

Behavioral Health Webinar for Professional Providers

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

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



How to submit questions:

- Open the Q&A feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.



Behavioral Health Webinar

Professional Providers

Nov. 2025

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WELCOME!

Today's presentation will take you on a journey through:

- ✓ network participation as a behavioral health provider
- ✓ using iLinkBlue
- ✓ researching member benefits
- ✓ authorization requirements
- ✓ filing claims in iLinkBlue
- ✓ resolving claim issues
- ✓ telehealth
- ✓ billing guidelines
- ✓ provider support



Behavioral Health Services will be managed by Louisiana Blue in 2026



NEW

Beginning Jan. 1, 2026, Louisiana Blue will manage all authorization and case management processes for behavioral health services. This includes behavioral health services for Louisiana Blue and Blue Advantage members.

What's Changing:

- Louisiana Blue will manage all behavioral health authorizations and care management.
- Appeals for medical necessity denials will go directly to Louisiana Blue.

What's Not Changing:

- Your patients' benefits and coverage.
- The behavioral health services we offer to members.

Lucet will no longer manage these services. Providers should submit authorization requests via iLinkBlue (www.lablue.com/ilinkblue) under the “authorizations” menu option.

Network Participation



Network Participation

Credentialing is Required for Network Participation



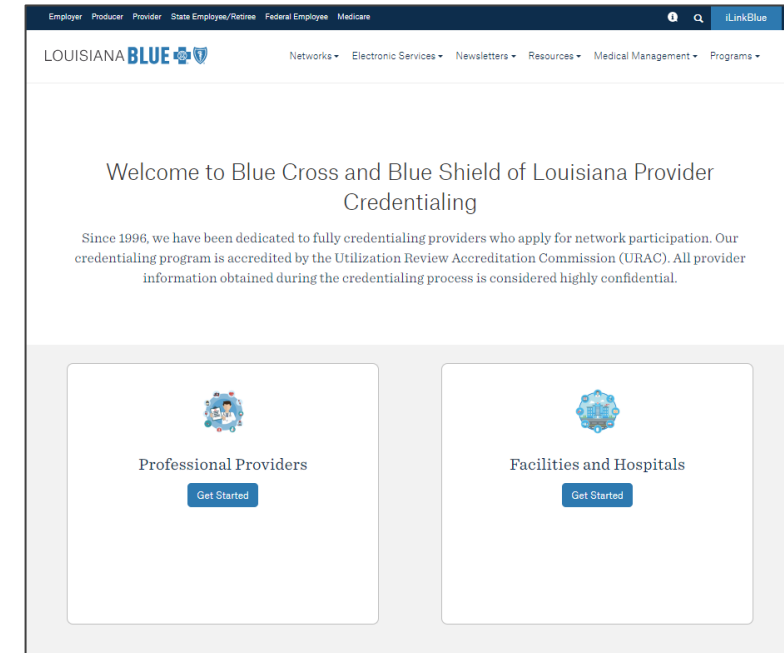
Louisiana Blue credentials all practitioners and facilities that participate in our networks.

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

Network Participation

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

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

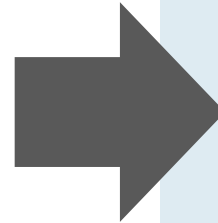


www.lablue.com/providers > Network Enrollment > Join Our Networks

Credentialing Criteria

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

View the *Credentialing Criteria* for these professional provider types at www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.



Applied Behavioral Analyst (ABA)

Doctor of Medicine (MD)

Doctor of Osteopathic (DO)

Licensed Addiction Counselor (LAC)

Licensed Clinical Social Worker (LCSW)

Licensed Professional Counselor (LPC)

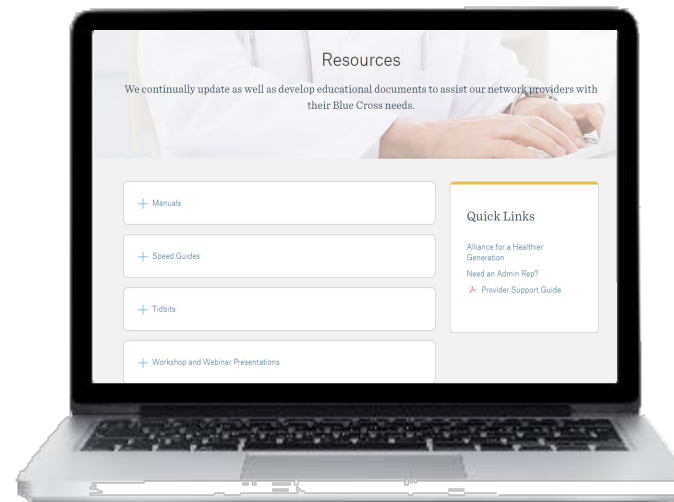
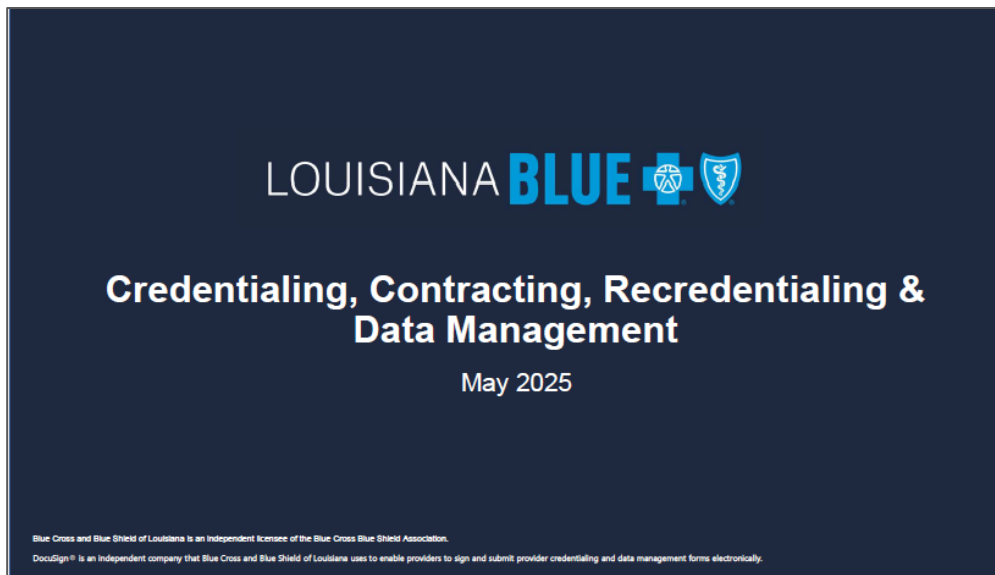
Nurse Practitioner (NP)

Physician Assistant (PA)

Psychologist (Ph.D)

Learn More About Credentialing

For full information on how to complete the credentialing/recredentialing processes, view our [Provider Credentialing & Data Management](#) Webinar presentation. It is available online at www.lablue.com/providers >Resources >Workshops & Webinars.



To attend this webinar, registration links are in our upcoming Provider Weekly Digests.

Workshop and Webinar Presentations

Past Workshops
2025 Professional Workshop:
 [Session A](#) | [Session B](#)
 [2024 Facility Workshop](#)

Recent Webinars
 [2025 iLinkBlue Webinar](#)
 [2025 BlueCard Webinar](#)
 [2025 New to Louisiana Blue Webinar - Professional](#)
 [2025 New to Louisiana Blue Webinar - Facility](#)
 [2025 Provider Credentialing and Data Management](#)

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[2025 New to Louisiana Blue Webinar - Professional](#)

[2025 New to Louisiana Blue Webinar - Facility](#)

[2025 Provider Credentialing and Data Management](#)


Updating Your Information

Use the Individual/Group Provider Update Request form to update:

- Name
- Specialty/Classification
- Physical address
- Correspondence address and fax number
- Billing address
- Medical records address and fax number

It is important to keep this information up to date. There is only one correspondence email address on file. This is the address all important communications and recredentialing information is sent.



LOUISIANA BLUE  Individual/Group Provider Update Request

Complete this form to report updated demographic or contact information for your individual or group provider record. For physical address changes, additional documentation is required (see list below). If you have non-demographic changes, please see our other forms available online at www.lablue.com/providers > Resources > Forms.

Please specify change(s):
☐ Name Change
☐ Specialty/Classification Change
☐ Physical Address Change
☐ Correspondence Address Change
☐ Billing Address Change
☐ Medical Records Address Change

Effective Date of Change: _____ Tax Identification Number: _____

GENERAL INFORMATION

Provider Name	Individual NPI
Group/Clinic Name	Group/Clinic NPI
Person Completing This Form	
Contact Email Address	Contact Phone Number
Signature of Authorized Representative	Date

NAME CHANGE

Former Last Name	Former First Name
New Last Name	New First Name
Former Group/Clinic Name	
New Group/Clinic Name	

For individual name change please attach:
• Copy of updated professional license showing the new name.

For group/clinic name change please attach:
• Copy of EIN Letter showing new name for legal name change, or
• W-9 showing new name for DBA change

SPECIALTY/CLASSIFICATION CHANGE

Former Individual Specialty	New Individual Specialty
Please attach a copy of your completed education or board certification for new specialty.	
Changing clinic to Rural Health Center (RHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your DHH license.	Changing clinic to Federally Qualified Health Center (FQHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your CMS approval letter.

Page 1 of 3

10BNW3810 R01/25 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 rec credentialing and data management forms electronically.

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

Updating Your Information

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

- **Professional Provider TIN Change** is to report a change in your Tax ID number.
- **Add Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID.
- **National Provider Identifier Change**
- **Request for Termination** is to request termination from one or more of our networks.
- **EFT Termination or Change** to update your EFT information.
- **Link to Group or Clinic** is used to link an individual provider to an existing provider group or clinic.

Individuals who are credentialed and linked to clinic groups or clinic groups that have individual providers linked will complete the professional forms.



LOUISIANA BLUE Professional Provider Identification Number (TIN) Change Form

Complete this form when one or more individual providers are adding or changing their TIN. This form is for professional providers replacing a current TIN with a new TIN. Please include all affected by this change. Please complete this form in its entirety and include required supporting documents outlined in the "Required Attachments" section of this form. We will contact you with a new Provider A and return, if applicable.

Effective Date of Change: _____ Tax Identification Number: _____

GENERAL INFORMATION

This request is for: ☐ Individual Provider ☐ Multiple Individual Providers (attach letter with provider name)

Former Provider Name: _____ New Provider Name: _____

Group/Clinic Name: _____ Group/Clinic NPI: _____

Person Completing This Form: _____

Contact Email Address: _____ Contact Phone Number: _____

Signature of Authorized Representative: _____ Date: _____

LOCATION TO BE ADDED

Physical Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Accepting New Patients: ☐ Yes ☐ No ☐ Seeking Only

Age Range of Patients (check all that apply): ☐ 0-4 years ☐ 5-11 years ☐ 12-18 years ☐ 19-65 years ☐ Over 65 ☐ All Ages

Office Hours: _____

Practice Hours: _____

For this practice location (please select one option only):

☐ I am available to see patients at least 8 hours per week on a regular basis.

☐ I see patients here at least one day per month, but less than one day per week on a regular basis.

☐ I serve as a float for colleagues within the same medical group or an accredited basis only.

☐ I need tests or provide other services but do not see patients at this location.

☐ I do not practice here, but this location is within the medical group with which I am employed.

Medical Records Address (for medical records request)

Medical Records Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Correspondence Address (for general provider communications, letters, newsletters, etc.)

Correspondence Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Physical Address (if more than one physical location, please attach list of all locations)

Physical Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Page 1 of 2

LOUISIANA BLUE Request for Termination/Change

Complete this form to request termination from one or more of our networks OR to remove a facility or provider practice location. All applicable information must be completed on this form.

Effective Date of Change: _____ Tax Identification Number: _____

GENERAL INFORMATION

Provider Type: ☐ Facility ☐ Group/Clinic ☐ Individual Provider ☐ Other: _____

Provider Name: _____ NPI: _____

If individual provider, are you part of a Group/Clinic? ☐ Yes ☐ No (If yes, what is the name of the affiliated Group/Clinic? _____)

Person Completing This Form: _____

Contact Email Address: _____ Contact Phone Number: _____

Signature of Authorized Representative: _____ Date: _____

NETWORKS BEING TERMINATED

Full Termination

☐ Terminate Provider Record (claims can no longer be filed to Louisiana Blue for the Tax Identification Number)

Partial Termination

☐ Terminate this provider from the following network(s):

☐ Lefk Group/Clinic ☐ Deceased ☐ Retired ☐ Other: _____

☐ Moved Out of State ☐ Other: _____

Facility Termination

☐ Terminate this provider from ALL networks (claims can still be filed to Louisiana Blue as a non-participating provider)

☐ Terminate this provider from the following network(s):

☐ HMO Louisiana, Inc. ☐ Blue Connect ☐ BluePWR ☐ Com

☐ Precision Blue ☐ Signature Blue ☐ Dental ☐ Other: _____

☐ FED Preferred Dental ☐ Blue Advantage ☐ Medicare Select ☐ Other: _____

Please provide an explanation for terminating the network(s) checked above: _____

Note: Members who have seen the provider within the past 18 months are notified the provider no longer participates in the network(s) being terminated.

Page 1 of 2

LOUISIANA BLUE Electronic Funds Transfer Termination/Change

To stop receiving your Blue Cross and Blue Shield of Louisiana payments via electronic funds transfer (EFT) or your EFT information, please complete the following information:

TERMINATION/CHANGE REQUEST

☐ Please terminate me from the EFT program.

☐ Please change my EFT information as reflected below.

CONSENT

If changing my EFT information, I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries, and in accordance with LSA R. 5:250.38 to initiate adjustment for any of made in error to the account indicated below.

If changing my EFT information, I hereby authorize the financial institution/bank named below, hereinafter called BANK, to credit and/or debit the same to such account. I am aware that the weekly Provider Payment Register longer be mailed to our office, but it will be available for viewing and/or printing in the LBSB.

PROVIDER INFORMATION

Provider Name: _____

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____ Group TAP (if applicable): _____

PROVIDER CONTACT INFORMATION

Provider Contact Name: _____ Title: _____

Phone Number: _____ Email Address: _____ Fax Number: _____

FINANCIAL INSTITUTION INFORMATION

Former Financial Institution Name: _____

Former Account Type at Financial Institution: _____ Former Financial Institution Account Number: _____ Former Financial Institution Routing: _____

New Financial Institution Name: _____

New Account Type at Financial Institution: _____ New Financial Institution Account Number: _____ New Financial Institution Routing: _____

Page 1 of 2

LOUISIANA BLUE Link to Group or Clinic Request Form

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Malpractice Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Louisiana Blue, please also fully complete and include the LinkBlue agreement packet (includes an electronic funds transfer application); available online at www.lablue.com/providers.

GENERAL INFORMATION

Individual Provider Last Name: _____ First Name: _____ Middle Initial: _____

Individual Provider NPI: _____ Language Spoken: _____

Group/Clinic Name: _____ Group/Clinic NPI: _____

Group/Clinic Tax Identification Number: _____ Effective Date: _____

What is your specialty? _____ Are you practicing as a primary care provider (PCP)? ☐ Yes ☐ No

BILLING ADDRESS (for payment registers, reimbursement checks, etc.)

Billing Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

MEDICAL RECORDS ADDRESS (for medical records request)

Medical Records Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)

Correspondence Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

PHYSICAL ADDRESS

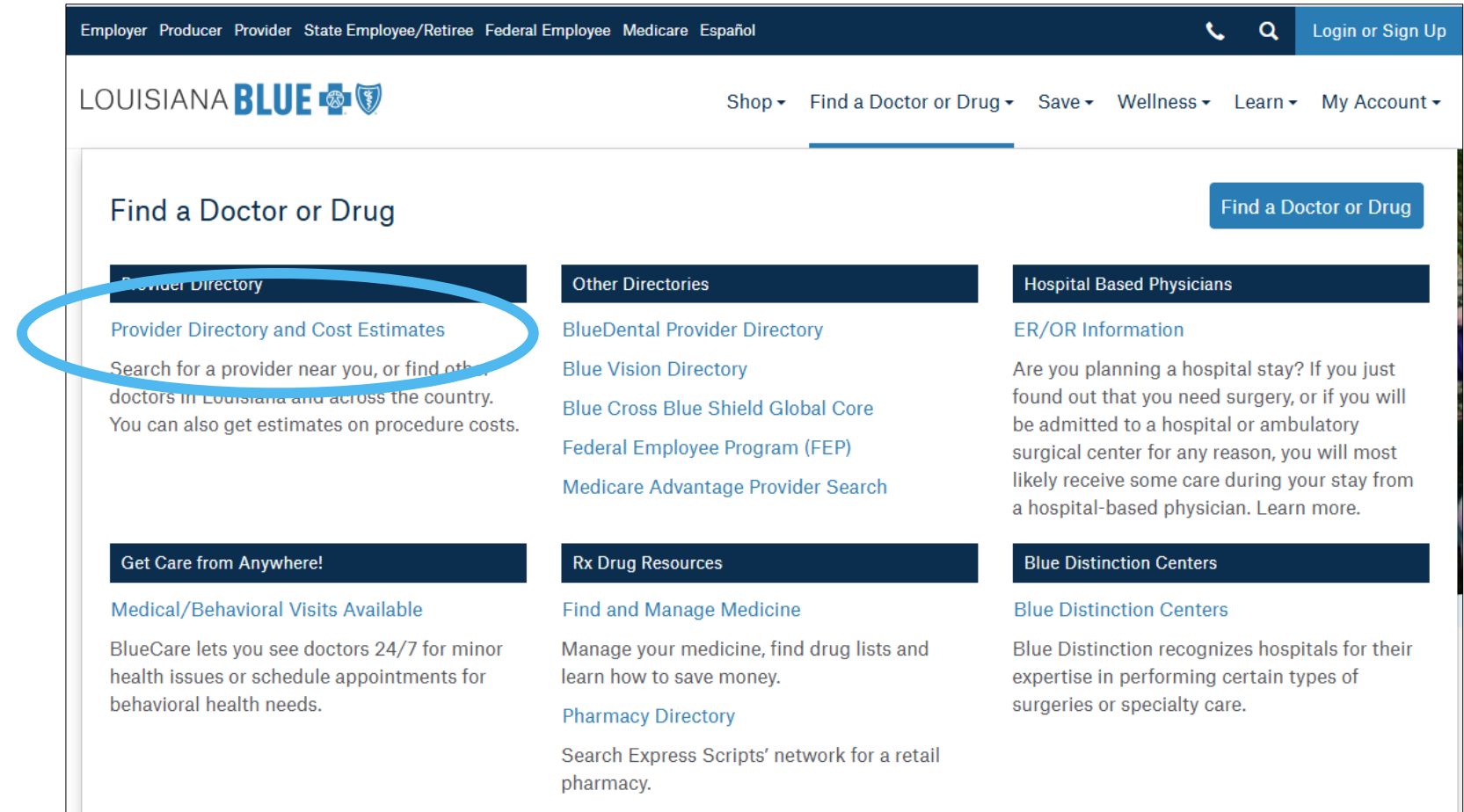
Physical Address: _____

City, State and ZIP Code: _____ Phone Number: _____ Fax Number: _____

Page 1 of 2

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 >Find a Doctor or Drug >Provider Directory and Cost Estimates.



The screenshot displays the Louisiana Blue website interface. At the top, a dark blue navigation bar 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, there are several sections: 'Provider Directory' (which is circled in blue and includes a link to 'Provider Directory and Cost Estimates'), 'Other Directories' (listing links for BlueDental, Blue Vision, Blue Cross Blue Shield Global Core, Federal Employee Program (FEP), and Medicare Advantage Provider Search), 'Hospital Based Physicians' (with a link to 'ER/OR Information'), 'Get Care from Anywhere!' (with a link to 'Medical/Behavioral Visits Available'), 'Rx Drug Resources' (with links to 'Find and Manage Medicine' and 'Pharmacy Directory'), and 'Blue Distinction Centers' (with a link to 'Blue Distinction Centers').

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.

- 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.

Using iLinkBlue



What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.

www.lablue.com/ilinkblue

The screenshot displays the Louisiana Blue iLinkBlue provider portal. At the top, the Louisiana Blue logo is visible, followed by a navigation bar with links for Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area features a 'Welcome to iLinkBlue' section with 'Tips to Know' and a 'Do you need a past EFT Notification/Payment Register?' message. To the right, there are two prominent cards: 'Refund Letters' showing 35 requests created in the last 30 days, and 'Medical Record Requests' showing 0 requests requiring action. Below these, a row of icons provides quick access to Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The bottom section includes 'Important Louisiana Blue Messages' with holiday and informational notices, and a sidebar for 'Other Sites' listing Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, and Healthy Blue.

LOUISIANA BLUE

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

Welcome to iLinkBlue

Tips to Know

Do you need a past EFT Notification/Payment Register?
Weekly EFT notifications and payment registers are available to providers on Mondays. Simply set the calendar feature in the search tool to the date of a Monday within the last two years to see past EFT notifications or payment registers.

Refund Letters
You have Refund **35** Request Letters created within the last 30 days.
Please click below to visit the Refund Letters page.
[Refund Letters](#)

Medical Record Requests
You have **0** new Medical Record Requests that require action.
Please visit [Out of Area Medical Record Requests](#) to view requests.
[Document Upload](#)

Research Claims Louisiana Blue Coverage OOA Coverage Need an Auth? Payment Registers EFT Notices

Important Louisiana Blue Messages

Holiday
The offices of Louisiana Blue will be closed Friday, April 18, 2025, in observance of Good Friday. We would like to wish each of you a safe and happy holiday.

Informational
Louisiana Blue is changing the application process for professional providers to participate in our networks. Beginning July 1, 2025, we will only accept the Council for Affordable Quality Healthcare (CAQH) application. This change will apply for professional credentialing and recredentialing. If you need to create a CAQH profile, visit www.caqh.org to learn more. Providers may use CAQH to enter, maintain and share their information for credentialing free of charge.

Informational
Effective immediately, the Estimated Treatment Cost Tool reports are now available for providers to view.

Other Sites

- Davis Vision Network
- Dental Advantage Plus Network - United Concordia Dental
- Healthy Blue

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 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 >Electronic Services >Admin Reps.

Passwords

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

iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity.

Reach out to your administrative representative to have your account reset.



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



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

Email: PIMteam@lblue.com

Multi-factor Authentication

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

The screenshot shows the 'PingID Registration' interface with the title 'Authentication Method Selection'. Below the title is the instruction: 'Select the option you want to configure for use during authentication:'. There are five selectable options, each with a radio button and a lettered label: 'SMS/Texting' (labeled B), 'Voice' (labeled C), 'Email' (labeled A), 'Secondary Email', and 'Mobile App' (labeled D). Each option has a corresponding icon (speech bubble, telephone, envelope, envelope, and smartphone respectively). At the bottom are 'Cancel', 'Reset', and 'Next' buttons. A note at the bottom states: 'Please note that if you choose to cancel, all previously registered devices will be removed from your account.' The footer says 'Powered by PingIdentity'.

- We recommend registering **two or more** options for account recovery.
- When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.
- If your email or phone number should change, you must contact our PIM Department (PIMteam@lablue.com) to delete the old information and add the new.

Navigating iLinkBlue

Top Navigation

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

Quick Links

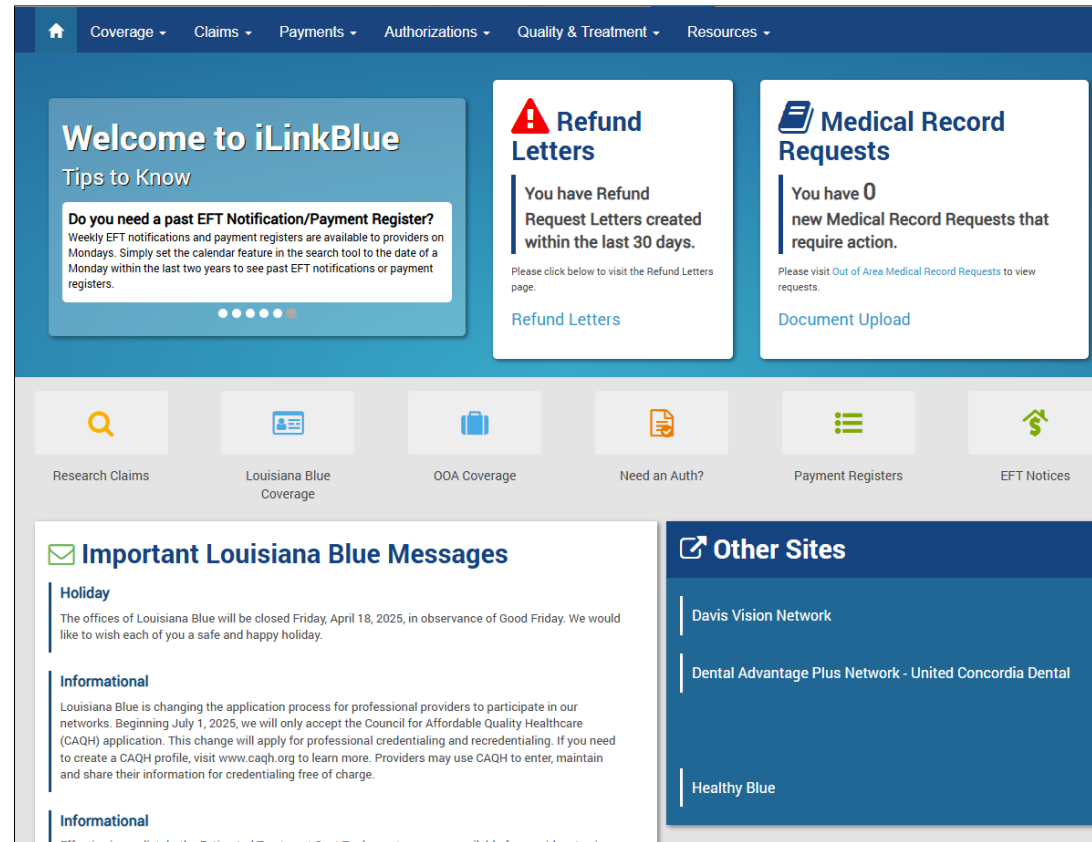
This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board

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

Refund Letters

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



Other Sites

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

Member Benefits

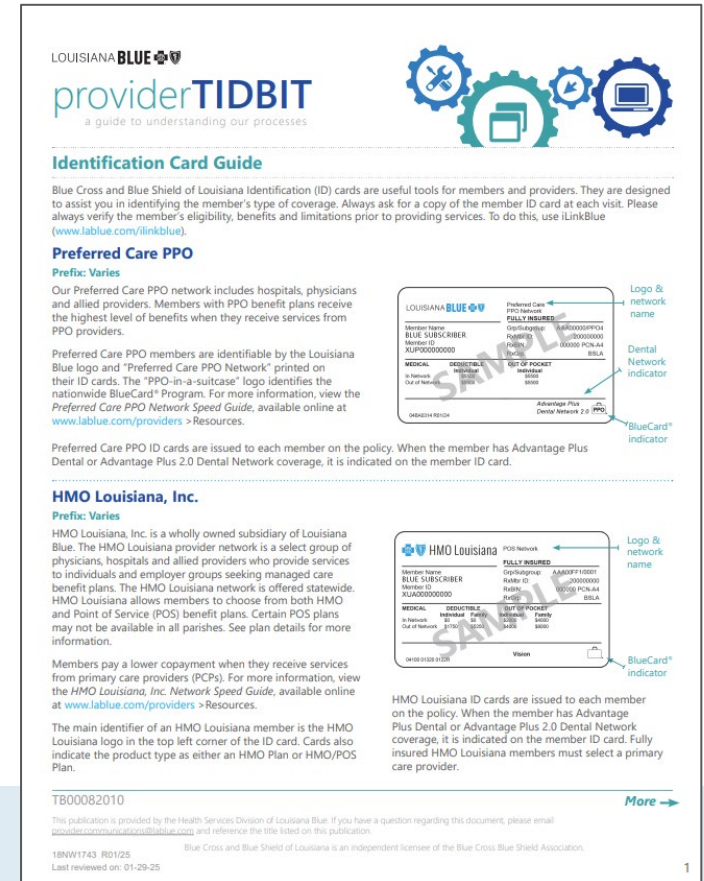


Louisiana Blue's Provider Networks

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


- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue

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




PPO and HMO Available Statewide

Preferred Care PPO

LOUISIANA BLUE  Preferred Care PPO Network **FULLY INSURED**



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

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

04BA0314 R01/24 


Fully Insured vs. Self-funded:

- “Fully Insured” notation


LOUISIANA BLUE  Preferred Care PPO Network 

Member Name	Grp/Subgroup:	ST22ERC/2014
BLUE SUBSCRIBER	RxMbr ID:	
Member ID	RxBIN:	004336 PCN-ADV
OGS000000000	RxGrp:	RX20BZ

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


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

HMO Louisiana, Inc.

 HMO Louisiana POS Network **FULLY INSURED**

Member Name	Grp/Subgroup	AAA00FF1/0001
BLUE SUBSCRIBER	RxMbr ID:	200000000
Member ID	RxBIN:	000000 PCN-A4
XUA000000000	RxGrp:	BSLA

MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	\$0	\$2000
Out of Network	\$1750	\$4000
	\$5250	\$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).

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
Federal Employee Program.

**Government-Wide
Service Benefit Plan**

Member Name
BLUE SUBSCRIBER

Member ID
R00000000

Effective Date
01/01/2022

RxIIN
610239

RxPCN
FEPRX

RxGrp
65006500

www.fepblue.org


Standard Option
Enrollment Code **106**

Deductible Individual
Deductible Family

Out-of-Pocket Maximum

	In-Network	Out-of-Network
Individual	\$6,000	\$8,000
Family	\$12,000	\$16,000

Standard
In-network benefit
Out-of-network benefits



BlueCross
BlueShield
Federal Employee Program.

**Government-Wide
Service Benefit Plan**

Member Name
BLUE SUBSCRIBER

Member ID
R00000000

Effective Date
01/01/2022

RxIIN
610239

RxPCN
FEPRX

RxGrp
65006500

www.fepblue.org

Basic Option
Enrollment Code **113**

Deductible Individual
Deductible Family

Out-of-Pocket Maximum

	In-Network
Individual	\$6,500
Family	\$13,000

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



BlueCross
BlueShield
Federal Employee Program.

**Government-Wide
Service Benefit Plan**

Member Name
BLUE SUBSCRIBER

Member ID
R00000000

Effective Date
01/01/2022

RxIIN
610239

RxPCN
FEPRX

RxGrp
65006500

www.fepblue.org

FEP Blue Focus
Enrollment Code **133**

Deductible Individual
Deductible Family

Out-of-Pocket Maximum

	In-Network
Individual	\$8,500
Family	\$17,000

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

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, the “suitcase” logo or the network acronym on the member ID card.



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



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



The empty suitcase logo, or ID cards with TRAD, HMO, or POS product indicators, indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product.



The BlueHPN suitcase logo or the BlueHPN name on the ID card indicates the member is enrolled in a Blue High Performance Network® (BlueHPN®) product.

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. Preauthorization required for all hospital inpatient admissions, MRI/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.

NUV

MyHealthToolkitLA.com

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

Blue Cross and Blue Shield of Louisiana 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) under the “Resources” section.

Out-of-network Referrals

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

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

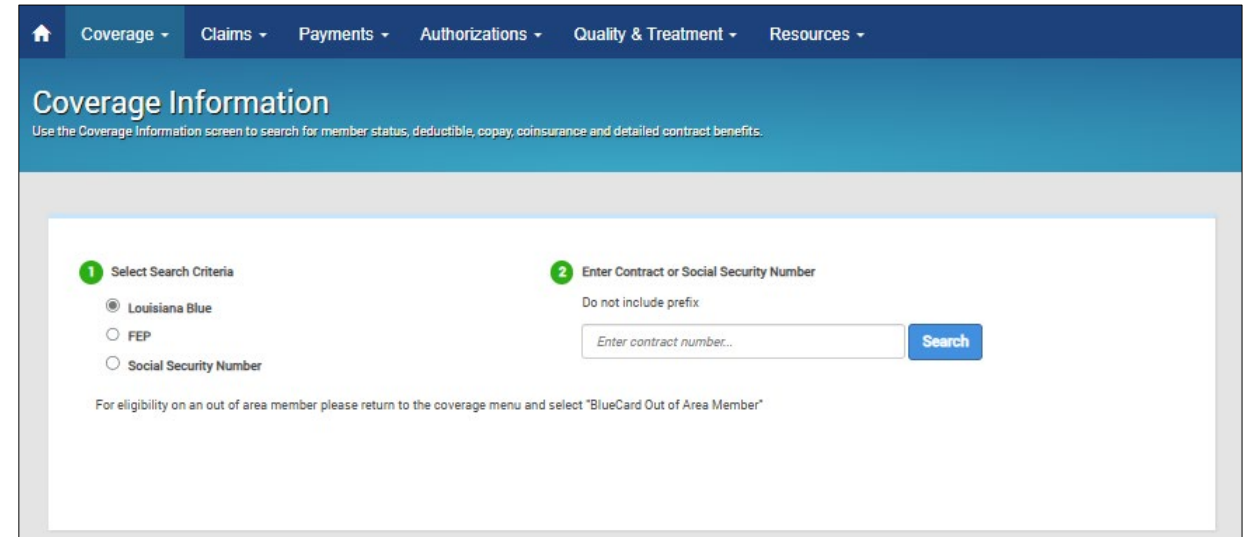


If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

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.



The screenshot shows the iLinkBlue web application interface. At the top is a dark blue navigation bar with a home icon and menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this is a light blue header section titled "Coverage Information" with a subtitle: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area is white and contains two numbered steps. Step 1, "Select Search Criteria", has three radio button options: "Louisiana Blue" (selected), "FEP", and "Social Security Number". Step 2, "Enter Contract or Social Security Number", includes the instruction "Do not include prefix", a text input field with the placeholder "Enter contract number...", and a blue "Search" button. A small note at the bottom of the form states: "For eligibility on an out of area member please return to the coverage menu and select 'BlueCard Out of Area Member'".

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.

Contract Number XUQ123456789

ACTIVE COVERAGE

Group/Non-Group
Individual Policy

Minor Dep. Age Max
26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber and Spouse	01/01/2025	—

John DoeSubscriberActive Coverage ▲

Address	123 Street St. City, LA 70000	Sex	Male
Primary Care Physician	Dr. Doctor	Marital Status	Married
		Date of Birth	01/06/1967

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2025	—	01/01/2020	View ID Card	Summary Benefits	NO COB Verified ⓘ

Jane DoeSpouseActive Coverage ▲

Primary Care Physician	Dr. Doctor	Sex	Female
		Date of Birth	05/04/1971

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2025	—	01/01/2020	View ID Card	Summary Benefits	NO COB Verified ⓘ

Jimmy DoeChildActive Coverage ▲

		Sex	Female
		Date of Birth	05/12/1997

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	12/31/2020	01/01/2020			—

Behavioral Health Benefits

Contract Number XUQ123456789

ACTIVE COVERAGE

Group/Non-Group
Individual Policy

Minor Dep. Age Max
26

Coverage Category

Coverage Type

Effective From

Effective To

Medical

Subscriber and Spouse

01/01/2025

—

John Doe

Subscriber

Active Coverage ▲

Address

123 Street St.
City, LA 70000

Sex

Male

Primary Care Physician

Dr. Doctor

Marital Status

Married

Date of Birth

01/06/1967

Coverage

Effective Date

Cancel Date

Original Effective Date

ID Card

Coverage Views

Coordination of Benefits

Medical

01/01/2025

—

01/01/2020

View ID Card

Summary

Benefits

NO COB Verified ?

Jane Doe

Spouse

Active Coverage ▲

Primary Care Physician

Dr. Doctor

Sex

Female

Date of Birth

05/04/1971

Coverage

Effective Date

Cancel Date

Original Effective Date

ID Card

Coverage Views

Coordination of Benefits

Medical

01/01/2025

—

01/01/2020

View ID Card

Summary

Benefits

NO COB Verified ?

ID Card

Coverage Views

Coordination of Benefits

View ID Card

Summary

Benefits

View COB

+ LIMITATIONS

+ MATERNITY

+ MEDICAL and SURGICAL BENEFITS

+ MENTAL HEALTH

+ OFFICE VISIT - PRIMARY

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

Digital ID Cards

Our members can also access their digital ID cards through:

Smartphone or device

Louisiana Blue has a mobile app that members can use. In the app, they will choose the “My ID Card” option (on the front page). Member’s also have the option to save their ID card to their phone’s wallet.

Louisiana Blue member portal

Our members can log into their online member account at www.lablue.com, then choose the “My ID Card” menu option.



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

Service Type*

mm/dd/yyyy

Select Gender T ▼

Select Service Type ▼

Subscriber Information

Only required if patient and subscriber are not the same

First Name

Middle

Last Name

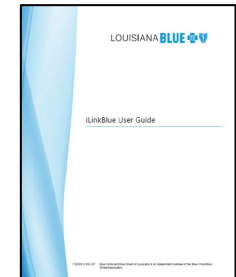
Suffix

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)	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)	46 Respite Care	75 Prosthetic Device	A4 Psychiatric	BF Pulmonary Rehabilitation	CO Flu Vaccination
Equipment	47 Hospital	76 Dialysis	A5 Psychiatric - Room and Board	BG Cardiac Rehabilitation	DM Durable Medical Equipment
17 Pre-Admission Testing	48 Hospital - Inpatient	77 Otological Exam	A9 Rehabilitation	BH Pediatric	MH Mental Health
18 Durable Medical Equipment Rental	49 Hospital - Room and Board	78 Chemotherapy	AA Rehabilitation - Room and Board	BI Nursery	PT Physical Therapy
19 Pneumonia Vaccine	50 Hospital - Outpatient	79 Allergy Testing	AB Rehabilitation - Inpatient	BJ Skin	UC Urgent Care
20 Second Surgical Opinion	51 Hospital - Emergency Accident	80 Immunizations	AC Rehabilitation - Outpatient	BK Orthopedic	
21 Third Surgical Opinion	52 Hospital - Emergency Medical	81 Routine Physical	AD Occupational Therapy	BL Cardiac	
22 Social Work	53 Hospital - Ambulatory Surgical	82 Family Planning	AE Physical Medicine	BM Lymphatic	
23 Diagnostic Dental	54 Long Term Care	83 Infertility	AF Speech Therapy	BN Gastrointestinal	
24 Periodontics	55 Major Medical	84 Abortion	AG Skilled Nursing Care	BP Endocrine	
25 Restorative	56 Medically Related Transportation	85 AIDS		BQ Neurology	
26 Endodontic	57 Air Transportation	86 Emergency Services		BR Eye	
27 Maxillofacial Prosthetics	58 Cabulance	87 Cancer		BS Invasive Procedures	
28 Adjunctive Dental Services	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 >Resources >Manuals.

Do I need an Authorization?

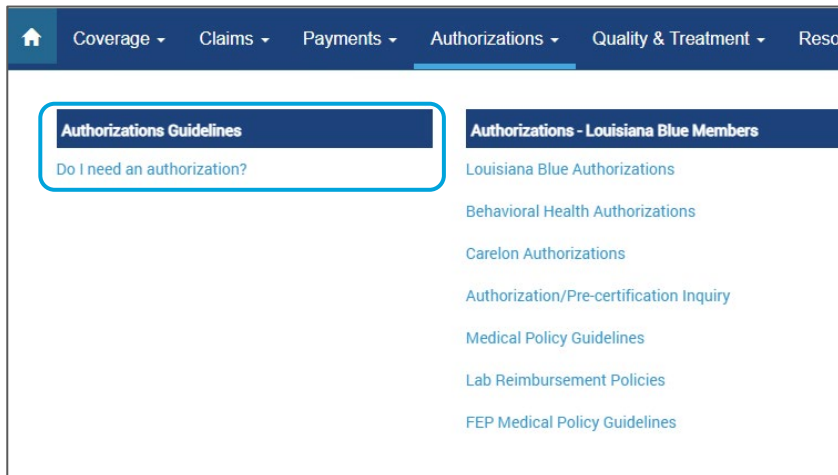


Behavioral Health Authorization Requirements

Do I need an authorization?

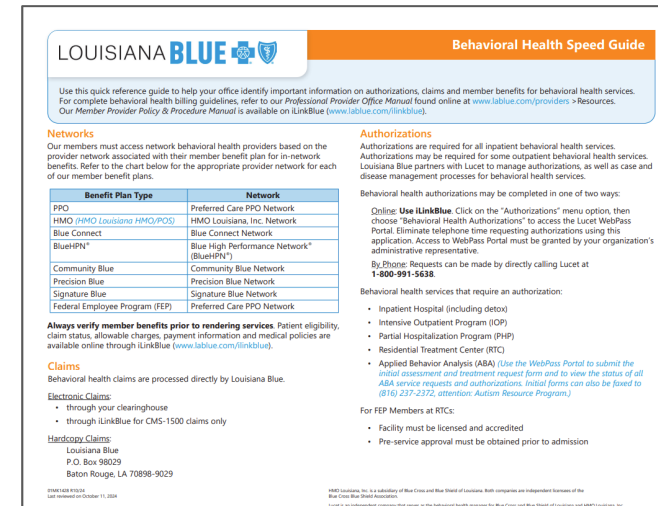
There are **two** resources that can be used to research authorization requirements.

1 iLinkBlue's Authorizations Guidelines application



The same application is used for **both** Louisiana Blue and BlueCard (out-of-area) members. Enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

2 Behavioral Health Speed Guide



This guide provides details about our behavioral health policies, including the list of services that require prior authorization. It is available at www.lablue.com/providers >Resources >Speed Guides.

Filing Claims



Benefits of Filing Claims Electronically

Louisiana Blue strongly encourages the electronic submission of claims.



- Since editing begins prior to an electronic claim entering our processing system, electronic claims are less likely to be returned for additional information and are usually adjudicated more quickly than claims submitted via paper.
- Electronic submission also enables users to have same day access to their batch reports, which allows for quicker error resolution and expedites the overall revenue management cycle process.

Timely Filing

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

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

FEP

Louisiana Blue FEP Preferred Provider claims must be filed within 15 months from date of service. Members/Non-preferred providers have no later than December 31 of the year following the year in which the service were provided.

Blue Advantage

Providers have 12 months from the date of service to file an initial claim.

Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim.

OGB

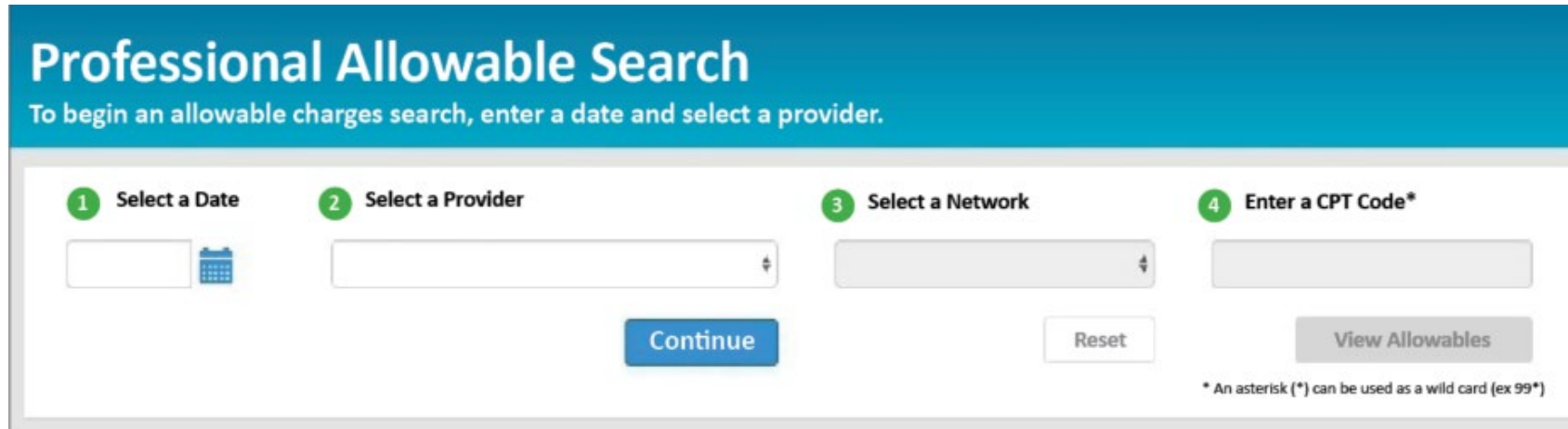
Claim must be filed within 12 months of the date of service.

Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

Self-funded and BlueCard

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

Researching Allowables



The image shows a web form titled "Professional Allowable Search" with a teal header. Below the header, a subtitle reads: "To begin an allowable charges search, enter a date and select a provider." The form contains four numbered steps: 1. "Select a Date" with a date input field and a calendar icon; 2. "Select a Provider" with a dropdown menu; 3. "Select a Network" with a dropdown menu; 4. "Enter a CPT Code*" with a text input field. At the bottom, there are three buttons: "Continue" (blue), "Reset" (white), and "View Allowables" (grey). A footnote at the bottom right states: "* An asterisk (*) can be used as a wild card (ex 99*)".

Use iLinkBlue to view allowables for a single code or a range of codes.

Look up a single code:

Enter: 90833

Results: allowable for 90833 only

Look up a range of codes:

Enter: Results:

908* allowables for all codes beginning with 908

90* allowables for all codes beginning with 90

9* allowables for all codes beginning with 9

Submitting Claims

Electronic Transmission

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

We do not charge a fee for electronic transactions.

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

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

or

Hardcopy

If it is necessary to file a hardcopy claim, we only accept original claim forms.

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

Mail hardcopy claims to:

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

For FEP Claims:

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



CMS-1500 (02-12)

Submitting Claims in iLinkBlue

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

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

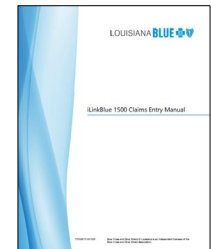
The screenshot shows the Louisiana Blue Professional Claims Entry (1500) form. At the top left, there is a section labeled "Error Messages:" which is highlighted with a blue box and an arrow pointing to it from the text on the left. The form is divided into several sections for data entry:

- 1a. Insured's ID#**: A single-line text input field.
- 2. Patient's Name**: Three text input fields labeled LAST, FIRST, and MI.
- 3. Patient's Birth Date**: A text input field for MM/DD/YYYY.
- Sex**: Two radio button options, Male and Female.
- 4. Insured's Name**: Three text input fields labeled LAST, FIRST, and MI.
- 5. Patient's Address**: A text input field for NO. STREET, a text input field for City, a dropdown menu for State (currently showing LA), a text input field for Zip Code, and a text input field for Phone.
- 6. Patient's Relationship to Insured**: A dropdown menu with "Select" and a downward arrow.
- 7. Insured's Address**: A text input field for NO. STREET, a text input field for City, a dropdown menu for State (currently showing LA), a text input field for Zip Code, and a text input field for Phone.
- 8. Reserved for NUCC Use**: A text input field.

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

Claim for 12345678901; DOE, JANE has been submitted

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



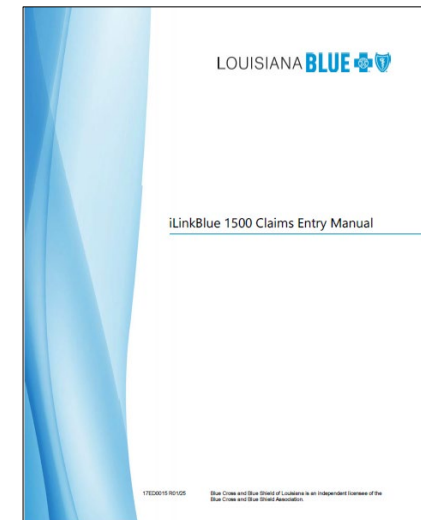
Submitting Claims in iLinkBlue



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

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

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



Louisiana Blue 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.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
☒ Accepted
☐ Not Accepted

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

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

Search

Search Results for Accepted Claims
NPI 1234567890

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

Louisiana Blue Claims Confirmation Reports

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

Accepted
Report
Example

Blue Cross and Blue Shield of Louisiana

837 Accepted / Not Accepted / Warning Report

Professional Claims Report

SUBMITTER NUMBER: P0123456789

BC Red # 1234T5678Z

BC ID # T5678

RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO

PROVIDER: TEST REGIONAL HOSPITAL

PROCESSING DATE: 04-12-19

PAGE 1

837P ACCEPTED REPORT

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

PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:

1 CLAIMS FOR \$125.00

837P TOTAL CLAIMS NOT ACCEPTED:

0 CLAIMS FOR \$0.00

837P TOTAL CLAIMS:

1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:

1 CLAIMS FOR \$125.00

TOTAL CLAIMS NOT ACCEPTED:

0 CLAIMS FOR \$0.00

GRAND TOTAL CLAIMS:

1 CLAIMS FOR \$125.00

Non-Accepted
Report
Example

Blue Cross and Blue Shield of Louisiana

837 Accepted / Not Accepted / Warning Report

Professional Claims Report

SUBMITTER NUMBER: P0123456789

BC Red # 1234T5678Z

BC ID # T5678

RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO

PROVIDER: TEST REGIONAL HOSPITAL

PROCESSING DATE: 04-12-19

PAGE 1

837P NOT ACCEPTED REPORT

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

PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:

0 CLAIMS FOR \$0.00

837P TOTAL CLAIMS NOT ACCEPTED:

2 CLAIMS FOR \$412.00

837P TOTAL CLAIMS:

2 CLAIMS FOR \$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:

0 CLAIMS FOR \$0.00

TOTAL CLAIMS NOT ACCEPTED:

2 CLAIMS FOR \$412.00

GRAND TOTAL CLAIMS:

2 CLAIMS FOR \$412.00

Claims Research

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

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

Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected

Pending

Claim Number

1

Select a Provider

2

Narrow Your Search

3

Date of Service *optional*

☒ Louisiana Blue / FEP

☐ BlueCard - Out of Area

From

To

05/01/2025

Search

Payment Information

Need a past EFT Notification/Payment Register?

Use the **Payments** menu option in iLinkBlue to find your Louisiana Blue payment registers.

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

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

The screenshot shows the 'Payment Registers' interface. At the top, there's a header 'Payment Registers' with a sub-header 'View payment registers for all lines of business. Use the filters below to refine your search.' Below this is a search bar with three dropdown menus: 'Select a provider', 'Select a line of business', and a date selector set to '07/06/2020'. A 'Search' button is to the right. Below the search bar, it says 'Search results for 07/06/2020' and a red note: '*** Some registers may take several minutes to generate a PDF due to the size of the register.' The main content area is divided into two sections, each for NPI 1234567890. Each section has a 'Line of Business' column and a 'View Reports' column. The first section lists: Blue Cross Louisiana, Blue Cross Louisiana, Blue Cross Louisiana, Federal Employees Program (FEP), Federal Employees Program (FEP), HMO Louisiana, HMO Louisiana, OGB HMO Magnolia Local Plus, OGB HMO Magnolia Local Plus, OGB Magnolia Local, OGB Pelican HRA 1000, OGB PPO Magnolia Open Access, OGB PPO Magnolia Open Access, and OGB PPO Magnolia Open Access. Each line of business has a 'Payment Register' button next to it. The second section lists: Blue Cross Louisiana, Federal Employees Program (FEP), HMO Louisiana, and OGB HMO Magnolia Local Plus, each with a 'Payment Register' button.

Benefits of Proper Documentation



Allows
identification of
high-risk patients



Allows
opportunities to
engage patients
in care
management
programs and
care prevention
initiatives



Reduces the
administrative
burden of
medical record
requests and
adjusting claims
for both the
provider and
Louisiana Blue



Reduces costs
associated with
submitting
corrected claims

Provider's Role in Documenting

- Each page of the patient's medical records should include the following:
 - Patient's name
 - Date of birth or other unique identifier
 - Date of service, including the year
- Provider signature (must be legible and include credentials)
 - Example: John Doe, MD (acceptable)
 - Example: Dr. John Doe (not acceptable)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity.
- Include all related diagnoses, including chronic conditions for member treatment.
- Medical records **must support ALL** diagnosis codes on claims.

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



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).

Commercial Risk Score

- Code all conditions (acute/chronic) being treated to the highest level of specificity.
 - Monitored, Evaluated, Assessed or Treated should be noted
 - Avoid non-specific and broad statements such as bipolar disorder.
 - Use terms such as:
 - Type I or II
 - Current or in remission
 - Severity (mild, moderate, severe)
 - Presence of psychotic features

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



Commercial Risk Score

- Louisiana Blue identifies those members with potential diagnostic gaps by review of claims data
- Diagnostic gaps are identified through:
 - History: prior year Dx
 - Pharmacy: prescribed medication
 - Diagnostic: lab or diagnostic test
 - Other: diagnosis with potential co-existing condition

What can providers do?

- Close gaps in care.
- Ensure all documentation reflects what is being billed.
- Ensure chart reflects complete clinical profile for the patient.



Risk Adjustment Data Validation Audits

Required through the ACA, the framework for the risk adjustment data validation (RADV) audit process for the risk adjustment program was established.

- Components of the RADV Audits:
- Annual CMS mandate
- Required audit for every insurer who sells a policy on the ACA marketplace.
 - Will be used to confirm risk reported.
 - To confirm providers' medical records, substantiate the reported data and accurately reflect the care rendered and billed.
- The Accountable Care Law mandates medical records be provided.
- RADV audit requests for medical records begin in June.

Resolving Claim Issues



How Do I Correct or Void a Claim?

For professional claims submitted electronically through a clearinghouse:

Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I or 837P) submission by following the instructions below:



Claim Adjustment

- Enter the frequency code “7” in Loop 2300 Segment CLM05-03.
- Enter the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.
- Note: The adjusted claim should include all charges (not just the difference between the original claim and the adjustment).

Void the Claim

- Use frequency code “8” in Loop 2300 Segment CLM05-03.
- Use the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.

How Do I Correct or Void a Claim?

For professional claims submitted hardcopy or through iLinkBlue:

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

Hardcopy Claim

- Claims that were previously processed on a CMS-1500 can be changed:
- Adjust Claim – In Block 22, enter “7” for a claim adjustment (information or charges added to, taken away or changed).
- Void Claim – In Block 22, enter “8” to request that the entire claim be removed, and any payments or rejections be retracted from the member’s and provider’s records.
- In Block 22, enter the original claim reference number.

iLinkBlue Claim

- If submitting a corrected professional claim through iLinkBlue:
- In Field 19A, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim).
- In Field 19B, enter the Internal Control Number (ICN Number that is the original claim number).



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

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	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	AR
18976543200-1	H400000007654						AR
16789854100-1	H400000003210						AR

Submit Action Request

To submit an action request, complete the fields below.

Action
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 add case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests will load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.



NEW

Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

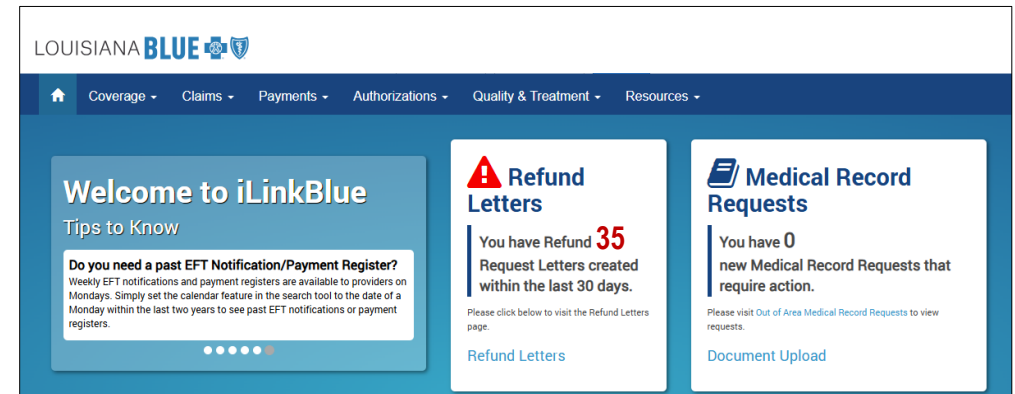
- You can no longer edit or delete an action request once submitted.
- You cannot submit duplicate action request on the same claim.
- After submitting your request, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request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

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. It has a title bar and a subtitle. Below the subtitle are four search criteria: 'Select a Provider' (a dropdown menu), 'Contract Number (optional)' (a text input field with a radio button for 'Louisiana Blue / FEP' and a radio button for 'BlueCard - Out of Area'), 'Claim Number (optional)' (a text input field), and 'Letter Creation Date (Letters created before 8/21/2024 are not available)' (a date range selector with 'From' and 'To' fields). A 'Search' button is 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:

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	View	View
987456123	1234567890	ABC CLINIC	1224567891	08/21/2024	STANLEY CUPP	View	View
987123456	1236549870	DOE, JANE	1234467891	08/21/2024	CHERRY BLOSSOM	View	View
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2024	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2024	ABBY NORMAL	View	View

Have an Issue with a Claim?

Sometimes a provider may need find an issue with a claim. It is best to **first inquire about the claim**, then if necessary, submit a formal request.

Louisiana Blue classifies formal requests into three different categories:

Claims Disputes	Medical Appeals*	Administrative Appeals and Grievances*
<p>Involves a denial that affects the provider's:</p> <ul style="list-style-type: none">• Reimbursement, including bundling issues• Timely filing• Authorization penalties• Refund disputes	<p>Involves a denial or partial denial based on:</p> <ul style="list-style-type: none">• Medical necessity, appropriateness, healthcare setting, level of care or effectiveness• Determined to be experimental or investigational	<ul style="list-style-type: none">• Claim issue due to the member's contract benefits, limitations, exclusions or cost share• When there is a grievance

*Medical and administrative appeals forms can be found on our website at www.lablue.com and clicking Forms and Tools at the bottom of the page.

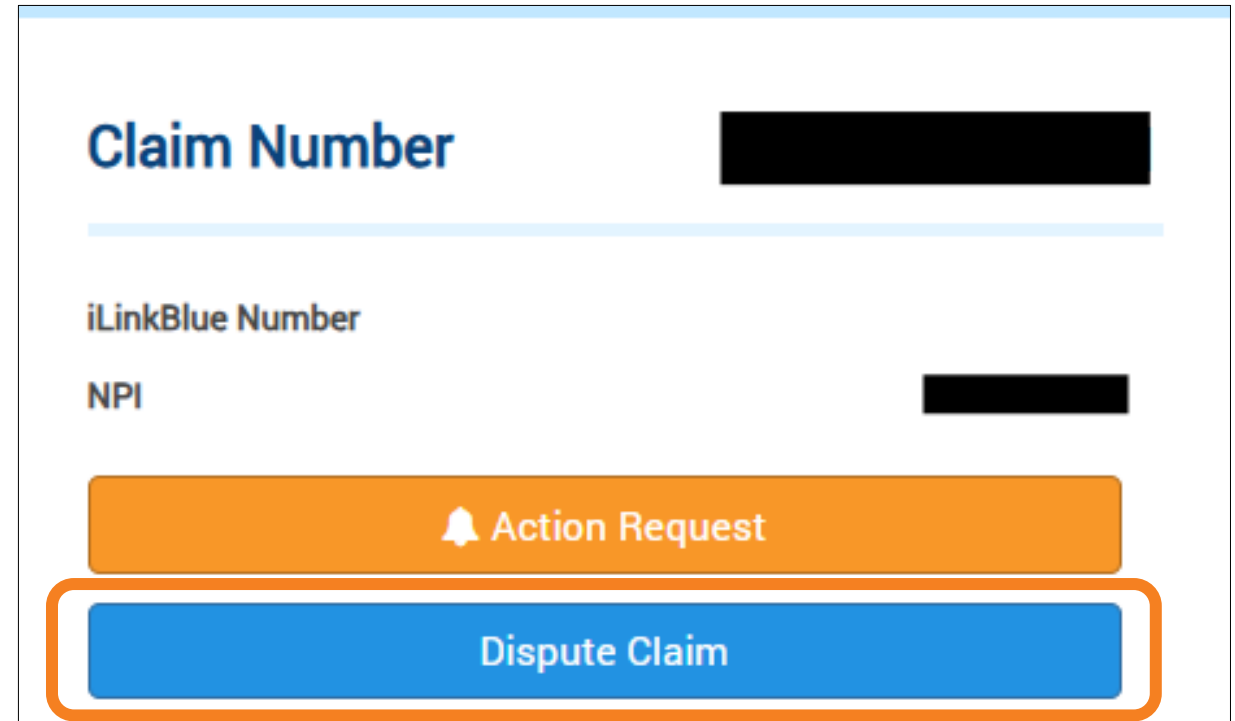
Provider Disputes Form Online

Coming
Dec. 1

Effective Dec. 1, Louisiana Blue will no longer accept disputes via document upload or fax.

Clicking on a claim number in the Paid/Rejected Claims Search will open the Claim Detail summary page for that processed claim.

Beginning Dec. 1, we will add a “Dispute Claim” button to the Paid/Rejected Claim Detail screen. Click the button to open the dispute form. The button will be on claims with a paid date less than 2 years prior to the current date.



The screenshot displays a web interface for a claim detail summary page. At the top, the label "Claim Number" is followed by a blacked-out text field. Below this is a horizontal light blue separator line. Underneath the line, the labels "iLinkBlue Number" and "NPI" are shown, with the "NPI" field also blacked out. Two action buttons are positioned at the bottom: an orange button labeled "Action Request" with a bell icon, and a blue button labeled "Dispute Claim". The "Dispute Claim" button is highlighted with a thick orange border.

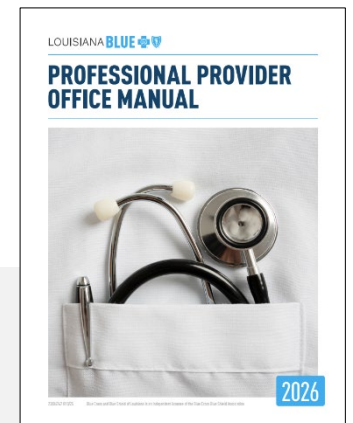
Telehealth



Telehealth Policy

- Follow the telehealth billing guidelines in the provider manual.
- Fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines.
- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.
- Louisiana Blue adheres to the rules and regulations outlined by the Louisiana Board of Medical Examiners regarding telehealth prohibitions.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at www.lablue.com/providers >Resources >Manuals.



Appropriate Place of Service (POS)



- Use **POS 10** for all direct to consumer (DTC) telehealth services.
- Bill non-DTC telehealth with the appropriate place of service based on the member's location when services are provided.
- For example, if the member is in the inpatient hospital setting when receiving telehealth services, bill POS 21.



- Do **not** bill POS 02 for telehealth services; Louisiana Blue does not consider POS 02 valid for claims submission. Claims billed with POS 02 may reject.
- Louisiana Blue will not reimburse telehealth services for HCPCS codes 0362T or 0373T due to their complexity requiring a face-to-face encounter.

We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.).

Codes listed below with an asterisk (*) may be billed as audiovisual telehealth services only. All other listed codes can be billed as audiovisual or audio-only telehealth services.

Telemedicine Codes

The following codes can be used for “Direct-to-consumer” telemedicine — when the telemedicine encounter occurs directly between provider and patient.



Direct-to-consumer

Category	Code
Office & Outpatient Visits (E&M)	99201-99205, 99211-99215
Wellness & Preventive E&M	99381-99387, 99391-99397
Behavioral Health	90785, 90791-90792, 90832-90834, 90836-90840, 90845-90847, 96156, 96158, 96160-96161
Applied Behavioral Analysis (ABA)	97151*, 97152*, 97153*, 97154*, 97155*, 97156*, 97157*, 97158*
Physical Therapy, Occupational Therapy and Speech Therapy	92507, 92521, 92522, 92523-92524, 92526, 92610, 96105, 97110*, 97112*, 97116*, 97161*, 97162*, 97164*, 97165*, 97166*, 97168*, 97530*, 97535*
Preventive Medicine Counseling	99401-99404
Transitional Care Management	99495, 99496
Diabetes Management	G0108-G0109
Dietary & Nutritional Therapy	97802-97804, G0270-G0271
Obesity Counseling	G0447
Alcohol & Substance Abuse Screening	99408, 99409, G0442, G0443
Smoking Cessation & Tobacco Counseling	99406-99407
Sexually Transmitted Infections & High-intensity Behavioral Counseling	G0445

Use **Modifier GT or 95**, whichever is appropriate, to indicate delivery of telemedicine services in real time. Use **Modifier 93** for audio-only telehealth services.

Other Billing Guidelines



Provisional Billing/Incident- to

“Incident-to” reimbursement rules for providers types that are eligible to participate in our network are as follows:

- If network participation is available for a provider type, then that provider type is required to file claims under their own provider number.
Services should not be billed under a supervising provider.
- Providers who are considered by Louisiana Blue to be in-training (residents, students and providers with provisional licensure) are not eligible to bill incident-to services.

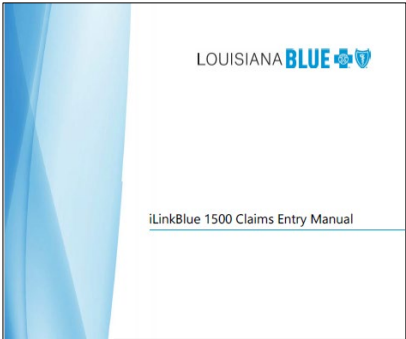
Taxonomy Codes


If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty.

You must file the code for the services on the authorization from Louisiana Blue.

Failure to use a specific taxonomy code will cause payment to be directed to the wrong sub-unit, be paid incorrectly and/or may cause the claims to reject on the **Not Accepted Report**.

Taxonomy Codes can be found in our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



LOUISIANA BLUE 

iLinkBlue 1500 Claims Entry Manual

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	282N00000X	837I
General Acute Hospital	282NC0060X	837I
General Acute Hospital	282NC2000X	837I
General Acute Hospital Rural	282NR1501X	837I
General Acute Hospital	282NW0100X	837I
Skilled Nursing Facility	275N00000X	837I
Skilled Nursing Facility (SNF) & VA Military Hospital	314000000X	837I
Nursing Home	376G00000X	837I

Part 2 Regulations 42 CFR Part 2

- Providers and facilities are responsible for making sure they are in compliance with 42 Code of Federal Regulations (CFR) part 2 regulations regarding the Confidentiality of Substance Use Disorder Patient Records.
- Abiding by the part 2 regulations includes the responsibility of obtaining appropriate consent from patients prior to submitting substance use disorder claims or providing substance use disorder information to Louisiana Blue. Louisiana Blue requires that patient consent obtained by the provider include consent to disclose information to Louisiana Blue for claims payment purposes, treatment, and for healthcare operations activities, as provided for in 42 U.S.C. § 290dd-2, and as permitted by the HIPAA regulations. 42 CFR part 2, section 2.31(a) (1-9) stipulates the content that must be included in a patient consent form. By disclosing substance use disorder information to Louisiana Blue, the provider affirms that patient consent has been obtained and is maintained by the provider in accordance with Part 2 regulations. In addition, the provider is responsible for the maintenance of patient consent records.
- Providers should consult legal counsel if they have any questions as to whether or not 42 CFR part 2 regulations are applicable.

HEDIS®

(Healthcare Effectiveness Data and
Information Set)



Follow-up After Hospitalization

HEDIS® (Healthcare Effectiveness Data and Information Set) is an annual performance measurement created by the NCQA (National Committee for Quality Assurance) to help improve quality of healthcare and establish accountability.

One measure is ensuring patients who have had inpatient treatment for mental illness have a follow-up visit with a **behavioral health professional within seven calendar days of discharge**.

- Louisiana Blue tracks appointments made within seven days but also wants patients to **attend those appointments**.
- Patients who attend these scheduled follow-up appointments are less likely to **readmit** into inpatient treatment.

Help Us Meet the Measure

Behavioral health professionals can:

- Schedule patients within seven calendar days of discharge from an inpatient stay.
- These appointments can be made with psychiatrists, psychologist, psychiatric nurse practitioners, social workers (LCSW), counselors (LPC), marriage and family therapist (LMFT) or addiction counselors (LAC).
- If you are an established provider for a patient, it is best practice to conduct a follow-up appointment within seven calendar days of discharge.
- Allow Louisiana Blue staff to schedule appointments for members on their behalf, if needed.

Check benefits on iLinkBlue. Some plans waive any out-of-pocket expense for first visit within seven days of discharge from inpatient level of care.

How to Increase Appointment Attendance

- Provide appointment reminders:
 - Include the time, date and location.
 - Please be sure to provide a return phone number and/or email address along with a contact person for the member to speak with for any questions, concerns and assistance.
 - Offer multiple options, such as text, email or voicemail for appointment reminders.
- Clearly explain your no-show policy and the member's responsibility.
- When an appointment is missed, reach out to the member as soon as possible to reschedule.
- Initiate discussion to find out what works best for the member.
- When possible, have a set schedule with the member (for example, every other Monday at 3 p.m.).

As a contracted provider with Louisiana Blue, you are only allowed to collect copay and/or deductible amounts at time of service.

Verify benefits with Louisiana Blue prior to appointment.

We are here for you!

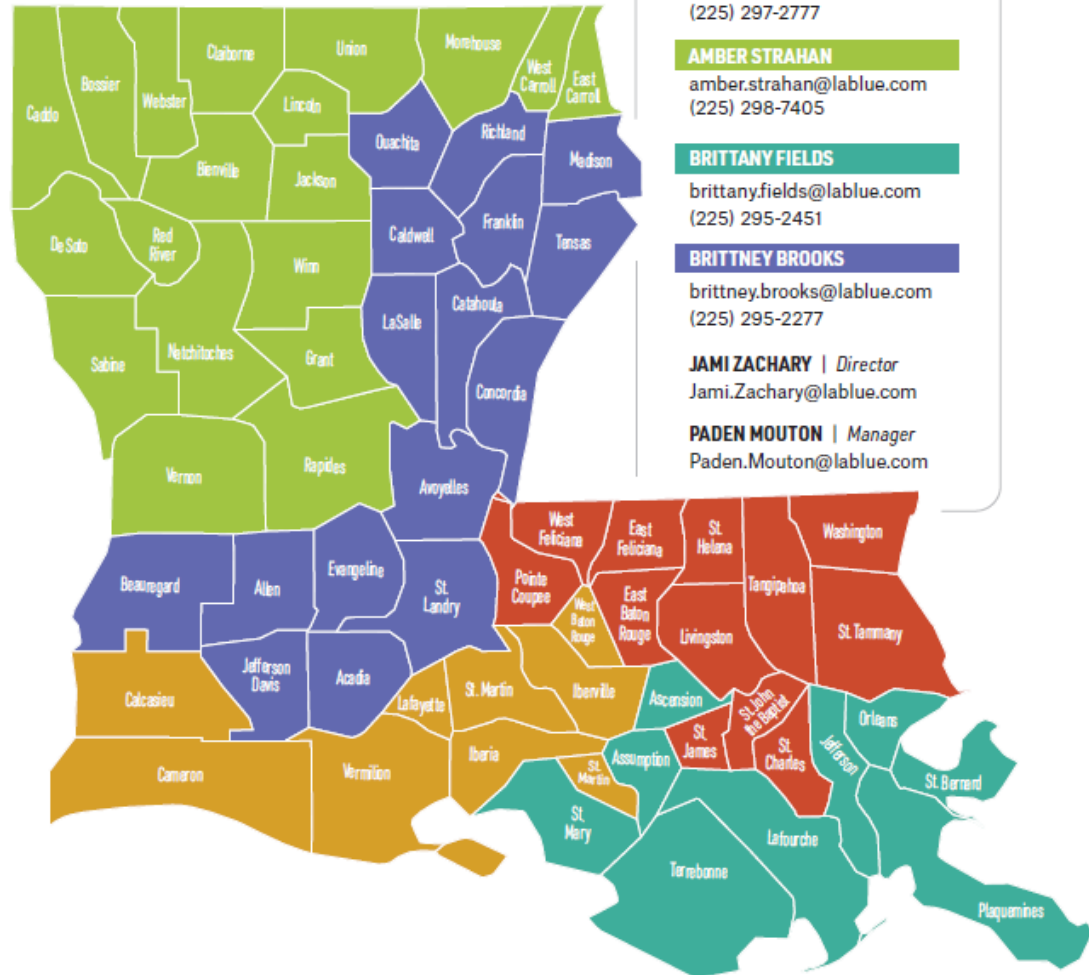


We will be
hosting
**Behavioral
Health
Authorization
Webinars** in
December. Look
for registration
information in
future Weekly
Digests.

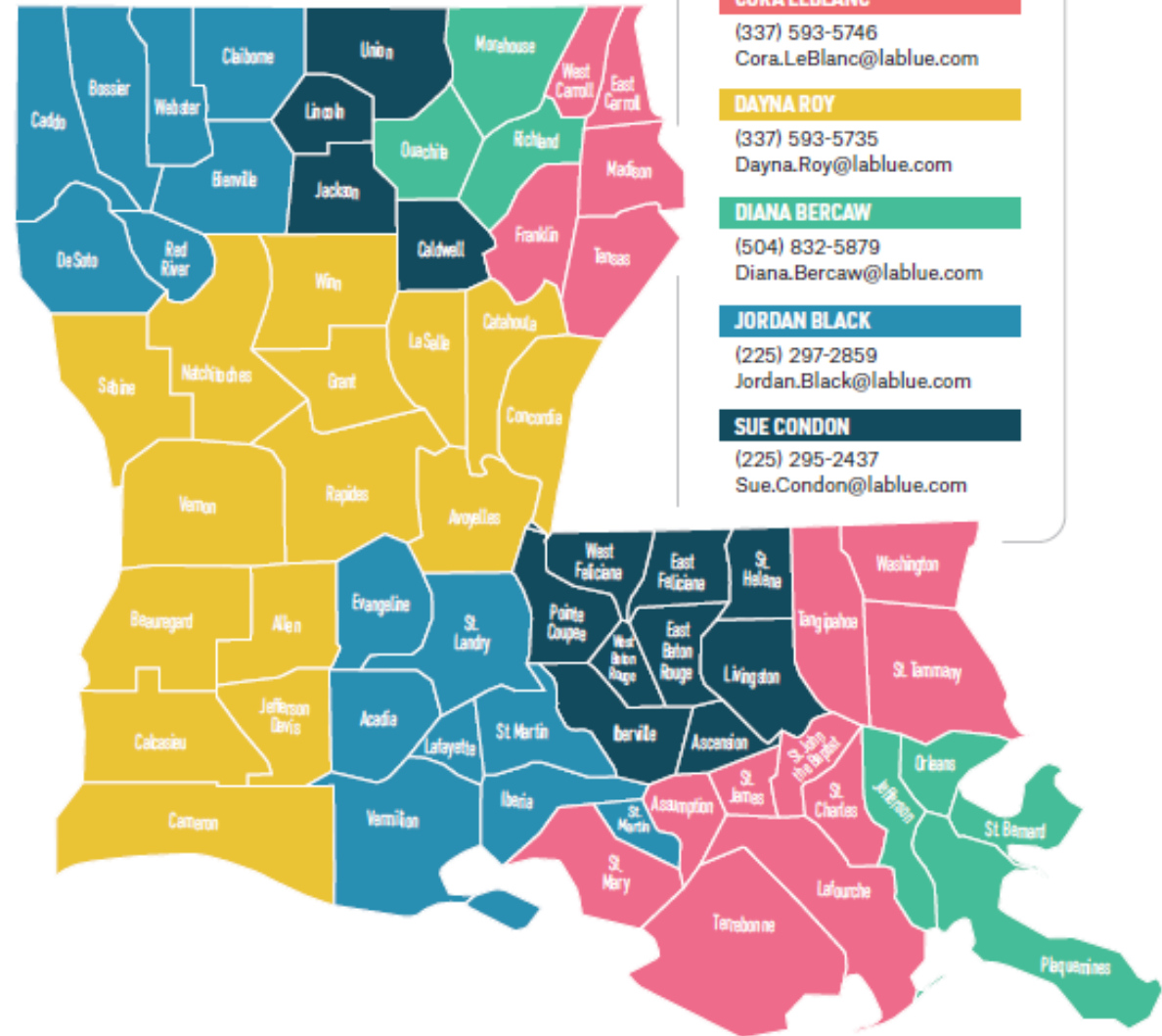


Provider Relations Representatives

Provider Relations Representatives PARISH MAP



Provider Network Development Representatives



Quick Contacts

Joining the Network

Getting Credentialed – PCDMstatus@lablue.com, 1-800-716-2299, option 2

Getting Contracted – provider.contracting@lablue.com, 1-800-716-2299, option 1

Updating your Information

Data Management – PCDMstatus@lablue.com, 1-800-716-2299, option 2

Education, iLinkBlue Training and Outreach

Provider Relations – provider.relations@lablue.com, 1-800-716-2299, option 4

Electronic Services

iLinkBlue – www.lablue.com/ilinkblue

EDI Services (clearinghouse) – EDIservices@lablue.com, 1-800-716-2299, option 3

Security Access to Online Services – PIMteam@lablue.com, 1-800-176-2299, option 5

Ongoing Support

Customer Care and IVR Phone Services – 1-800-922-8866



Questions?



Thank you!

Appendix

Accessing iLinkBlue

Need access to iLinkBlue?

My organization has an administrative representative?

- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security include secure authorization applications. This access is granted through your organization's administrative representative.

My organization does not have an administrative representative?

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

Accessing iLinkBlue

LOUISIANA BLUE CROSS

Contact Us

iLinkBlue

Username

Current Password

Log In

[Forgot/Reset Password](#)

[Need help logging in?](#)

[iLinkBlue User Guide](#)

Do not save this page to your browser favorites.
[Click here](#) to be redirected to the page you can

Logging in for the first time:

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

Behavioral Health Authorization Requirements

Below is the list of authorization requirements.

Authorizations are required for all inpatient behavioral health services and may be required for some outpatient behavioral health services:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- **Applied Behavior Analysis (ABA)**

For FEP Members at RTCs:

- Facility must be licensed and accredited
- Pre-service approval must be obtained prior to admission

FEP does not allow review for medical necessity if the member is admitted to RTC prior to requesting authorization.

Requirements vary based on the member's policy. Please always verify benefits prior to rendering services.

Telemedicine

Reimbursement for telemedicine services is available when provided utilizing your own telemedicine platform.

Provider types performing telehealth services must ensure the delivery of telehealth is within their respective scope and guidance of their relevant licensing and/or certifying boards.

Encounters must be performed in real time using **audio-only** or **audiovisual** telecommunication systems.

Audio-only telehealth visits must meet the criteria outlined in Section 5.37 of our Professional Provider Office Manual.

The following are examples of services that are not eligible for reimbursement as telemedicine services:

- Non-direct patient services (e.g., coordination of care before/after patient interaction).
- Services rendered by text-only telephone communication, facsimile, email, mobile applications or any other non-secure electronic communication.
- In many cases, telehealth is not separately billable during the same episode of care that an in-person service is provided.
- Triage to assess the appropriate place of service and/or appropriate provider type.
- Services not eligible for separate reimbursement when rendered to patient in-person.
- Patient communications incidental to E&M, counseling or medical services covered by the member's policy.
- Presentation/origination site facility fee.
- Services/codes that are not specifically listed in the provider manual.