button for 'Louisiana Blue / FEP' and a text input field, and a radio button for 'BlueCard - Out of Area'; 'Claim Number (optional)' with a text input field; and 'Letter Creation Date (Letters created before 8/21/2024 are not available)' with 'From' and 'To' date pickers set to 04/01/2025 and 05/01/2025 respectively. A 'Search' button is located at the bottom right.

# 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.

| Refund Request Letters Results |            |                              |                 |                      |                |                      |                      |  |
|--------------------------------|------------|------------------------------|-----------------|----------------------|----------------|----------------------|----------------------|--|
| Showing 10 records             |            | Filter: <input type="text"/> |                 |                      |                |                      |                      |  |
| Claim Number                   | NPI        | Provider Name                | Contract Number | Letter Creation Date | Patient Name   | Refund Letter        | Rationale Letter     |  |
| 987654321                      | 1234567890 | ABC CLINIC                   | 1234567891      | 08/21/2024           | RITA BOOK      | <a href="#">View</a> | <a href="#">View</a> |  |
| 987456123                      | 1234567890 | ABC CLINIC                   | 1224567891      | 08/21/2024           | STANLEY CUPP   | <a href="#">View</a> | <a href="#">View</a> |  |
| 987123456                      | 1236549870 | DOE, JANE                    | 1234467891      | 08/21/2024           | CHERRY BLOSSOM | <a href="#">View</a> | <a href="#">View</a> |  |
| 987112456                      | 1237894560 | STEIN, FRANK N.              | 1234467891      | 08/21/2024           | PAGE TURNER    | <a href="#">View</a> | <a href="#">View</a> |  |
| 987122456                      | 1237984560 | RIGHTUS, ARTHUR              | 1234467891      | 08/21/2024           | ABBY NORMAL    | <a href="#">View</a> | <a href="#">View</a> |  |

# Inpatient Unbundling Reports

Louisiana Blue reviews inpatient acute care claims for billing accuracy based on the inpatient unbundling policy. In the past, when an inpatient acute care claim was unbundled, facilities had to request a report for how the claim was reprocessed.

Facilities can now use iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)) to review automatically generated reports on how inpatient claims were unbundled.

- If you have no reports, it simply means you have no unbundled claims.
- Reports will be retained within iLinkBlue for 16 months from the date of generation.

## **Unbundling Reports will apply to the following:**

- Prepay claims
- Acute Care Facilities
- Charges greater than \$100,000

# Viewing Inpatient Unbundling Reports

The screenshot displays the 'Claims Status' section of a web application. At the top, a navigation bar includes links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources, and Admin. Below this, a blue header bar contains the text 'Claims Status' and a sub-header 'To begin your search for claims status click on one of the tabs below.' A green notification banner states 'Recent Unbundling Reports available! Click here to view those reports.' The main content area features a search form with three tabs: 'Paid/Rejected', 'Pended', and 'Unbundling Reports'. The 'Unbundling Reports' tab is circled in blue. The search form includes three numbered steps: 1. 'Select a Provider' with a dropdown menu showing 'Choose one'; 2. 'Contract Number' with radio buttons for 'Louisiana Blue / FEP' (selected) and 'BlueCard - Out of Area', and a text input field for 'Enter contract number...' with a note 'Do not include prefix'; 3. 'Date of Service' (optional) with 'From' and 'To' date pickers, where 'To' is set to '08/25/2025'. A blue 'Search' button is located at the bottom right of the form.

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

## Updated Drug Allowables

- As part of our routine biannual drug and drug administration code pricing review, we are updating the reimbursement schedule for drug codes, effective for claims with dates of service on and after **Sept. 1, 2025**.
- Facility providers can research allowable charge in iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)). The application is available under the “Payments” section.
- By “Select a date,” enter “09-01-2025” to access the allowable charges that went into effect Sept. 1, 2025.



If you have any questions, please contact your Provider Contracting Representative or email [provider.contracting@lablue.com](mailto:provider.contracting@lablue.com).

# Document Upload

**1 Select the Department**  
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

- Choose One
- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Provider Disputes - Non-Louisiana Members: Fax 225-297-2727
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7529
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150
- Population Health: Fax 1-800-267-6548

**Tips for Successful Document Upload**

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

[Document Upload FAQs](#)

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](mailto: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](http://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.



# **Authorizations**

# 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.

| Coverage                                                                                  | Effective Date | Cancel Date | Original Effective Date | ID Card                      | Coverage Views                                                            | Coordination of Benefits |
|-------------------------------------------------------------------------------------------|----------------|-------------|-------------------------|------------------------------|---------------------------------------------------------------------------|--------------------------|
|  Medical | 10/01/2023     | ---         | 12/01/2021              | <a href="#">View ID Card</a> | <a href="#">Summary</a> <a href="#">Benefits</a> <a href="#">View COB</a> |                          |

**+ 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

# 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](http://www.lablue.com/providers) >Electronic Services >Authorizations, under the quick links section.
- Access the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/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. If you do not know who your Provider Relations Representative is, please contact [provider.relations@lablue.com](mailto:provider.relations@lablue.com).

# 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.

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

## Pre-Authorization / Pre-Certification Information

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

Alpha Prefix :

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

LOUISIANA **BLUE**

Preferred Care  
PPO Network  
**FULLY INSURED**

|                                       |                             |
|---------------------------------------|-----------------------------|
| Member Name<br><b>BLUE SUBSCRIBER</b> | Grp/Subgroup: AAA00000/PPO4 |
| Member ID<br><b>XUP000000000</b>      | RxMbr ID: 200000000         |
|                                       | RxBIN: 000000 PCN-A4        |
|                                       | RxGrp: BSLA                 |

| MEDICAL        | DEDUCTIBLE<br>Individual | OUT OF POCKET<br>Individual |
|----------------|--------------------------|-----------------------------|
| In Network     | \$5500                   | \$5500                      |
| Out of Network | \$5500                   | \$5500                      |

04BA0314 R01/24

# 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](http://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 Clinical Information.”

- **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 occur within the next 24-hours, put “STAT” in the summary field.



NEW

# Authorization Number Update

- Prior to Sept. 3, 2025, Louisiana Blue Authorizations application used the referral ID number assigned to a request as the authorization number. Referral ID numbers began with the letter “B” and appeared in the top left of the Referral Details screen.
- Now the Referral Details screen identifies 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.

OGB and HMO authorization requirements are different.

[illegible]



## HMO Louisiana

## HMO Louisiana, Inc., Network Speed Guide

The guide below may assist you in gathering information about the network speed of your computer. Please note that HMO Louisiana members are provided with wireless Internet access. The network speed of your computer is not a requirement for HMO Louisiana. Please verify that your computer meets the minimum requirements for the Internet.

**Internet Access:** It is available in the Professional Office. Other services which are available include:

### HMO Louisiana Member (US Call)



The member directory for HMO Louisiana is located in the HMO Louisiana Member US Call website. The member directory is located in the HMO Louisiana Member US Call website. The member directory is located in the HMO Louisiana Member US Call website.

### HMO Louisiana Member (US Call)

- 1. Call toll-free the customer service number (1-800-452-4524) to obtain the member directory.
- 2. Log on to the HMO Louisiana Member US Call website.
- 3. Select the member directory link.
- 4. Select the member directory link.
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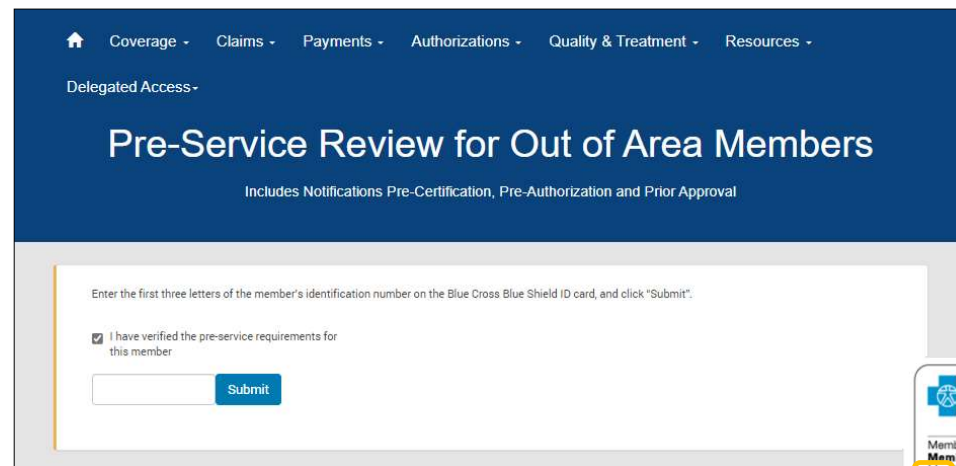
| Office of Group Benefits (OGB)                                                                                                                                                                                    | HMO Louisiana, Inc.                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 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.                                          | Failure to obtain an authorization on an HMO/HMO member will result in denial of payment for services. |
| The list of OGB and HMO authorization requirements can be found in our Professional Provider Office Manual located at <a href="http://www.lablue.com/providers">www.lablue.com/providers</a> >Resources >Manuals. |                                                                                                        |
| These list also appears on the Speed Guides located on <a href="http://www.lablue.com/providers">www.lablue.com/providers</a> >Resources.                                                                         |                                                                                                        |

# 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.



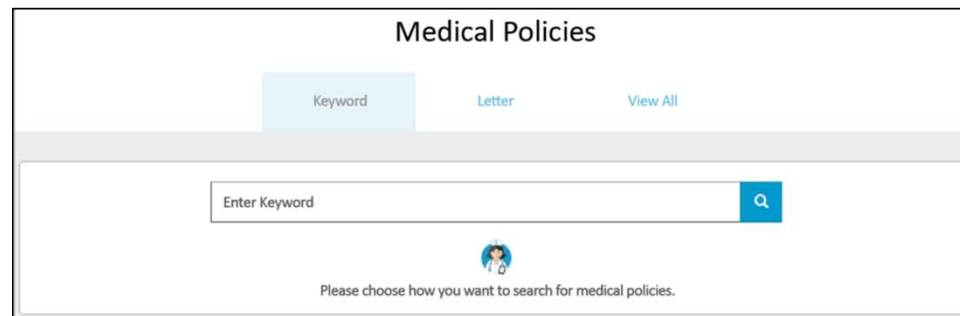
Enter the member's prefix to access general pre-authorization/pre-certification information.



| BlueCross BlueShield |                      | Blue Product | ALPHA Employer Group |
|----------------------|----------------------|--------------|----------------------|
| Member Name          | Dependents           |              |                      |
| Member ID            | Dependent One        |              |                      |
| XYZ 23456789         | Dependent Two        |              |                      |
| Group No.            | Dependent Three      |              |                      |
| 023457               | Plan                 | PPO          |                      |
| BIN                  | Office Visit         | \$15         |                      |
| Benefit Plan         | Specialist Copay     | \$15         |                      |
| Effective Date       | Emergency Deductible | \$75         |                      |
| 00/00/00             | Deductible           | \$50         |                      |
| R                    |                      |              |                      |

# Medical Policy Guidelines

**Medical Policy Guidelines\*** – access the Louisiana Blue medical policy index to research Louisiana Blue’s medical policies in iLinkBlue, under the Authorizations menu. Search for policies alphabetically by title or use the search bar to look by keywords or codes.

A screenshot of a web application titled "Medical Policies". At the top, there are three tabs: "Keyword" (highlighted in light blue), "Letter", and "View All". Below the tabs is a search bar with the placeholder text "Enter Keyword" and a blue search button with a magnifying glass icon. Below the search bar, there is a small icon of a person with a stethoscope and the text "Please choose how you want to search for medical policies."

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



\*This application is also available on the Provider page; [www.lablue.com/providers](http://www.lablue.com/providers) >Medical Management >Medical Policies.

# Medical Policy Guidelines 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.

### Out of Area Medical Policy Coverage Guidelines

To view the out-of-area Blue Plan's medical policy information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "submit".

Prefix

Submit

# Lab Reimbursement Policies

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

 Louisiana

 avalon

**Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies**

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

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

Search...



\*This application is also available on the Provider page at [www.lablue.com/providers](http://www.lablue.com/providers)  
>Medical Management >Lab Management.



## 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](https://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 **Member Provider Policy & Procedure Manual**. Find on iLinkBlue ([www.lablue.com/ilinkblue](https://www.lablue.com/ilinkblue)) >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.

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

# 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.

## CARE - CARELON PROGRAMS

Group DOES participate with CARELON PROGRAMS  
1.866.455.8416 x4842

Program Participation:

- High-Tech Imaging
- Musculoskeletal Care Management Program
- Cardiac Diagnostic & Interventional Services
- Radiation Oncology Program

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

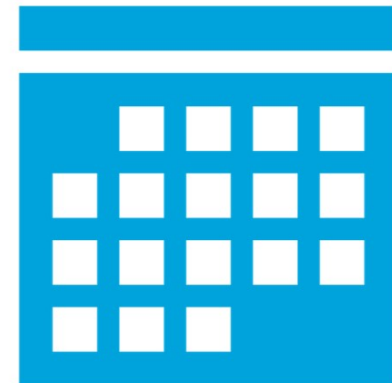
## CARE - CARELON PROGRAMS

Group DOES NOT participate with CARELON PROGRAMS

Example: authorization would be entered in Louisiana Blue Authorizations

# 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.





NEW

## Genetic Testing Service Date

- Carelon is changing the definition of the service date (aka date of service) for genetic testing authorization requests.
- **Effective Aug. 1, 2025, the service date will be defined as the sample or collection date.**
- An exception will be allowed for most solid tumor testing, which often requires the results of additional testing be completed on the same sample prior to the requested test. The Carelon MBM Provider Portal will guide users through this process.
- Other exceptions are expected to be rare. Providers are asked to reach out to the Carelon genetic testing team at [DL-GeneticTestingSolution@carelon.com](mailto:DL-GeneticTestingSolution@carelon.com) in those circumstances.



## Billing Guidelines

# Pre-pay Itemized Bill Review

Louisiana Blue recently updated the Itemized Bill Cover Sheet used to submit an itemized bill for review. We require itemized bills for inpatient acute claims that have a billed charge greater than \$100,000.

The updated cover sheet adds a new area to provide patient information. Please add this information to help us properly identify the member and the associated claim.

### Important tips and reminders for submitting an itemized bill:

- Use the [PIIBillReview@lablue.com](mailto:PIIBillReview@lablue.com) email option as the preferred method to submit an itemized bill for review.
- Submit an itemized bill at the same time as the claim is filed when the billed charge is greater than \$100,000.
- We may request itemized bills whenever deemed necessary for claims processing and review, regardless of billed amount.
- If you receive a request for an itemized bill, please don't wait to respond. You must submit an itemized bill for review within seven days of receipt of the request.

**LOUISIANA BLUE** 

---

**Please indicate this cover sheet when submitting remittance bills with charges greater than \$100.00 to the Payment Integrity Department.**

**Itemized Bill Cover Sheet**

Providers may submit remittance bills required by the Louisiana Integrity Department to Louisiana Blue in the preferred order indicated below:

Line/Bill: [www.louisianablue.com/submit](http://www.louisianablue.com/submit)  
(Click "Document Upload" under the "Claims" menu option, then select "Payment Integrity" from the drop-down menu.)

Email: [PI@louisianablue.com](mailto:PI@louisianablue.com)

Fax: (225) 298-7675

Mail: Payment Integrity - Louisiana Blue  
P.O. Box 98023  
Baton Rouge, LA 70898-9023

**For Internal Use:**

Please detach the enclosed documents with this cover sheet directly to Louisiana Blue's Payment Integrity Department, Health Services Division.

|               |                 |
|---------------|-----------------|
| Name          | Account         |
| Date of Birth | Date of Service |
| Member ID     |                 |

**CONFIDENTIALITY NOTICE**

The document(s) accompanying this bill contain information that is highly protected. The Louisiana Blue Privacy Policy, located at [www.louisianablue.com/privacy](http://www.louisianablue.com/privacy), describes how we collect, use, and disclose your information. We will not release your information to anyone without your written authorization, except as required by law. We will not release your information to anyone for marketing purposes. We will not release your information to anyone for any other purpose without your written authorization. We will not release your information to anyone for any other purpose without your written authorization.

18060222-0005

Member and third-party information is reported to Blue Cross of Louisiana.

Find the updated form online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Forms.

# Unbundling of Routine Services

Louisiana Blue has expanded the policy to include more items that will now be considered routine supplies and services under our Inpatient Unbundling Policy. For more information, see the Inpatient Unbundling Policy section (5.14) of the *Member Provider Policy & Procedure Manual*.

**Routine services** are defined as those services included by the provider in a daily service charge—sometimes referred to as the “room and board” charge.

Routine supplies are included in general cost of the room where services are rendered. These items are considered floor stock and are generally available to all patients receiving services. As routine supplies, they cannot be billed separately. Examples include drapes, saline solutions and reusable items.

The following are examples of facility general and administrative costs and charges, including routine disposable and reusable equipment, supplies and items, which a facility may not separately bill for reimbursement.

- Oxygen transport fees
- Oximetry
- Personnel and additional staff
- Patient transportation fees
- Patient monitoring of any kind
- Maintenance of hospital equipment
- Any charge for the performance of a bedside procedure
- Call back time for physicians or staff
- Hospital emergency code alerts, rapid alert teams, code teams, etc.
- Supplemental feedings or nutrition such as Ensure, Isocal, including tube feeding, etc.
- Any nursing care service within the scope of normal nursing practice, i.e., admission, assessment, discharge, etc.



# Claims

# 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**

1 Select a Provider  
1234567890

2 Report Type  
☒ Accepted  
☐ Not Accepted

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

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

Search

Search Results for Accepted Claims

NPI 1234567890

View Report

- 04/13/2019
- 04/12/2019
- 04/11/2019
- 04/10/2019
- 04/09/2019

# 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.

The screenshot shows the 'Louisiana Blue Claims Confirmation Reports' application. It features a search form with three main sections: '1 Select a Provider' with a dropdown menu showing '1234567890'; '2 Report Type' with radio buttons for 'Accepted' (selected) and 'Not Accepted'; and '3 Date Range optional' with 'From Date' and 'To Date' fields, the latter showing '04/15/2019'. A 'Search' button is located at the bottom right of the form. Below the form, the 'Search Results for Accepted Claims' section displays the 'NPI 1234567890' and a 'View Report' link. A list of dates is provided: 04/13/2019, 04/12/2019, 04/11/2019, 04/10/2019, and 04/09/2019.

**Louisiana Blue Claims Confirmation Reports**

1 Select a Provider  
1234567890

2 Report Type  
☒ Accepted  
☐ Not Accepted

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

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

Search

Search Results for Accepted Claims

**NPI 1234567890**

View Report

04/13/2019  
04/12/2019  
04/11/2019  
04/10/2019  
04/09/2019

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

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

NP# 1234567891

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

PAGE 1

837P ACCEPTED REPORT

| PATIENT<br>ACCOUNT NUM | PATIENT<br>LAST NM | PATIENT<br>FIRST NM | BC CONTRACT<br>NUMBER | FROM<br>DATE | THRU<br>DATE | CLAIM<br>AMOUNT | CH TRACKING<br>NUMBER |
|------------------------|--------------------|---------------------|-----------------------|--------------|--------------|-----------------|-----------------------|
| L12345678              | DOE                | JOHN                | XUA123456789          | 040819       | 040819       | 125.00          | 12345678123           |

PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:

837P TOTAL CLAIMS NOT ACCEPTED:

837P TOTAL CLAIMS:

1 CLAIMS FOR \$125.00

0 CLAIMS FOR \$0.00

1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:

TOTAL CLAIMS NOT ACCEPTED:

GRAND TOTAL CLAIMS:

1 CLAIMS FOR \$125.00

0 CLAIMS FOR \$0.00

1 CLAIMS FOR \$125.00

## Non-Accepted Report Example

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

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

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

837P NOT ACCEPTED REPORT

| PATIENT<br>ACCOUNT NUM | PATIENT<br>LAST NM | PATIENT<br>FIRST NM | BC CONTRACT<br>NUMBER | FROM<br>DATE | THRU<br>DATE | CLAIM<br>AMOUNT | ERROR<br>DESCRIPTION           | ERROR<br>DATA |
|------------------------|--------------------|---------------------|-----------------------|--------------|--------------|-----------------|--------------------------------|---------------|
| L12345678              | DOE                | JOHN                | XUA123456789          | 040419       | 040419       | 206.00          | PROVIDER LOCATION IRS CONFLICT | 987654321     |
| L78945612              | PUBLIC             | PEGGY               | XUH312456987          | 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

PAGE 1

# Louisiana Blue Claims Confirmation Reports

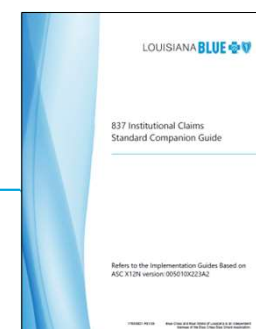
Not Accepted Error Message Descriptions

| Error Message                              | Description                                                                                                                                                                                                                          |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADJ CLM REQ5 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 <i>Professional Provider Office Manual</i> .                                              |
| ANESTHESIA MODIFIER REQUIRED               | Anesthesia coding must include an appropriate modifier that follows the billing guidelines for anesthesia services found in the <i>Professional Provider Office Manual</i> .                                                         |
| 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 <u>is not</u> 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 Institutional Claims Standard Companion Guide* can be found on our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers) >Electronic Services >Clearinghouse Services.



# Action Requests

**Pended Claims Results**

Showing 10 records Filter:

| Claim Number  | Patient Account Number | Date of Service | Patient Name | Amount Charged | CPT/HCPCS Code | Pended Error Code | Action Request |
|---------------|------------------------|-----------------|--------------|----------------|----------------|-------------------|----------------|
| 14572368900-1 | H40000001234567        | 04/11/2019      | John Doe     | \$513.00       | 29581PO        | SL16              | AR             |
| 18976543200-1 | H400000007654          |                 |              |                |                |                   | AR             |
| 16789854100-1 | H400000003216          |                 |              |                |                |                   | AR             |

### Submit Action Request

To submit an action request, complete the fields below.

**Action**  
Select One  
Select One  
CODE EDITING INQUIRY  
FACILITY REIMBURSEMENT  
PROFESSIONAL REIMBURSEMENT  
REFUND REQUEST  
REISSUE CHECK  
REPROCESS ADJUSTMENT  
RUSH PROCESSING  
WRONG PROVIDER/CONTRACT NUMBER

**Claim Details**  
Contract Number 202135009  
Claim Number 242684969401  
Date of Service 10/25/2024  
Date Processed 12/06/2024

**Notes** 1000 characters remaining  
Type the details of your request. Max 1000 characters.

Submit Action Request

## 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.



NEW

# 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 adds 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.



NEW

# Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

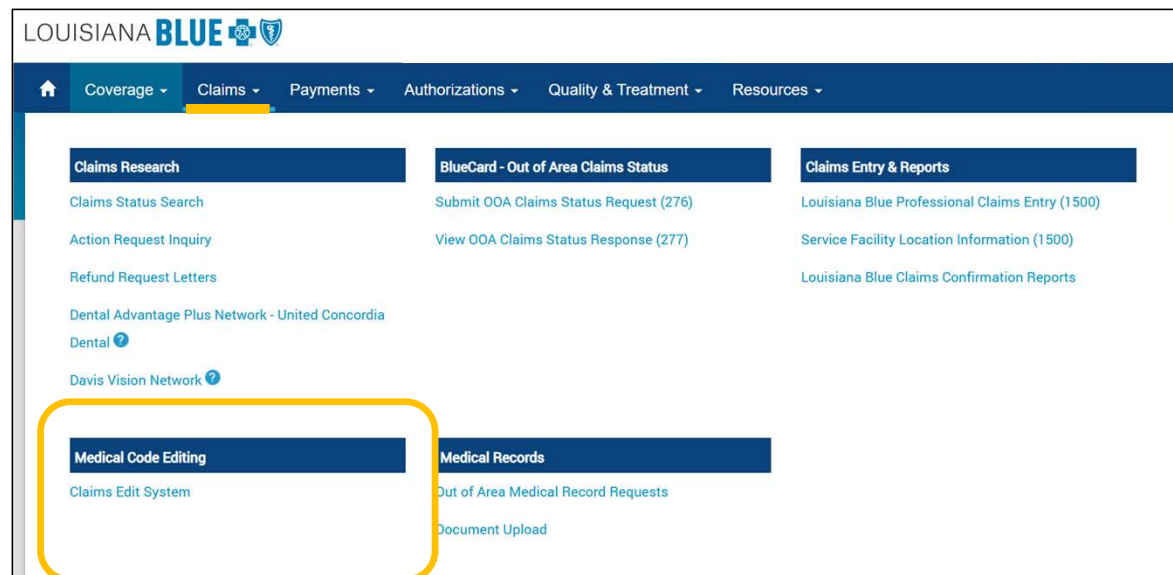
- You can no longer edit or delete an action request once submitted.
- You cannot submit duplicate action request on the same claim.
- After submitting your request, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request 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.

# 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.



# Medical Code Editing

The **Facility Claim Entry** screen is for entering codes for hospital outpatient and ambulatory surgery center (ASC) claims. **Do not use for inpatient claim edits.**

If you disagree with claims edit findings, please include clinical-based documentation—not just medical records—to support your dispute. Disputes filed without such documentation will be returned as insufficient.

**Louisiana**

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

**Type** ☐ Inpatient ☒ Outpatient

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

**Patient Information**

**Gender**  **Date of Birth**  **Patient Status**

**Add Lines**

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

## Required Fields:

- Type – select outpatient
- Type of Bill – enter an appropriate 3-digit type of bill
- Claim Type – select Facility Outpatient
- Statement From/Through – date range of the procedure
- Gender – this field defaults to Male
- Date of Birth
- Patient Status – enter appropriate 2-digit patient status
- HCPCS/HIPPS – enter the valid CPT/HCPCS code
- Modifier – appropriate modifier for this CPT code
- Units – enter the number of units, this field defaults to a value of one



## Blue Distinction

# Blue Distinction Specialty Care Centers

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

## Two designation levels:

Blue  
Distinction®  
Center

Blue  
Distinction®  
Center+

## The current programs are:

- Bariatric Surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity
- Spine Surgery
- Substance Use & Treatment Recovery
- Transplants



The Specialty Program selection criteria is available at [www.lablue.com](http://www.lablue.com) >About Us >Capabilities & Initiatives >Blue Distinction >Blue Distinction Specialty Care.

# Blue Distinction Level Comparison

| <b>Evaluation Criteria for Participation Focused on:</b>                                                                                                                                                       | <b>Blue Distinction<sup>®</sup> Center</b><br><br>Healthcare facilities recognized for their <b>expertise</b> in delivering specialty care | <b>Blue Distinction<sup>®</sup> Center+</b><br><br>Healthcare facilities recognized for their <b>expertise</b> and <b>efficiency</b> in delivering specialty care |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Identifying those facilities that demonstrate <b>expertise in delivering quality specialty care</b> – safely and effectively |                                                         |                                                                                |
|  Nationally <b>established quality measures</b> with emphasis on <b>proven outcomes</b>                                     |                                                       |                                                                              |
|  <b>Cost of care</b> calculated on procedures, using episode-based allowable amounts                                        |                                                                                                                                            |                                                                              |



## Medical Records

# 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).

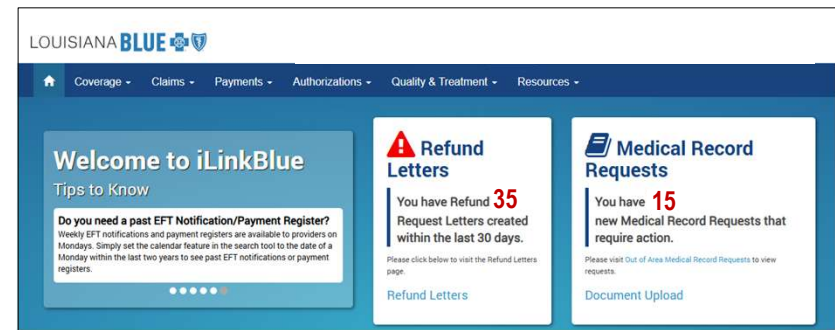
# Electronic Medical Records (EMRs)

- 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](mailto:provider.relations@lablue.com).



# BlueCard Medical Record Requests

- Providers may receive hardcopy letters for medical record requests; however, most requests will be available in iLinkBlue. When a new request is available, an alert will populate on the homepage.
- 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](http://www.lablue.com/providers) >Resources >Tidbits.

# RADV Audits

- Providers can submit records by email, fax or mail; or through an onsite visit within five to ten business days of receipt of notification. The notification will include contact information.
- Several providers have provided direct access to their records using electronic medical records (EMR) systems. Our team will review the records that are accessible through those EMRs.
- Only records that are unable to be found in the EMR, and from locations we do not have EMR access, will be requested.
- If you have questions about risk adjustment chart reviews or would like to lighten the burden on your office by providing EMR access to our team, please contact Taylor Lawrence by phone at (225) 298-1576 or email [taylor.lawrence2@lablue.com](mailto:taylor.lawrence2@lablue.com).



# 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](http://www.lablue.com/ilinkblue)) homepage.



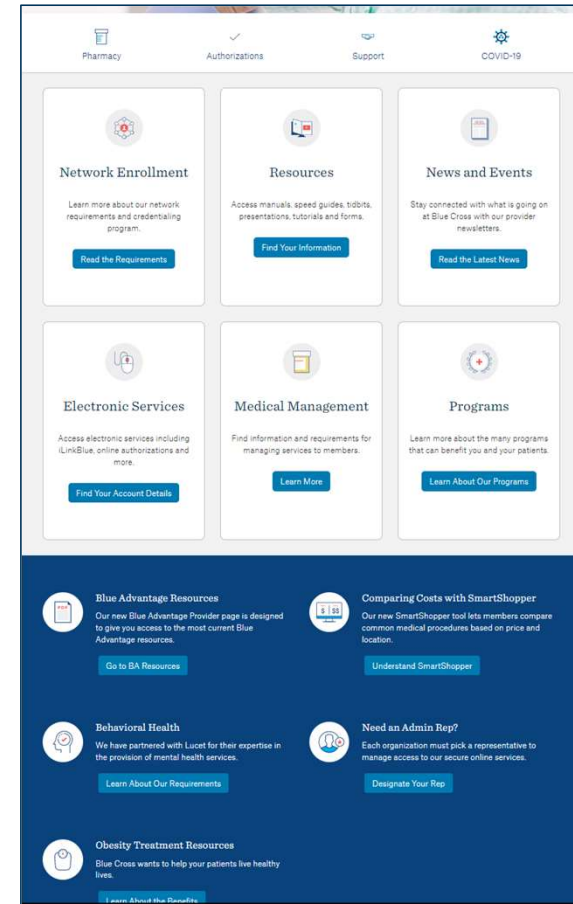
## Resources

# 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](http://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](http://www.lablue.com/providers) >Resources



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

## Not Getting Our Newsletters?

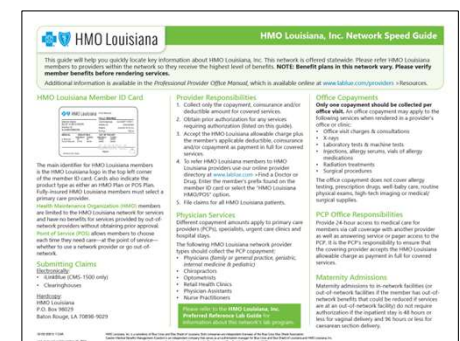
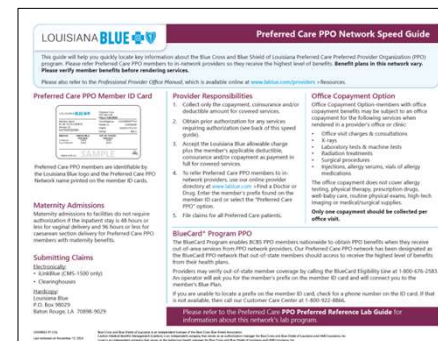
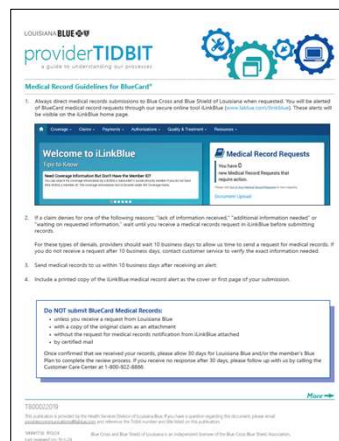
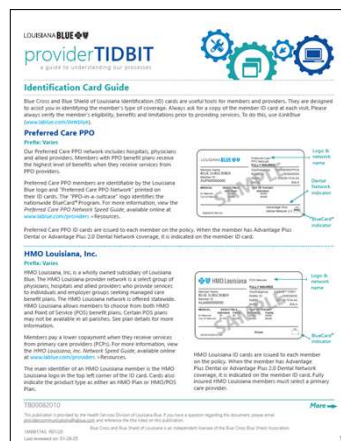
Send an email to [provider.communications@lablue.com](mailto:provider.communications@lablue.com). Put “newsletter” in the subject line. Please include your name, organization name and contact information.



# Speed Guides and Tidbits

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

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



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

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

# Future Educational Opportunities

## **BlueCard**

- Sept. 23

## **New to Blue (Professional)**

- Oct. 8

## **New to Blue (Facility)**

- Oct. 8

## **iLinkBlue**

- Oct. 14 and Oct. 16

## **New to Blue Advantage**

- Oct. 15

## **Behavioral Health**

- Nov. 13

## **Provider Credentialing & Data Management**

- Nov. 19

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

# Make Your Voice Heard



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.



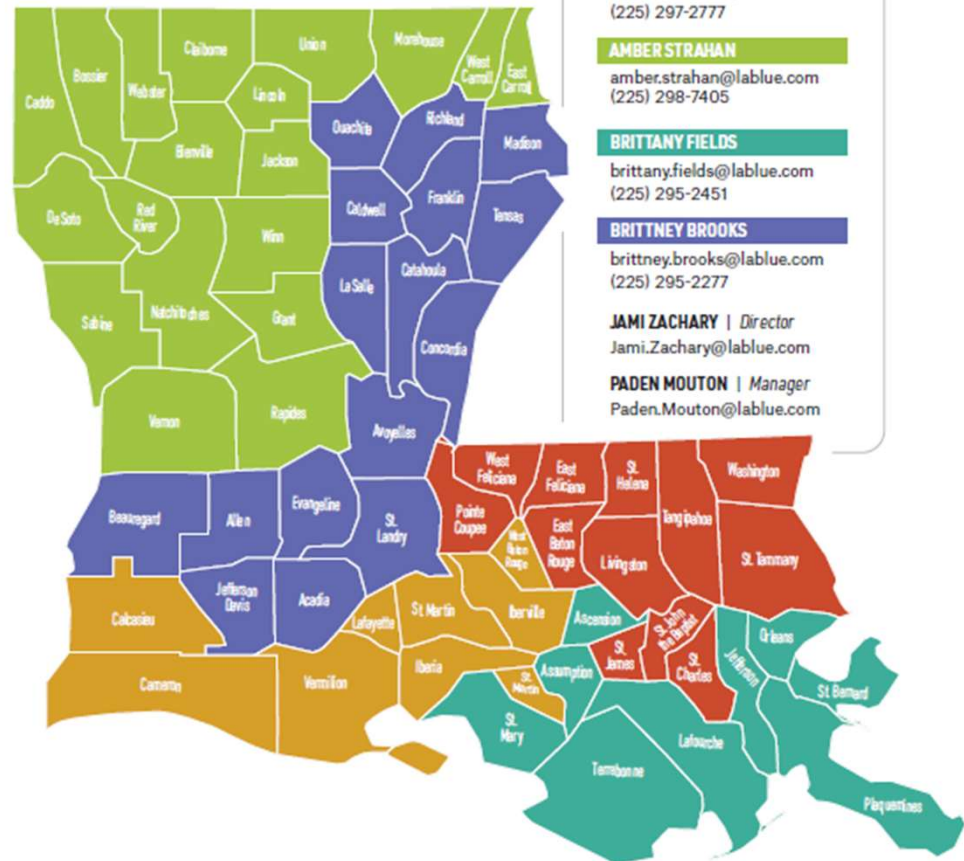
**We would love for you to complete our 2025 provider survey later this year. Participants have a chance to win 1 of 26 gift cards with top prize of \$500.**



If you did not receive an email invitation to our survey, send an email to [provider.communications@lblue.com](mailto:provider.communications@lblue.com) with "Provider Engagement Survey" in the subject line.

# Your Provider Relations Representative

## Provider Relations Representatives PARISH MAP



# Your Provider Contracting Representative

# Provider Network Development

## CONTRACTING PARISH MAP

CONTRACTING REPRESENTATIVES:

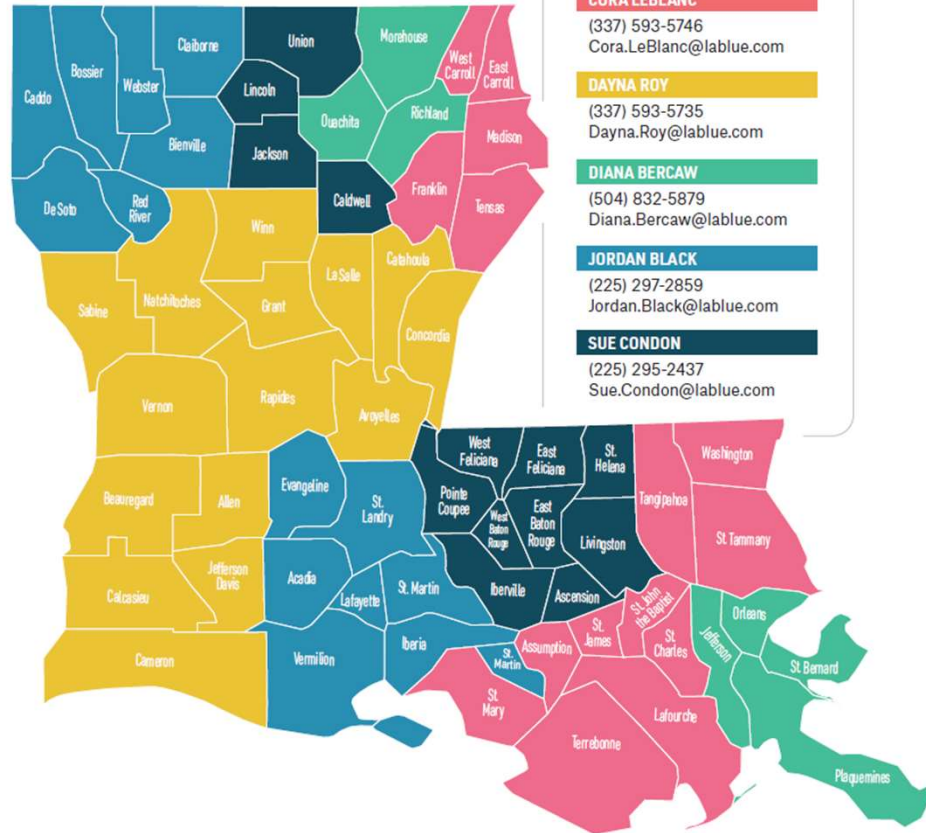
**CORA LEBLANC**  
(337) 593-5746  
Cora.LeBlanc@labeled.com

**DAYNA ROY**  
(337) 593-5735  
Dayna.Roy@lablue.com

**DIANA BERCAW**  
(504) 832-5879  
Diana.Bercaw@lablue.com

**JORDAN BLACK**  
(225) 297-2859  
Jordan.Black@lablue.com

**SUE CONDON**  
(225) 295-2437  
Sue.Condon@lablue.com





Questions?

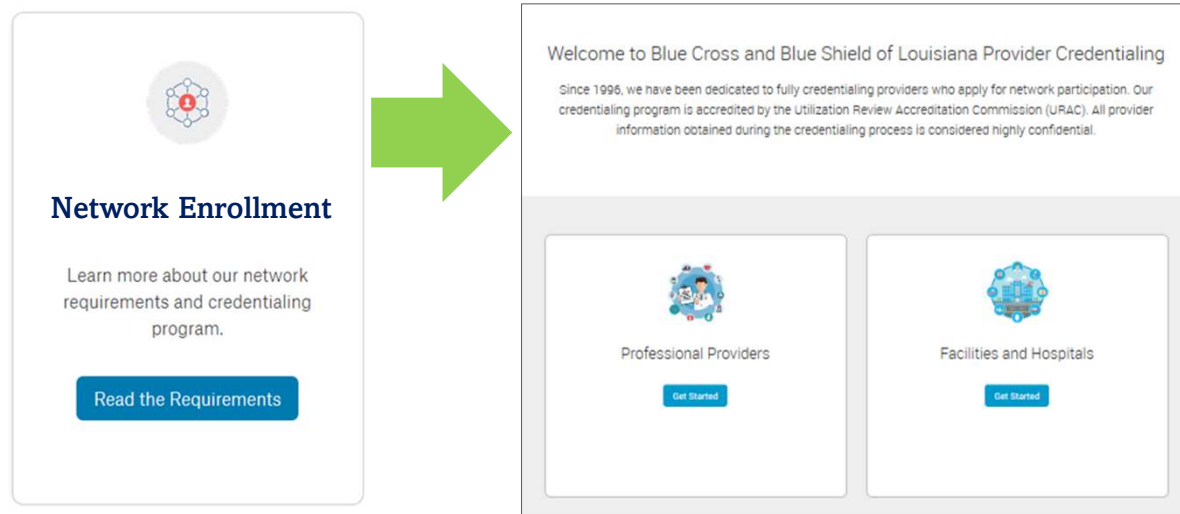


# Appendix

# The Paperwork

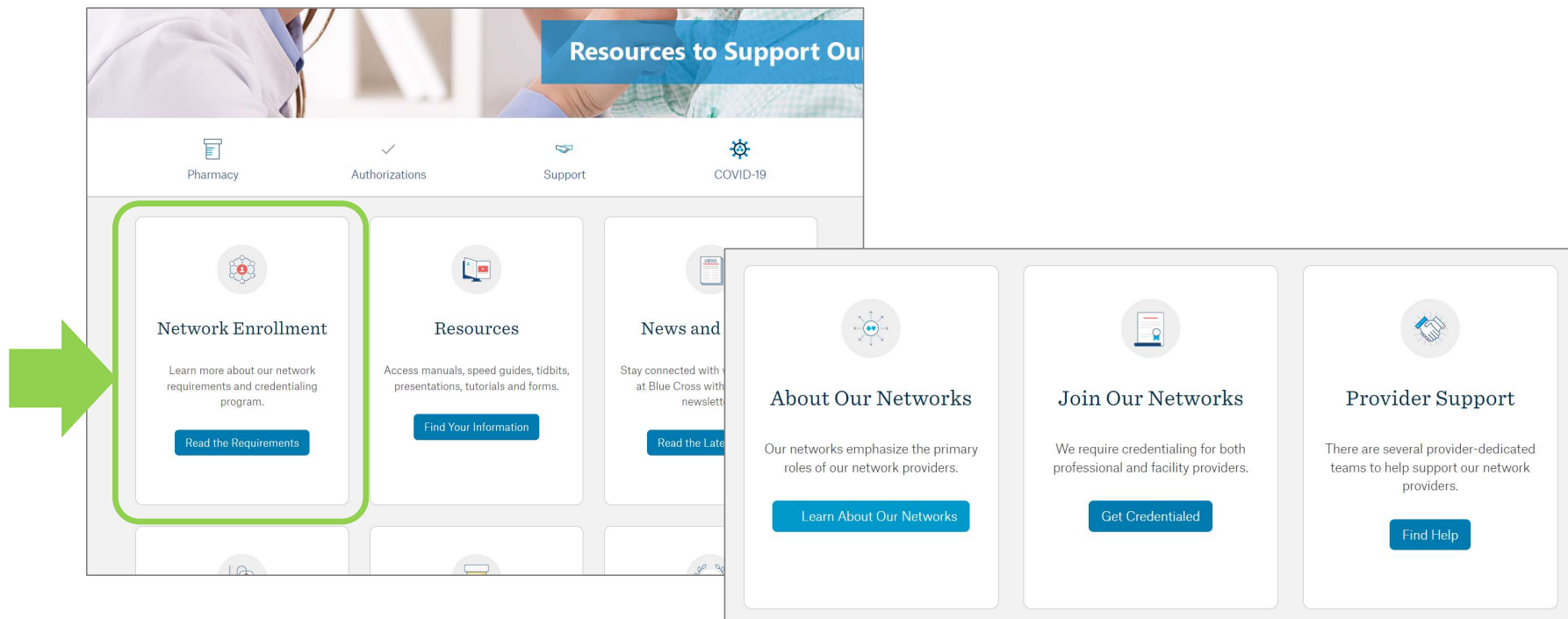
You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

Applications are available online at [www.lablue.com/providers](http://www.lablue.com/providers).



Choose **Network Enrollment**, then **Join Our Networks** page then, select **Facilities and Hospitals** to find credentialing packet.

# The Provider Page [www.lablue.com/providers](http://www.lablue.com/providers)



Choose **Network Enrollment** to view more information about our networks.

# Easily Complete Forms with DocuSign

Complete, sign and submit applications and forms to the PCDM Department digitally with **DocuSign®**.

This streamlines submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Louisiana Blue.

It allows you to electronically upload support documentation and even receive reminder alerts to complete submission and confirm receipt.

## What is DocuSign?

As an innovator in e-signature technology, DocuSign helps organizations connect and automate how various documents are prepared, signed and managed.

View our *DocuSign® Guide* online at [www.lablue.com/providers](http://www.lablue.com/providers)

>Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals

>Join Our Networks.

LOUISIANA BLUE

### DocuSign® Guide

Blue Cross and Blue Shield of Louisiana (Louisiana Blue) has enhanced your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can complete, sign and submit all of our applications and forms digitally with DocuSign, reducing the need to print and submit hardcopy documents. This allows for a more direct submission of information to Louisiana Blue. You can electronically upload supporting documentation, receive alerts reminding you to complete your applications and confirm receipts. Follow the steps below to access and complete your applications and forms with DocuSign.

**Step 1: Click the link for the needed Louisiana Blue form, then enter your initial information**

There are often two required recipients. The person completing the form must enter a name and email for both. Please read the instructions for guidance as to when one or both recipients are required based on your request.

- **"Form Completed By"** – This recipient will complete all required fields with detailed information.
- **"Provider"** – This recipient provides final review and signature verifying that all information is correct and ready to submit to Louisiana Blue.

Once the information is entered for both, click the **"BEGIN SIGNING"** button.

**Note:** If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

**BEGIN SIGNING**

**Step 2: Accept the Electronic Record and Signature Disclosure**

- The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.
- Select the checkbox "I agree to use Electronic Records and Signatures".
- Click "SIGNING" to begin the signing process.

**Note:** To view and sign documents, the person completing this form must agree to conduct business electronically.

LOUISIANA BLUE

After reviewing the Electronic Record and Signature Disclosure documents, click the checkbox "I agree to use Electronic Records and Signatures".

**SIGNING**

10/04/2019 10:01:03 AM Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

# Easily Complete Forms with DocuSign

Enter text

**FINISH** **FINISH LATER** **OTHER ACTIONS**

**START**

DocuSign Envelope ID: 1A01C5A7-3503-4226-8119-DEA232B827AD

**LOUISIANA BLUE**

**Provider Update Request Form**

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: ☒ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name  First Name  Middle Initial

Tax ID Number

Group/Clinic Name

Are you a primary care provider (PCP)? ☐ Yes ☐ No

Effective Date of

Authorized representative completing this form on behalf of a

**REPRESENTATIVE**

Contact Phone Number

Contact Email Address

**Submission Information** (form completed by)

Signature Authorized Representative

Date

February 18, 2021

Navigation tool guides you through fields.

Instructions correspond to requirement of the active field.

Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.

Red outline indicates a required field.

Tooltips provide information about field requirements.

# The Credentialing Committee

- Has the final authority to make decisions regarding provider participation.
- Provides guidance and suggestions for the credentialing process.
- Is made up of a diverse group of network providers from across the state with no other management role at Louisiana Blue.
- Includes multiple Louisiana Blue employees from Medical Management and Network Development & Contracting Departments.

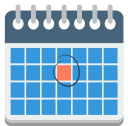


## Network Agreement (the final paperwork)

Once the credentialing process is completed, the next step in the process is to ensure the provider has a signed network agreement.



Our Provider Contracting representatives will work with the provider for the appropriate networks available for participation. Providers remain non-participating in our networks until a signed agreement is received by our Contracting Department.



The signed network agreement will include the effective date of network participation, which will be the date of approval from the Credentialing Committee.



If you have any questions about the contracting process, send an email to [provider.contracting@lablue.com](mailto:provider.contracting@lablue.com).



# Supporting Documents Needed for Recredentialing

The following documents must be submitted with your recredentialing application:

- Completed credentialing form
- Completed attachment(s), as applicable
- Copy of state license
- Copy of W-9
- Copy of Malpractice Liability Certificate (copy of policy declarations page)

If information is missing from submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then provider may be terminated from the network.

# PPO and HMO Available Statewide

## Preferred Care PPO

|                                                                                                   |                                |                                                       |  |
|---------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|--|
| LOUISIANA BLUE   |                                | Preferred Care<br>PPO Network<br><b>FULLY INSURED</b> |  |
| Member Name<br>BLUE SUBSCRIBER                                                                    | Grp/Subgroup:<br>AAA00000/PPO4 | RxMbr ID:<br>200000000                                |  |
| Member ID<br>XUP000000000                                                                         | RxBIN:<br>000000 PCN-A4        | RxGrp:<br>BSLA                                        |  |
| <b>MEDICAL</b>                                                                                    | <b>DEDUCTIBLE</b>              | <b>OUT OF POCKET</b>                                  |  |
|                                                                                                   | <b>Individual</b>              | <b>Individual</b>                                     |  |
| In Network                                                                                        | \$5500                         | \$5500                                                |  |
| Out of Network                                                                                    | \$5500                         | \$5500                                                |  |
| 04BA0314 R01/24  |                                |                                                       |  |

## Fully Insured vs. Self-funded:

- "Fully Insured" notation

|                                                                                                                                                         |                                 |                                                                                                                  |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------|
| LOUISIANA BLUE                                                       |                                 | Preferred Care<br>PPO Network  |                    |
| Member Name<br>BLUE SUBSCRIBER                                                                                                                          | Grp/Subgroup:<br>ST22ERC/2014   | RxMbr ID:<br>200000000                                                                                           |                    |
| Member ID<br>OGS000000000                                                                                                                               | RxBIN:<br>004336 PCN-ADV        | RxGrp:<br>RX20BZ                                                                                                 |                    |
| <b>MEDICAL</b>                                                                                                                                          | <b>DEDUCTIBLE</b>               | <b>OUT OF POCKET</b>                                                                                             | <b>COINSURANCE</b> |
|                                                                                                                                                         | <b>Individual</b> <b>Family</b> | <b>Individual</b> <b>Family</b>                                                                                  | <b>Preferred</b>   |
| In Network                                                                                                                                              | N/A \$2700                      | N/A \$8500                                                                                                       | 90%                |
| Out of Network                                                                                                                                          | N/A \$2700                      | N/A \$12250                                                                                                      | All Other 70%      |
| OFFICE OF GROUP BENEFITS<br>MAGNOLIA OPEN ACCESS<br>04BA0314 R01/24  |                                 |                                                                                                                  |                    |

## HMO Louisiana, Inc.

|                                                                                                              |                                 |                                     |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|--|
| HMO Louisiana             |                                 | POS Network<br><b>FULLY INSURED</b> |  |
| Member Name<br>BLUE SUBSCRIBER                                                                               | Grp/Subgroup:<br>AAA00000/PPO01 | RxMbr ID:<br>200000000              |  |
| Member ID<br>XUA000000000                                                                                    | RxBIN:<br>000000 PCN-A4         | RxGrp:<br>BSLA                      |  |
| <b>MEDICAL</b>                                                                                               | <b>DEDUCTIBLE</b>               | <b>OUT OF POCKET</b>                |  |
|                                                                                                              | <b>Individual</b> <b>Family</b> | <b>Individual</b> <b>Family</b>     |  |
| In Network                                                                                                   | \$0 \$0                         | \$2000 \$4000                       |  |
| Out of Network                                                                                               | \$1750 \$5250                   | \$4000 \$8000                       |  |
| 04100 01320 0122R Vision  |                                 |                                     |  |

- "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](http://www.lablue.com/ilinkblue)).

# Sample OGB Member ID Cards

**Pelican HRA 1000**

|                                                                                                                      |                          |                               |                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|
| LOUISIANA BLUE                      |                          | Preferred Care<br>PPO Network |                          |
| Member Name<br>BLUE SUBSCRIBER                                                                                       |                          | Grp/Subgroup:<br>ST22ERC/2066 |                          |
| Member ID<br>OGS000000000                                                                                            |                          | RxMbr ID:<br>004336 PCD-ADV   |                          |
| RxGrp:<br>RX208Z                                                                                                     |                          |                               |                          |
| MEDICAL                                                                                                              | DEDUCTIBLE<br>Individual | OUT OF POCKET<br>Individual   | COINSURANCE<br>Preferred |
| In Network                                                                                                           | \$2000                   | \$5000                        | 80%                      |
| Out of Network                                                                                                       | \$4000                   | \$10000                       | All Other<br>60%         |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>PELICAN HRA 1000<br>04BA0314 R01/24 |                          |                               |                          |

**Pelican HRA 775**

|                                                                                                                     |                                 |                                    |                          |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|--------------------------|
| LOUISIANA BLUE                     |                                 | Preferred Care<br>PPO Network      |                          |
| Member Name<br>BLUE SUBSCRIBER                                                                                      |                                 | Grp/Subgroup:<br>ST22ERC/2066      |                          |
| Member ID<br>OGS000000000                                                                                           |                                 | RxMbr ID:<br>003858 PCN-A4         |                          |
| RxGrp:<br>BSLA                                                                                                      |                                 |                                    |                          |
| MEDICAL                                                                                                             | DEDUCTIBLE<br>Individual Family | OUT OF POCKET<br>Individual Family | COINSURANCE<br>Preferred |
| In Network                                                                                                          | \$4000 \$4000                   | \$6650 \$10000                     | 80%                      |
| Out of Network                                                                                                      | \$8000 \$20000                  | \$20000 \$20000                    | All Other<br>60%         |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>PELICAN HRA 775<br>04BA0314 R01/24 |                                 |                                    |                          |

**Magnolia Local  
Blue Connect**

|                                                                                                                      |                          |                               |                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|------------------------|
| HMO Louisiana                     |                          | Blue Connect                  |                        |
| Member Name<br>BLUE SUBSCRIBER                                                                                       |                          | Grp/Subgroup:<br>ST22ERC/8474 |                        |
| Member ID<br>LZB000000000                                                                                            |                          | RxMbr ID:<br>200755730        |                        |
| RxGrp:<br>2AXA                                                                                                       |                          | 003858 PCN-A4                 |                        |
| MEDICAL                                                                                                              | DEDUCTIBLE<br>Individual | OUT OF POCKET<br>Individual   | COPAYS<br>Primary Care |
| In Network                                                                                                           | \$400                    | \$2500                        | \$25                   |
| Out of Network                                                                                                       |                          |                               | Specialty<br>\$50      |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>MAGNOLIA LOCAL<br>04100 01320 0122R |                          |                               |                        |

**Magnolia Local  
Community Blue**

|                                                                                                                      |                          |                               |                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|------------------------|
| HMO Louisiana                       |                          | Community Blue                |                        |
| Member Name<br>BLUE SUBSCRIBER                                                                                       |                          | Grp/Subgroup:<br>ST22ERC/8360 |                        |
| Member ID<br>LXS000000000                                                                                            |                          | RxMbr ID:<br>200753011        |                        |
| RxGrp:<br>2AXA                                                                                                       |                          | 003858 PCN-A4                 |                        |
| MEDICAL                                                                                                              | DEDUCTIBLE<br>Individual | OUT OF POCKET<br>Individual   | COPAYS<br>Primary Care |
| In Network                                                                                                           | \$400                    | \$2500                        | \$25                   |
| Out of Network                                                                                                       |                          |                               | Specialty<br>\$50      |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>MAGNOLIA LOCAL<br>04100 01320 0122R |                          |                               |                        |

**Magnolia  
Local Plus**

|                                                                                                                         |                          |                               |                        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|------------------------|
| LOUISIANA BLUE                         |                          | Preferred Care<br>PPO Network |                        |
| Member Name<br>BLUE SUBSCRIBER                                                                                          |                          | Grp/Subgroup:<br>ST22ERC/2083 |                        |
| Member ID<br>OGS000000000                                                                                               |                          | RxMbr ID:<br>003858 PCN-A4    |                        |
| RxGrp:<br>BSLA                                                                                                          |                          |                               |                        |
| MEDICAL                                                                                                                 | DEDUCTIBLE<br>Individual | OUT OF POCKET<br>Individual   | COPAYS<br>Primary Care |
| In Network                                                                                                              | \$400                    | \$3500                        | \$25                   |
| Out of Network                                                                                                          |                          |                               | Specialty<br>\$50      |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>MAGNOLIA LOCAL PLUS<br>04BA0314 R01/24 |                          |                               |                        |

**Magnolia  
Open Access**

|                                                                                                                          |                                 |                                    |                          |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|--------------------------|
| LOUISIANA BLUE                        |                                 | Preferred Care<br>PPO Network      |                          |
| Member Name<br>BLUE SUBSCRIBER                                                                                           |                                 | Grp/Subgroup:<br>ST22ERC/2014      |                          |
| Member ID<br>OGS000000000                                                                                                |                                 | RxMbr ID:<br>004336 PCN-ADV        |                          |
| RxGrp:<br>RX208Z                                                                                                         |                                 |                                    |                          |
| MEDICAL                                                                                                                  | DEDUCTIBLE<br>Individual Family | OUT OF POCKET<br>Individual Family | COINSURANCE<br>Preferred |
| In Network                                                                                                               | N/A \$2700                      | N/A \$8500                         | 90%                      |
| Out of Network                                                                                                           | N/A \$2700                      | N/A \$12250                        | All Other<br>70%         |
| There is no out of network coverage on this plan.<br>OFFICE OF GROUP BENEFITS<br>MAGNOLIA OPEN ACCESS<br>04BA0314 R01/24 |                                 |                                    |                          |

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

# Blue Connect

## HMO/POS Product

- **Prefixes XUF, XUG, XUJ 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.

|                                                                                                   |                                 |                                                                                            |  |
|---------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|--|
|  HMO Louisiana |                                 | Blue Connect<br>HMO/POS Network<br><b>FULLY INSURED</b>                                    |  |
| Member Name<br><b>BLUE SUBSCRIBER</b>                                                             |                                 | Grp/Subgroup: AAA00FF1/0001                                                                |  |
| Member ID<br>XUG000000000                                                                         |                                 | RxMbr ID: 200000000                                                                        |  |
|                                                                                                   |                                 | RxBIN: 000000 PCN-A4                                                                       |  |
|                                                                                                   |                                 | RxGrp: BSLA                                                                                |  |
| <b>MEDICAL</b>                                                                                    | <b>DEDUCTIBLE</b><br>Individual | <b>OUT OF POCKET</b><br>Individual                                                         |  |
| In Network                                                                                        | \$0                             | \$2000                                                                                     |  |
| Out of Network                                                                                    | \$1000                          | \$4000                                                                                     |  |
| 04100 01320 0122R                                                                                 |                                 | Vision  |  |

# 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.

|                                                                                                     |                                 |                                                                                       |                               |
|-----------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|-------------------------------|
|  HMO Louisiana |                                 | Community Blue<br>HMO/POS Network<br><b>FULLY INSURED</b>                             |                               |
| Member Name<br><b>BLUE SUBSCRIBER</b>                                                               |                                 | Grp/Subgroup: AAA00FF1/0001                                                           |                               |
| Member ID<br>XUD000000000                                                                           |                                 | RxMbr ID: 200000000                                                                   |                               |
|                                                                                                     |                                 | RxBIN: 000000 PCN-A4                                                                  |                               |
|                                                                                                     |                                 | RxGrp: BSLA                                                                           |                               |
| <b>MEDICAL</b>                                                                                      | <b>DEDUCTIBLE</b><br>Individual | <b>OUT OF POCKET</b><br>Individual                                                    | <b>PHARMACY</b><br>Deductible |
| In Network                                                                                          | \$4500                          | \$7900                                                                                | \$250                         |
| Out of Network                                                                                      | \$9000                          | \$15800                                                                               |                               |
| 04100 01320 0122R                                                                                   |                                 |  |                               |

# 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.

|                                                                                                        |                   |                                                           |  |
|--------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------|--|
|  <b>HMO Louisiana</b> |                   | Precision Blue<br>HMO/POS Network<br><b>FULLY INSURED</b> |  |
| Member Name<br><b>BLUE SUBSCRIBER</b>                                                                  |                   | Grp/Subgroup: AAA0 ERC/0000                               |  |
| Member ID<br><b>FQA000000000</b>                                                                       |                   | RxMbr ID: 2000000000                                      |  |
|                                                                                                        |                   | RxBIN: 000000 PCN-A4                                      |  |
|                                                                                                        |                   | RxGrp: BSLA                                               |  |
| <b>MEDICAL</b>                                                                                         | <b>DEDUCTIBLE</b> | <b>OUT OF POCKET</b>                                      |  |
|                                                                                                        | <b>Individual</b> | <b>Individual</b>                                         |  |
| 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.

|                                                                                                          |                   |                                                           |                   |
|----------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------|-------------------|
|  <b>HMO Louisiana</b> |                   | Signature Blue<br>HMO/POS Network<br><b>FULLY INSURED</b> |                   |
| Member Name<br><b>BLUE SUBSCRIBER</b>                                                                    |                   | Grp/Subgroup: AAA0 FF1/0000                               |                   |
| Member ID<br><b>QBG000000000</b>                                                                         |                   | RxMbr ID: 2000000000                                      |                   |
|                                                                                                          |                   | RxBIN: 000000 PCN-A4                                      |                   |
|                                                                                                          |                   | RxGrp: BSLA                                               |                   |
| <b>MEDICAL</b>                                                                                           | <b>DEDUCTIBLE</b> | <b>OUT OF POCKET</b>                                      |                   |
|                                                                                                          | <b>Individual</b> | <b>Family</b>                                             | <b>Individual</b> |
| In Network                                                                                               | \$2000            | \$4000                                                    | \$6350            |
| 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.

| BlueCross BlueShield<br>Federal Employee Program |                   | Government-Wide<br>Service Benefit Plan              | Standard        |
|--------------------------------------------------|-------------------|------------------------------------------------------|-----------------|
| Member Name<br><b>BLUE SUBSCRIBER</b>            |                   | <a href="http://www.fepblue.org">www.fepblue.org</a> |                 |
| Member ID<br><b>R00000000</b>                    |                   | Standard Option<br>Enrollment Code                   | <b>106</b>      |
| Effective Date                                   | <b>01/01/2022</b> | Deductible Individual                                | <b>\$350</b>    |
| RxIIN                                            | <b>610239</b>     | Deductible Family                                    | <b>\$700</b>    |
| RxPCN                                            | <b>FEPRX</b>      | Out-of-Pocket Maximum                                |                 |
| RxGrp                                            | <b>65006500</b>   | Individual                                           | <b>\$6,000</b>  |
|                                                  |                   | Family                                               | <b>\$12,000</b> |
|                                                  |                   | Out-of-Network                                       | <b>\$16,000</b> |

**Standard**  
In-network benefit  
Out-of-network benefits

| BlueCross BlueShield<br>Federal Employee Program |                   | Government-Wide<br>Service Benefit Plan              | Basic           |
|--------------------------------------------------|-------------------|------------------------------------------------------|-----------------|
| Member Name<br><b>BLUE SUBSCRIBER</b>            |                   | <a href="http://www.fepblue.org">www.fepblue.org</a> |                 |
| Member ID<br><b>R00000000</b>                    |                   | Basic Option<br>Enrollment Code                      | <b>113</b>      |
| Effective Date                                   | <b>01/01/2022</b> | Deductible Individual                                | <b>\$0</b>      |
| RxIIN                                            | <b>610239</b>     | Deductible Family                                    | <b>\$0</b>      |
| RxPCN                                            | <b>FEPRX</b>      | Out-of-Pocket Maximum                                |                 |
| RxGrp                                            | <b>65006500</b>   | Individual                                           | <b>\$6,500</b>  |
|                                                  |                   | Family                                               | <b>\$13,000</b> |

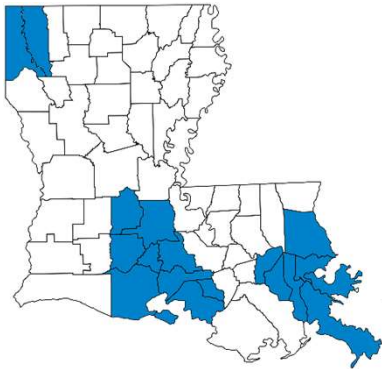
**Basic**  
In-network benefits  
No out-of-network benefits

| BlueCross BlueShield<br>Federal Employee Program |                   | Government-Wide<br>Service Benefit Plan              | FEP Blue Focus  |
|--------------------------------------------------|-------------------|------------------------------------------------------|-----------------|
| Member Name<br><b>BLUE SUBSCRIBER</b>            |                   | <a href="http://www.fepblue.org">www.fepblue.org</a> |                 |
| Member ID<br><b>R00000000</b>                    |                   | FEP Blue Focus<br>Enrollment Code                    | <b>133</b>      |
| Effective Date                                   | <b>01/01/2022</b> | Deductible Individual                                | <b>\$500</b>    |
| RxIIN                                            | <b>610239</b>     | Deductible Family                                    | <b>\$1,000</b>  |
| RxPCN                                            | <b>FEPRX</b>      | Out-of-Pocket Maximum                                |                 |
| RxGrp                                            | <b>65006500</b>   | Individual                                           | <b>\$8,500</b>  |
|                                                  |                   | Family                                               | <b>\$17,000</b> |

**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

|                                                                                                   |          |                                                                                       |
|---------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------|
|  HMO Louisiana |          | Blue High Performance Network <sup>SM</sup>                                           |
| Member Name                                                                                       |          |                                                                                       |
| Member ID                                                                                         |          |                                                                                       |
| Grp/Subgroup                                                                                      |          | Advantage Plus Dental Network                                                         |
| RxMbr ID                                                                                          |          |                                                                                       |
| RxBIN 003858                                                                                      | RxPCN-A4 |                                                                                       |
| RxGrp                                                                                             | BSLA     |                                                                                       |
| BC PLAN 170 BS PLAN 670                                                                           |          |                                                                                       |
| 04100 01320 0122R                                                                                 |          |  |



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.

| LOUISIANA BLUE                                                                        |              | Blue adVantage (PPO)         |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------|--------|
| RxBIN:                                                                                                                                                                  | 003858       |                              |        |
| RxPCN:                                                                                                                                                                  | MD           | PCP Visit                    | \$ X   |
| RxGROUP:                                                                                                                                                                | MY9A         | Specialist Visit             | \$ XX  |
| EFFECTIVE:                                                                                                                                                              | 01/01/2024   | Emergency Room               | \$ XX  |
| ISSUER:                                                                                                                                                                 | (80840)      | Major Diagnostic             | \$ XXX |
|                                                                                                                                                                         | 9151014609   | Outpatient Surgery           | \$ XXX |
| Medicare limiting charges apply.                                                                                                                                        |              | Outpatient Hospital          | \$ XXX |
| ID:                                                                                                                                                                     | PMV987600000 |                              |        |
| John T Public                                                                                                                                                           |              |                              |        |
|   |              | www.bcbsla.com/blueadvantage |        |

| LOUISIANA BLUE                                                                        |                    | Blue adVantage (HMO)         |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|--------|
| RxBIN:                                                                                                                                                                  | 003858             | PCP Visit                    | \$ X   |
| RxPCN:                                                                                                                                                                  | MD                 | Specialist Visit             | \$ XX  |
| RxGROUP:                                                                                                                                                                | MY9A               | Emergency Room               | \$ XX  |
| EFFECTIVE:                                                                                                                                                              | 01/01/2024         | Major Diagnostic             | \$ XXX |
| ISSUER:                                                                                                                                                                 | (80840) 9151014609 | Outpatient Surgery           | \$ XXX |
|                                                                                                                                                                         |                    | Outpatient Hospital          | \$ XXX |
| ID:                                                                                                                                                                     | MDV987600000       |                              |        |
| John T Public                                                                                                                                                           |                    |                              |        |
|   |                    | www.bcbsla.com/blueadvantage |        |

| LOUISIANA BLUE  |              | Blue adVantage (HMO)                                                                  |             |
|-----------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|-------------|
| RxBIN:                                                                                              | 003858       |                                                                                       |             |
| RxPCN:                                                                                              | MD           | Part B Deductible                                                                     | \$ 0 \$ 198 |
| RxGROUP:                                                                                            | 2GCA         | PCP                                                                                   | \$ 0 \$ 10  |
| EFFECTIVE:                                                                                          | 01/01/1900   | Specialist                                                                            | 0% 20%      |
| ISSUER:                                                                                             | (80840)      | Emergency Room                                                                        | \$ 0 \$ 90  |
|                                                                                                     | 9151014609   | Outpatient Surgery                                                                    | 0% 20%      |
| ID:                                                                                                 | MDV987600000 | www.bcbsla.com/blueadvantage                                                          |             |
| John T Public                                                                                       |              |  |             |
|                |              | * Provider must check member's current Medicaid status. See back of card.             |             |

# 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<sub>SM</sub> (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.

**BlueCross BlueShield®**

Members: Call Customer Service for claims filing information.

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

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

N/A

**MyHealthToolkitLA.com**

Customer Service: 877-705-5427  
PPO Network Provider Information: 800-810-2581  
Provider Service: 800-868-2510  
Precertification: 888-376-6544  
Mental Health and Substance Abuse Precertification: 800-868-1032  
Express Scripts®: 877-262-1293  
\*Contracts separately with group.

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

Pharmacy benefits administrator: Contracts separately with group.

**BlueCross BlueShield®**

SUBSCRIBER'S FIRST NAME \_\_\_\_\_  
SUBSCRIBER'S LAST NAME \_\_\_\_\_

Member ID  
XXX123456789012

PLAN CODE 380  
RxBIN 003858  
RxGRP KESA  
RxPCN A4

MyHealthToolkitLA.com

PPO®

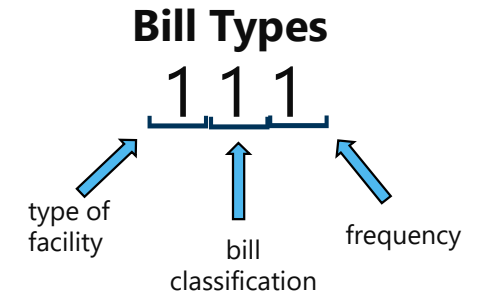
This list of prefixes is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)) under the “Resources” section.

# Facility Billing Guidelines

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

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

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



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

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

# Outpatient Code Change Reminder

Each quarter, Louisiana Blue, including HMO Louisiana, Inc., reviews new CPT® and HCPCS codes to determine needed updates to the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges.

A complete list of procedure code ranges can be found in section 5.20 Outpatient of the *Member Provider Policy & Procedure Manual* found online at [www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue) >Resources >Manuals.



# Inpatient Unbundling Policy

**The inpatient unbundling policy is effective for all inpatient acute care claims.**

**Louisiana Blue has expanded this policy effective Aug. 1, 2024.** This policy expansion includes more items that will now be considered routine supplies and services under our Inpatient Unbundling Policy. Some of these items include, but are not limited to kits, trays, packs, sutures, staplers, wound vacs, blades, connectors, hemostats, sealants, skin adhesives, lidocaine, nerve blocks, blood storage, tubes, lines and catheters.

- The policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting, according to CMS guidelines. The services and supplies identified in the inpatient unbundling policy are not separately reimbursable by Louisiana Blue and are not billable to our members.
- All Louisiana Blue inpatient acute care claims and itemized bills could be subject to review under this policy. Upon discovery of a supply, item or service identified by the policy, the associated charge will be deemed non-covered/ineligible. Should an adjustment be required to your claim, it will be reflected on your remittance advice.
- EXCD codes related to our provider integrity audits will appear on the payment register for the Louisiana Blue (excludes FEP and BlueCard claims) members only. Inpatient unbundling will be identified by the code **“VAS.”**

**Louisiana Blue will not separately reimburse for over-the-counter medications that are part of inpatient acute-care claims.**

The full policy is available in the *Member Provider Policy & Procedure Manual* available on iLinkBlue at [www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue), click on “Resources,” then “Manuals.”

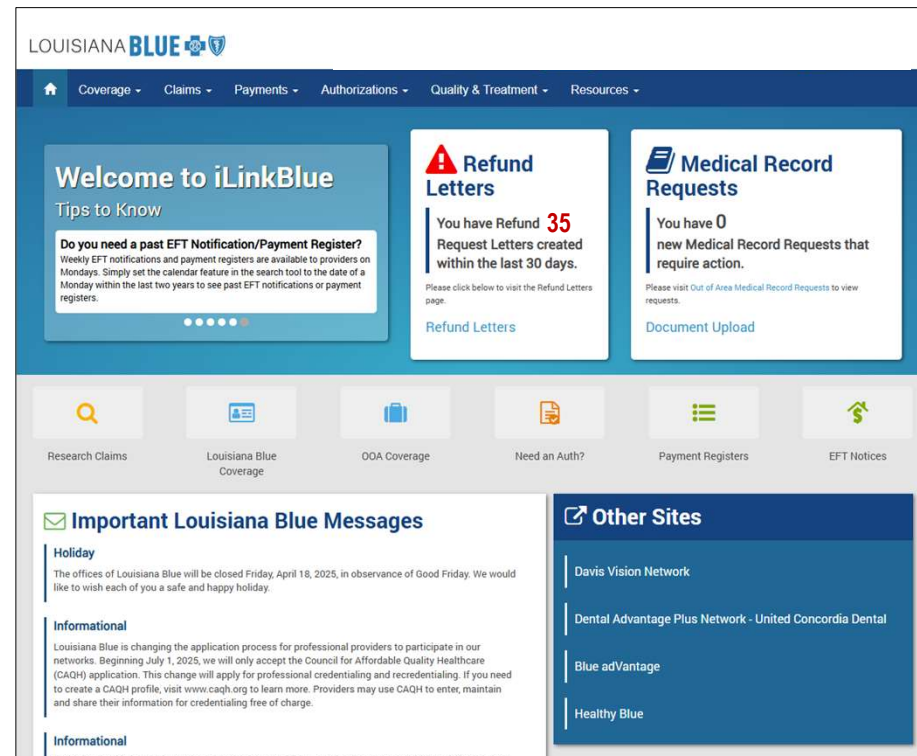


### Features of iLinkBlue:

- 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](http://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.

### Medical Record Requests - Out of Area

Make selections below to complete research and handling of Medical Requests for out of area BCBS patients. Claims pended for medical records cannot complete processing until we receive the information requested.

1 Request Status

☒ Outstanding Requests

☐ Requests Completed by Provider

☐ Requests Received by BCBSLA

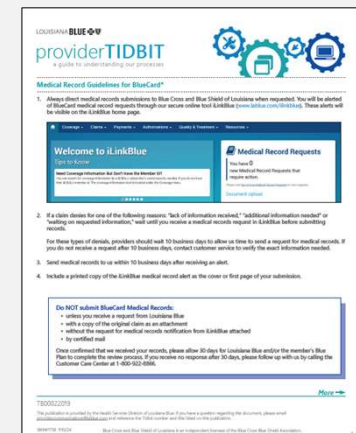
2 Select Provider

Search Records

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](http://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](http://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 **OptiNet**® 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 **OptiNet** 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](http://www.lablue.com/ilinkblue)).
- Click on the “Authorizations” menu option Click on the “Carelton 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.

# 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](http://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](mailto:HEDISTeam@lablue.com).

# 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](http://www.lablue.com/ilinkblue)) homepage.