

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.



New to Louisiana Blue - Facility

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

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

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

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

March 2026

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Welcome to Louisiana Blue!

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

- Credentialing
- Recredentialing
- Data Management
- Contracting
- Our Networks
- Verifying Your Networks
- Referrals
- Using iLinkBlue
- Louisiana Blue Policies and Procedures
- Authorizations
- Carelon Updates
- Claims
- Claims Editing
- Helpful Reminders
- Online Resources
- Support
- Appendix





Credentialing

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.



The Paperwork for Facilities

Overview Credentiaing Process **Join Our Network** Update Your Information FAQs

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. Louisiana Blue 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 Credentialing Packet – Participating](#)

[Facility Non-Participating Record Application](#)

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.

[Contact Us](#)

Need Help with DocuSign®?

Many of our applications and forms must be completed, signed and submitted digitally through DocuSign® only. This electronic method reduces the need to print and submit hardcopy documents. For details on completing DocuSign forms, [view this guide](#).

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. Louisiana Blue 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.



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



The Paperwork for Facilities

Facility Credentialing Packet – Participating

Facility Non-Participating Record Application

LOUISIANA BLUE

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® (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once 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 PCRM@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers/Network-Enrollment to join Our Networks.

- Include a Facility Credentialing Application.
- Include the applicable Facility Information Form Attachments:
 - Facility Information Form Attachment A: Ambulance Company
 - Facility Information Form Attachment B: DME Supplier or Pharmacy
 - Facility Information Form Attachment C: Ambulatory Surgical Center, Birthing Center, Hospital, OP/PH, CDU, Psychiatric, Home Health, Hospice, Skilled Nursing Facility, Long Term Acute Care or Rehabilitation Center
 - Facility Information Form Attachment D: Urgent Care Clinic/Walk-In Clinic
 - Facility Information Form Attachment E: Diagnostic Radiology (If new standing)
 - Facility Information Form Attachment F: Retail Health Clinic
 - Facility Information Form Attachment G: Laboratory
 - Facility Information Form Attachment H: Outpatient Cash Lab
- If accredited, 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 iLinkBlue Service Agreement.
- Include a completed Business Associate Addendum to the iLinkBlue Service Agreement.
- Include a completed Electronic Funds Transfer (EFT) Enrollment Form (if needed).
- Include a canceled check/bank letter confirming account for EFT enrollment.
- Include a completed Administrative Representative Registration Form.
- Include a completed Administrative Representative Acknowledgment Form.
- Include a W 9 form.
- Include an EIN letter.
- Include a copy of Malpractice Liability Certificate. DME providers only need to submit Products Liability Insurance Coverage Information.
- Include a copy of the DIC license for Radiation Center.
- If facility has 50+ beds, include a copy of the Patient Safety Regulation Attestation for General Acute Hospital, Skilled Nursing Facility, Long Term Acute Care, Psychiatric Facility or Physical Rehabilitation Center.

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LOUISIANA BLUE

NON-PARTICIPATING FACILITY 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® (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once 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 PCRM@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers/Network-Enrollment to join Our Networks.

- Include a Facility Credentialing Application.
- Include a copy of current state license, occupational license or operational license as applicable.
- Include a completed iLinkBlue Service Agreement.
- Include a completed Business Associate Addendum to the iLinkBlue Service Agreement.
- Include a completed Electronic Funds Transfer (EFT) Enrollment Form (if needed).
- Include a canceled check/bank letter confirming account for EFT enrollment.
- Include a completed Administrative Representative Registration Form.
- Include a completed Administrative Representative Acknowledgment Form.
- Include a W 9 form.
- Include an EIN letter.

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LOUISIANA BLUE

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"/> Draw 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"/> Lithotripter 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/CDU)
<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 Imaging	
<input type="checkbox"/> Home	<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: _____

MON TUES WED THURS FRI SAT SUN

BILLING *When should payments be sent?*

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Contact: _____ Phone: _____ Fax: _____ Email: _____

CORRESPONDENCE *When should communications be sent?*

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Contact: _____ Phone: _____ Fax: _____ Email: _____

RECORDS *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:
 Bus? Yes No Courier Service? Yes No Other: _____

Offers services for the disabled:
 Text Telephone (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

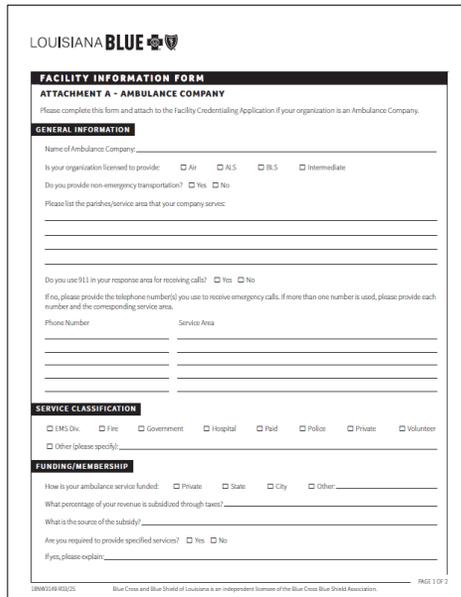
Patient Ages: *Please check the age ranges of the client population you treat*
 0 to 6 7 - 11 12 - 18 19 - 65 Over 65 All ages Other (Please specify): _____

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Checklist for **Participating** and **Non-participating** Application can be found on our Provider page at 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.



LOUISIANA BLUE 

FACILITY INFORMATION FORM
ATTACHMENT A - AMBULANCE COMPANY

Please complete this form and attach to the Facility Credentialing Application if your organization is an Ambulance Company.

GENERAL INFORMATION

Name of Ambulance Company: _____

Is your organization licensed to provide: Air ALS BLS Intermediate

Do you provide non-emergency transportation? Yes No

Please list the parish/service area that your company serves:

Do you use 911 in your response area for receiving calls? Yes No

If no, please provide the telephone number(s) you use to receive emergency calls. If more than one number is used, please provide each number and the corresponding service area.

Phone Number	Service Area
_____	_____
_____	_____
_____	_____

SERVICE CLASSIFICATION

EMS Div. Fire Government Hospital Paid Police Private Volunteer

Other (please specify): _____

FUNDING/MEMBERSHIP

How is your ambulance service funded: Private State City Other: _____

What percentage of your revenue is subsidized through taxes? _____

What is the source of the subsidy? _____

Are you required to provide specified services? Yes No

If yes, please explain: _____

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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.



The Paperwork

The **iLinkBlue Application Packet** is part of our credentialing packet and must be completed.

LOUISIANA BLUE **iLinkBlue Service Agreement**

THIS AGREEMENT, made and entered into this _____ day of _____, 20____ by and between _____ (LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, INC. (LOUISIANA BLUE CROSS AND BLUE SHIELD OF LOUISIANA) hereinafter referred to as "HEALTH PLAN"), a Louisiana corporation domiciled in the Parish of East Baton Rouge, hereby represented by its duly authorized and undersigned officer, whose permanent mailing address is declared to be 5525 Retz Avenue, Baton Rouge, Louisiana 70803, and _____ (hereinafter referred to as "PROVIDER") and who is the parties to this AGREEMENT and for the consideration and upon the terms and conditions hereinafter expressed, do hereby agree as follows:

Section 1 Agreement

- HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website in accordance with the Terms of Use and Security Policy that is available on the iLinkBlue log in and welcome screens. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by HEALTH PLAN from time to time under HEALTH PLAN's sole discretion, and that PROVIDER will be bound by such terms as a condition of its use of the iLinkBlue website.
- PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate and applicable personal computer equipment, telecommunication software and hardware, LAN configurations and environment, and internet connectivity necessary and required to access the electronic services provided by HEALTH PLAN. PROVIDER further agrees that it is responsible for maintaining this computer equipment in proper working condition.
- HEALTH PLAN agrees to provide user instruction manuals and documentation or correspondence, to assist the PROVIDER in the proper use of the iLinkBlue website. HEALTH PLAN shall provide telephone and other PROVIDER support services it deems reasonable, Monday through Friday from 8 am - 4:30 pm CST, with the exception of HEALTH PLAN office closures due to announced holidays or any unforeseen circumstances.

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iLinkBlue Service Agreement

LOUISIANA BLUE **Business Associate Addendum to the iLinkBlue Service Agreement**

This addendum ("Addendum") is effective upon execution, and amends and is made part of the iLinkBlue Service Agreement ("Agreement") by and between:

Provider Name: _____
 Address: _____
 City, State, ZIP: _____
 (hereinafter referred to as "PROVIDER"),

Business Associate's Name: _____
 Address: _____
 City, State, ZIP: _____
 (hereinafter referred to as "BUSINESS ASSOCIATE") and

Louisiana Health Service & Indemnity Company, Inc.
 d/b/a **Blue Cross and Blue Shield of Louisiana**
 5525 Retz Ave.
 Baton Rouge, LA 70809

(hereinafter referred to as "HEALTH PLAN").

WHEREAS, PROVIDER has executed the iLinkBlue Service Agreement with HEALTH PLAN, through which PROVIDER has been given access to HEALTH PLAN's iLinkBlue website.

WHEREAS, PROVIDER has contracted BUSINESS ASSOCIATE to conduct certain administrative services on PROVIDER's behalf, and as part of BUSINESS ASSOCIATE's responsibilities PROVIDER needs to provide BUSINESS ASSOCIATE with access to the iLinkBlue website.

WHEREAS, PROVIDER and HEALTH PLAN are both Covered Entities and the information to be exchanged between BUSINESS ASSOCIATE acting on PROVIDER's behalf and HEALTH PLAN through the iLinkBlue website is confidential and Protected Health Information under the terms of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH") and their respective regulations and administrative guidance.

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Business Associate Addendum

LOUISIANA BLUE **Electronic Funds Transfer (EFT) Enrollment Form**

To receive your Blue Cross and Blue Shield of Louisiana payments via electronic funds transfer (EFT), please complete the following information. Be sure to complete a separate Electronic Funds Transfer Enrollment Form for each payment location. Please contact your financial institution to arrange for the delivery of the CORE required minimum CCD-Data Elements necessary for successful association of the electronic funds transfer (EFT) payment with the ERA (ES3) remittance advice. See Invoiced Guide to Completing the EFT Enrollment Form for detailed instructions.

CONSENT
 I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries, and to initiate adjustment for any credit entries made in and to the account indicated below.

I hereby authorize the financial institution/bank named below, hereinafter referred to as BANK, to credit and/or debit the same to such account. I am aware that the weekly Provider Payment Register will no longer be mailed to my office, but it will be available for viewing and/or printing in iLinkBlue.

PROVIDER INFORMATION
 Provider Name: _____
 Provider Address: Street: _____
 City: _____ State/Province: _____ ZIP Code/Postal Code: _____

PROVIDER IDENTIFIERS INFORMATION
 Provider Tax Identification Number (TIN) (or Employer Identification Number (EIN)) _____
 National Provider Identifier (NPI) _____ (Group NPI if applicable)

PROVIDER CONTACT INFORMATION
 Provider Contact Name: _____ Title: _____
 Telephone Number: _____ Email Address: _____ Fax Number: _____

RETAIL PHARMACY INFORMATION
 Pharmacy Name: _____
 NCPDP Provider ID Number: _____
 Address: Provider Identification Number: _____

FINANCIAL INSTITUTION INFORMATION
 Financial Institution Name: _____
 Financial Institution Routing Number: _____ Type of Account at Financial Institution: _____ Provider's Account Number with Financial Institution: _____
 Account Number Linked to Provider Identifier:
 Provider Tax Identification Number (TIN) _____
 National Provider Identifier (NPI) _____

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Electronic Funds Transfer (EFT) Enrollment Form

LOUISIANA BLUE **Administrative Representative Registration Form**

Complete this form for each administrative representative at your organization. Please include the information for the provider the administrative representative is servicing, as well as contact information for both the administrative representative and the administrative representative manager.

GENERAL PROVIDER INFORMATION
 Provider Organization/Agency Name: _____
 Address: _____
 Phone Number: _____ Provider Email/Chat or Facility ID: _____
 Individual Provider Name if applicable: _____ Individual Provider NPI if applicable: _____
 Tax Identification Number: _____ Is the Behavioral Health Authorization Application needed? _____

ADMINISTRATIVE REPRESENTATIVE INFORMATION
 Administrative Representative Name: _____ Title: _____ Date of Birth: _____
 Contact Phone Number: _____ Email Address (this will be used for your unique username): _____
 Additional Phone Number: _____ Additional Email Address: _____

ADMINISTRATIVE INFORMATION
 Manager/Owner's Name (other than the administrative representative): _____ Title: _____ Date of Birth: _____
 Representative: _____
 Contact Phone Number: _____ Email Address: _____

Return Form To:
 Email: 20050275@louisiana.gov
 Fax: 1-800-915-1128
 Attn: Provider Identity Management

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Administrative Representative Registration Form

Louisiana **Administrative Representative Acknowledgment Form**

I understand that I have been designated by an employer/organization/the Organization as the Administrative Representative for the Organization for the purpose of obtaining and granting access to other Organization employees to Blue Cross and Blue Shield of Louisiana's (BCBSLA) secure online services (the Secure Service). As such, I am responsible for safeguarding access to the Secure Service to appropriate users within my Organization and adhering to BCBSLA's guidelines regarding such access and designations.

I agree that Secure Service access will be granted by me and the Organization only to those employees within the Organization who legitimately must have access to the Secure Service in order to fulfill their job responsibilities and only to the extent necessary to fulfill those job responsibilities, all as further described by BCBSLA's guidelines. I am also responsible for terminating Organization employee access to the Secure Service at such time as the employee changes roles or terminates employment with my organization, if applicable. I agree to implement procedures that will ensure that such terminations will be executed promptly and in accordance with BCBSLA's guidelines.

As the Administrative Representative, I understand and agree that the Secure Service are assets of BCBSLA. Any reuse, personal use or use of the Secure Service for any business other than which I am authorized to perform on behalf of the Organization or other than as set forth in BCBSLA's guidelines is strictly prohibited. I acknowledge that violation of the paragraph may result in criminal prosecution of the violator under federal and state laws, including, but not limited to, the Computer Fraud and Abuse Act, 18 U.S.C. § 1030. I further acknowledge that I will, at all times, respect the confidentiality of all member patient information or data that I am working with or may have access to in the Secure Service or otherwise on BCBSLA's electronic computer systems, systems, in addition, I agree that I am obligated to protect the assets and/or confidential information in the Secure Service and on BCBSLA's electronic computer systems by maintaining complete secrecy over my username and password that I use to access the Secure Service. Under no conditions shall I reveal my username or password to anyone or allow anyone else access to or use of the Secure Service under my username.

I understand that if my role in the Organization changes or if my term of employment ends with the Organization, it is my responsibility to ensure that my online and access to the Secure Service immediately terminates as well. On behalf of the Organization, I acknowledge and agree that the Organization shall notify BCBSLA immediately of any breach of confidentiality, fraud or suspected fraud or abuse of which it becomes aware relating to the BCBSLA Secure Service or any member/patient or other information contained in the Secure Service, in addition, I shall also immediately notify my Organization and BCBSLA of any such breach of confidentiality, fraud or suspected fraud or abuse. I further understand that BCBSLA monitors the Secure Service and the access to same through BCBSLA shall report to the Organization any suspected unauthorized access or abuse arising from the Organization's access to the Secure Service and, as a result, may also report to access to the Secure Service and/or take legal action as deemed necessary by BCBSLA in its sole discretion.

This Acknowledgment may be validly executed via facsimile transmission or through other electronic means showing the signature of the party and each such reproduced copy of this Acknowledgment that constitutes an original. Acknowledgment of all previous Administrative Representative agrees that a facsimile or electronic scanned copy of this document with facsimile or scanned signatures may be treated as an original and will be processed as evidence in a court of law.

Note: Statements with no sign-on activity for 180 days will automatically be deleted. The administrative representative will need to contact the Provider Identity Management (PIDM) Team at 20050275@louisiana.gov or 1-800-915-1128 to reactivate the account. iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your user account, the Administrative Representative will need to contact the PIDM Team once again. You will need to complete a new Administrative Representative Registration Packet. The packet is available on our website at www.louisiana.gov/pidm/.

SIGNATURE PAGE FOLLOWS

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Administrative Representative Acknowledgment Form

The iLinkBlue Service agreement must be the group or clinic name, it does not need to be completed for individual providers.

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.



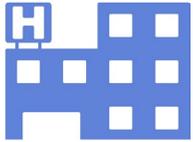
Recredentialing

Recredentialing Process

- Network providers must be approved through our **recredentialing** 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 recredentialing@lablue.com or call (318) 807-4755.

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

LOUISIANA BLUE

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"/> Draw 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"/> Lithotripter 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/CDI)
<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: _____
MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

BILLING

When should payments be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

CORRESPONDENCE

When should communications be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

RECORDS

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:
Bus? Yes No Courier Service? Yes No Other: _____

ACCESSIBILITY

Offers services for the disabled:
Text Telephone (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

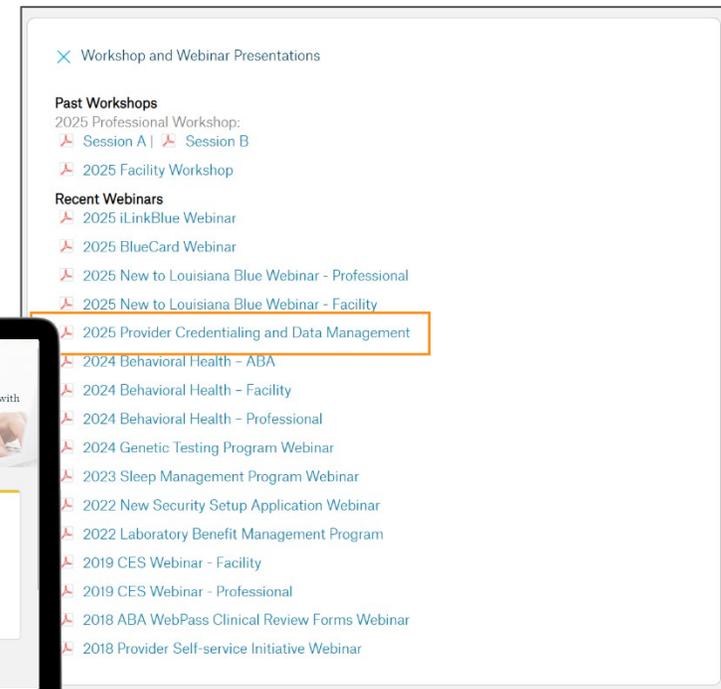
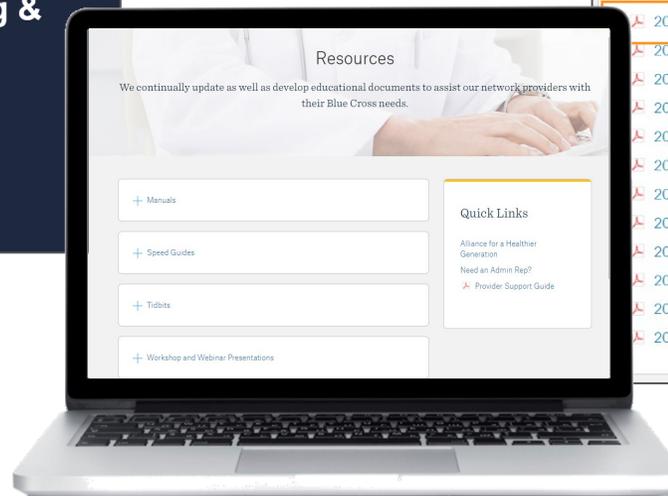
Patient Ages: (Please check the age ranges of the client populations you treat)
 0 to 6 7 - 11 12 - 18 19 - 65 Over 65 All ages Other (Please specify): _____

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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.

Learn More About Credentialing and Recredentialing

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





Data Management

Updating Your Information

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

- **Facility TIN Change** is to report a change in your Tax ID number.
- **Add a Facility Location** is for when a facility is adding practice location(s) on an existing Tax ID.
- **National Provider Identifier Change** is to report a change in your NPI number.
- **Request for Termination** is to request termination from one or more of our networks.
- **EFT Termination or Change** to update your EFT information.

The image displays five forms from Louisiana Blue, arranged in a collage:

- Facility TIN Change:** A form for reporting a change in Tax ID number, including sections for General Information, Required Documents, and Submission Information.
- Add Facility Location:** A form for adding practice locations to an existing Tax ID, including sections for General Information, Checklist, and Location to be Added.
- National Provider Identifier (NPI) Change Form:** A form for reporting a change in NPI number, including sections for General Information, Billing Address, Medical Records Address, Correspondence Address, and Physical Address.
- Request for Termination:** A form for requesting termination from one or more networks, including sections for General Information, Networks Being Terminated, and Full/Partial Termination.
- Electronic Funds Transfer (EFT) Termination/Change Form:** A form for updating EFT information, including sections for Termination/Change Request, Consent, Provider Information, and Financial Institution Information.

LOUISIANA **BLUE**  

Contracting

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.



Our Networks

Louisiana Blue's Provider Networks

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

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

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 LinkBlue (www.lablue.com/linkblue).

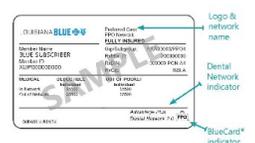
Preferred Care PPO

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 > Resources.

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.



HMO Louisiana, Inc.

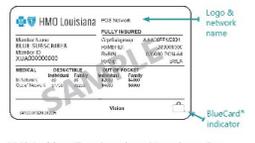
Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Louisiana Blue. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide. HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Certain POS plans may not be available in all parishes. See plan details for more information.

Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the HMO Louisiana, Inc. Network Speed Guide, available online at www.lablue.com/providers > Resources.

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

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.



More →

This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, or need email assistance, contact provider.tidbit@lablue.com and reference the title listed on this publication.

18NW1743 08/1/25
Last revised on: 04-29-25

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."

Facility Network Availability

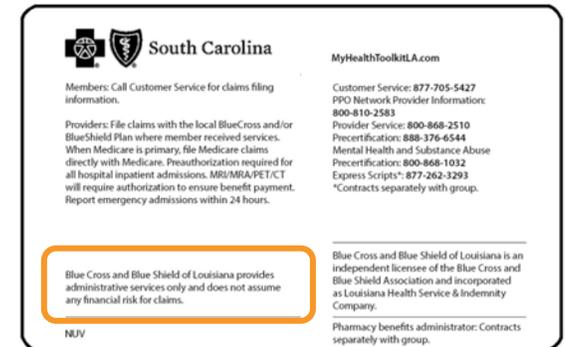
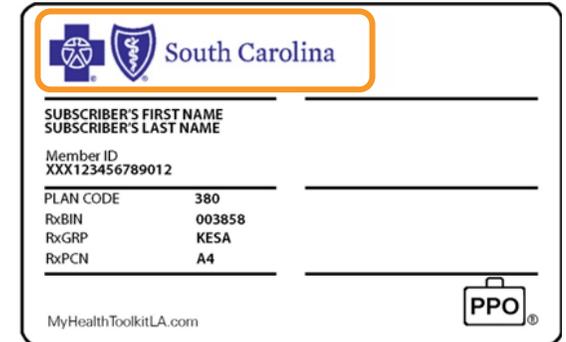
The following facility types must meet certain criteria to participate in our networks:

- 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 > Network Enrollment > Join Our Networks > Facilities and Hospitals > Credentialing Process.

National Alliance Members (South Carolina Partnership)

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



Group	Effective Date	Alpha Prefix
Acadian Ambulance	1/1/2012	LK
Associated Grocers	1/1/2012	AJB
Belinger Shipyard	1/1/2018	QZ
Carroll Bank Commission	1/1/2014	CR
CSB	1/1/2014	ICG
City of Monroe	1/1/2016	JMG
Clint	1/1/2013	CE
Concent Bank & Trust	4/1/2016	RNL
Division of Laborers	1/1/2014	FS
Franciscan Missionaries of Our Lady Health System (FMOLS)	1/1/2020	FR
Galena Marine Service	1/1/2018	GD
Grand Old Shogard	3/1/2018	IV
Green Clinic	6/1/2013	GCL
Bank Bank	1/1/2010	KB
Jefferson Parish Sheriff's Office	1/1/2018	BJ
Lafayette City Parish Government	1/1/2013	LP
Life Share	1/1/2015	LS
Origo Bank	1/1/2019	OB
PH Holdings	1/1/2020	SA
Randy Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RP
Scott Equipment	10/1/2015	SE
Thibodaux Regional Health System	1/1/2015	TR
Tulane University	1/1/2020	TU
WEC Energy Services	1/1/2018	WE
Zen-voh	1/1/2014	ZV

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



Verifying Your Networks

Online Provider Directories

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

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

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

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



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

Finding a Provider in the Member's Network

Smith, Joe MD
Male
SPECIALTY: FAMILY PRACTICE

★★★★★ (5.0) · 2 ratings
Print Share

Provider Highlights

Networks Accepted

Specialties & Expertise

Credentials

Awards & Recognitions

Ratings & Reviews

Affiliated Facilities

More About This Provider

[See something incorrect? Let us know.](#)

Provider Highlights

Smith, Joe MD ★ (2)

ABC Physician Group
1234 Main Street
Baton Rouge, LA 70809
[Get directions](#) (est. 1.0 mile away)
Phone: 225-555-5555

✓ Accepting New Patients

2 Awards
1 Affiliation
More about this provider's race, ethnicity, languages, etc.

In "Precision Blue HMO/POS" Network
QUALITY BLUE PROVIDER
Enhanced Tier 1

Networks Accepted

[Log In](#) for personalized results

- (Enhanced Tier 1) Precision Blue HMO/POS
- (Tier 1) HMO Louisiana HMO/POS
- (Tier 1) OGB MagLocal Plus - PrefCare
- (Tier 1) OGB MagOpen Access - PrefCare
- (Tier 1) OGB Pelican HRA/HSA - PrefCare
- (Tier 1) OGB Preferred Care
- (Tier 1) Preferred Care PPO
- (Tier 1) Signature Blue HMO/POS
- (Tier 2) Abbeville General

Warning: 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.

Members receive their highest level of benefits when accessing care from Tier 1 or Enhanced Tier 1 providers. Services rendered by providers in Tier 2 or Tier 3 will result in high cost share to the member.



Referrals

Member Referrals

Network providers should always refer members to other network providers.

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your Louisiana Blue provider agreement.
- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement.





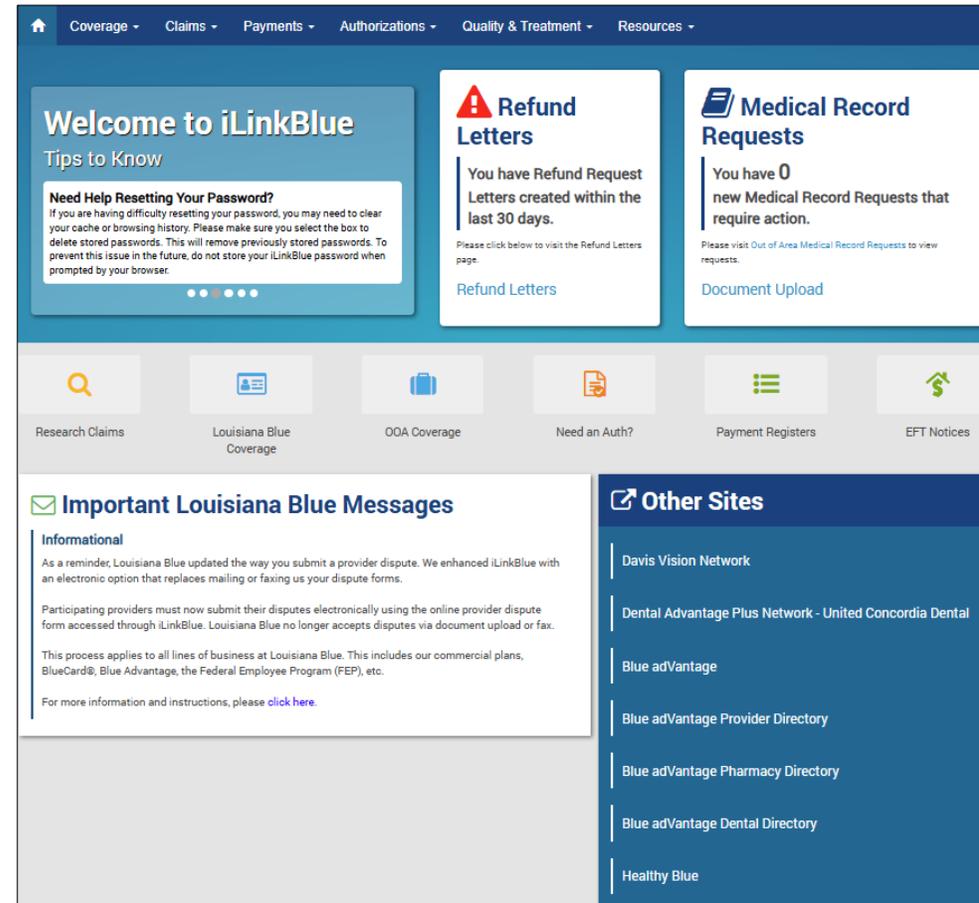
Using iLinkBlue

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
- Action Requests
- Provider Network Roster

What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.



The screenshot displays the iLinkBlue provider portal interface. At the top, there is a navigation bar with dropdown menus for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this, the main content area is divided into several sections:

- Welcome to iLinkBlue:** A central banner with a "Tips to Know" section. A sub-section titled "Need Help Resetting Your Password?" provides instructions on how to reset a password, including a warning not to store passwords in the browser.
- Refund Letters:** A card indicating that the user has 0 Refund Request Letters created within the last 30 days. It includes a link to "Refund Letters".
- Medical Record Requests:** A card indicating that the user has 0 new Medical Record Requests that require action. It includes a link to "Document Upload".

Below these cards is a horizontal navigation bar with icons and labels for: Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices.

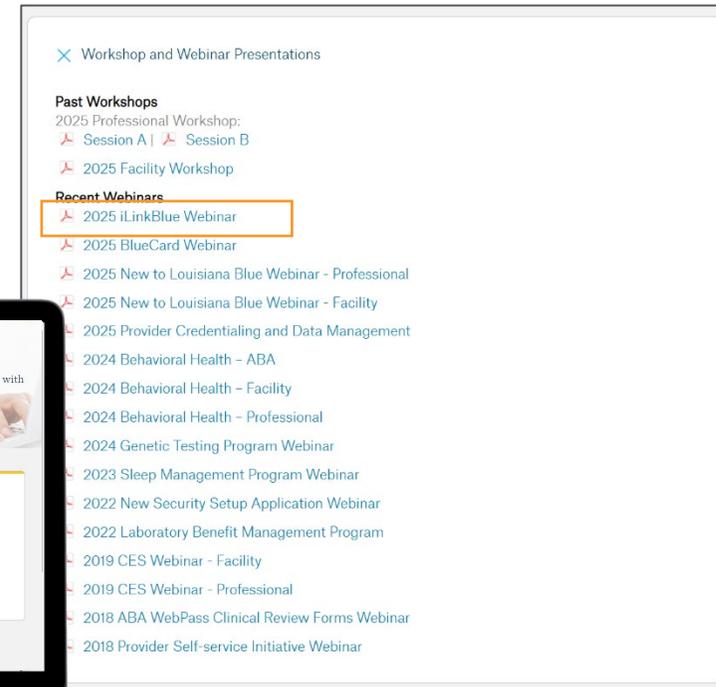
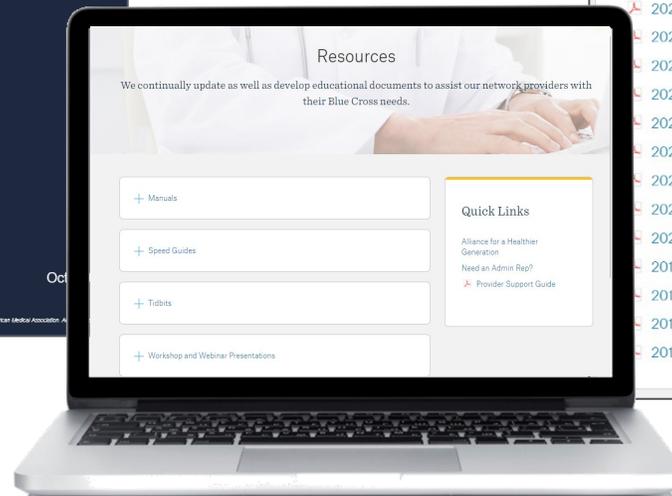
The bottom section is split into two columns:

- Important Louisiana Blue Messages:** An informational message regarding updated provider dispute forms, stating that disputes are now submitted electronically through the portal.
- Other Sites:** A list of links to various external resources, including Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue adVantage, Blue adVantage Provider Directory, Blue adVantage Pharmacy Directory, Blue adVantage Dental Directory, and Healthy Blue.

www.lablue.com/ilinkblue

Learn More About iLinkBlue

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





Louisiana Blue Policies and Procedures

Laboratory Benefit Management Program

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

Avalon provides:

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

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

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

Providers can review and research laboratory policies and guidelines online at www.lablue.com/providers, click on "Medical Management," then "Lab Management."

Laboratory Benefit Management Program

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

SUBSCRIBER, JOE XUP20000000 1 7/2/2022 7/2/2022 220000080061 \$137.98 \$137.98 \$0.00
Lab Policy #G2050, Procedure Code: 80061, Decision: D06R - 1 per 1 Yr

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

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

Laboratory Reimbursement Policies



The screenshot shows a website navigation bar with the following items: Home, Coverage, Claims, Payments, Authorizations (highlighted with an orange underline), Quality & Treatment, and Resources. Below the navigation bar, there are three main sections:

- Authorizations Guidelines**
 - Do I need an authorization?
- Authorizations - Louisiana Blue Members**
 - Louisiana Blue Authorizations
 - Carelon Authorizations (Commercial Only)
 - Medical Policy Guidelines
 - Lab Reimbursement Policies (Commercial Only)** (circled in orange)
 - FEP Medical Policy Guidelines
- Authorizations - Out of Area Members**
 - Out of Area (Pre Service Review – EPA)
 - Medical Policy Guidelines



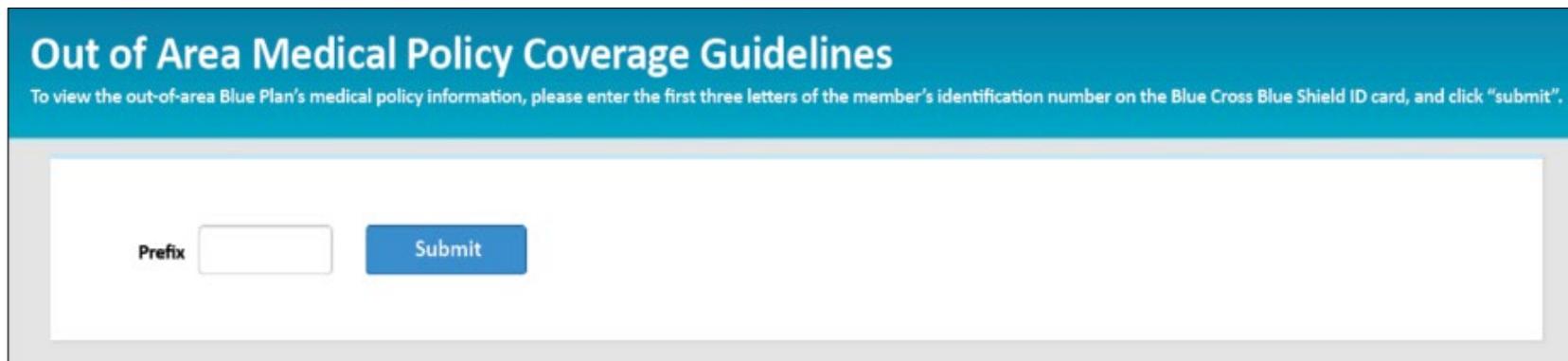
Our lab reimbursement policies can also be found online at www.labblue.com/provider >Medical Management >Lab Management.

Medical Policies 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.



The screenshot shows a web application interface with a teal header. The header contains the title "Out of Area Medical Policy Coverage Guidelines" and a sub-header: "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'". Below the header is a white input area with a label "Prefix" next to a text input field. To the right of the input field is a blue "Submit" button.



Authorizations

Louisiana Blue Authorizations Application

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

Resources about this new application are available online:

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



Provider Training for the new application is available by contacting your Provider Relations Representative. If you do not know who your Provider Relations Representative is, please contact provider.relations@lablue.com.

Authorizations Louisiana Blue Members

Authorizations - Louisiana Blue Members

[Louisiana Blue Authorizations](#)

[Carelon Authorizations \(Commercial Only\)](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies \(Commercial Only\)](#)

[FEP Medical Policy Guidelines](#)

Louisiana Blue Authorizations* – submit and research authorizations for Louisiana Blue members. Upload clinical information.

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



*Your organization's administrative representative must grant you user access to these applications.

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	View ID Card	Summary Benefits	View COB

+ 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

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.

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

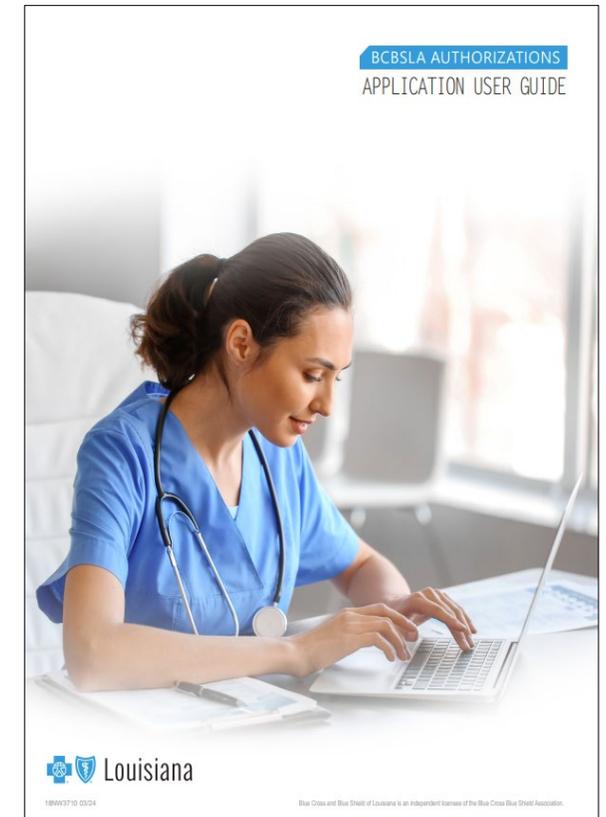
If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered.

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/HCPSC codes and dates of service.
- Add attachments before submitting the authorization.



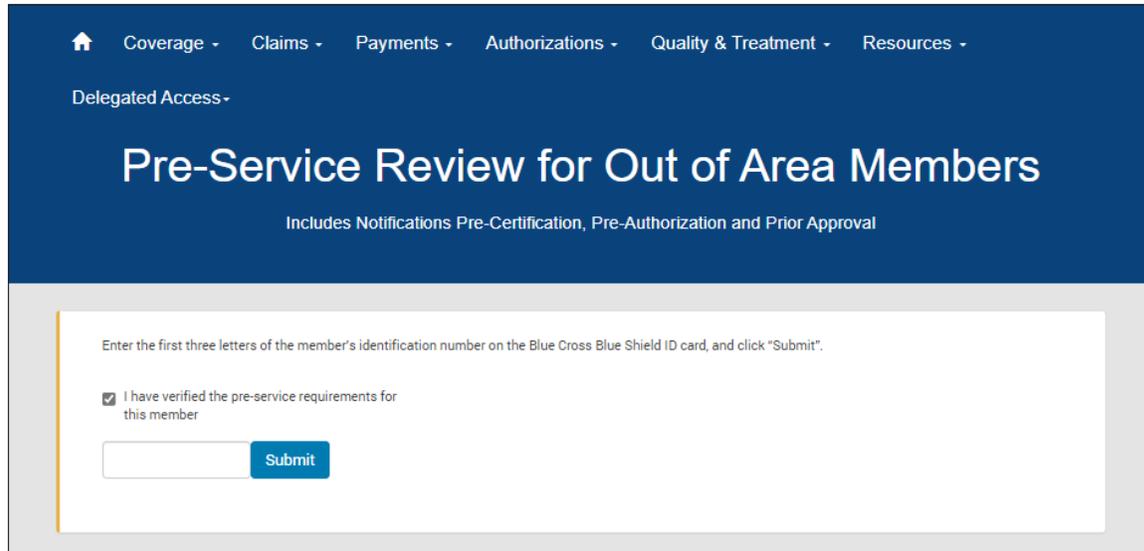
*Exceptions and information can be found in the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue (www.lablue/ilinkblue) under Resources.

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.



The screenshot shows a web application interface with a dark blue header. The header contains a navigation menu with the following items: Home (house icon), Coverage (dropdown), Claims (dropdown), Payments (dropdown), Authorizations (dropdown), Quality & Treatment (dropdown), and Resources (dropdown). Below the navigation menu, there is a link for 'Delegated Access'. The main heading is 'Pre-Service Review for Out of Area Members' in white text, with a subtitle below it: 'Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval'. The main content area is white and contains the following text: 'Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".' Below this text is a checkbox with the label 'I have verified the pre-service requirements for this member', which is checked. At the bottom of the form is a text input field and a blue 'Submit' button.

Gold Card Program

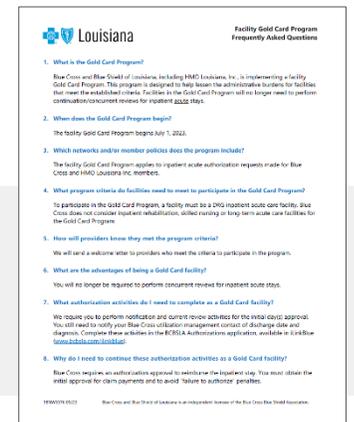
Facilities that meet the program criteria are enrolled in the Gold Card Program and receive the following benefits:

Provider Type	Gold Card Program Benefit	Participation Criteria
Facilities	Will no longer need to perform continuation/concurrent reviews for acute inpatient stays.	<ul style="list-style-type: none"> Is a DRG inpatient acute care facility; or Is an inpatient acute care facility that has a percent of billed charges agreement with Louisiana Blue

Louisiana Blue does not consider the following facilities for the Gold Card Program:

- Per diem inpatient acute care
- Inpatient rehabilitation
- Skilled nursing
- Long-term acute care

If you have questions or would like to request the Gold Card Program FAQs email provider.relations@lblue.com.



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.

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

Delegated Access -

Pre-Service Review for Out of Area Members

Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval

Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

I have verified the pre-service requirements for this member

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

Member Name		Dependents	
Member ID	XYZ 23456789	Dependent One	
Group No.	023457	Dependent Two	
BIN	987654	Dependent Three	
Benefit Plan	HIOPT	Plan	PPO
Effective Date	00/00/00	Office Visit	\$15
		Specialist Copay	\$15
		Emergency	\$75
		Deductible	\$50

R

Behavioral Health Authorizations FAQs

As of Jan. 1, 2026, Louisiana Blue manages all authorization and case management processes for behavioral health services. This includes behavioral health services for Louisiana Blue and Blue Advantage members.

To make your transition as smooth as possible, we have created a comprehensive list of Frequently Asked Questions (FAQs). These resources are designed to answer common questions and provide guidance when requesting authorizations for behavioral health services.

This guide is available on the Provider page at www.lablue.com/providers >Behavioral Health.

LOUISIANA **BLUE** 

Behavioral Health Authorizations FAQs

Louisiana Blue manages behavioral health services for our members for authorizations, utilization management, case management and Applied Behavioral Analysis (ABA). Providers should submit authorization requests via the Louisiana Blue Authorizations application in iLinkBlue (www.lablue.com/ilinkblue), under the "Authorizations" menu option.

1. What behavioral health services require authorization?

- 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

2. How do I request an authorization for Applied Behavioral Analysis (ABA) services for members diagnosed with autism spectrum disorder?

Please complete the Treatment for Applied Behavioral Analysis Request Form. This form can be found on our Provider page at www.lablue.com/providers, under "Resources," then "Forms." This must be submitted to Louisiana Blue for both initial and concurrent reviews. Please include specific, individualized details about the member. Incomplete or vague responses may result in a peer review or denial of the request.

Electronic submissions: Attach this completed form when submitting your request in iLinkBlue located at www.lablue.com/ilinkblue.

Fax submissions: If you do not have iLinkBlue access, fax the form along with all supporting documentation to 1-800-363-9170.

Need help? Contact our ABA Utilization Review Department at 1-800-821-2745.

Louisiana Blue Authorizations Application Overview

3. How do I request access to the Louisiana Blue Authorization application?

Please work with your organization's administrative representative. An administrative representative is the person at your organization registered with Louisiana Blue to manage employee access to our secure online services, which include iLinkBlue and the Louisiana Blue Authorization application. Access is granted within one hour after an administrative representative submits the request.

To set up an administrative representative, go to www.lablue.com/providers > Electronic Services > Admin Reps for the Administrative Representative Registration Packet. If you have any issues please contact our Provider Identity Management (PIM) team at PIMteam@lablue.com.

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Epic is a trademark of Epic Systems Corporation.

LOUISIANA **BLUE**  

Carelon Services

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

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

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

Additional information can be found in the *Member Provider Policy & Procedure Manual*. Find on the Provider page (www.lablue.com/providers) >Resources >Manuals.



Which Members are in the Carelon Program?

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

- Fully insured members are a part of all programs. Fully insured members can be identified by the words “Fully Insured” on the member ID card.
- Self-funded members (ASO plans) have an option to be in these programs or not. Self-funded member ID cards will include the group name but will NOT include the words “Fully Insured.”
- Small Business Funded (SBF) members are a part of all programs. SBF members have “SBF” in the group number in the Group/Subgroup section of their member ID card.
- Office of Group Benefits (OGB) members are a part of all programs, except the Sleep Management Program.
- As of April 1, 2026, Blue Advantage members will be part of the Carelon programs except the Sleep Management Program.
- FEP members are excluded from all Carelon programs.

LOUISIANA BLUE		Preferred Care PPO Network FULLY INSURED
Member Name	BLUE SUBSCRIBER	Grp/Subgroup: AA00000/PPO4
Member ID	XUP000000000	RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual
In Network	\$5500	\$5500
Out of Network	\$5500	\$5500
04BA0314 R01/24		PPO

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.

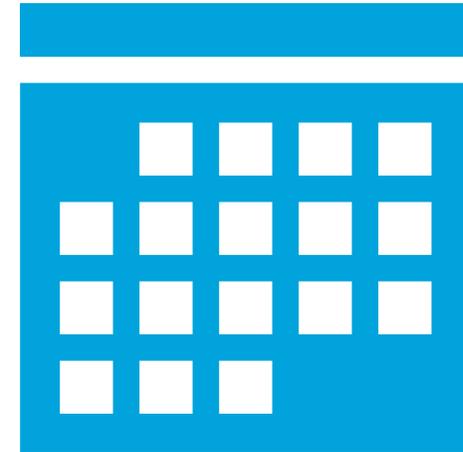
— CARE - CARELON PROGRAMS

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.





Claims

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

Timely Filing

Policy Type

- Preferred Care PPO
- HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue)
- BlueHPN

- Federal Employee Program (FEP)

- Blue Advantage

- Office of Group Benefits (OGB)

- Self-funded Groups
- BlueCard (out-of-area)

Filing Requirements

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

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

Claim must be filed within 12 months of date of service. Claims must be resubmitted or corrected within 12 months of the date the claim was processed (remit date).

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.

Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).

Submitting Claims

Electronic Transmission

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

We do not charge a fee for electronic transactions.

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

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

or

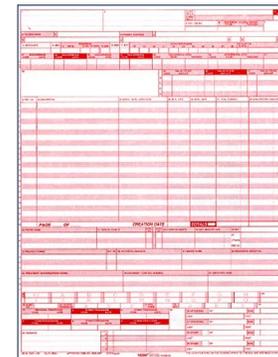
Hardcopy

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

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

For FEP Claims:

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



UB-04 (facility)

CES – Facility Claims

LOUISIANA **BLUE**

Professional Claim Entry
Facility Claim Entry

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

Export to PDF
New Claim

Type: Outpatient

Type of Bill 131 Claim Type Facility Outpatient Statement From 06/26/2019 Through 06/26/2019

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

Line ID				Flags
CLAIM				CLEAN CLAIM

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags	Flag Description	Flag Status	Disclosure
1	36415	0	0.0		[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny	The 040CCO edit identified the column 2 code of a Column 1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on
2	83625	1	0.0	CLEAN LINE	[DDR BCLA9 FE]: Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]	Deny	

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis

Original Lines

Line	Rev Code	Modifier	Date	Units
1			06/26/2019	1
2			06/26/2019	1

Benefits of Filing Claims Electronically

Louisiana Blue strongly encourages the electronic submission of claims.



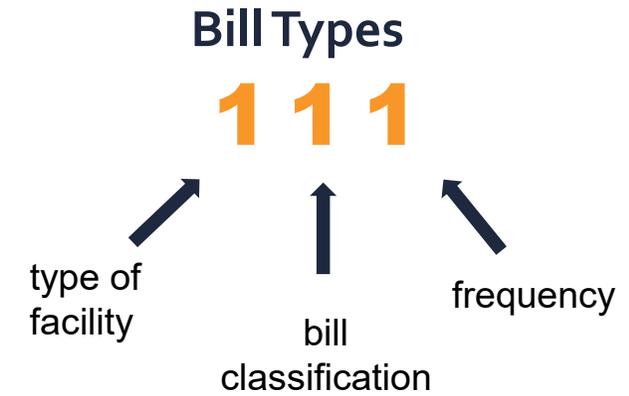
- Since editing begins prior to an electronic claim entering our processing system, electronic claims are less likely to be returned for additional information and are usually adjudicated more quickly than claims submitted via paper.
- Electronic submission also enables users to have same day access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

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 and 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) under the “Resources” section.

Claims Research

The screenshot displays a web interface for claims research. At the top, there are three tabs: "Paid/Rejected", "Pended", and "Claim Number". Below the tabs, the interface is divided into three numbered sections:

- 1 Select a Provider:** This section is currently empty.
- 2 Contract Number:** This section contains three radio button options: "Louisiana Blue / FEP" (which is selected), "Blue adVantage", and "BlueCard - Out of Area". To the right of the "Louisiana Blue / FEP" option is a text input field with the placeholder "Enter contract number..." and a note below it that says "Do not include prefix".
- 3 Date of Service:** This section contains two date pickers. The "From" date is set to "12/06/2025" and the "To" date is set to "03/06/2026".

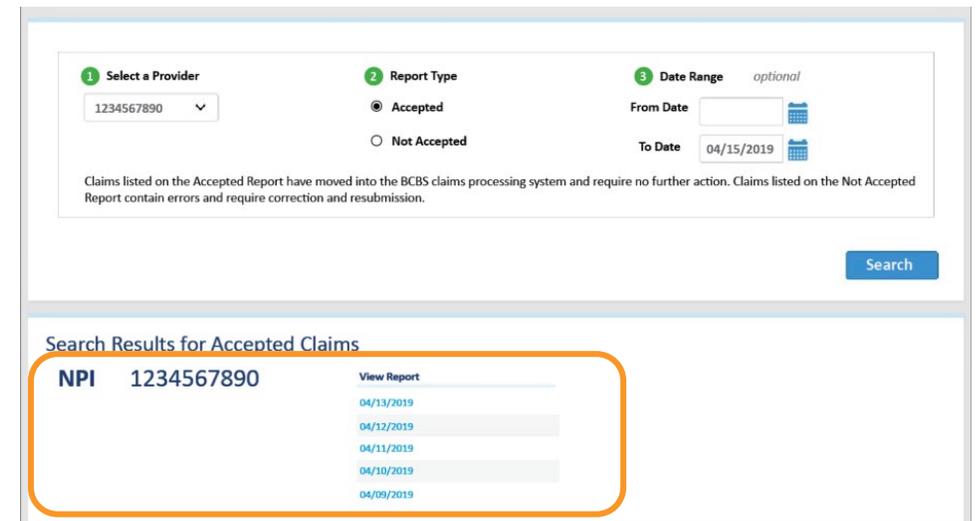
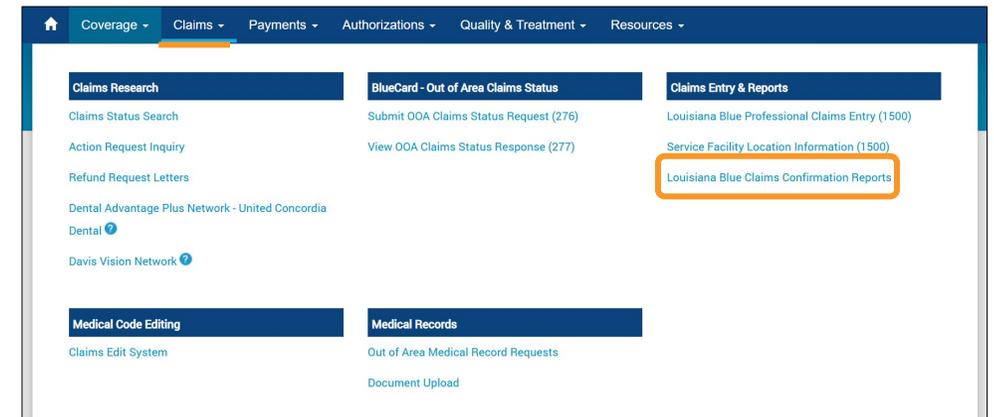
A blue "Search" button is located at the bottom right of the form area.

- Use the “Claims” menu option to research paid, rejected and pended claims.
- You can research [Louisiana Blue, FEP, Blue adVantage](#) and [BlueCard-Out of Area](#) claims submitted to Louisiana Blue for processing.

Verifying Receipt of Claims

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

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



Sample Confirmation Reports

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

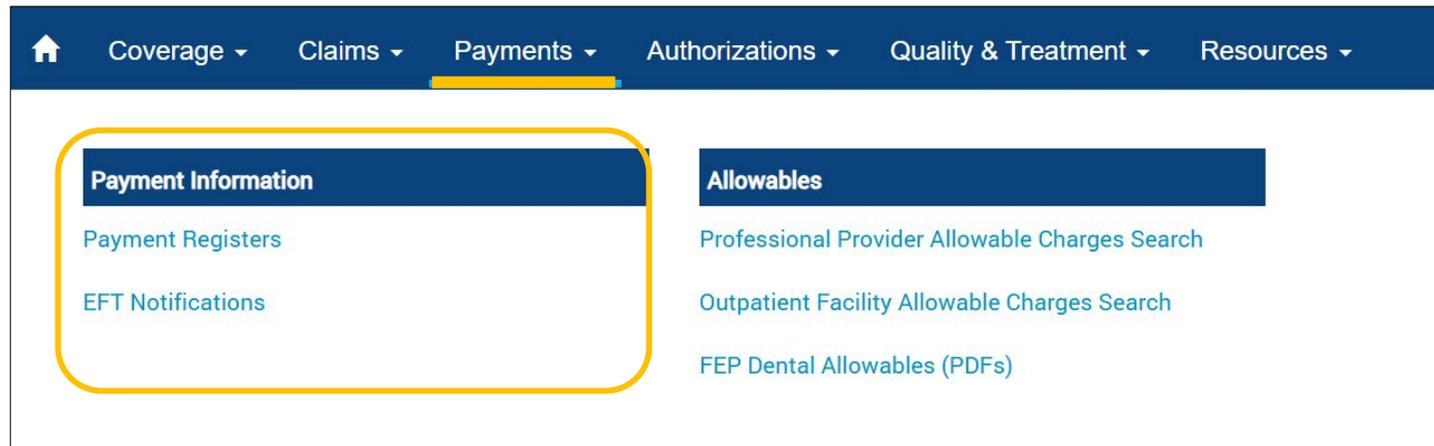
Accepted
Report
Example

Blue Cross and Blue Shield of Louisiana 837 Accepted / Not Accepted / Warning Report Professional Claims Report							
SUBMITTER NUMBER: P0123456789 BC Red # 1234T5678Z NPI# 1234567891 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 NPI# 1234567891 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				

Payment Information



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

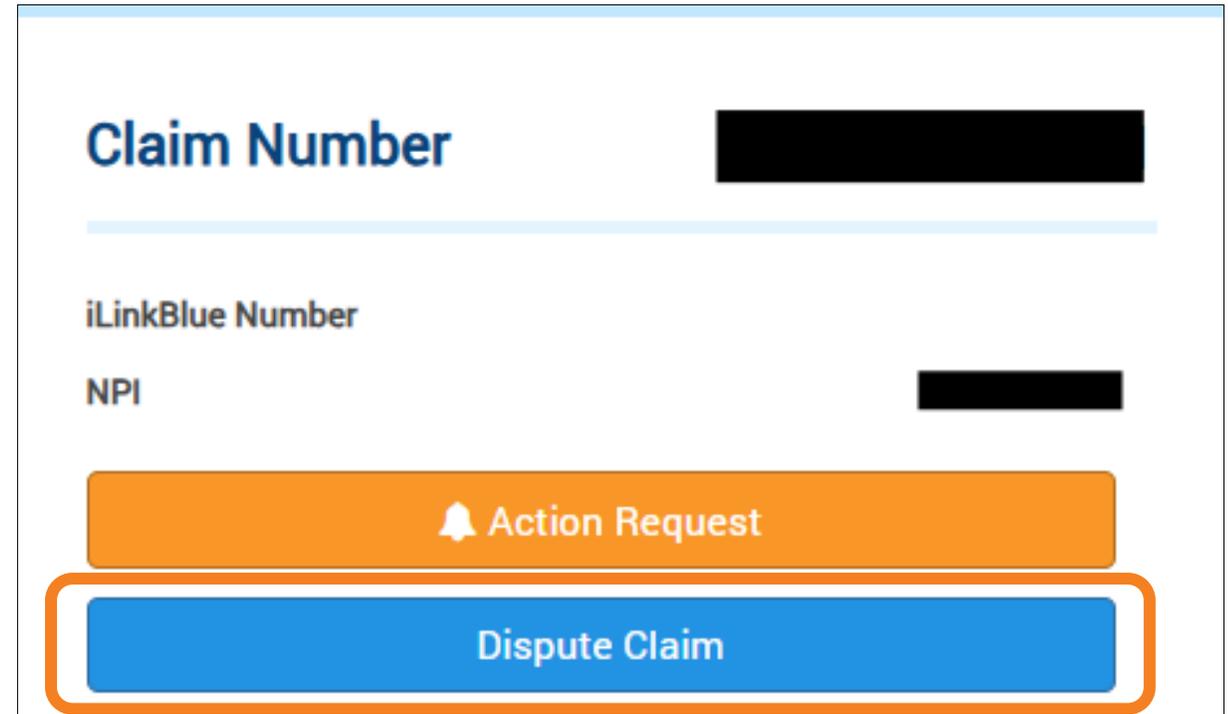
- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

Provider Disputes Form Online

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

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

As of Dec. 1, providers can select the “Dispute Claim” button to the Paid/Rejected Claim Detail screen. 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 claim details. At the top, the label "Claim Number" is followed by a blacked-out field. Below this is a horizontal light blue separator line. Underneath, the labels "iLinkBlue Number" and "NPI" are shown, with the NPI field also blacked out. Two buttons are visible: an orange button with a bell icon and the text "Action Request", and a blue button with the text "Dispute Claim". The "Dispute Claim" button is highlighted with a thick orange border.

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.

Inpatient Unbundling Reports

Louisiana Blue reviews inpatient acute care claims for billing accuracy based on the inpatient unbundling policy.

Participating acute facilities can use iLinkBlue to review automatically generated reports on how inpatient claims were unbundled and reprocessed.

To access the reports, visit the Claims Status Search application and click on:

- The “Click here” link in the green alert banner to view the previous 28 days of unbundling reports; or
- The blue “Unbundling Reports” tab to view all available reports. Reports will be retained within iLinkBlue for 16 months from the date of generation.

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

Recent Unbundling Reports available! [Click here](#) to view those reports. ×

Paid/Rejected **Pended** Claim Number **Unbundling Reports**

1 Select a Provider
Choose one

2 Contract Number
 Louisiana Blue / FEP
Do not include prefix
 Blue adVantage
 BlueCard - Out of Area

3 Date of Service *optional*
From
To 08/25/2025

Search



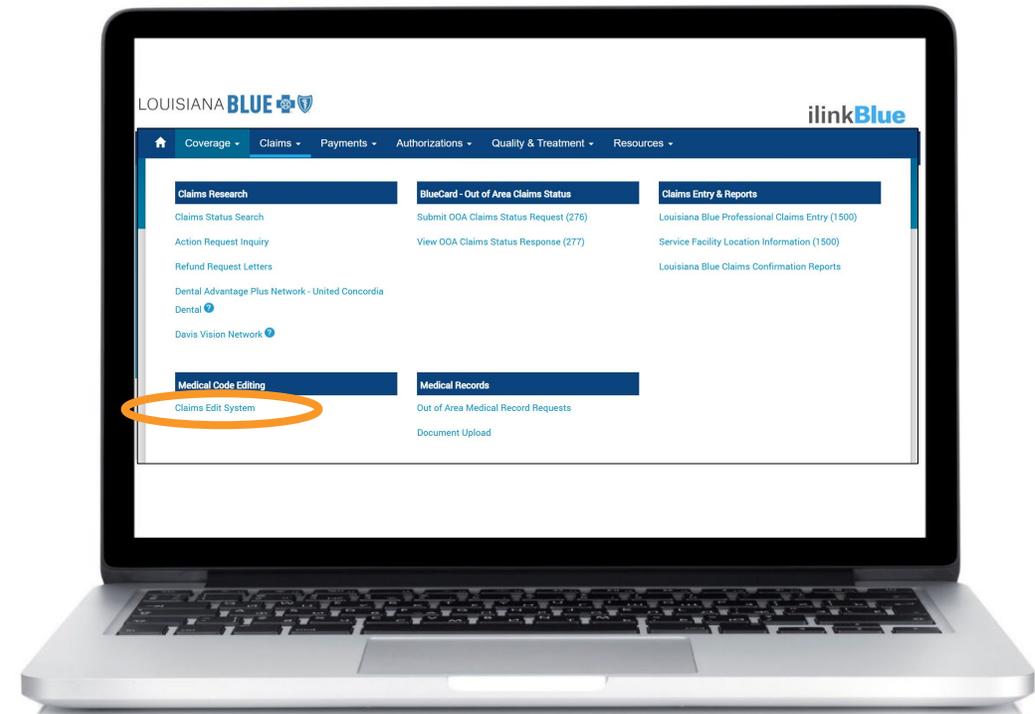
Claims Editing

Claims Editing System Application

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.



Claims Editing System Application

This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits



CES – Facility Claims

LOUISIANA BLUE 

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

Professional Claim Entry | **Facility Claim Entry**

Submit

Type Inpatient Outpatient

Type of Bill Claim Type Statement From Through Admit Date Admit Type

Patient Information

Gender Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units	Total Charges	
1	<input type="text"/>	<input type="text"/>	<input type="text" value="08/18/2025"/>	<input type="text" value="1"/>	<input type="text" value="0.0"/>	×
2	<input type="text"/>	<input type="text"/>	<input type="text" value="08/18/2025"/>	<input type="text" value="1"/>	<input type="text" value="0.0"/>	×
3	<input type="text"/>	<input type="text"/>	<input type="text" value="08/18/2025"/>	<input type="text" value="1"/>	<input type="text" value="0.0"/>	×

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.**

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 Undefined
- 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

CES Application Outputs

LOUISIANA BLUE 

Professional Claim Entry | Facility Claim Entry

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

Export to PDF | New Claim

Type: Outpatient

Type of Bill 131 | Claim Type Facility Outpatient | Statement From 06/26/2019 | Through 06/26/2019

Patient Information

Gender M | Birth Year | Patient Status

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags						
CLAIM CLEAN CLAIM										
Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags						
1	G0463	0	0.0	<table border="1"> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>[DDR BCLA19 FE] Submitted HCPCS code G0463 is not separately reimbursable.</td> <td>Deny</td> <td></td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	[DDR BCLA19 FE] Submitted HCPCS code G0463 is not separately reimbursable.	Deny	
Flag Description	Flag Status	Disclosure								
[DDR BCLA19 FE] Submitted HCPCS code G0463 is not separately reimbursable.	Deny									

Code Type:

Diagnoses | Reason(s) for Visit

G0463 not separately reimbursable.

LOUISIANA BLUE 

providerTIDBIT 

A guide to understanding our processes

Claims-editing Software (CES) System for Professional Claims

What is claims editing?

It is editing applied to incoming claims to ensure proper coding and billing based on reimbursement, medical policy, benefits, rules and industry standard coding guidelines.

CES Tool in BlueBlue

Providers can calculate claim edit outcomes with our CES tool available online at www.lablue.com/linkblue > Claims > Medical Code Editing. Mandatory fields are circled below.



The results of the software do not consider all circumstances and factors that may affect payment including:

- Inpatient claims previously billed
- Member benefits and eligibility
- Contract terms
- Provider contracts
- Good day edits for procedures
- Modifier rules override edits
- Multiple procedure reduction

7/20/2019 Next →

This document is available to the public. If you have any questions, please contact the Louisiana Blue Customer Support Center at 1-800-444-4444. © 2019 Louisiana Blue Cross of Louisiana. All rights reserved.

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

Disputes Related to Code Edits

- If you disagree with the edit outcome, please include **clinical-based documentation** — not just medical records — to support your dispute. Disputes filed without such documentation will be returned as insufficient.
- Louisiana Blue applies editing to incoming claims to ensure proper coding and billing based on reimbursement, medical policies, benefit rules and industry standard coding guidelines.
- Payment reductions due to code editing are considered above allowable amounts and appear on the Payment Register/Remittance Advice in the above allowable amount column. These amounts are not collectable from the Louisiana Blue member.

For more information on our Claims Editing System Tool, see our CES Tool Guide located online at www.lablue.com/providers >Resources >Tidbits.

The screenshot shows a document titled "providerTIDBIT" with the subtitle "Claims-editing Software (CES) System for Professional Claims". It includes a section "What is claims editing?" and a table with columns for "Claim ID", "Date", "Status", "Code", "Description", "Amount", and "Edit Reason". The table contains several rows of data. Below the table, there is a list of factors that may affect payment, including "Historical claims previously billed", "Member benefits and eligibility", "Limits billed", "Provider contracts", "Global day edits for procedures", "Multiple procedure reduction", and "Modifiers that override edits".



Helpful Reminders

Coding to the Highest Level of Specificity

- Include chronic conditions in documentation.
- Code to the highest specificity.
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted.
- Clarify whether a condition is **chronic** or **acute**.
- Clarify whether a condition is **controlled** or **uncontrolled** to document the current status of condition/how it is being managed.
- Clarify the **type of diabetes** (if applicable).

Example: Notes may say “Diabetes Type II and CKD Stage III,” but if stated as “CKD III Due to Diabetes,” it would result in a different ICD-10 Code.

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

Medical Record Requests

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

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



BlueCard Medical Record Requests

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

The screenshot shows the Louisiana Blue iLinkBlue provider portal. At the top, there is a navigation menu with links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area features three prominent cards:

- Welcome to iLinkBlue**: A card with a "Tips to Know" section that includes a "Do you need a past EFT Notification/Payment Register?" tip, advising providers to set the calendar feature to receive EFT notifications on Mondays.
- Refund Letters**: A card with a red warning icon stating, "You have Refund 35 Request Letters created within the last 30 days." It includes a link to "Refund Letters".
- Medical Record Requests**: A card with a blue document icon stating, "You have 15 new Medical Record Requests that require action." It includes a link to "Document Upload".

The screenshot shows the "Louisiana provider TIDBIT" page, which is a guide for providers. It includes a section titled "Medical Record Guidelines for BlueCard" with the following instructions:

- Always direct medical record submissions to Blue Cross and Blue Shield of Louisiana when requested. You will be alerted of BlueCard medical record requests through our secure online tool iLinkBlue (www.lblue.com/ilinkblue). These alerts will be visible on the iLinkBlue home page.
- If a claim denied for one of the following reasons: "lack of information received," "additional information needed" or "waiting on requested information," wait until you receive a medical records request on iLinkBlue before submitting records. For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.
- Send medical records to us within 10 business days after receiving an alert.
- Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

Below the instructions, there is a "Do NOT submit BlueCard Medical Records" section with the following guidelines:

- submit your request through Blue Cross and Blue Shield of Louisiana
- with a copy of the original claim as an attachment
- without the request for medical records notification from iLinkBlue attached
- by certified mail

At the bottom, it states: "Once confirmed that we received your records, please allow 10 days for Blue Cross and Blue Shield of Louisiana to notify the member of Blue Card to complete the review process. If you receive no response after 30 days, please follow up with us by calling the Customer Care Center at 1-800-922-8866."

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

Provider Self-service

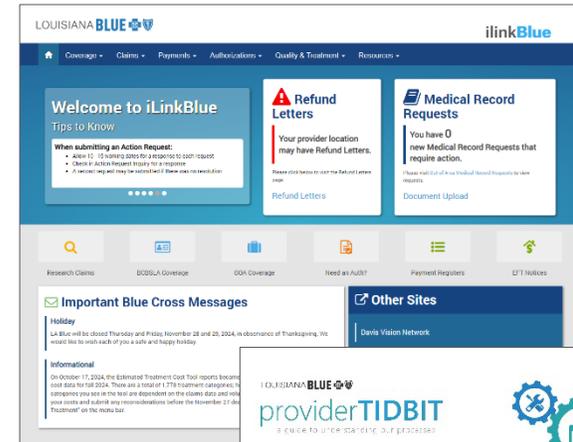
Providers are required to use our self-service tools for:

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

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

Self-service tools available to providers:

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





Online Resources

Online Provider Directories

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

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find a Doctor or Drug

Find a Doctor or Drug

Provider Directory
Provider Directory and Cost Estimates
Search for a provider near you, or find other doctors in Louisiana and across the country. You can also get estimates on procedure costs.

Other Directories
BlueDental Provider Directory
Blue Vision Directory
Blue Cross Blue Shield Global Core
Federal Employee Program (FEP)

Hospital Based Physicians
ER/OR Information

Get Care from Anywhere!
Medical/Behavioral Visits Available
BlueCare lets you see doctors 24/7 for minor health issues or schedule appointments for behavioral health needs.

Rx Drug Resources
Find and Manage Medicine
Manage your medicine, find drug lists and learn how to save money.
Pharmacy Directory
Search Express Scripts' network for a retail pharmacy.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find a Doctor or Drug

Pick a doctor near you or get cost estimates available to members in our provider directory. Or learn more about prescription drugs, as well as finding helpful information.

Find Care

Good Afternoon!
Browse or search to find the care you need.

Network: All Networks | City, state or zip: San Jose, CA - 95141

Search for Names and Specialties

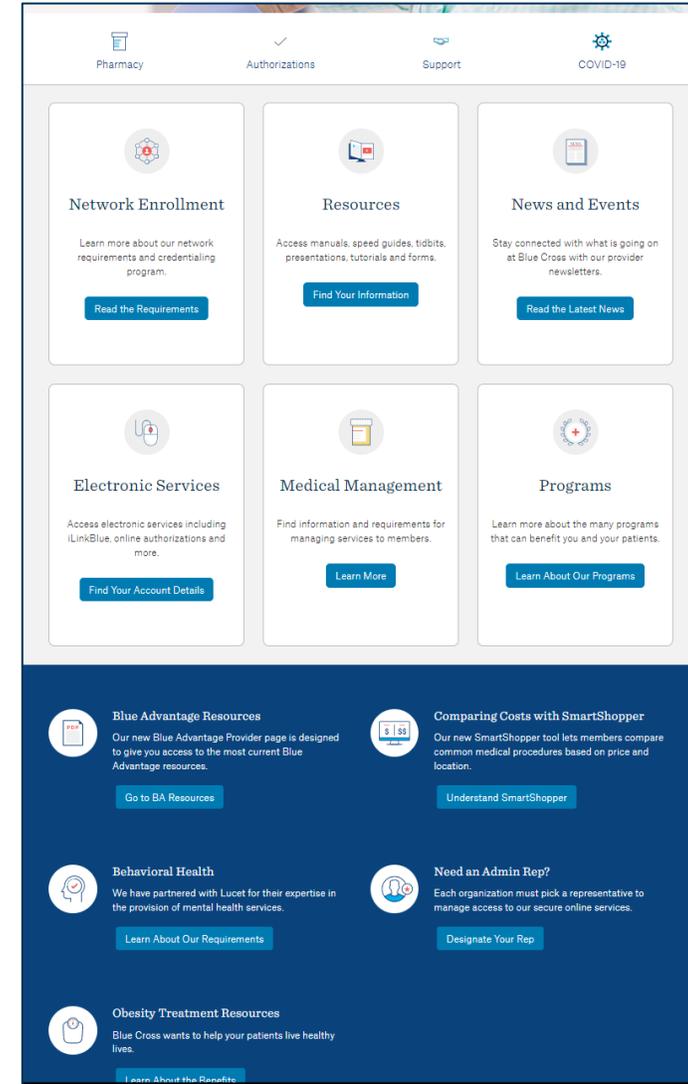
Common Searches: Primary Care Urgent Care Behavioral Health DME & Medical Supplies

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



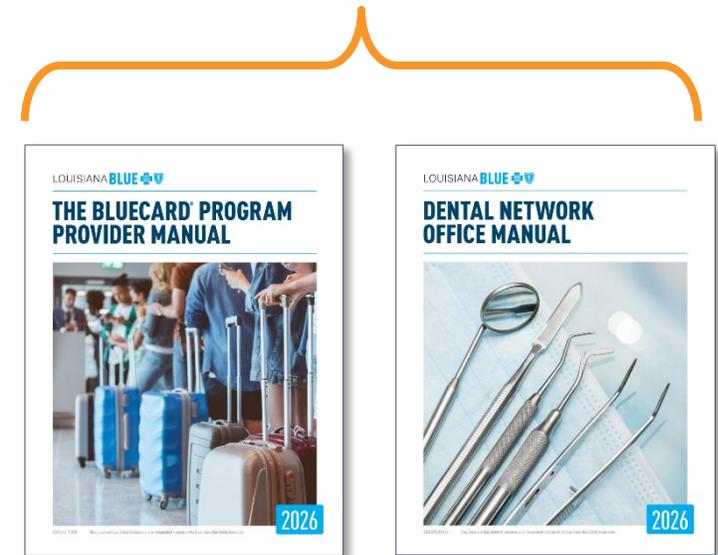
Provider Manuals

Our manuals are an extension of your member provider agreement.

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

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

www.lablue.com/providers
>Resources >Manuals

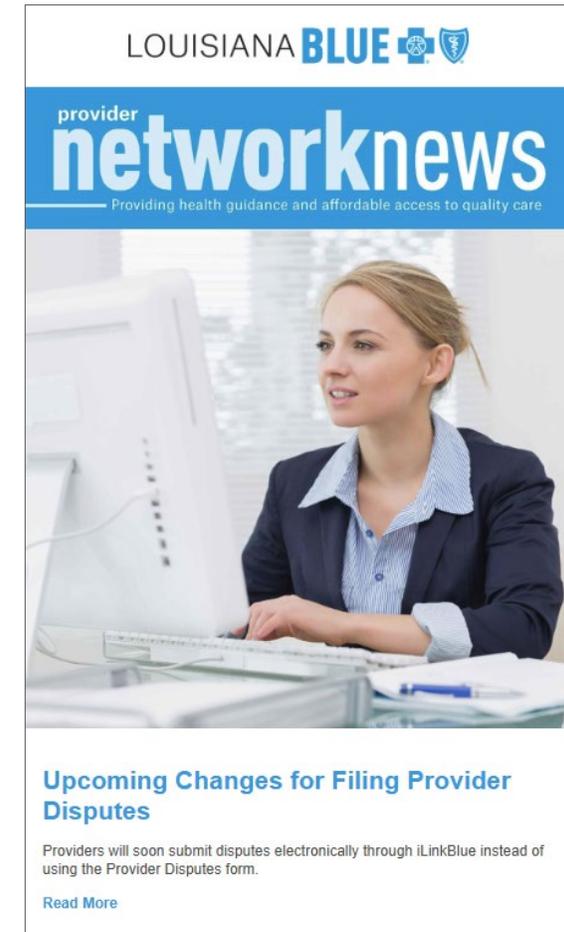


The *Member Provider Policy & Procedure Manual* (our facility manual) is located on the Provider page at www.lablue.com/providers >Resources >Manuals.

Network News Newsletter

Stay connected with what is going on at Louisiana Blue with our **Network News** provider newsletter, our quarterly newsletter for network providers.

The newsletter can be found online at www.lablue.com/providers >Newsletters.



Not Getting Our Newsletters?

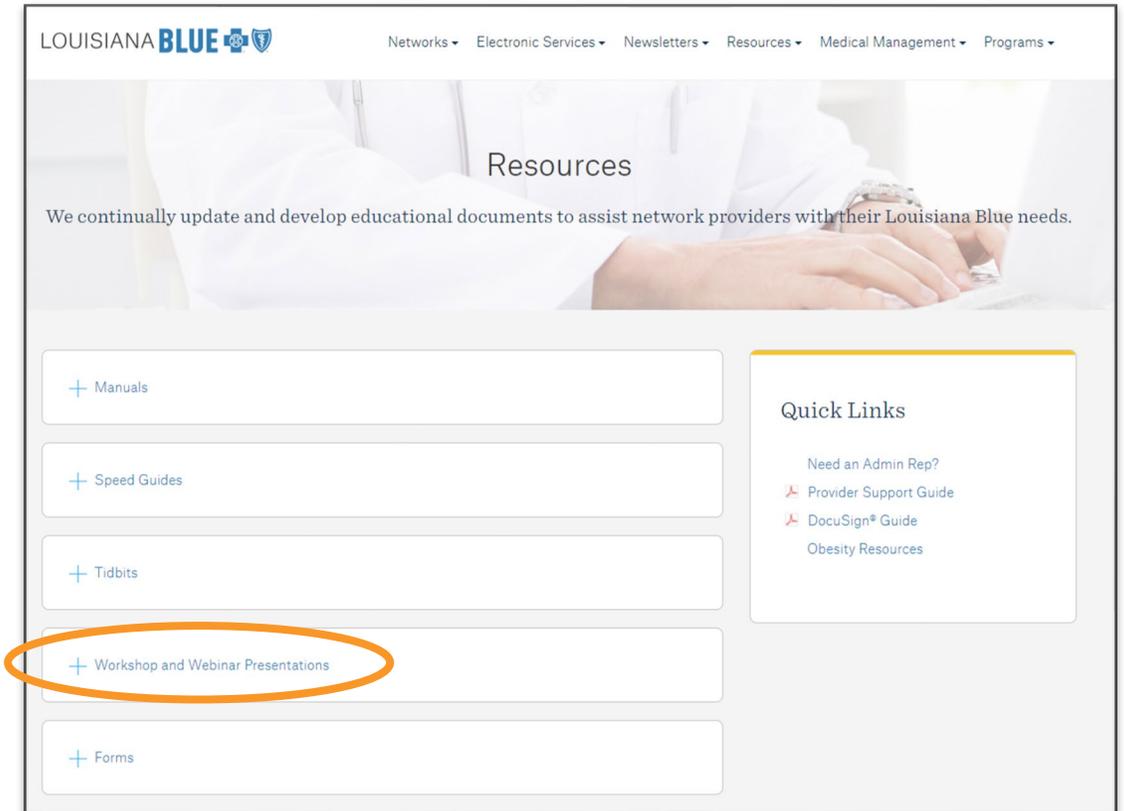
Send an email to provider.communications@lablue.com. Put “newsletter” in the subject line. Please include your name, organization name and contact information.

Workshops and Webinars

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

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

PDF copies of our workshops and webinars are available online.



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

Weekly Digest

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

It includes:

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

provider communications
WEEKLY DIGEST

PROVIDER NOTICES

New Gold Card Program Year to Begin Soon

Audience: Network providers who request high-tech radiology authorizations should read this notification.

Louisiana Blue is preparing to notify the providers who qualify for participating in the 2025-2026 Gold Card Program year.

Louisiana Blue approves a provider's participation in the Gold Card Program for a one-year period. We recently completed an audit of high-tech radiology authorizations to determine the providers who meet the criteria to participate.

In the coming weeks, we will mail notices to current and new program participants. Current participants will be informed about whether or not they meet the criteria to maintain their Gold Card status. Continuation is based solely on the results of our audit.

To receive or maintain Gold Card status, a provider must:

- Have a volume of at least 50 high-tech imaging service requests per year.
- Submit timely clinical information for audit cases as requested.
- Must have an audit approval rating of 95-99%.

We implemented the Gold Card program in 2023 to lessen the administrative burden for providers meeting these criteria. Gold Card providers always receive approval on select high-tech imaging services administered through Carelon Medical Benefits Management (Carelon).

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

UPCOMING EVENTS

Register Today!

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

New to Louisiana Blue Webinars

We are holding webinars for professional providers and facilities new to our provider networks or who have new personnel. These webinars offer key information about our credentialing requirements, networks, claims filing options, medical documentation, iLinkBlue (www.lablue.com/ilinkblue) and other Louisiana Blue resources.

Who should attend?
Clinical, billing and office personnel, including those who work with Louisiana Blue claims and reimbursement, are encouraged to attend a webinar.

- Professional provider staff should attend the Professional Webinar
- Facility staff should attend the Facility Webinar

Professional
Date: Nov. 5, 2025
Time: 10 - 11:30 a.m.

Register

Facility
Date: Nov. 5, 2025
Time: 2 - 3:30 p.m.

Register

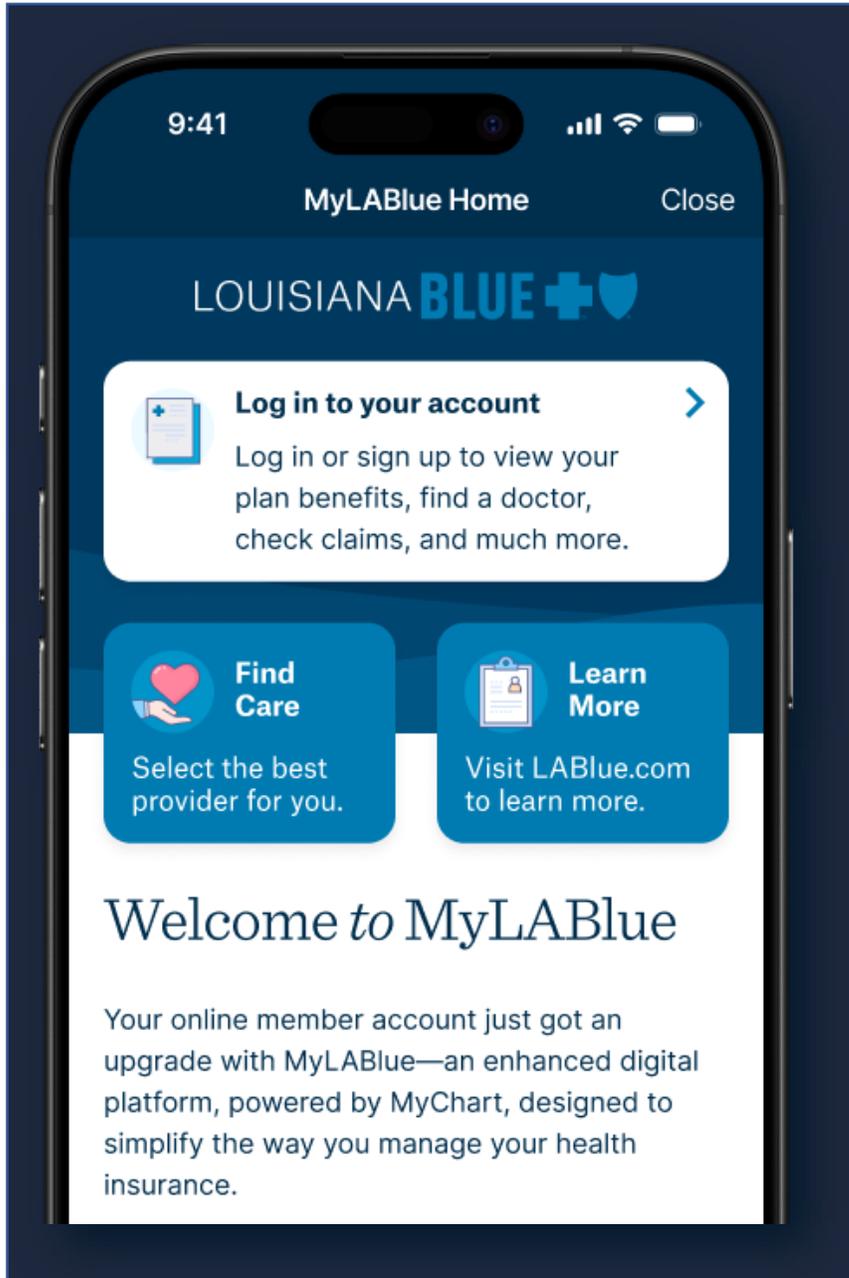
Important information to share with others at your organization!

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



My LA Blue App for your Patients

- Greater visibility of prior authorization status for requests handled directly through Louisiana Blue
- Easier for patients to find in-network providers, give their family or caregivers access to their health info, download digital ID cards
- Does not replace any provider's office MyChart platforms that patients use
- Patients can get information where they want it – digital platform, labeled.com, adding MyLABlue to MyChart account



LOUISIANA **BLUE**  

Support

Customer Care Center

Other Provider Phone Lines

BlueCard Eligibility – 1-800-676-BLUE

(1-800-676-2583)

for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 5 – for questions regarding security access to online services

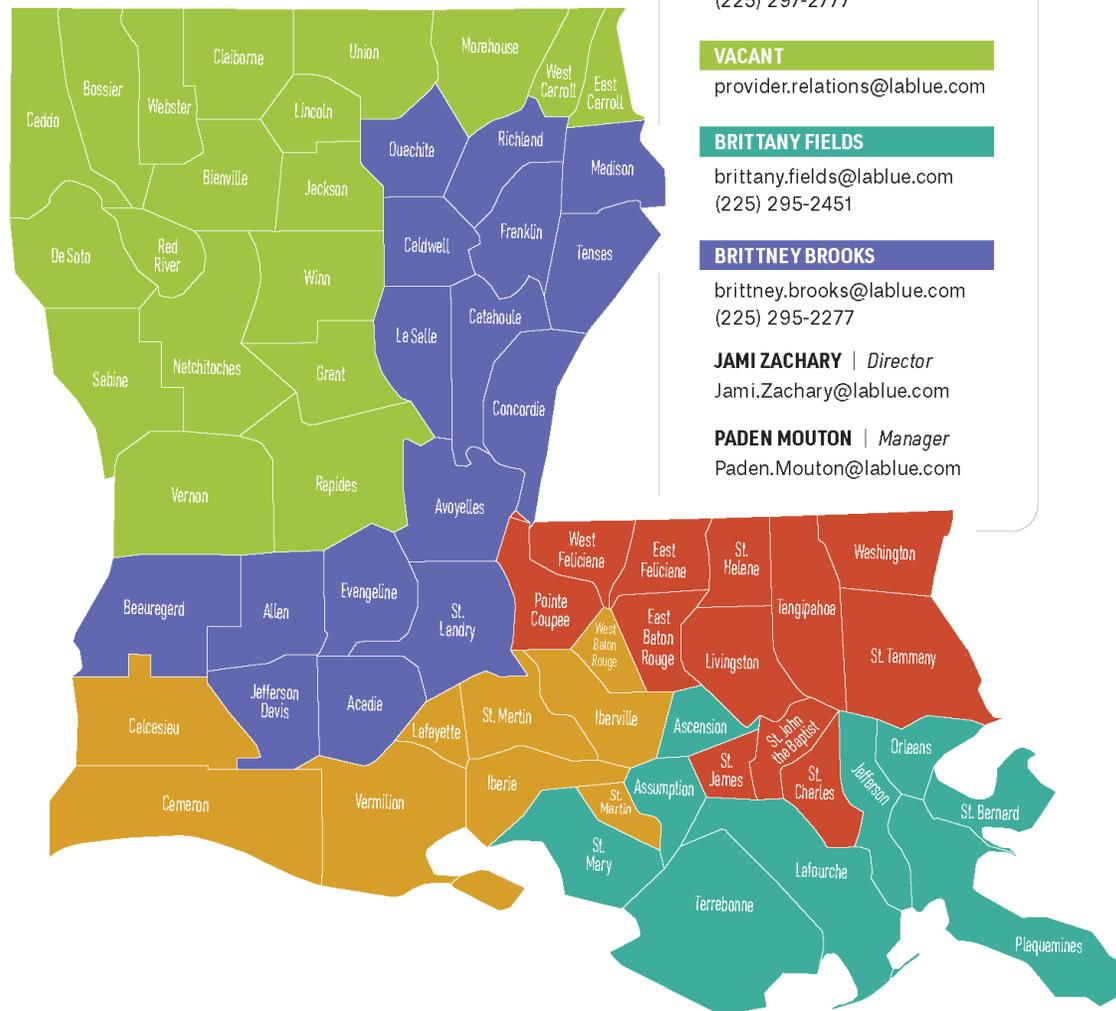
For information NOT available
on iLinkBlue

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

Note: For questions regarding provider relations, email provider.relations@lablue.com.

Your Provider Relations Representative

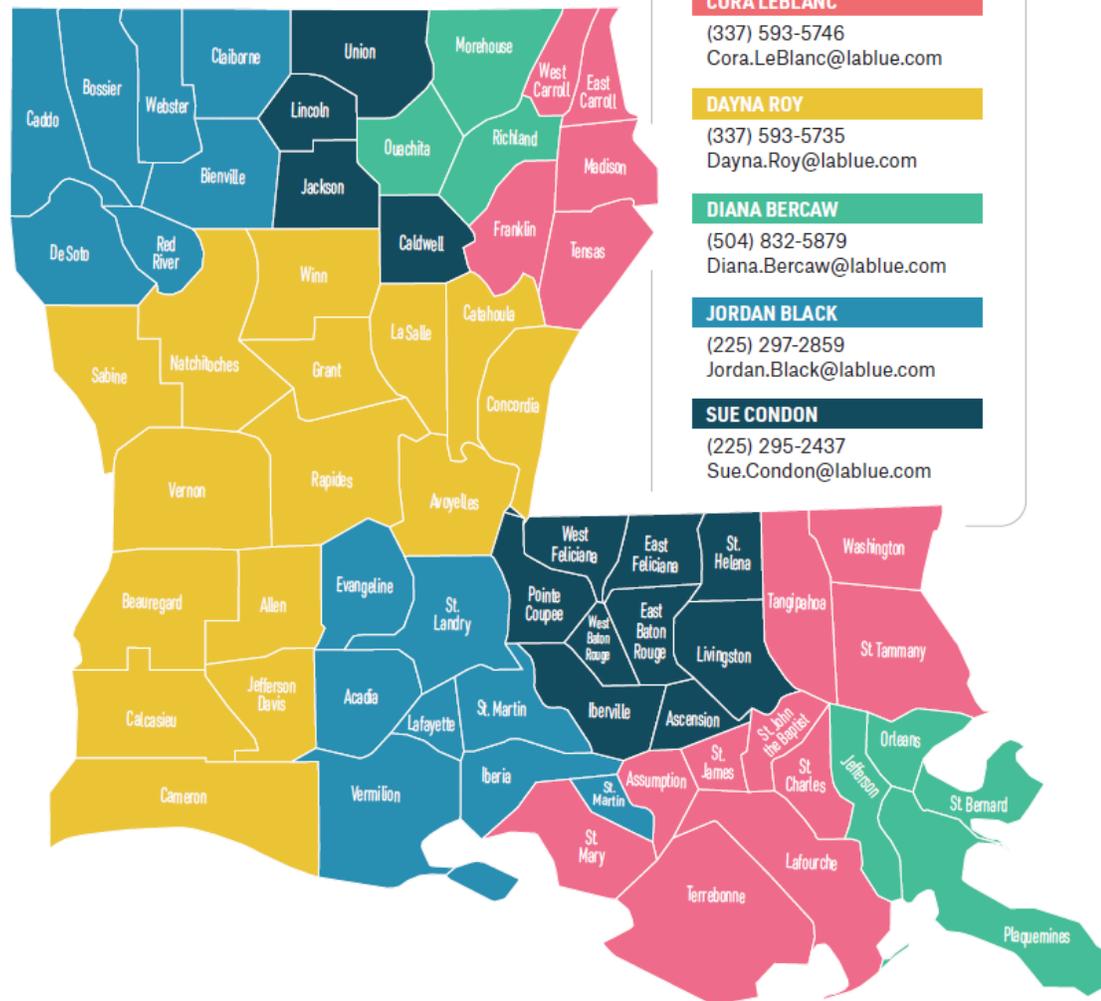
Provider Relations Representatives PARISH MAP



Your Provider Contracting Representative

Provider Network Development

CONTRACTING PARISH MAP



The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Change

Kostas Plakidas, Director, Provider Network Operations
kostas.plakidas@lablue.com

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

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

Questions?

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





Appendix

Blue Distinction Specialty Care

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

Specialty Program selection criteria can be found at www.bcbs.com >About Us >Capabilities & Initiatives >Blue Distinction >Blue Distinction Specialty Care.

Blue Distinction Level Comparison

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

Hospital-based Providers

The **healthcare Consumer Billing & Disclosure Act (or Consumer's Right to Know Act)** requires that facilities (acute and ambulatory surgery centers) inform health plans of its hospital-based physicians in the specialties of:

- Anesthesia
- Emergency Medicine
- Neonatology
- Pathology
- Radiology

According to the legislation, facilities must notify health plans of any changes made to this information within 30 days of the change.

BATON ROUGE REGION HOSPITAL-BASED PHYSICIANS 

Use the chart below to see whether a hospital-based physician or group participates in any of the Blue Cross and Blue Shield of Louisiana networks.

The Baton Rouge Region consists of Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, St. Helena, Pointe Coupee, Tangipahoa, West Baton Rouge and West Feliciana parishes.

For instructions on reading this chart or for more information, visit the last page of this document.

This chart is for informational purposes only and may have changed since it was last updated on **August 31, 2021**.

HOSPITAL OR AMBULATORY SURGERY CENTER	Facility Networks					Hospital-based Physician or Group			Specialty				Contracted Networks					
	No. Inpatient Services Offered	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE IPIN	NAME AND OFFICE ADDRESS	PHONE NUMBER	ANESTHESIOLOGY	EMERGENCY MEDICINE	NEUROLOGY	PATHOLOGY	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE IPIN	PRESCRIPTION BLUE	BRNATIVE BLUE	REFERRED BY CONTRACT (NOT FOR REFERRAL)
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70403 (985) 345-7246	✓	✓				Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70403	(985) 345-7246	✓				✓	✓					
Advanced Surgical Care of Baton Rouge LLC 7310 Perkins Rd Baton Rouge, LA 70808 (225) 236-3100	✓			✓		KJA Anesthesia 5423 Providence Ln Baton Rouge, LA 70808 Pathology Group of Louisiana 5325 O'Donovan Dr Baton Rouge, LA 70808 Baton Rouge Radiology Group 5422 Oyon Dr Baton Rouge, LA 70808	(225) 532-4061 (225) 766-4999 (225) 769-9337		✓			✓	✓	✓	✓	✓	✓	✓

This chart lists the contracting status of hospital-based physicians in the following specialties: anesthesiology, emergency room medicine, neonatology, pathology and radiology.

For more information on reading the chart, please refer back to the Find a Doctor web page at www.lablue.com.

Reporting is required by the Health Care Consumer Billing and Disclosure Protection Act of the 2001 Louisiana Legislative Session. A facility is required to report this information to each insurer with which it contracts.

18HW1650 R0121 Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company - HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association. 1 of 18 [More ▶](#)

This information is presented to our members on our hospital-based physician reports, available at www.lablue.com >Find A Doctor >ER/OR Information >Hospital-based Physician Providers.

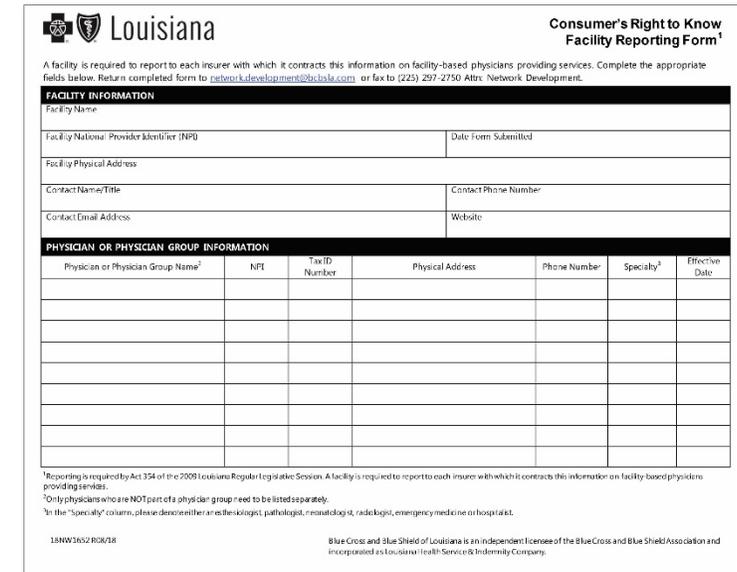
Hospital-based Providers

- 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.
- Reimbursement effective date is based on the provider's start date.

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

Submitting Hospital-based Providers Changes

- Louisiana Blue asks that network facilities submit changes on the **Consumer's Right to Know Facility Reporting Form** every time there is a change in hospital-based physician for any specialties listed previously.
- Return completed forms to our Provider Credentialing Department at provider.contracting@lablue.com.



The form is titled "Consumer's Right to Know Facility Reporting Form" and is for Louisiana. It includes a header with the Louisiana state logo and the text "Louisiana Consumer's Right to Know Facility Reporting Form". Below the header, there is a paragraph stating: "A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services. Complete the appropriate fields below. Return completed form to network.development@lablue.com or fax to (225) 297-2750 Attn: Network Development."

The form is divided into two main sections:

- FACILITY INFORMATION**: This section contains several fields: Facility Name, Facility National Provider Identifier (NPI), Date Form Submitted, Facility Physical Address, Contact Name/Title, Contact Phone Number, Contact Email Address, and Website.
- PHYSICIAN OR PHYSICIAN GROUP INFORMATION**: This section is a table with the following columns: Physician or Physician Group Name¹, NPI, Tax ID Number, Physical Address, Phone Number, Specialty², and Effective Date. There are seven rows provided for data entry.

Footnotes at the bottom of the form include:
¹Reporting is required by Act 354 of the 2009 Louisiana Regular Legislative Session. A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services.
²Only physicians who are NOT part of a physician group need to be listed separately.
In the "Specialty" column, please describe either as is (oncologist, pathologist, neonatologist, radiologist, emergency medicine or hospitalist).

At the bottom left, the number 18NW3652 R08/18 is visible. At the bottom right, there is a small disclaimer: "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."

The Consumer's Right to Know Facility Reporting Form is located at www.lablue.com/providers >Resources >Forms.



Effective Dates

For non-participating providers (requesting a provider record only), Louisiana Blue allows an effective date up to two years back for providers who want a provider record only for filing claims.

For participating providers, Louisiana Blue cannot retroactively allow network participation prior to a provider's credentialing date. Our accrediting organization strictly prohibits it. Effective dates are based on:

Delegation Program Providers	New Providers Not Credentialed	Providers Already Credentialed
The effective date for delegated providers is based on approval of the Credentialing Delegation spreadsheet by our Medical Director.	If you are eligible for reimbursement during credentialing (joining an existing contracted group), then it is one month prior to the date of receipt of application or the clinic start date, whichever is more recent. OR If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee AND the execution of your network agreement.	If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is within 90 days of the calendar date, then it will be that date, but not before the group's effective date. If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is greater than 90 days of the calendar date, then it will be 90 days from the day the information was received, but not before the group's effective date.

Network Agreement (the final paperwork)



Professional providers who are new to the network may not always be required to sign a contract.

A new agreement **IS NOT REQUIRED** when:

- A newly credentialed physician and/or allied provider joins a participating group that already has the applicable physician and/or allied agreement on file.
- A newly credentialed physician and/or allied provider is joining a participating group through the Louisiana Blue Delegated Credentialing Agreement program, **and** that group has the applicable physician and/or allied agreement on file.

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.



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

LOUISIANA BLUE

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"/> Draw 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"/> Lithotripter 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/CDI)
<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: _____
MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

BILLING - When should payments be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

CORRESPONDENCE - When should communications be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

RECORDS - 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:
Bus? Yes No Courier Service? Yes No Other: _____
Offers services for the disabled:
Text Telephone (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 age ranges of the client populations you treat)
 0 to 6 7 - 11 12 - 18 19 - 65 Over 65 All ages Other (Please specify): _____

08887192 10/2019 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. PAGE 1 OF 6

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.

Supporting Documents Needed for Recredentialing

- Completed credentialing form
- Completed attachment(s), as applicable
- Copy of state license
- Copy of W-9
- Copy of Malpractice Liability Certificate
- Occupational License Tax or Operational License (as applicable)



Telehealth Only Providers

Our credentialing policy includes guidance for the provision of telehealth services to our members **WHEN:**

- **Louisiana-based, in-network provider**
 - Must be in process of or have completed credentialing/contracting to participate in our network.
 - Must be employed or affiliated with a physical practice located in Louisiana.
 - Behavioral health telehealth-only providers are not required to be employed or affiliated with a physical practice located in Louisiana but **must be located and licensed in Louisiana**.
- **Out-of-state provider with Louisiana-based practice**
 - Must be employed or affiliated with a Louisiana-based group or entity.
 - Must have a Louisiana State license as required for their specialty.
 - If not licensed in the state of Louisiana, then a Telehealth Permit issued by the Louisiana Board of Medical Examiners (LSBME) is required (includes the condition of maintaining affiliation with a Louisiana based practice or entity).
- **Out-of-state provider without Louisiana-based practice affiliations**
 - Must be credentialed/contracted with another Blue Plan.
 - Can be individually credentialed/contracted or part of a group or entity that is credentialed/contracted with the out-of-state Blue Plan.
 - Claims filing is based on the providers physical location when rendering the telehealth service.

Electronic Payment Registers

HIPAA 835 Transaction

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



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

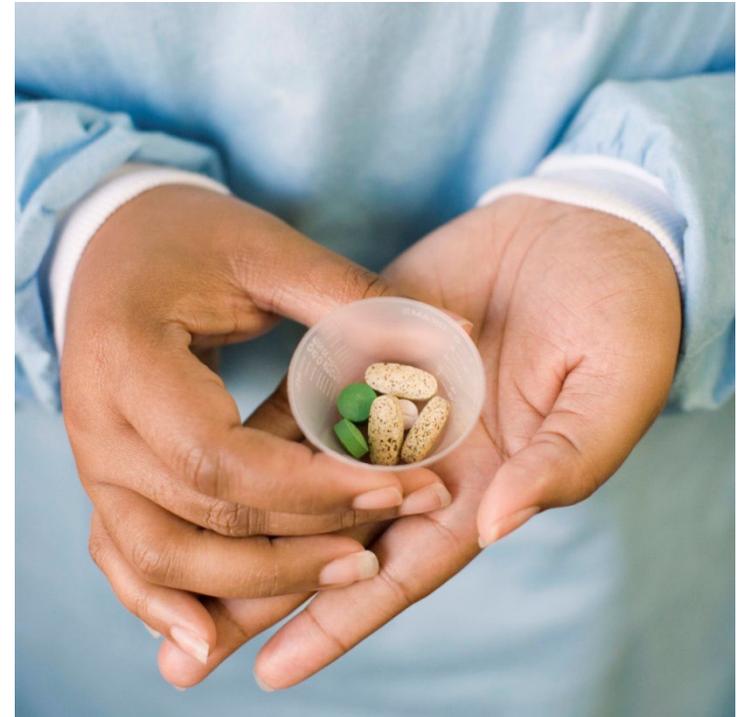
Revenue Code 250 Requirements

For claims submitted on a UB-04:

We require that providers report an NDC when billing revenue codes 25X (excluding revenue code 258).

We also ask that you report the corresponding HCPCS/CPT® code for the billed drug. It should be included on the line item in addition to the NDC.

For outpatient claims, when revenue code 250 is billed without an NDC and HCPCS/CPT code (when applicable) **that line will not be reimbursed.**



National Drug Code (NDC) Required on Drug Claims



Use the following billing guidelines to report required NDCs on outpatient facility UB-04 claims:

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

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

Reporting NDCs on Facility Claims

For Hardcopy Claims

On the UB-04 claim form, report the NDC and the quantity in Box 43 (description field). We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N49999999999. The drug quantity and measurement/qualifier should be included.

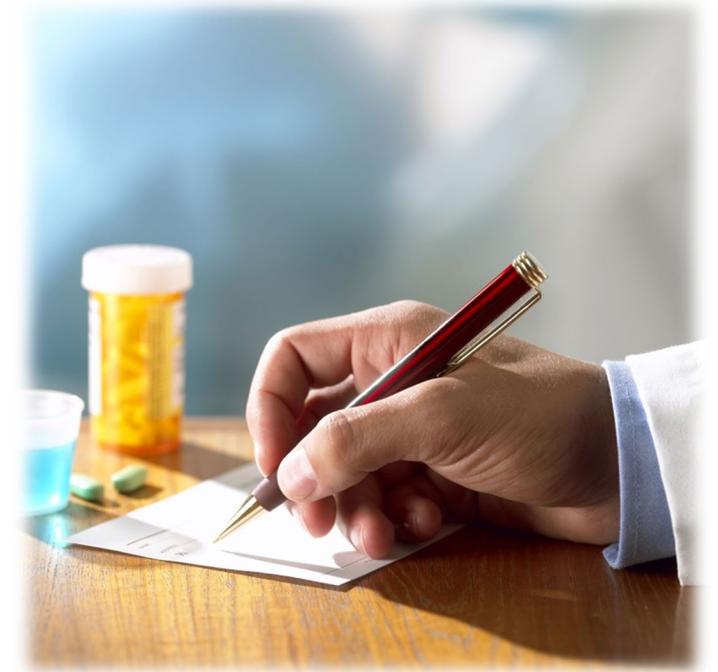
For Electronic Claims 837I

Report the NDC in loop 2410, Segment LIN03 of the 837. The code should consist of a CMS 11-digit NDC in a fixed length 5-4-2 (no hyphens) configuration. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.



Closed Formulary

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



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

Provider's Role in Documenting

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



- Each page of the patient's medical records should include the following for hospital encounters and progress notes:
 - Patient name
 - Date of birth or other unique identifier
 - Date of service including the year
- Provider signature (must be legible and include credentials).
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (UB-04 Claim Form).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.

iLinkBlue Passwords

Passwords for iLinkBlue 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 are locked out of your account, reach out to the Provider Identity Management (PIM) Team.



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

Email: PIMteam@lablue.com

Multi-factor Authentication

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

The screenshot shows the 'Authentication Method Selection' screen in the PingID Registration process. The title is 'Authentication Method Selection' and the instruction is 'Select the option you want to configure for use during authentication:'. There are five options, each with a radio button and an icon: 'SMS/Texting' (B), 'Voice' (C), 'Email' (A), 'Secondary Email', and 'Mobile App' (D). The 'Email' option is selected. At the bottom, there 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 screen is 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.

Submitting Action Requests

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

Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

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

and

on the **Pended Claims Results** screen

Claim Number [REDACTED]

iLinkBlue Number [REDACTED]

NPI [REDACTED]

on the **Claims Detail** screen

Action Requests

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Refund Request Letters](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#)

[Davis Vision Network](#)

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	
18976543200-1						SL16	
16789854100-1						SL16	

Submit Action Request

To submit an action request, complete the fields below.

Action
Select One

First Name
First

Last Name
Last

Phone Number
XXX-XXX-XXXX ext

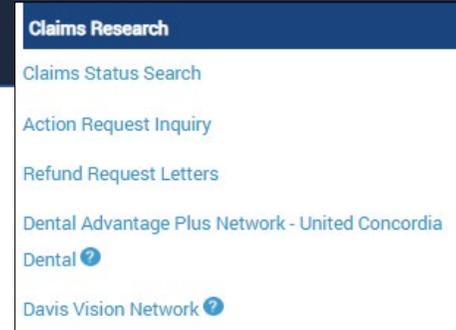
Notes
Type the details of your request. Max 400 characters.

Claim Details
Contract Number
Claim Number
Date of Service
Date Processed

When submitting an Action Request:

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

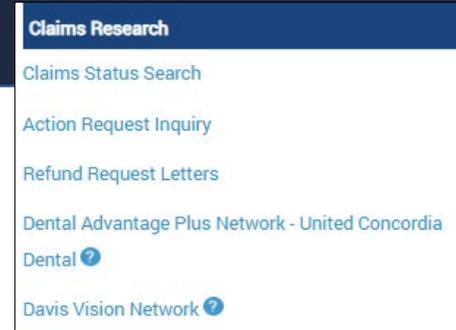
Action Requests Enhancements



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

- The notes field will allow up to 1,000 characters for users to better communicate their claim issue. In the past the 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 load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.

Action Requests Enhancements



Users may notice some additional changes because of these enhancements.

- Once you submit an action request, you will no longer be able to edit or delete that request.
- You will not be able to submit duplicate action request on the same claim. A message will display to remind you an existing request is open on the claim. We must close that request before you can enter a new action request on the same claim. You are still able to enter additional action requests for other claims.
- After clicking submit, 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. A blue processing bar will display as the action request transmits into our system for processing.
- 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.

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 >Resources >Manuals.



Inpatient Unbundling Policy

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

Louisiana Blue has expanded this policy effective August 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 the Provider page at www.lablue.com/providers, click on “Resources,” then “Manuals.”



Electronic Claims



Electronic Data Interchange (EDI)

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

Electronic Transaction Exchange

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

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

Coding to the Highest Level of Specificity

- Include chronic conditions in documentation.
- Code to the highest specificity.
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted.
- Clarify whether a condition is **chronic** or **acute**.
- Clarify whether a condition is **controlled** or **uncontrolled** to document the current status of condition/how it is being managed.
- Clarify the **type of diabetes** (if applicable).

Example: Notes may say “Diabetes Type II and CKD Stage III,” but if stated as “CKD III Due to Diabetes,” it would result in a different ICD-10 Code.

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

Medical Record Requests

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).

Provider Self-service

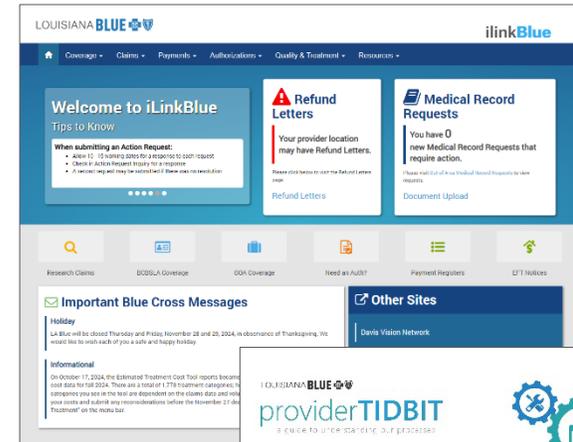
Providers are required to use our self-service tools for:

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

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

Self-service tools available to providers:

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



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 >Resources >Tidbits.

The screenshot shows the 'providerTIDBIT' logo with the tagline 'a guide to understanding our processes'. Below the logo is the title 'Automated Benefits & Claim Status' and a brief description of the system. A blue bar contains the 'Customer Care Center 1-800-922-8866'. The main content area lists the information needed for a call: Provider's NPI, Member ID Number, Provider's Tax ID Number, Member's 8-digit Date of Birth, Provider's ZIP Code, and Date of Service. It then presents a menu with four options: 1. Medical, 2. Vision*, 3. Dental, and 4. Life. A 'Provider Menu' section at the bottom lists: 1. Benefits, 2. Claims, 3. Authorizations, 4. An Out-of-state Policy, 5. A Payment Register Fax, or 6. None of the Above. The footer includes the date 1/8/2010 and the Louisiana Blue Cross and Blue Shield of Louisiana logo.