

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 - Professional

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





# Credentialing

# The Credentialing Process

- The credentialing committee approves credentialing twice per month.
- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.
- Network providers are recredentialed every three years from their last credentialing acceptance date.



To inquire about the status of your initial credentialing application, you may send an email to [PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com).



# CAQH Applications

As of **July 1, 2025**, we only accept the Council for Affordable Quality Healthcare (CAQH) application. This change applies for professional credentialing and recredentialing.

The CAQH Provider Data Portal enables you and your support staff to:

- Maintain your information in one user-friendly online data source.
- Authorize which organizations have access.
- Upload credentialing and supporting documents.
- Update practice location information for all providers at one time.
- Export your CAQH provider profile in a standardized format accepted in all 50 states and by most healthcare organizations.



# 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.  <b>OR</b>  If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee <b>AND</b> 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.

# Credentialing Delegation Program

- It is an extension of our accredited credentialing program and is available to groups **with 50 or more practitioners.**
- An approved delegation entity essentially credentials its own providers and sends the information to Louisiana Blue to create their provider records.
- This program allows you to expedite your credentialing experience so you can complete the Louisiana Blue credentialing process with fewer steps.
- After a provider group is approved as a delegation entity, it will not be necessary to submit provider applications to be set up in the Louisiana Blue system.



If you have any questions about the Credentialing Delegation Program, please email [credentialing.delegation@lblue.com](mailto:credentialing.delegation@lblue.com).

The Credentialing Delegation Program guide explains the steps network provider groups must take, and the documents required to become a delegated entity. It is sent to providers requesting to join the program.

# Registered Doula Credentialing Requirements

Doulas can now apply to be credentialed providers in the Louisiana Blue networks.

- To be eligible to join Louisiana Blue provider networks, you must be registered with the state through the Louisiana Doula Registry AND meet the Louisiana Registered Doula criteria as outlined in Louisiana Blue's credentialing requirement guide that can be found on our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers) >Network Enrollment >Join our Networks >Professional Providers >Credentialing Process.
  - If you meet these criteria, submit a credentialing application. Please note it will take 45-90 days to process your application.
  - Once you are credentialed, a member of the Louisiana Blue provider contracting team will contact you to complete the contracting process.



# Reimbursement During Credentialing

Reimbursement During Credentialing applies to all professional provider types, when criteria are met.

Reimbursement During Credentialing will be granted to all professional providers **joining an existing contracted provider group**. That contracted group must have the **same provider type contract** on file with Louisiana Blue. This allows for in-network reimbursement on submitted claims during the credentialing process. Once the application has passed the pre-screening process, reimbursement during credentialing is backdated one month prior to the date of application receipt, or the clinic start date, whichever is more recent.

This provision does not apply for solo practitioners.



**Providers should not file/submit claims until** receiving a provider record assignment letter from our PCDM Department notifying you of the Reimbursement During Credentialing effective date.

If you have any questions about the Reimbursement During Credentialing Process, send an email to **[PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com)**.



# Recredentialing

The Credentialing Committee reviews all recredentialing applications.

# Recredentialing

Network providers must be approved through our **recredentialing** process **every 3 years** from the last credentialing acceptance date. Louisiana Blue is partnered with Medallion to recredential our network providers. Louisiana Blue sends\* recredentialing applications to providers approximately 6 months prior to their recredentialing due date. Instructions are included on how to return completed forms. Louisiana Blue or Medallion will complete the verification process.

Required application:



**Professional providers:** CAQH Application



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

# Recredentialing

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

The email provides/asks for:

- CAQH ID
- A checklist of required supporting documentation
- Instructions on how to complete and return the application

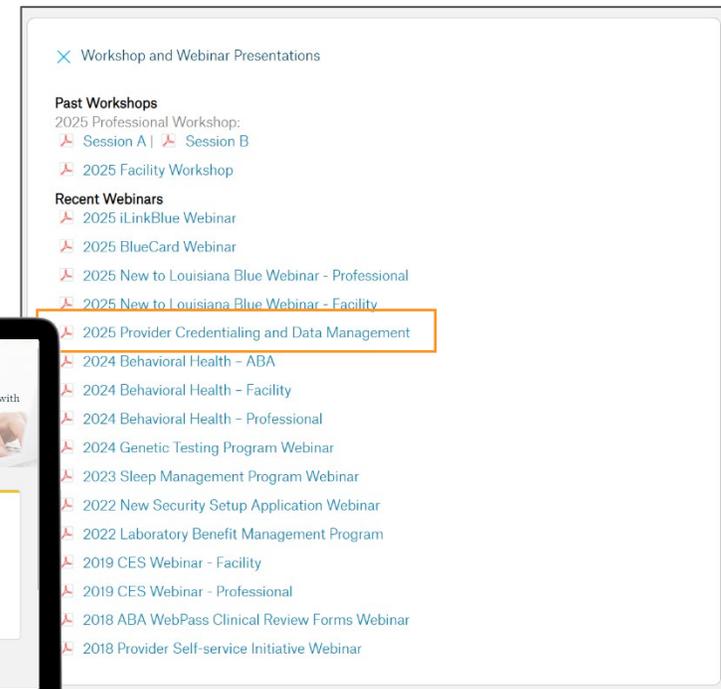
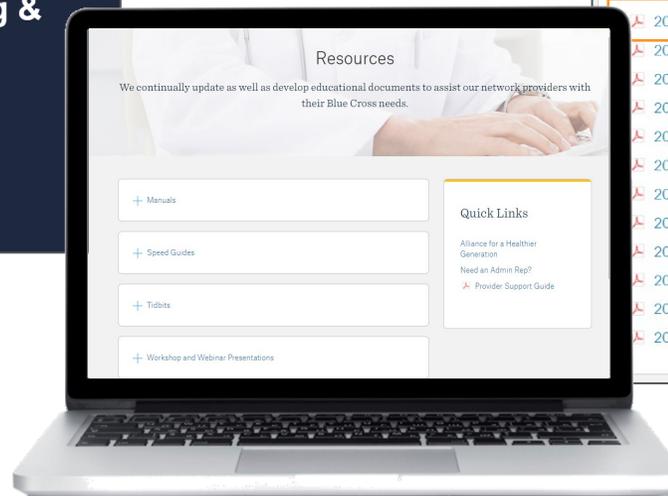
The image shows a 'Provider Application' form with the following sections and fields:

- Header:** 'Provider Application' title, a grid for correct/incorrect marks (A, B, C, 1, 2, 3, CORRECT MARK, INCORRECT MARK), and a note: 'CAQH AUTOMATICALLY APPLIES MIXED-CASE FORMATTING. COMMON ABBREVIATIONS AND ZIP CODE MATCHING. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.'
- Instructions:** 'Read all instructions carefully prior to submitting your application.' and 'Tips to avoid processing delays' (1-6).
- SECTION 1 Personal Information and Professional IDs:**
  - Provider Type:** Includes a checkbox for 'DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING?' and a dropdown for 'SPEC. IN PATHOLOGISTS, ANESTHESIOLOGISTS, OR PHYSICIAN ASSISTANT, PRACTITIONER, RADIOLOGISTS, PHYSICIAN ASSISTANT, ETC.'
  - Name:** Fields for LAST NAME, FIRST NAME, MIDDLE NAME, OTHER LAST NAME, OTHER FIRST NAME, OTHER MIDDLE NAME, DATE STARTED USING OTHER NAME, and DATE STOPPED USING OTHER NAME.
  - General Information:** Fields for GENDER (MALE/FEMALE), DATE OF BIRTH, CITY OF BIRTH, STATE OF BIRTH, COUNTRY OF BIRTH, SSN, FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN), and FNIN COUNTRY OF ISSUE.
  - Home Address:** Fields for NUMBER, STREET, CITY, STATE, ZIP CODE, and TELEPHONE.
  - E-MAIL/FAX:** Fields for E-MAIL, FAX, and PREFERRED METHOD OF CONTACT (E-MAIL/FAX).

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](http://www.lablue.com/providers) >Resources >Workshops and Webinar Presentations.



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](mailto:provider.contracting@lablue.com).

# 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 REQUIRED** for:

- Newly credentialed solo practitioners.
- Newly credentialed providers joining a group not currently participating with Louisiana Blue.
- Newly credentialed providers joining a participating group that does not have an agreement on file for the provider type:
  - Example 1: a nurse practitioner (NP) joins a participating physician group (only has a physician agreement on file). The group must sign an allied agreement to cover the NP.
  - Example 2: a physician joins a participating allied group (only has an allied agreement on file). The group must sign a physician agreement.
- Existing network providers asking to join a different network.
- Some participating providers, groups or facilities changing Tax ID number (TIN).



# Data Management

# Updating Your Information

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

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

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

The image displays three overlapping forms from Louisiana Blue Cross and Blue Shield. The top-left form is the 'Professional Provider Tax Identification Number (TIN) Change' form, which includes sections for 'Effective Date of Change', 'GENERAL INFORMATION' (Former and New Provider Name), 'BILLING ADDRESS', 'MEDICAL RECORDS ADDRESS', 'CORRESPONDENCE ADDRESS', and 'PHYSICAL ADDRESS'. The top-right form is the 'Add Practice Location Form', which includes 'Effective Date of Change', 'GENERAL INFORMATION' (Provider Name, Group/Clinic Name, Person Completing This Form, Contact Email Address, Signature of Authorized Representative), and 'LOCATION TO BE ADDED' (Physical Address, City, State and ZIP Code, Accepting New Patients). The bottom-right form is the 'National Provider Identifier (NPI) Change Form', which includes 'Effective Date of Change', 'Tax Identification Number', 'GENERAL INFORMATION' (Former and New Provider Name, Former and New NPI), 'BILLING ADDRESS', 'MEDICAL RECORDS ADDRESS', 'CORRESPONDENCE ADDRESS', and 'PHYSICAL ADDRESS'. All forms include contact information for Blue Cross and Blue Shield of Louisiana.

# Attesting to Your Directory Information

## Provider Attestation Form

LOUISIANA BLUE  **Facility Provider Attestation Form**  
Tax ID No.: \_\_\_\_\_

Use this form to verify the practice location information Blue Cross and Blue Shield of Louisiana has for your facility is correct. The information below is prepopulated from the data Louisiana Blue has on your current provider record. If any of it is incorrect, you must also complete the Facility Provider Attestation Information Appendix to remain in our provider directories. Failure to report correct contact information could result in your removal from our online provider directories.

By checking the appropriate box, you are attesting that your practice location information is either correct or incorrect.

I am no longer an authorized representative for this facility.

Primary Facility Location	
Correct	Incorrect
<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	
Facility National Provider Identifier (NPI)	
Phone Number	
Address	

Second Facility Location	
Correct	Incorrect
<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	
Facility National Provider Identifier (NPI)	
Phone Number	
Address	

Third Facility Location	
Correct	Incorrect
<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	
Facility National Provider Identifier (NPI)	
Phone Number	
Address	

Fourth Facility Location	
Correct	Incorrect
<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	
Facility National Provider Identifier (NPI)	
Phone Number	
Address	

Page 1 of 3

18NW3398 R05/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Our PCDM Department sends either a **prefilled Provider Attestation Form** via DocuSign® (or a spreadsheet to larger groups) every 90 days to providers listed in our online provider directories. These providers are **required to review** their information.



If the information is correct, then electronically give attestation, sign and return the form.



If any of the information is incorrect, please complete the Provider Update Request Form (a link is included in the attestation form). This allows us to update the information we publish in our directories.

Failure to complete this attestation of information will result in provider being removed from our online provider directories.



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

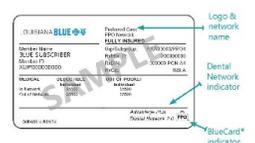
#### Preferred Care PPO

**Prefix: Varies**

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

Preferred Care PPO members are identifiable by the Louisiana Blue logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO in a suitcase" logo identifies the nationwide BlueCard® program. For more information, view the Preferred Care PPO Network Speed Guide, available online at [www.lablue.com/providers](http://www.lablue.com/providers) > Resources.

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



#### HMO Louisiana, Inc.

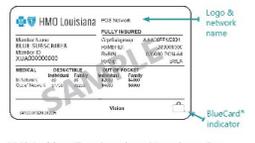
**Prefix: Varies**

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

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

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

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, please email [providercommunications@lablue.com](mailto:providercommunications@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](http://www.lablue.com/providers), click "Resources," then "Provider Tidbits."





# Referrals

# Member Referrals

Network providers should always refer members to other network providers.

- The impact on your patients when you refer Louisiana Blue members to out-of-network providers include:
  - Higher cost shares (deductibles, coinsurances, copayments)
  - No benefits for some members
  - Balance billing to member for all amounts not paid by Louisiana Blue if the provider is non-participating
- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement.

You can find network providers to refer members to in our online provider directories at [www.lablue.com](http://www.lablue.com) >Find a Doctor.





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

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

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



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

# 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.



**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?

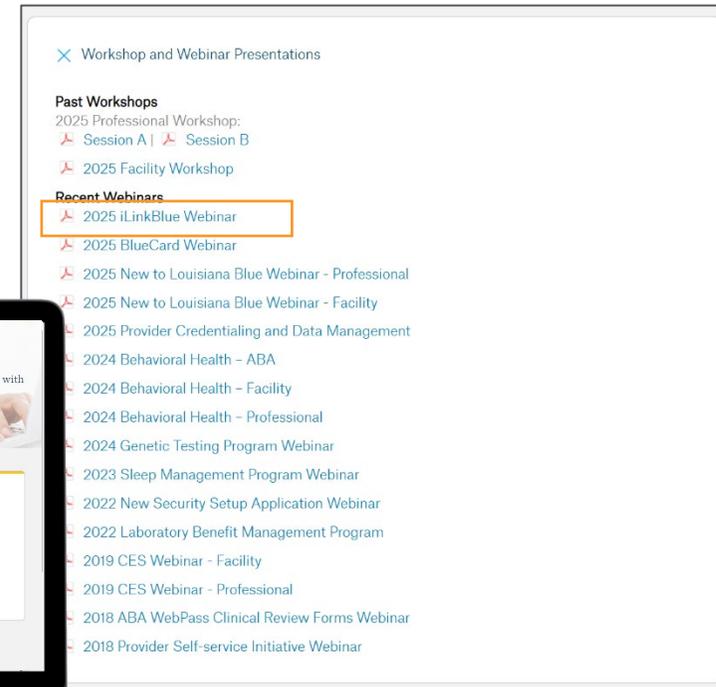
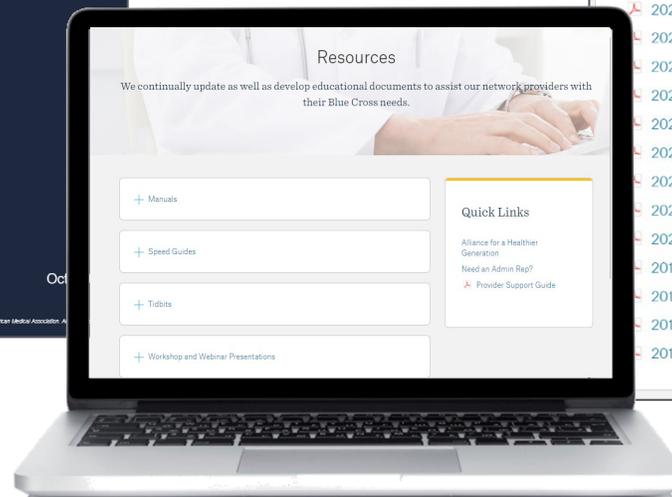
iLinkBlue is Louisiana Blue's secure online provider portal.

The screenshot displays the iLinkBlue provider portal interface. At the top, there is a navigation bar with a home icon and dropdown menus for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, the main content area is divided into several sections. On the left, a 'Welcome to iLinkBlue' section includes a 'Tips to Know' box with a 'Need Help Resetting Your Password?' message. To the right, there are two prominent cards: 'Refund Letters' showing 'You have Refund Request Letters created within the last 30 days' and 'Medical Record Requests' showing 'You have 0 new Medical Record Requests that require action.' Below these cards is a horizontal menu 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' with an informational message about provider dispute forms, and 'Other Sites' with a list of links including Davis Vision Network, Dental Advantage Plus Network, Blue adVantage, and Healthy Blue.

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



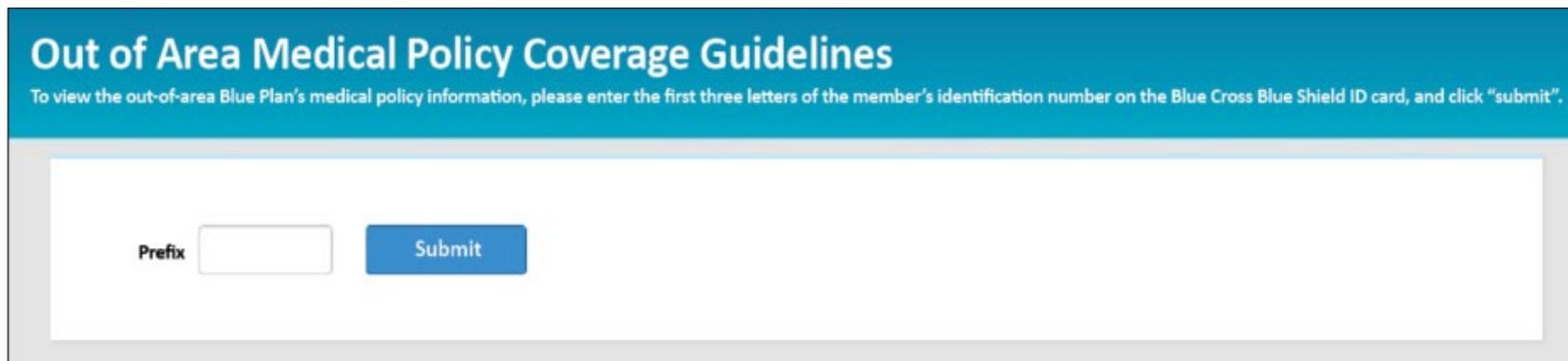
Our lab reimbursement policies can also be found online at [www.labblue.com/provider](http://www.labblue.com/provider) >Medical Management >Lab Management.

# 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](http://www.lablue.com/providers) >Electronic Services >Authorizations, under the quick links section.
- Access the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue ([www.lablue/ilinkblue](http://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](mailto: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	<a href="#">View ID Card</a>	<a href="#">Summary</a> <a href="#">Benefits</a>	<a href="#">View COB</a>

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.

---

## + AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES

---

## + SCHEDULE OF BENEFITS DESCRIPTION

---

- 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

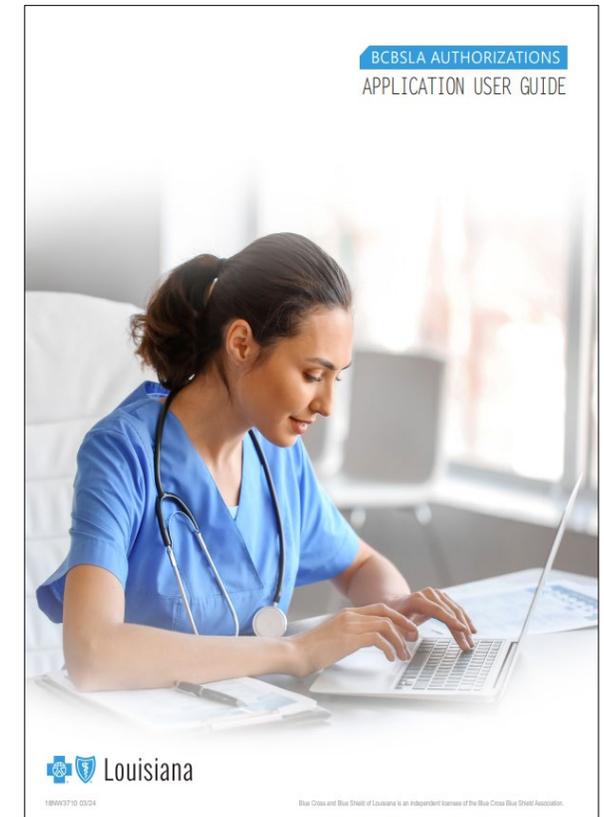
If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered.

**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/HCP/PCS codes and dates of service.
- Add attachments before submitting the authorization.



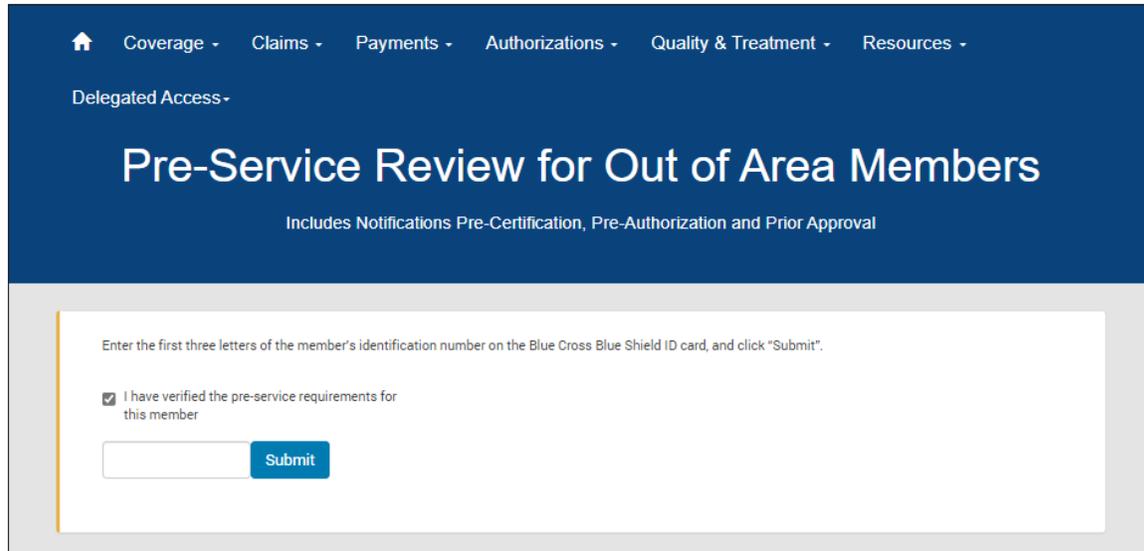
\*Exceptions and information can be found in the *Louisiana Blue Authorizations Application User Guide* in iLinkBlue ([www.lablue/ilinkblue](http://www.lablue/ilinkblue)) under Resources.

# 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 arrow), Claims (dropdown arrow), Payments (dropdown arrow), Authorizations (dropdown arrow), Quality & Treatment (dropdown arrow), and Resources (dropdown arrow). Below the navigation menu, there is a link for 'Delegated Access' with a dropdown arrow. The main content area has a dark blue background with the title 'Pre-Service Review for Out of Area Members' in white text. Below the title, it says 'Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval'. The main content area is bordered by a light gray frame. Inside the frame, there is a text input field with the placeholder text 'Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit"'. Below the input field, there is a checkbox that is checked, with the text 'I have verified the pre-service requirements for this member'. To the right of the input field is a blue 'Submit' button.

# Authorizations Standards

OGB and HMO authorization requirements are different.

**LOUISIANA BLUE** Office of Group Benefits Speed Guide

Blue Cross and Blue Shield of Louisiana administers benefits for the Office of Group Benefits (OGB) state of Louisiana employees, retirees and dependents. OGB members choose from one of the benefit plans: Netplan HMO/HD, Netplan HSA/HD, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. The group benefits are administered by our Blue Cross of Louisiana.

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

Benefit Plan Name	Provider Network	Type of Provider Benefits	Member ID Card	Pharmacy
Netplan HMO/HD	Preferred Care PPO (OGB Netplan HSA/HSA) Plan	CDHP with HSA (consumer-driven health plan with health reimbursement arrangement)		CVS Caremark 1-877-300-9900
Netplan HSA/HD	Preferred Care PPO (OGB Netplan HSA/HSA) Plan	CDHP with HSA (consumer-driven health plan with health savings account)		Express Scripts, Inc. 1-800-761-7533
Magnolia Local	Blue Connect (OGB Regenera Network)	HMO		CVS Caremark 1-877-300-9900
Community Blue	Community Blue (OGB Regenera Network)	HMO		CVS Caremark 1-877-300-9900
Magnolia Local Plus	Preferred Care PPO (OGB Regenera Plus/HSA) Plan	HMO benefit design on PPO network		CVS Caremark 1-877-300-9900
Magnolia Open Access	Preferred Care PPO (OGB Regenera Plus/HSA) Plan	PPO		CVS Caremark 1-877-300-9900

**HMO Louisiana** HMO Louisiana, Inc. Network Speed Guide

This guide will help you quickly locate key information about HMO Louisiana, Inc. This network is offered statewide. Please refer HMO Louisiana members to providers within the network or they receive the highest level of benefits. **NOTE: Benefit plans in this network vary. Please verify member benefits before rendering services.**

Additional information is available in the Professional Provider Office Manual, which is available online at [www.lablue.com/providers](http://www.lablue.com/providers).

**HMO Louisiana Member ID Card**

The main identifier for HMO Louisiana members is the HMO Louisiana logo on the top left corner of the member ID card. Cards also indicate the provider type as either an HMO Plan or PPO Plan. Fully enrolled HMO Louisiana members must select a primary care provider.

**Physician Services**

Different equipment amounts apply to primary care providers (PCP), specialists, urgent care clinics and hospital care.

The following HMO Louisiana network provider types should select the PPO equipment:

- Physicians (family or general practice, pediatric, internal medicine & psychiatry)
- Obstetricians
- Mid-level Clinicians
- Physician Assistants
- Nurse Practitioners

**Subscribing Claims**

- Electronically
- EDI/Blue Cross-1500 only
- Check-in-person

**Maternity Admissions**

Maternity admissions in in-network facilities (or out-of-network facilities if the member has out-of-network benefits that must be rendered if services are at an out-of-network facility) do not require authorization if the expected day is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery.

**Provider Responsibilities**

- Collect only the copayment, coinsurance and/or deductible amount for covered services.
- Obtain prior authorization for any services requiring authorization listed on this guide.
- Accept the HMO Louisiana allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
- In order HMO Louisiana members to HMO Louisiana provider use our online provider directory or call our member care line at 1-800-392-4089. Enter the member's profile found on the member ID card to select the HMO Louisiana HMO/HD/PPO option.

**Physician Services**

Different equipment amounts apply to primary care providers (PCP), specialists, urgent care clinics and hospital care.

The following HMO Louisiana network provider types should select the PPO equipment:

- Physicians (family or general practice, pediatric, internal medicine & psychiatry)
- Obstetricians
- Mid-level Clinicians
- Physician Assistants
- Nurse Practitioners

**PCP Office Responsibilities**

Provide 24-hour access to medical care for members via call coverage with another provider as well as emergency services or urgent services to the PCP. It is the PCP's responsibility to ensure that the treating provider accepts the HMO Louisiana allowable charge as payment in full for covered services.

**Maternity Admissions**

Maternity admissions in in-network facilities (or out-of-network facilities if the member has out-of-network benefits that must be rendered if services are at an out-of-network facility) do not require authorization if the expected day is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery.

**Only one equipment should be collected per office visit, and office equipment may apply to the following services when rendered in a provider's office or clinic:**

- Office visit charges & consultations
- Imaging tests & radiology tests
- Injections, allergy services, visit of allergy medications
- Radiation treatments
- Surgical procedures

The office equipment does not cover allergy testing, prescription drugs, well-baby care, routine physical exams, high-tech imaging or medical/surgical supplies.

**Pharmacy**

Pharmacy: CVS Caremark, Express Scripts, Inc.

**Statewide**

Pharmacy: CVS Caremark, Express Scripts, Inc.

**Pharmacy**

Pharmacy: CVS Caremark, Express Scripts, Inc.

<h2>Office of Group Benefits (OGB)</h2>	<h2>HMO Louisiana, Inc.</h2>
<p>Failure to obtain an authorization will result in denial of payment for services. OGB does not authorize Louisiana Blue to reconsider these denials at the appeal level.</p>	<p>Failure to obtain an authorization on an HMO/HMO member will result in denial of payment for services.</p>
<p>The list of OGB and HMO authorization requirements can be found in our Professional Provider Office Manual located at <a href="http://www.lablue.com/providers">www.lablue.com/providers</a> &gt;Resources &gt;Manuals.</p>	
<p>These list also appears on the Speed Guides located on <a href="http://www.lablue.com/providers">www.lablue.com/providers</a> &gt;Resources.</p>	

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

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Epic is a trademark of Epic Systems Corporation.

LOUISIANA **BLUE**  

**Carelon Services**

# Utilization Management Programs

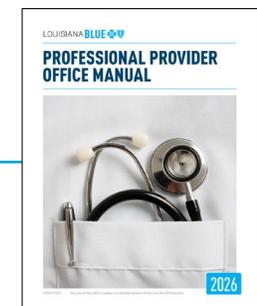
Louisiana Blue has several utilization management programs that require prior authorization for select elective services. Carelon Medical Benefits Management, an independent specialty benefits management company, serves as our authorization manager for these services:

- 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](https://guidelines.carelonmedicalbenefitsmanagement.com).

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

Additional information can be found in the *Professional Provider Office Manual*. Find on the Provider page ([www.lablue.com/providers](https://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 <b>FULLY INSURED</b>
Member Name	BLUE SUBSCRIBER	Grp/Subgroup: AA00000/PPO4
Member ID	XUP000000000	RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
In Network	Individual \$5500	Individual \$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.

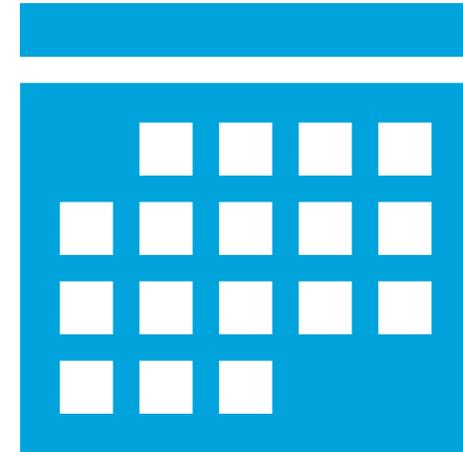
## — CARE - CARELON PROGRAMS

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 **ten** 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](http://www.lablue.com/providers) >Electronic Services >Clearinghouse Services.

or

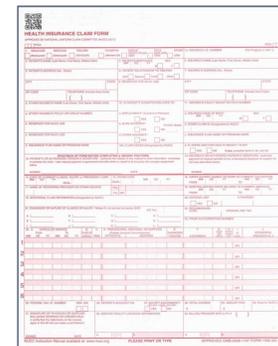
## Hardcopy

**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



**1500 Claim Form (professional)**

# 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.

# 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](mailto:EDIservices@lablue.com) or at 1-800-716-2299, option 3.

# 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.

- 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.

# Submitting Action Requests

**Claims Research**

- Claims Status Search
- Action Request Inquiry
- Refund Request Letters
- Dental Advantage Plus Network - United Concordia Dental ?
- Davis Vision Network ?

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:

Common reasons to submit an Action Request:

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

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

Filter:

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

**Claim Number**

---

iLinkBlue Number

NPI

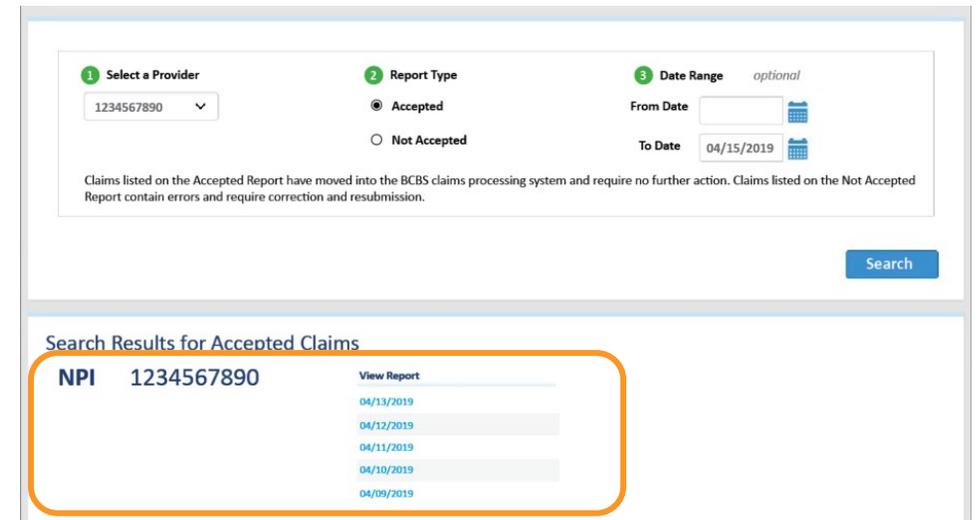
 Action Request

 Dispute Claim

# 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.

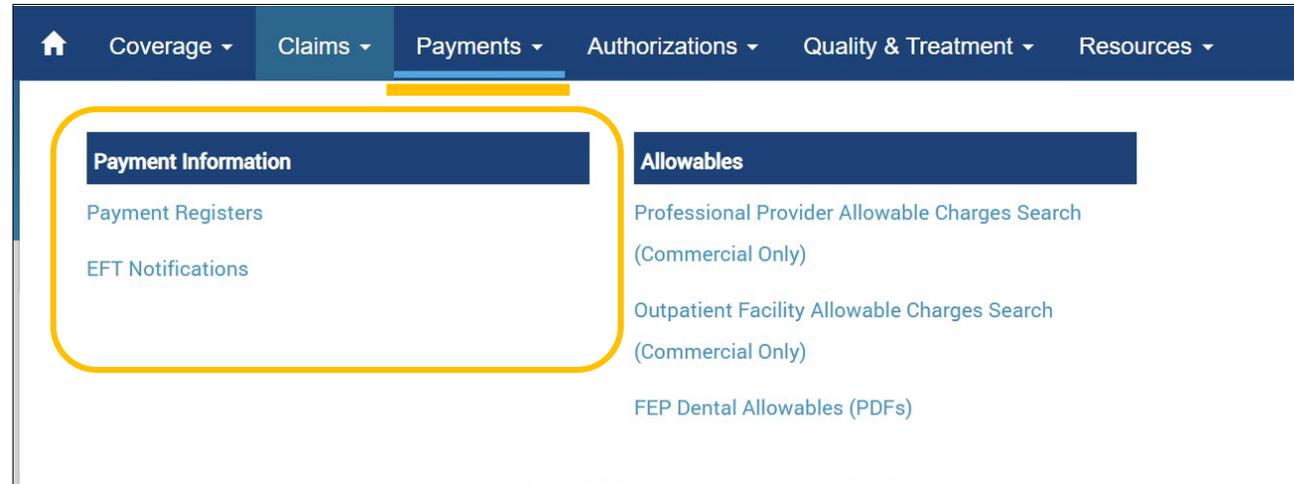
Accepted  
Report  
Example

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							
<b>837P ACCEPTED REPORT</b>							
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								
<b>837P NOT ACCEPTED REPORT</b>								
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.

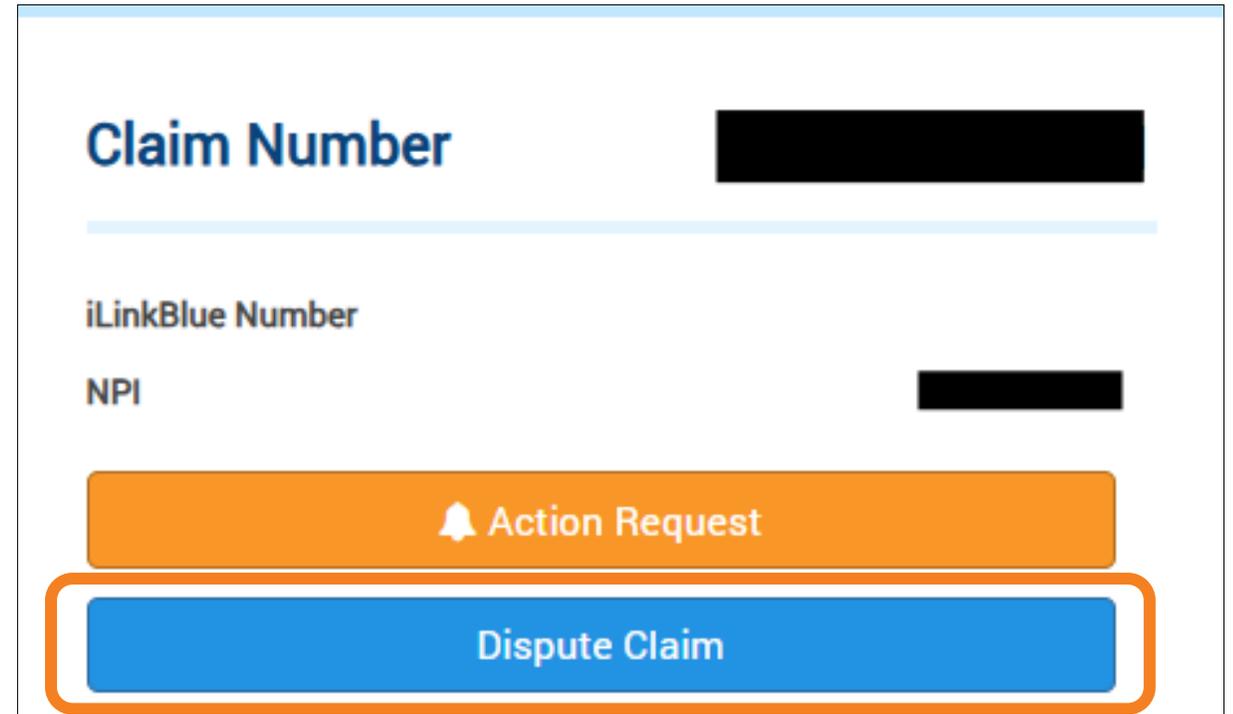
- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

# 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 positioned at the bottom: 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.



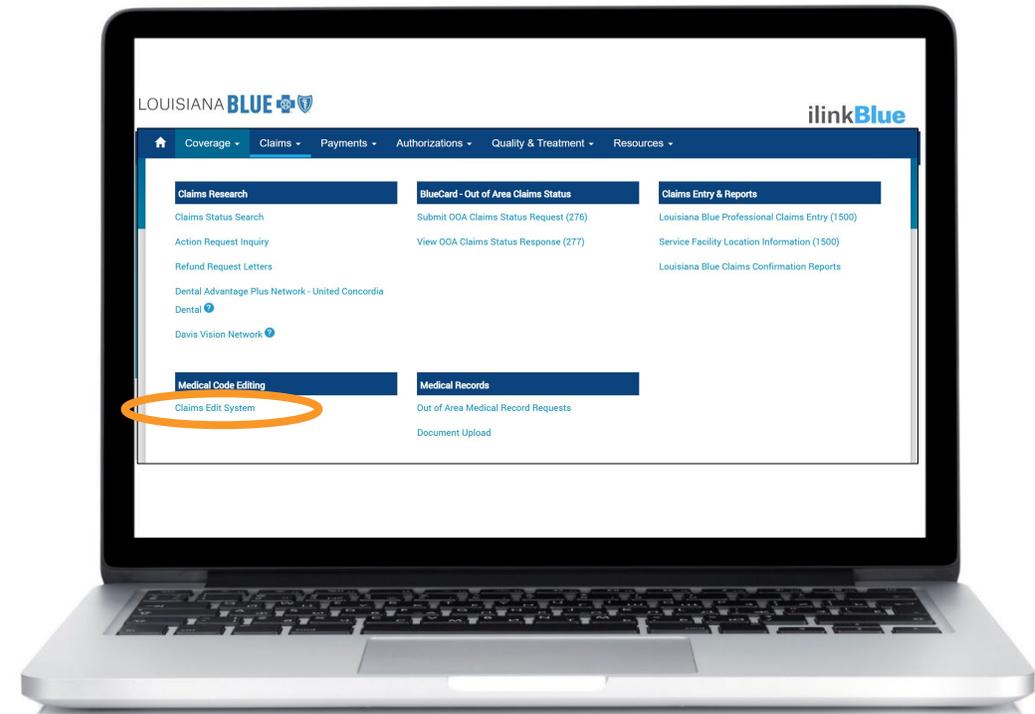
# Claims Editing

# Medical Code Editing

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

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

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



# CES Application

The application is available for both outpatient facility and professional claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.

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.*

Gender  Date of Birth  Claim Type

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text"/>				
2	<input type="text"/>				
3	<input type="text"/>				

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

# CES Application Outputs

LOUISIANA 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

Export to PDF    New Claim

Gender: M    Birth Year:    Claim Type: Professional

### Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	50	1	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

### Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	25246	1	0.0	CLEAN LINE
2		1	0.0	CLEAN LINE
3		1	0.0	CLEAN LINE

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

LOUISIANA BLUE 

providerTIDBIT   
A guide to M.D. 2019 Billing, CPT Procedures

**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 iLinkBlue**  
 Providers can calculate claim outcomes with our CES tool available online at [www.lblue.com/linkblue](http://www.lblue.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:

- Inactive claims previously filed
- Member benefits and eligibility
- Units billed
- Provider contracts
- Cost day edits for procedures
- Modifier that override edits
- Multiple procedure reduction

7/20/2019 Next →

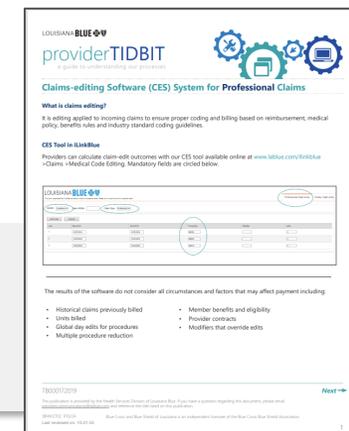
© 2019 Louisiana Blue Cross of Louisiana. All rights reserved. This document is for informational purposes only. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your agent or the Louisiana Blue Cross of Louisiana. 7/20/2019 10:25:04 AM

The CES Provider Tidbit can be found online at [www.lblue.com/providers](http://www.lblue.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](http://www.lablue.com/providers) >Resources >Tidbits.





## 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 options: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into three sections:

- Welcome to iLinkBlue**: A section with a "Tips to Know" sub-header and a message: "Do you need a past EFT Notification/Payment Register? Weekly EFT notifications and payment registers are available to providers on Mondays. Simply set the calendar feature in the search tool to the date of a Monday within the last two years to see past EFT notifications or payment registers."
- Refund Letters**: A section with a red warning icon and the text: "You have Refund 35 Request Letters created within the last 30 days." Below this, it says "Please click below to visit the Refund Letters page." and includes a "Refund Letters" link.
- Medical Record Requests**: A section with a document icon and the text: "You have 15 new Medical Record Requests that require action." Below this, it says "Please visit Out of Area Medical Record Requests to view requests." and includes a "Document Upload" link.

The screenshot shows the Louisiana provider TIDBIT "Medical Record Guidelines for BlueCard". It includes a list of four guidelines:

1. 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.
2. 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.
3. Send medical records to us within 10 business days after receiving an alert.
4. Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

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

- unless you receive a request from 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 and/or the member's Blue Plan 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](http://www.lblue.com/providers) >Resources >Tidbits.

# Provider Self-service

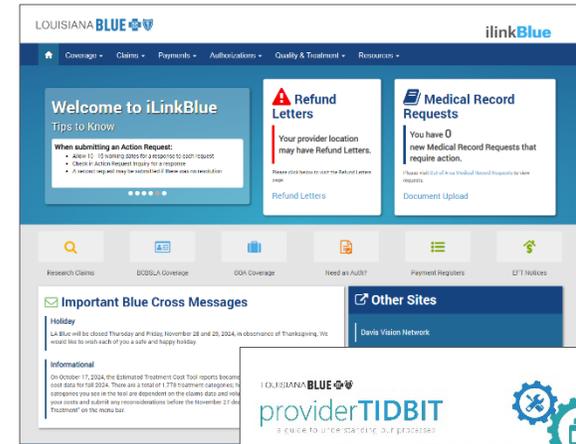
Providers are required to use our self-service tools for:

- 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](http://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](http://www.lablue.com/providers) >Resources >Tidbits.
- HIPAA 27x transactions





## Online Resources

# Online Provider Directories

[www.lablue.com](http://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  
 Federal Employee Program

**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 Medications  
 Manage your medicine, learn how to save money.  
 Pharmacy Directory  
 Search Express Scripts' 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 and resources.

**Find Care**

Find Care Vision Dental

LOUISIANA BLUE

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

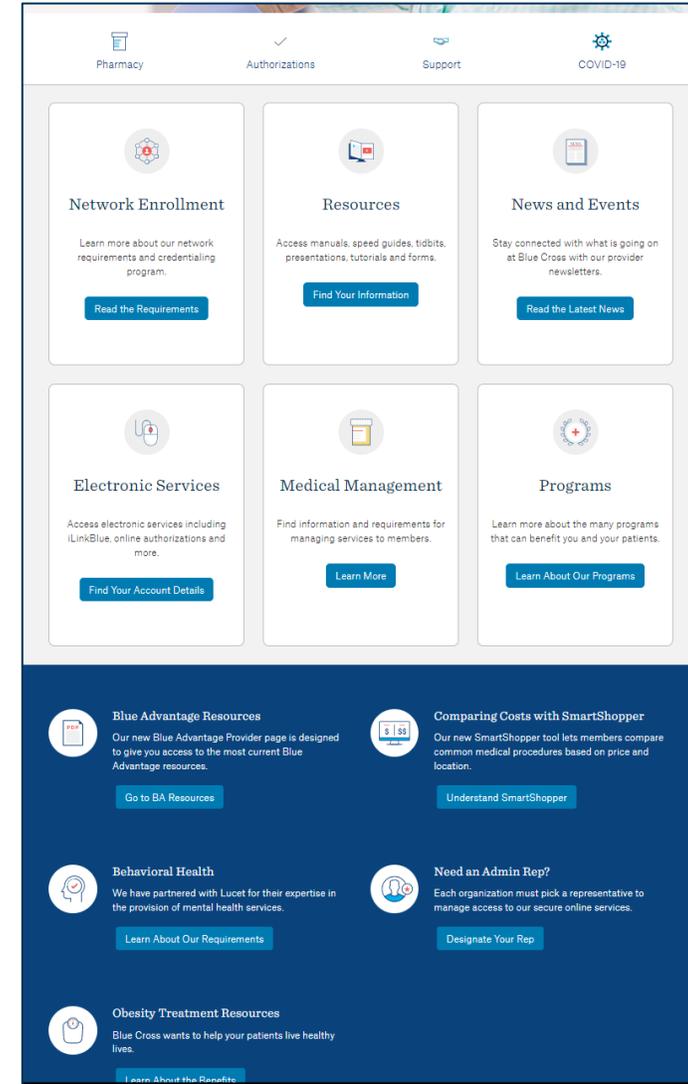
Common Searches: Primary Care Urgent Care Behavioral Health DME & Medical Supplies

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



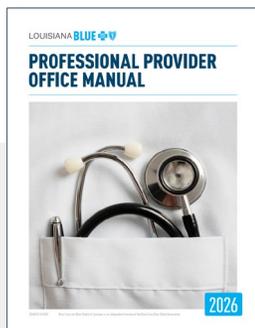
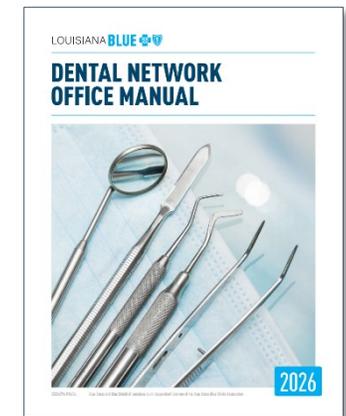
# Provider Manuals

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

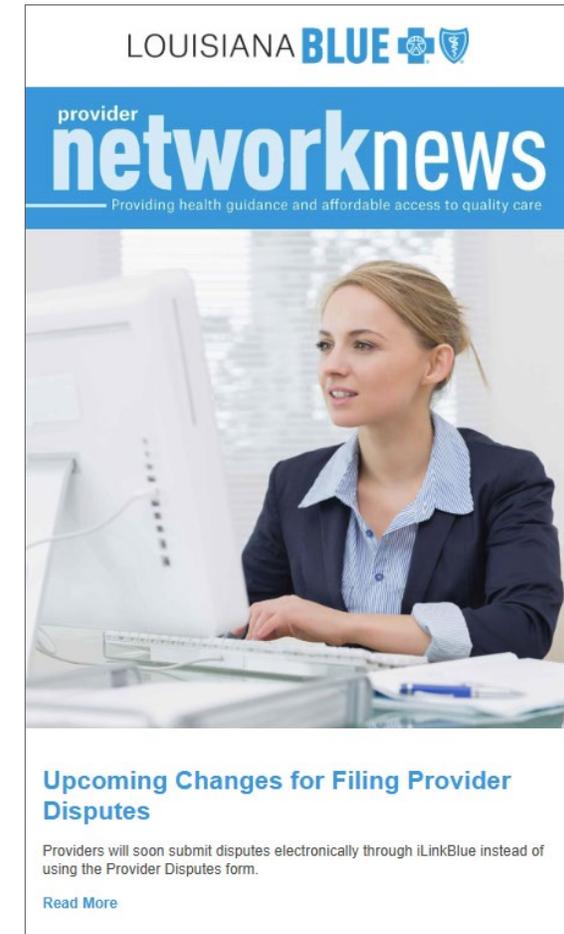


The *Professional Provider Office Manual* (our professional manual) is located on the Provider page at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Manuals.

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



## Not Getting Our Newsletters?

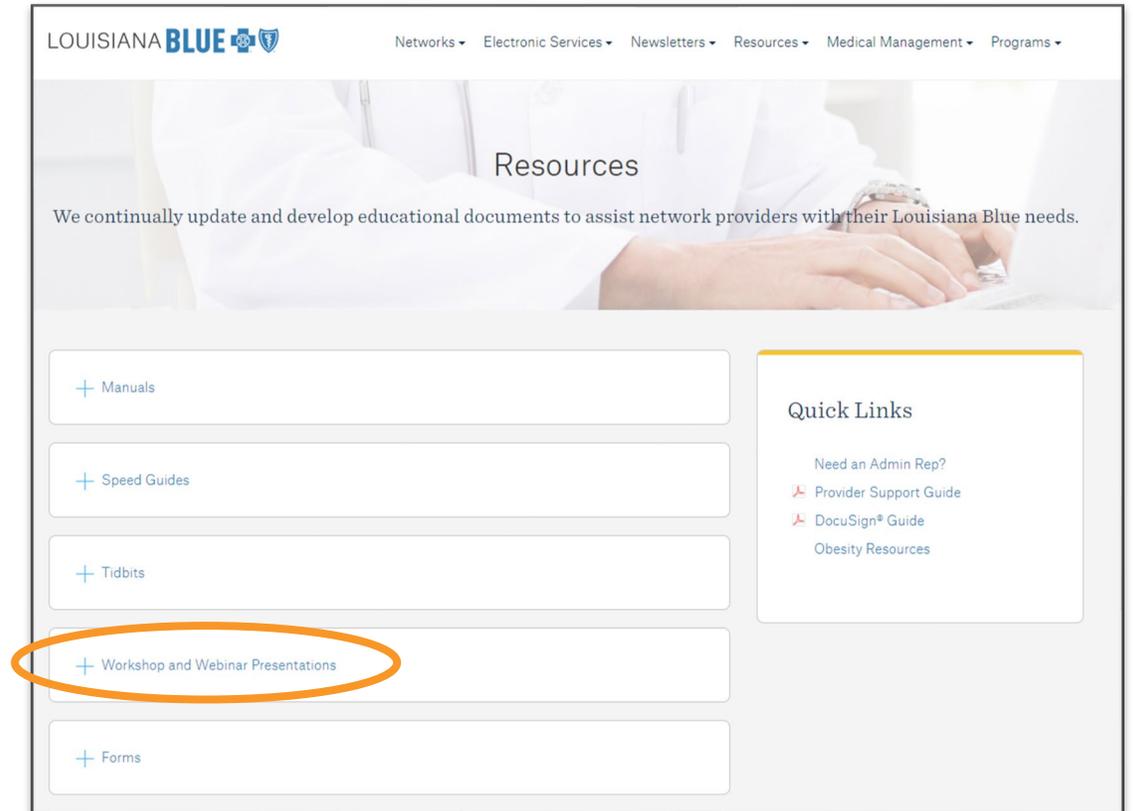
Send an email to [provider.communications@lablue.com](mailto:provider.communications@lablue.com). Put “newsletter” in the subject line. Please include your name, organization name and contact information.

# 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](http://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

LOUISIANA BLUE 

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](http://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](#)



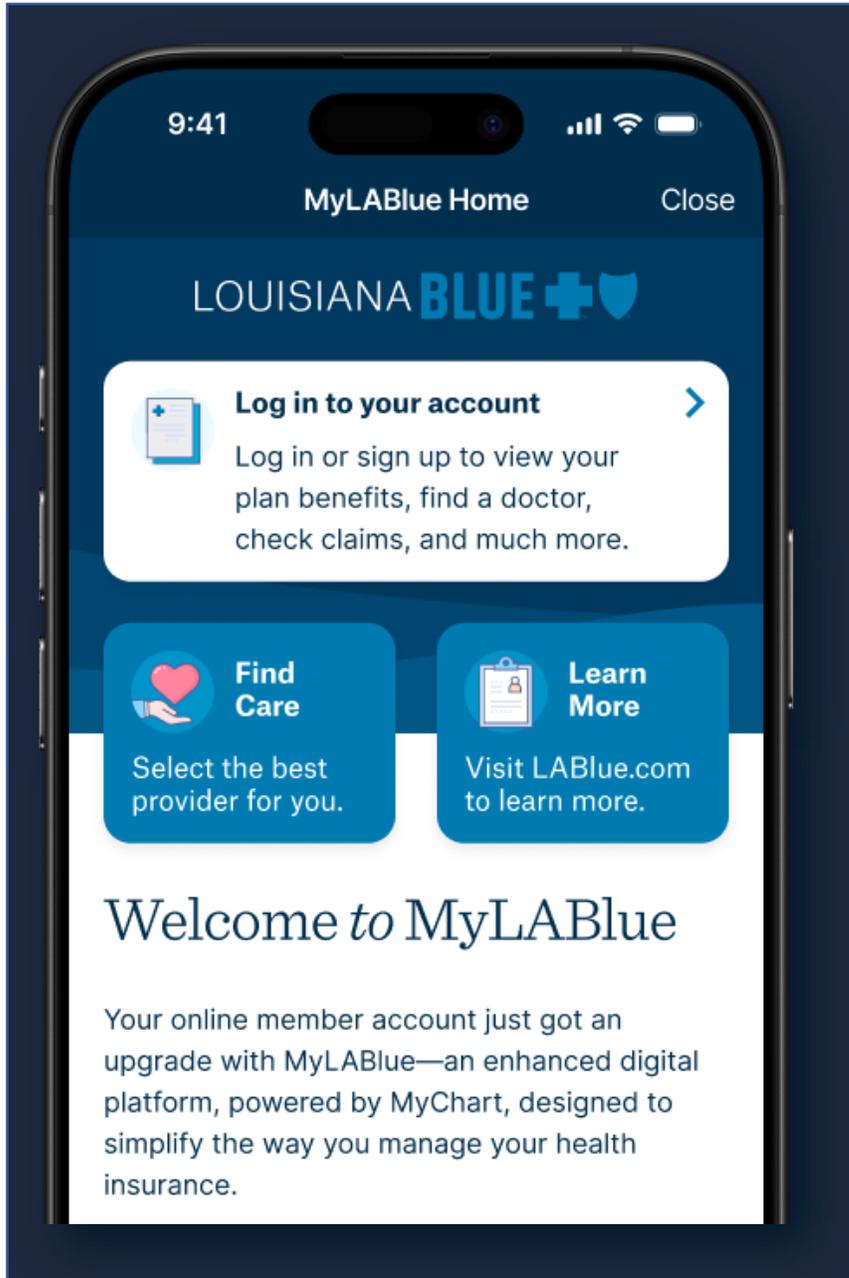
Important information to share with others at your organization!

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](http://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

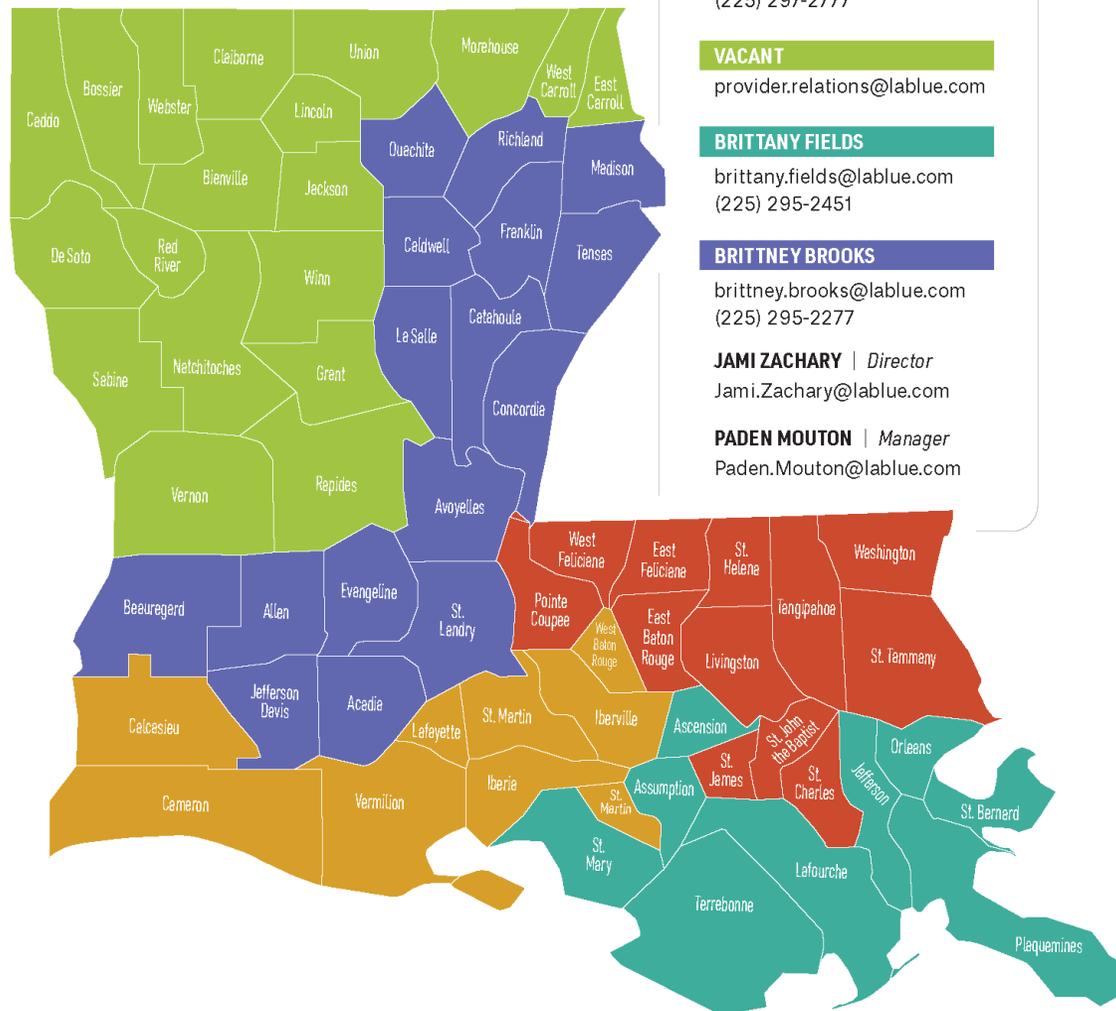
For information NOT available  
on iLinkBlue

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

**Note:** For questions regarding provider relations, email [provider.relations@lablue.com](mailto:provider.relations@lablue.com).

# Your Provider Relations Representative

## Provider Relations Representatives PARISH MAP



### PROVIDER RELATIONS REPRESENTATIVES:

#### VACANT

provider.relations@lablue.com

#### MELONIE MARTIN

melonie.martin@lablue.com  
(225) 297-2777

#### VACANT

provider.relations@lablue.com

#### BRITTANY FIELDS

brittany.fields@lablue.com  
(225) 295-2451

#### BRITTNEY BROOKS

brittney.brooks@lablue.com  
(225) 295-2277

**JAMI ZACHARY** | Director  
Jami.Zachary@lablue.com

**PADEN MOUTON** | Manager  
Paden.Mouton@lablue.com



# The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Change

**Kostas Plakidas**, Director, Provider Network Operations  
**[kostas.plakidas@lablue.com](mailto: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](mailto: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



# Speed Guides & Tidbits

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

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

**LOUISIANA BLUE** Preferred Care PPO Preferred Reference Lab Guide

This guide provides a list of preferred reference laboratories for members of the Preferred Care PPO. It is intended to be used as a reference only. It is not intended to be used as a guarantee of coverage. For more information, please contact your preferred provider or the member service center.

**Lab Program Requirements:**  
 Laboratory must be a member of the Preferred Care PPO network.  
 Laboratory must be a member of the Preferred Care PPO network.  
 Laboratory must be a member of the Preferred Care PPO network.

**Preferred Reference Lab:**  
 Laboratory must be a member of the Preferred Care PPO network.

**Regional Labs:**

Region	Lab Name	Address	Phone
Altonia Region	Altonia Laboratory LLC	1000 N. 10th St. Altonia, LA 70521	337-233-1111
Bayou Region	Bayou Regional Medical Center	1000 N. 10th St. Bayou La Batre, AL 36520	251-223-1111
Gretna Region	Gretna Regional Medical Center	1000 N. 10th St. Gretna, LA 70548	337-233-1111
Hammond Region	Hammond Regional Medical Center	1000 N. 10th St. Hammond, LA 70426	504-885-1111
Monroe Region	Monroe Regional Medical Center	1000 N. 10th St. Monroe, LA 70132	504-333-1111
Shreveport Region	Shreveport Regional Medical Center	1000 N. 10th St. Shreveport, LA 70504	337-425-1111
Thibodaux Region	Thibodaux Regional Medical Center	1000 N. 10th St. Thibodaux, LA 70301	504-885-1111
West Monroe Region	West Monroe Regional Medical Center	1000 N. 10th St. West Monroe, LA 70094	504-885-1111
Winn-Dixie Region	Winn-Dixie Regional Medical Center	1000 N. 10th St. Winn-Dixie, LA 70594	337-233-1111

**HMO Louisiana** Signature Blue Network Speed Guide

This guide will help you quickly locate key information on all of the Signature Blue Network member providers. It is intended to be used as a reference only. It is not intended to be used as a guarantee of coverage. For more information, please contact your preferred provider or the member service center.

**Signature Blue Member ID Card:**  
 The member ID card is a key document for all Signature Blue members. It contains the member's name, ID number, and the name of the primary care provider.

**Service areas for the Signature Blue Network:**

**Admission Privileges:**  
 Signature Blue members are not eligible for admission to any hospital or health care facility unless they have admission privileges at that facility.

**Submitting Claims:**  
 Signature Blue members are not eligible to submit claims for reimbursement for services received at a non-network provider.

**providerTIDBIT** Automated Benefits & Claims Status

Member Service Center: 1-800-922-8866

Benefits are subject to the terms and conditions of the plan. For more information, please contact your preferred provider or the member service center.

**Preferred Care PPO:**  
 This plan provides coverage for medical services, hospital care, and prescription drugs. It is a preferred provider organization (PPO) plan.

**HMO Louisiana, Inc.:**  
 This plan provides coverage for medical services, hospital care, and prescription drugs. It is a health maintenance organization (HMO) plan.

**Provider Menu:**  
 1. Benefits  
 2. Claims  
 3. Authorizations  
 4. Network of Care Policy  
 5. Payment Register, Fee Schedule  
 6. News of the Month

**providerTIDBIT** Automated Benefits & Claims Status

Member Service Center: 1-800-922-8866

Benefits are subject to the terms and conditions of the plan. For more information, please contact your preferred provider or the member service center.

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**Provider Menu:**  
 1. Benefits  
 2. Claims  
 3. Authorizations  
 4. Network of Care Policy  
 5. Payment Register, Fee Schedule  
 6. News of the Month

Provider Tidbits are quick guides designed to help you with our current business processes.  
[www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Tidbits

# Expedited Processing

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

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

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

## Requesting expedited processing:

**Include with the initial credentialing application via DocuSign:**

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

# Example Letter to Louisiana Blue

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

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

## Sample Letter

**{Date}**

*Dear Louisiana Blue:*

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

**{Signature of the provider}**

# Electronic Payment Registers

## HIPAA 835 Transaction

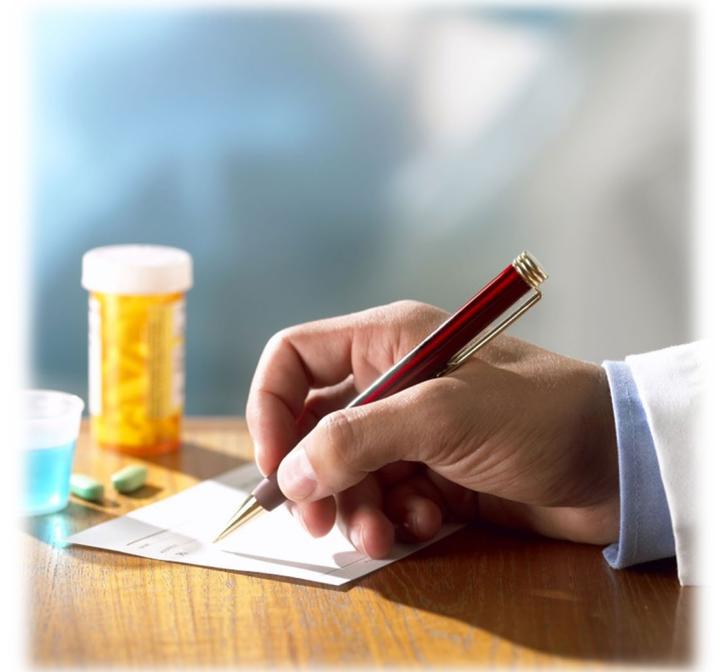
- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from Louisiana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



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

# 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](http://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](http://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 (1500 Claim Form).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.

# Passwords

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

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



If you are the administrative representative and 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](mailto: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 header includes the PingID logo and the text 'PingID Registration'. Below the header, the title 'Authentication Method Selection' is displayed, followed by the instruction 'Select the option you want to configure for use during authentication:'. There are five selection 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 three buttons: 'Cancel', 'Reset', and 'Next'. 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](mailto:PIMteam@lablue.com)) to delete the old information and add the new.

# Submitting Action Requests

Claims Research
<a href="#">Claims Status Search</a>
<a href="#">Action Request Inquiry</a>
<a href="#">Refund Request Letters</a>
<a href="#">Dental Advantage Plus Network - United Concordia Dental</a>
<a href="#">Davis Vision Network</a>

**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**

**Last Name**

**Phone Number**

**Notes**

**Submit Action Request**

**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.

# 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: <input type="text"/>				
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](#)

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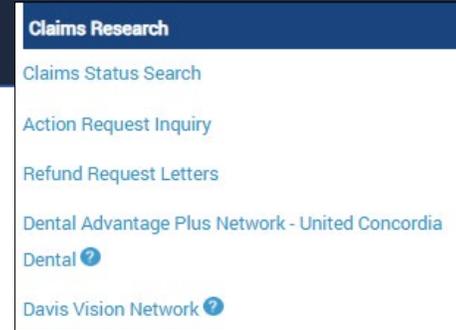
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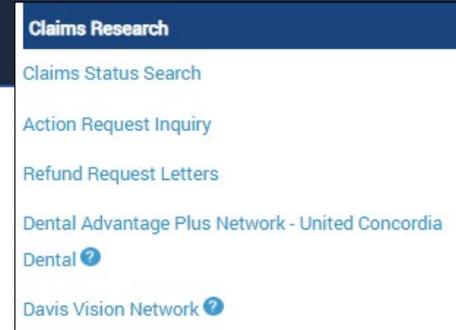
# Action Requests Enhancements



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.

# 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.





# 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.

# Adding a Credentialed Provider to an Existing Group

Contact our PCDM Department if you are not sure the provider is currently credentialed with us.



Complete the **Link To Group or Clinic** form to link the provider to your existing group. A confirmation email will be sent once your online submission is complete.



A pre-screening letter is sent to the provider, within two weeks, if all required information is received. This means your application or linking form continues into the processing stage.



After processing and approval, a record assignment letter is sent. At that point, you may begin submitting claims.



After 90 days, you can check the status of your processing by emailing [PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com). Please do not initiate multiple inquiries (calls, emails, etc.) to our PCDM Department as this could delay processing.

# Adding a Non-credentialed Provider to Existing Group

Contact our PCDM Department if you are not sure the provider is currently credentialed with us.



Complete the online credentialing application. A confirmation email is sent once your online submission is complete.



A pre-screening letter is sent to the provider, within two weeks, if all required information is received. This means your credentialing packet or update form has moved on to continue processing. If information is missing or incorrect, our PCDM Department will reach out for information. If contact is not made, a return letter will be sent to the correspondence contact listed on the request advising what information is missing/incorrect. If a return letter is received and something is incorrect or missing, when possible, corrections can be made to what was submitted previously by printing out the entire previous submission making sure all required attachments are included and corrections are made as needed then submit the entire packet with corrections to [network.administrations@lablue.com](mailto:network.administrations@lablue.com). Partial submissions that do not contain everything that is needed will be returned.



A welcome letter is sent to the provider once approved by the credentialing committee. At that point, you may begin submitting claims.



After 90 days, you can check the status of your processing by emailing [PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com). Please do not initiate multiple inquiries (calls, emails, etc.) to our PCDM Department as this could delay processing.

# 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.

# CAQH Applications

## New to the CAQH Provider Data Portal?

1. Register at <https://proview.caqh.org/PR/Registration>.
2. Gather your credentialing details (ID numbers, practice locations and supporting documents).
3. Login and follow the prompts to complete your profile and upload your documents.
4. Attest to the accuracy and completeness of your credentials and authorize Louisiana Blue to access your profile.

## Already registered with the CAQH Provider Data Portal?

1. Login to your profile and authorize Louisiana Blue to receive your information.
2. Ensure all your professional and practice information is current.
3. Confirm that you have updated all documents required for credentialing (malpractice insurance, license, CDS and DEA).
4. Re-attest to the accuracy and completeness of your credentials.

## To learn more about CAQH, please access the following resources:

- Introductory information for providers: <https://www.caqh.org/providers>
- CAQH Provider Resources: <https://proview.caqh.org/PR/Resources> (login required)
- CAQH Support: <https://www.caqh.org/resources/support>

# Reminders When Using CAQH



- Providers must grant access to Louisiana Blue for us to see your information.
- Update CAQH regularly. Remove/update old information which could make the file too large to upload. Having expired attachments could cause your application to be delayed.
- Make sure the information reported in CAQH matches information in other attachments (e.g., name, address, contact information). If you have multiple locations, the Attachment A and CAQH both must indicate all locations.

# Supporting Documents Needed for Recredentialing

- Completed credentialing form
- Completed Attachment A - Location Hours
- Copy of state license
- Copy of DEA registration and CDS license (*as applicable*)
- Copy of Malpractice Liability Certificate (*copy of policy declarations page*)
- A copy of the Collaborative Physician Agreement/Supervising Physician Agreement for NPs and PAs

# 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).