

Louisiana Blue Professional Workshop

April 2026

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

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



Our Mission

To improve the health and lives of Louisianians.

Our Core Strategies

- Health
- Sustainability
- Affordability
- Foundations
- Experience

Our Vision

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

Dr. Deirdre “Dee” Barfield Promoted to Chief Medical Officer after more than a decade of clinical leadership



- Louisiana Blue medical director since 2014
- Guided major clinical initiatives: medical policy, appeals and Epic Care Management
- Led shift to in-house behavioral health case management
- Key contributor to Quality Blue value-based care programs
- Career path: Medical Director → Senior MD → VP Medical Management → CMO
- 2019 Blue Angel Award honoree for community service



What's New?



My LA Blue App for your Patients

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



Agenda

- Credentialing
- Data Management
- Verifying Your Networks
- Identifying Your Patients
- iLinkBlue
- Medical Policy
- Authorizations
- Carelon Authorizations
- Billing Guidelines
- Claims
- CES
- Disputes vs. Appeals
- Medical Records
- Resources



Credentialing

Medallion CVO Reminder

Louisiana Blue began partnering with **Medallion** in December of 2025 to serve as our credentialing verification organization (CVO). Medallion supports the verification process of provider credentialing and recredentialing applications.

If you are undergoing credentialing or recredentialing, Medallion may contact you to confirm application details or request supporting documentation. Please be sure to check your junk or spam folders for any missed Medallion emails.

If additional information is needed, Medallion will provide instructions on how to submit the necessary documentation.





CAQH Applications

We only accept the Council for Affordable Quality Healthcare (CAQH) application. This applies for professional credentialing and recredentialing. The only exceptions are delegated providers and facilities.

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.

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. Log in 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. Log in 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.
- The attestation must be done within 90 days of filing the CAQH application.

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 >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.



Credentialing Reminders



- Nurse practitioners/physician assistants are required to match the networks of their collaborating MD/DO



- MD/DOs must maintain hospital privileges for all network lines in which they participate



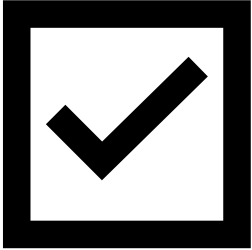
- Nurse practitioners/physician assistants need to be within 75 miles of the collaborating MD/DO primary location

Virtual Offices



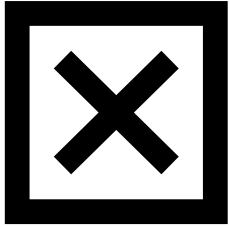
- **Louisiana Blue does not permit the use of virtual offices or shared office spaces for any provider type.** Providers must apply directly to their local Blue Plan in their state of residence for credentialing and contracting purposes, and all claims must be submitted through that plan.
- **The purchase of limited “hours” for in-person treatment at an office location is not recognized.** Such arrangements do not ensure that the provider will render services at the location on a consistent, regularly scheduled basis.
- **Any request that includes a virtual office or shared office space will be denied upon receipt.**

Adding a Credentialed Provider to an Existing Group



- Email **PCDMstatus@lablue.com** 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 received.
- A pre-screening response is emailed to the provider within two weeks indicating either all required information has been received or if the application or linking form is rejected due to being incomplete. If all has been received, your form continues into the processing stage.
- After processing, quality assurance and approval, a record assignment letter will be emailed to the provider. This is when you may begin submitting claims.
- After 90 days, you can check the status of your processing by emailing **PCDMstatus@lablue.com**. Please do not initiate multiple inquiries (calls, emails, etc.) as this could delay processing.

Adding a Non-credentialed Provider to Existing Group



- Email **PCDMstatus@lablue.com** 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 received.
- A pre-screening response is emailed to the provider within two weeks indicating either all required information has been received or if the application or linking form is rejected due to being incomplete. If all has been received, your form continues into the processing stage. 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**. Partial submissions that do not contain everything that is needed will be returned.
- A welcome letter is mailed to the provider once approved by the credentialing committee. This is when you may begin submitting claims
- After 90 days, you can check the status of your processing by emailing **PCDMstatus@lablue.com**. Please do not initiate multiple inquiries (calls, emails, etc.) as this could delay processing.

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.



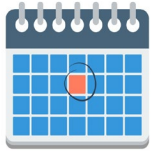
Providers should not file/submit claims until receiving a provider record assignment letter from our PCDM Department notifying you of the Reimbursement During Credentialing effective date.

If you have any questions about the Reimbursement During Credentialing Process, send an email to **PCDMstatus@lablue.com**.

Credentialing Communications

The following communications will be sent to the correspondence email/address on file:

- Record Assignment Letter
 - Your request has been received, and we have assigned you a provider record.
 - You must use your national provider identifier (NPI) for proper claims processing. Please begin using your NPI for all claims with dates of service on and after the effective date.
 - We have issued this provider record for claims filing purposes only. **A provider record does not guarantee direct claims payment to you nor indicates participation in our provider networks.**
 - Any payment for services rendered will be determined by the subscriber's contract and your participation status with us.
- Welcome to the Network Letter
 - You have been approved for participation in our Louisiana Blue and/or HMO Louisiana, Inc. network(s).
 - If your participation is through an individual agreement, your network participation effective date can be found on the signature page of your agreement.
 - If your participation is through an affiliated organization (i.e., group practice, PHO, IPA, etc.), their agreement and reference material are not enclosed with this letter. You should contact your affiliated organization for your participation status, effective date information and network participation reference material.



Effective Dates

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

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

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



Data Management


Updating Your Information

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

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

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

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

LOUISIANA BLUE 		Individual/Group Provider Update Request
Complete this form to report updated demographic or contact information for your individual or group provider record. For physical address changes, additional documentation is required (see list below). If you have non-demographic changes, please see our other forms available online at www.lablue.com/providers > Resources > Forms.		Please specify change(s): <input type="checkbox"/> Name Change <input type="checkbox"/> Specialty/Classification Change <input type="checkbox"/> Physical Address Change <input type="checkbox"/> Correspondence Address Change <input type="checkbox"/> Billing Address Change <input type="checkbox"/> Medical Records Address Change
Effective Date of Change: _____	Tax Identification Number: _____	
GENERAL INFORMATION		
Provider Name	Individual NPI	
Group/Clinic Name	Group/Clinic NPI	
Person Completing This Form		
Contact Email Address	Contact Phone Number	
Signature of Authorized Representative	Date	
NAME CHANGE		
Former Last Name	Former First Name	
New Last Name	New First Name	
Former Group/Clinic Name		
New Group/Clinic Name		
For individual name change please attach: • Copy of updated professional license showing the new name.		For group/clinic name change please attach: • Copy of EIN Letter showing new name for legal name change, or • W-9 showing new name for DBA change
SPECIALTY/CLASSIFICATION CHANGE		
Former Individual Specialty	New Individual Specialty	
Please attach a copy of your completed education or board certification for new specialty.		
Changing clinic to Rural Health Center (RHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your DHH license.	Changing clinic to Federally Qualified Health Center (FQHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your CMS approval letter.	
Page 1 of 3		
<small>10NW3818 8/1/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.</small>		

Attesting to Your Directory Information



Louisiana Blue verifies professional provider information through CAQH. Practitioners can attest to their directory data and confirm practice locations in the CAQH Provider Data Portal.

- Every 90 days, CAQH will send a reminder asking you to attest your location information is up to date.
- If you are practicing at a new location, have a change to an existing location or are no longer at a location, you should make those updates in the CAQH portal.
 - You should also notify Louisiana Blue of any changes to your information using the forms available on www.lablue.com/providers >Resources >Forms.

Provider Education



Do you have questions regarding credentialing, recredentialing or provider data management?

For general inquiries — such as which form to use, where to locate required forms or questions about overall processes — please contact **provider.relations@lablue.com**.

For questions regarding the status of previously submitted applications, please email **PCDMstatus@lablue.com**.

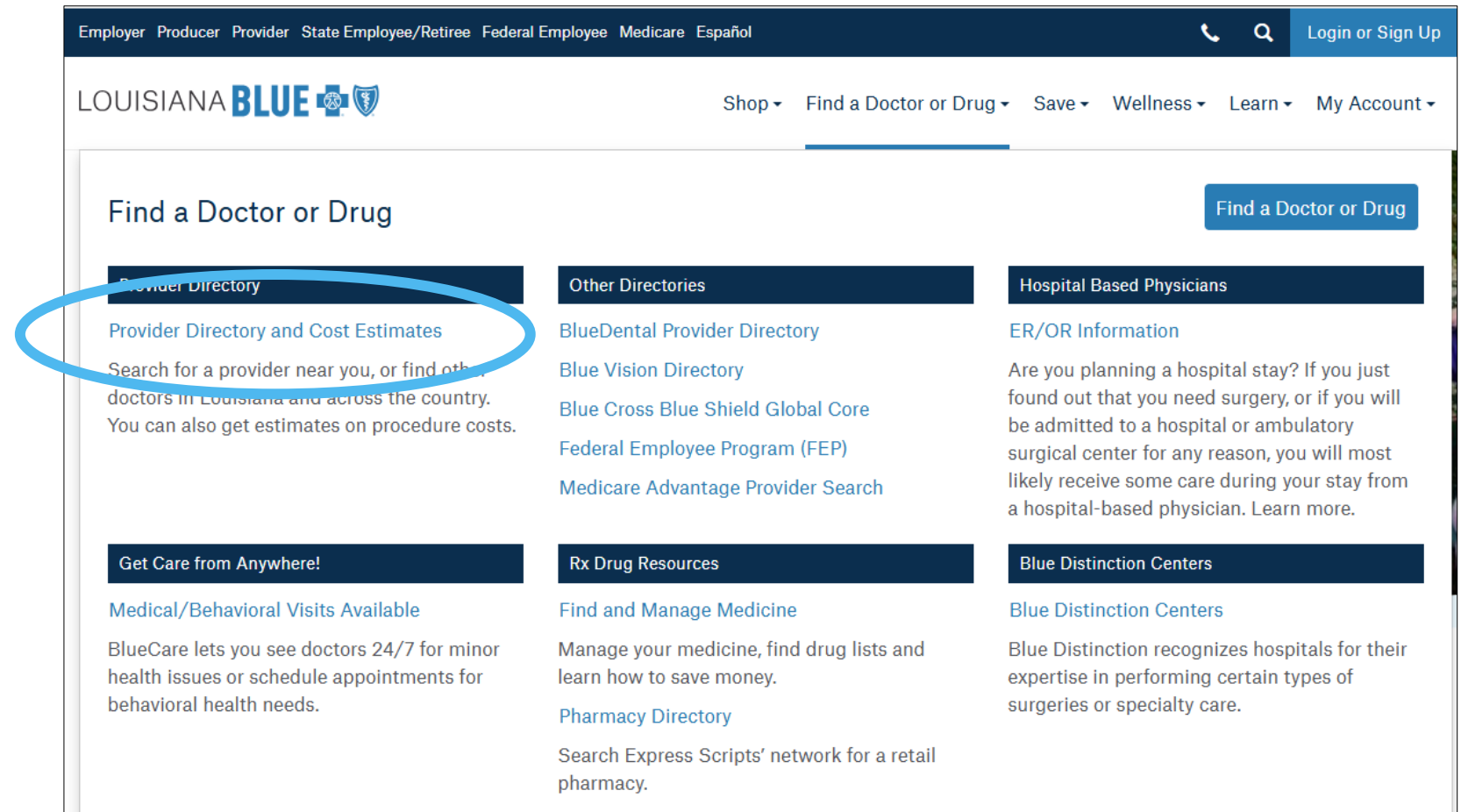
Registration details for our upcoming PCDM webinars will be included in future Weekly Digests. The webinars are scheduled for May 20 and Oct. 21.



Verifying Your Networks

Online Provider Directories

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



The screenshot displays the Louisiana Blue website interface. At the top, there is a navigation bar with links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Español. A search icon and a 'Login or Sign Up' link are also present. Below the navigation bar, the Louisiana Blue logo is visible, along with a secondary navigation bar containing links for Shop, Find a Doctor or Drug, Save, Wellness, Learn, and My Account. The main content area is titled 'Find a Doctor or Drug' and features a prominent blue button with the same text. Below this, there are several categorized sections: 'Provider Directory' (highlighted with a blue circle), 'Other Directories', 'Hospital Based Physicians', 'Get Care from Anywhere!', 'Rx Drug Resources', and 'Blue Distinction Centers'. Each section contains descriptive text and links to related services.

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

Provider Directory

Provider Directory and Cost Estimates

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

Other Directories

BlueDental Provider Directory

Blue Vision Directory

Blue Cross Blue Shield Global Core

Federal Employee Program (FEP)

Medicare Advantage Provider Search

Hospital Based Physicians

ER/OR Information

Are you planning a hospital stay? If you just found out that you need surgery, or if you will be admitted to a hospital or ambulatory surgical center for any reason, you will most likely receive some care during your stay from a hospital-based physician. Learn more.

Get Care from Anywhere!

Medical/Behavioral Visits Available

BlueCare lets you see doctors 24/7 for minor health issues or schedule appointments for behavioral health needs.

Rx Drug Resources

Find and Manage Medicine

Manage your medicine, find drug lists and learn how to save money.

Pharmacy Directory

Search Express Scripts' network for a retail pharmacy.

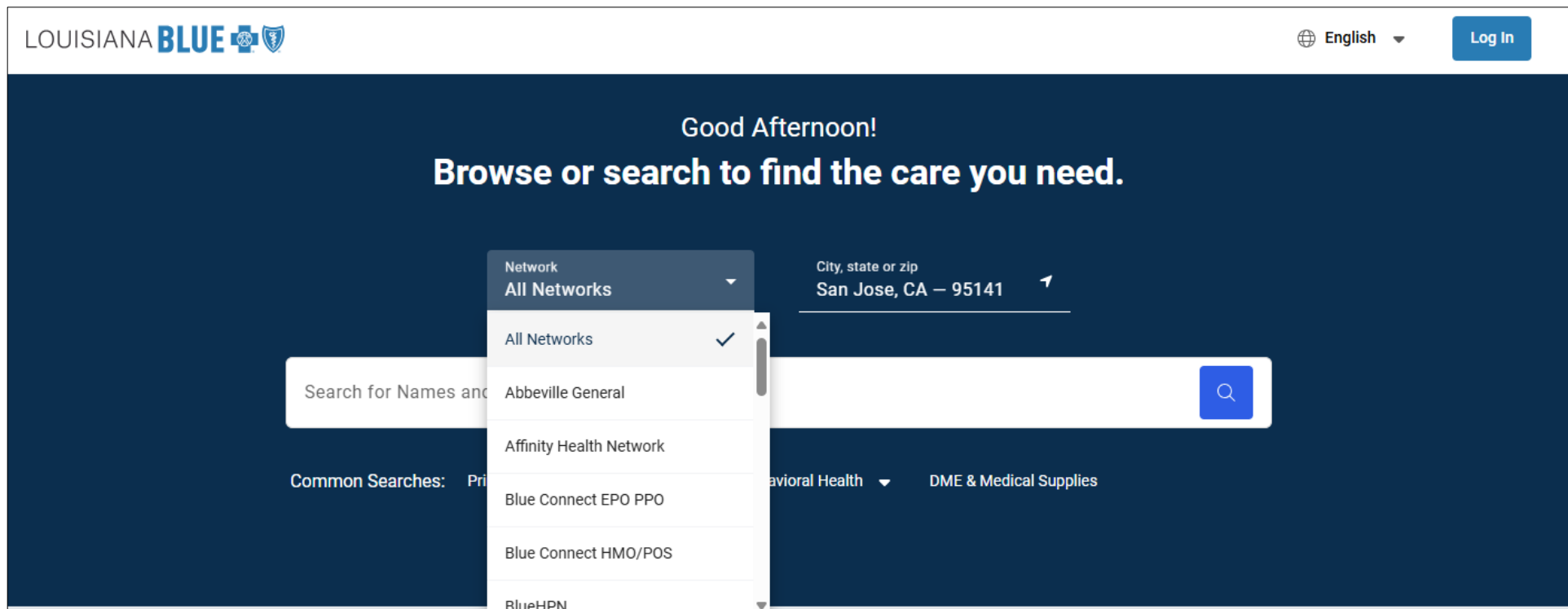
Blue Distinction Centers

Blue Distinction Centers

Blue Distinction recognizes hospitals for their expertise in performing certain types of surgeries or specialty care.

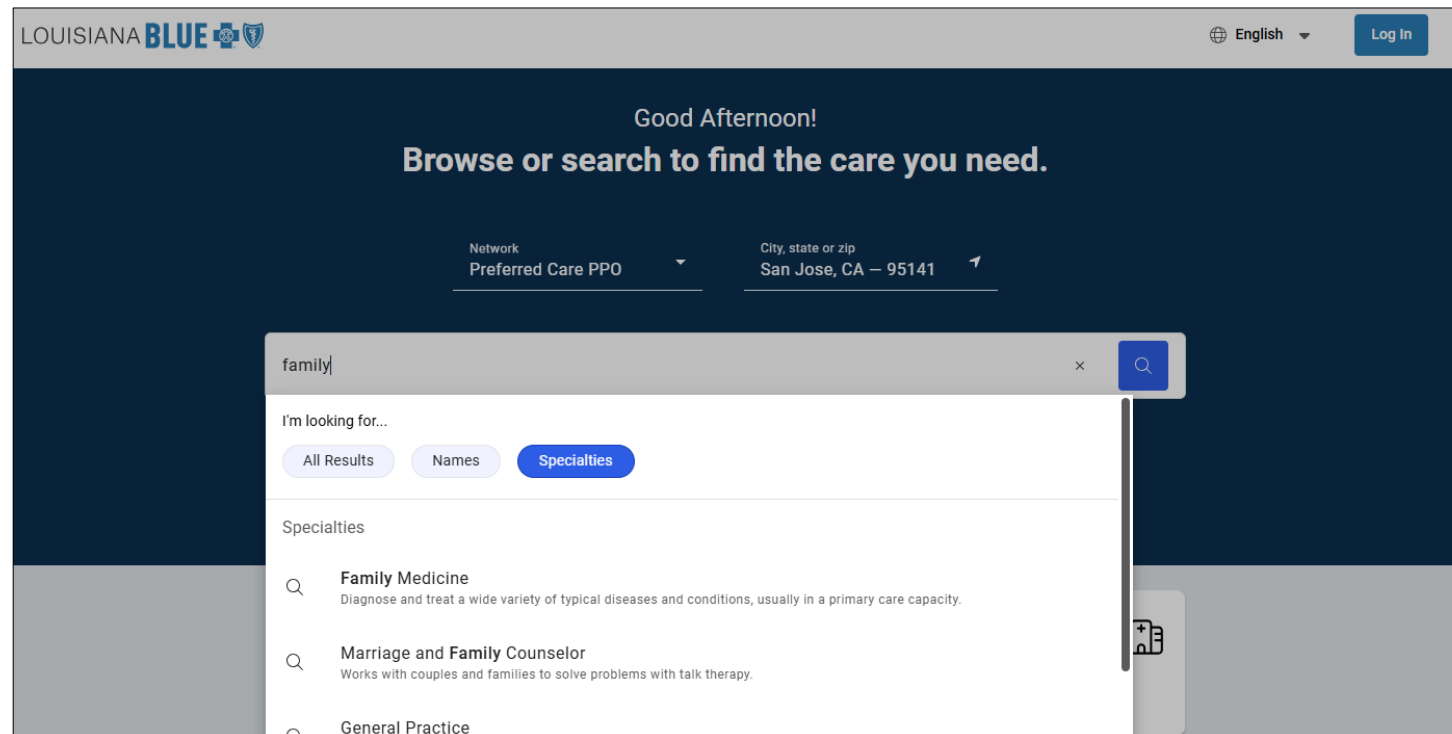
Online Provider Directories

- You can search for a provider by name or specialty.
- To refine your search, select a **Network** and/or enter your location in the **city, state or ZIP** field.
- The networks are listed in alphabetical order or you can search "All Networks."



Online Provider Directories

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



Online Provider Directories

Each provider has a page with links:

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

The screenshot displays a provider profile for **Smith, Joe MD**, a Male Family Practice physician. The profile includes a navigation menu on the left with the following links: Provider Highlights, Networks Accepted, Specialties & Expertise, Credentials, Awards & Recognitions, Ratings & Reviews, Affiliated Facilities, and More About This Provider. The 'Provider Highlights' link is highlighted with a red box. The main content area shows the provider's name, specialty, and location (ABC Physician Group, 1234 Main Street, Baton Rouge, LA 70809). It also displays 2 Awards, 1 Affiliation, and a link to 'More about this provider's race, ethnicity, languages, etc.'. The provider is listed as a 'QUALITY BLUE PROVIDER' and 'Enhanced Tier 1'. The 'Networks Accepted' section lists various insurance plans, including Precision Blue HMO/POS, HMO Louisiana HMO/POS, OGB MagLocal Plus - PrefCare, OGB MagOpen Access - PrefCare, OGB Pelican HRA/HSA - PrefCare, OGB Preferred Care, Preferred Care PPO, Signature Blue HMO/POS, and Abbeville General.

Online Provider Directories

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

We publish demographic information in our online provider directory. The directory is available on our website at www.lablue.com. We also share this information with the Blue Cross Blue Shield Association.

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

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

*Limit of 10 locations per provider per TIN.



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

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

(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 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.




Identifying Your Patients

Identification Card Guide

Louisiana Blue Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. The *Identification Card Tidbit* can be found online at www.lablue.com/providers >Resources >Tidbits.


In this guide you can find:

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

LOUISIANA BLUE 

providerTIDBIT

a guide to understanding our processes



Identification Card Guide

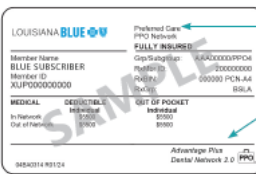
Blue Cross and Blue Shield of Louisiana Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.lablue.com/ilinkblue).

Preferred Care PPO

Prefix: Varies

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

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



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

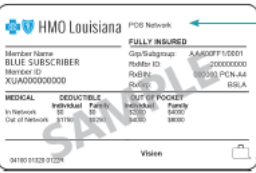
HMO Louisiana, Inc.

Prefix: Varies

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

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

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



HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully insured HMO Louisiana members must select a primary care provider.

TB00082010 [More](#)

This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, please email providercommunications@lablue.com and reference the title listed on this publication.

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Last reviewed on: 01-29-25

Digital ID Cards

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

Jane Doe Subscriber Active Coverage ▲

Address	123 STREET ST. CITY, LA 70000	Sex	Female
		Marriage Status	Married
		Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2026	---	02/01/2000	View ID Card	Summary	Benefits View COB

Medical Benefits Summary

Contract Number	XUT123456789
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ACTIVE COVERAGE

Medical Effective Date 01/01/2026

Subscriber Name	John Doe
Member Name	John Doe
Member Date of Birth	11/30/1900
Relation to Subscriber	Self
Sex	Male
Contract Type	HMOLA POS

[View ID Card](#)

Medical Benefits Detail

Contract Number	XUT123456789
Member Name	John Doe
Member Date of Birth	11/30/1900
Contract Type	HMOLA POS


[View ID Card](#)

LOUISIANA **BLUE**  

iLinkBlue

Accessing iLinkBlue

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

LOUISIANA BLUE  **Instructions for Accessing Our Secure Online Services**

Louisiana Blue offers many online services that require secure access. Louisiana Blue requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard* members) and more (as we develop new services)

To Report Your Administrative Representative to Louisiana Blue:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.
Email: PIMteam@lablue.com Fax: 1-800-515-1128
Attn: Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?
If you have questions regarding the administrative representative setup process, please contact our PIM Team.
Email: PIMteam@lablue.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Louisiana Blue's guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.

18NW2367 R1004 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative representative duties include:

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

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

Navigating iLinkBlue

Top Navigation

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

Quick Links

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

Message Board

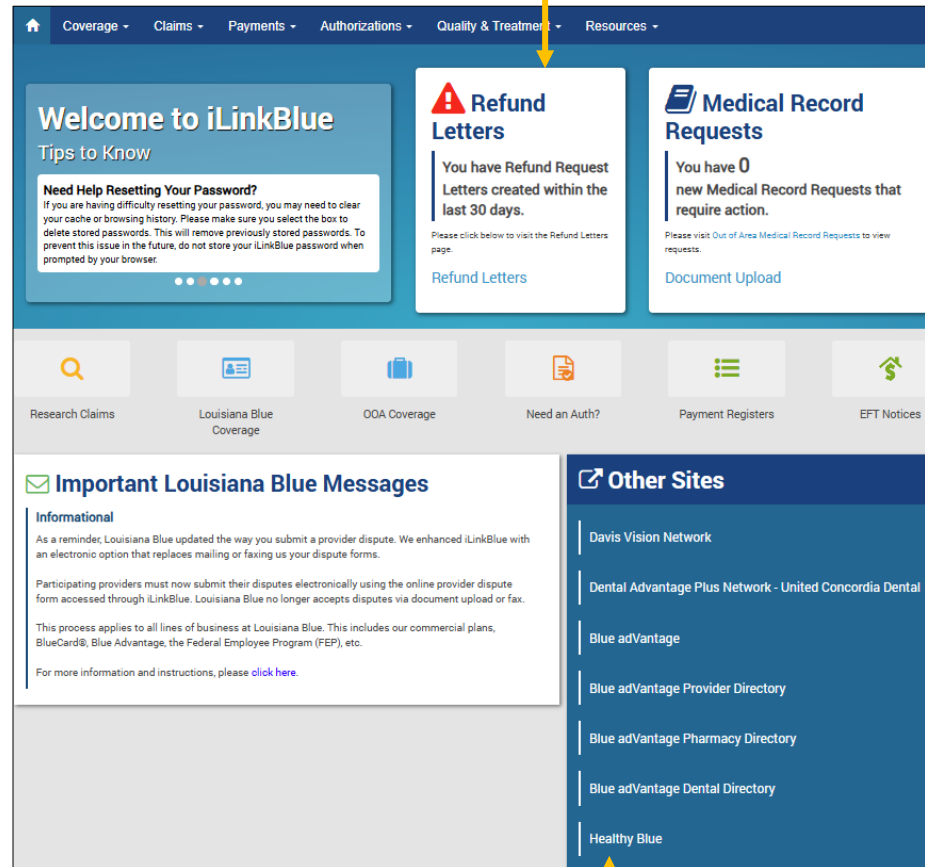
Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Refund Letters

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

Medical Record Requests

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



Other Sites

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

Document Upload

Document Upload
Upload medical records and other documents securely to various departments within Blue Cross and Blue Shield of Louisiana

1 Select the Department
Choose One

2 Document Upload Information
Include all relevant information below to ensure efficient processing of your submission.
Claim Number: Enter claim number...
Contract Number: Enter contract number...
Notes
Enter the details of your submission. Max 1000 characters.
1000 characters remaining

3 Upload a File
Max File Size: 19 MB
File Types Accepted: DOC, DOCK, PDF, TIF, TXT
Submit Document
Browse or Drag and Drop Your File

Select a department to learn more about what is allowed using the document upload tool.
Tips for Successful Document Upload
[Document Upload FAQs](#)

Document Upload
Frequently Asked
Questions can be
found here.

Louisiana Blue accepts document uploads for:

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

Document Upload - upload documents that would otherwise be faxed, emailed or mailed to select departments at Louisiana Blue.

At this time, Louisiana Blue does not accept documents for departments other than the departments listed in the drop-down box of the Document Upload application. If the specific department needed is not listed, **do not** upload the document.

How to Confirm Your Documents Successfully Uploaded in iLinkBlue

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

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

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

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

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

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

Document Upload Helpful Tips



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

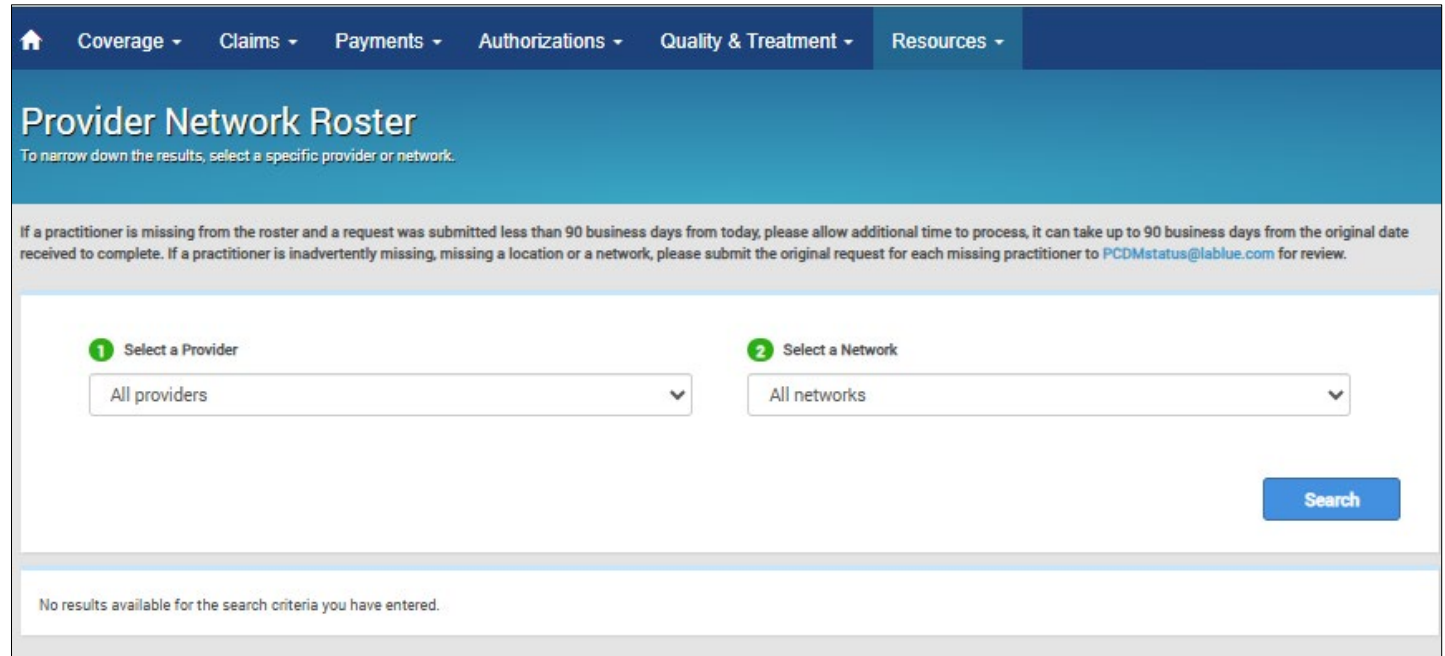
Provider Rosters Now Available

This new self-service feature allows providers to view their Network Rosters. You can find this under the “Resources” menu option, then click “Provider Network Roster.”

This allows providers to view:

- All practitioners tied to a group TIN
- What networks they operate in
- Effective dates of their credentials in that network

You may also narrow your searches by NPI and provider network.



The screenshot shows a web application interface for the "Provider Network Roster". At the top, there is a navigation bar with a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The "Resources" menu is currently selected. Below the navigation bar, the page title is "Provider Network Roster" with a subtitle "To narrow down the results, select a specific provider or network." A notice below the title states: "If a practitioner is missing from the roster and a request was submitted less than 90 business days from today, please allow additional time to process, it can take up to 90 business days from the original date received to complete. If a practitioner is inadvertently missing, missing a location or a network, please submit the original request for each missing practitioner to PCDMstatus@lblue.com for review." The main search area contains two dropdown menus: "1 Select a Provider" with the value "All providers" and "2 Select a Network" with the value "All networks". A blue "Search" button is located to the right of the dropdowns. At the bottom of the search area, a message reads: "No results available for the search criteria you have entered."

Provider Education



Have questions about iLinkBlue?

We can customize one-on-one provider training for you and your staff. Reach out to your provider relations representative or email **provider.relations@lablue.com** to schedule your training.

Look for registration information in upcoming Weekly Digests for our iLinkBlue webinars being held on May 19.



Medical Policies

Medical Policies

Provider inquiries related to medical policies will be considered upon written request by a member's provider. All current medical policy coverage guidelines are available on iLinkBlue.

Requests for consideration must be accompanied by the supporting clinical information that is addressed within the medical policy.

These requests can be sent to:

Louisiana Blue - Medical Director of Medical Policy

P.O. Box 98031

Baton Rouge, LA 70809-9031



More information on Medical Policies can be found in the *Professional Provider Office Manual* on the Provider page at www.lablue.com/providers >Resources >Manuals.

Medical Policies on iLinkBlue

Medical Policy Guidelines* – access the Louisiana Blue medical policy index to research Louisiana Blue’s medical policies.

Commercial Medical Policies for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

To access Medicare Medical Policies, [click here](#)

Medical Policy Search

You may use the field to narrow your focus by searching for keyword(s), procedure code(s), policy name or policy number.



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

Blue Advantage Medical Policies

Blue Advantage Medical Policies can be found on our Provider page at www.lablue.com/providers, then click "Medical Management," then "Medical Policies" and select "To access Medicare Medical Policies, click here."

Medicare Medical Policies for Louisiana and HMO Louisiana, Inc.

Medicare Advantage plans do follow Medicare guidelines; however, claims processing decisions are left to the discretion of the plan.

To access Commercial Medical Policies, [click here](#)

Medical Policy Search

You may use the field to narrow your focus by searching for keyword(s), procedure code(s), policy name or policy number.

[Search Policies](#)[View all Policies](#)

1. [MA-001 General Clinical Guidelines Criteria- Retired Policy](#)
2. [MA-002 Inpatient Coverage Guidelines- Retired Policy](#)
3. [MA-003 Skilled Nursing Facility Guidelines- Retired Policy](#)
4. [MA-004 Inpatient Rehabilitation Facility Services- Retired Policy](#)
5. [MA-005 Long Term Care Hospitals- Retired Policy](#)





Avalon Lab Reimbursement Medical Policies

Avalon Lab Reimbursement Medical Policies can be found on our Provider page at www.lablue.com/providers >Resources >New/Revised Lab Reimbursement Policies.









✕ New/Revised Lab Reimbursement Policies

Revised Policies






Effective for dates of service on and after June 1, 2025:

-  Policy No. G2005: Vitamin D Testing
-  Policy No. G2011: Diagnostic Testing of Iron Homeostasis & Metabolism
-  Policy No. G2014: Vitamin B12 and Methylmalonic Acid Testing
-  Policy No. G2174: Coronavirus Testing in the Outpatient Setting






Effective for dates of service on and after Sept. 1, 2025:

-  Policy No. G2008: Prostate Specific Antigen (PSA) Testing
-  Policy No. G2022: Biomarker Testing for Autoimmune Rheumatic Disease
-  Policy No. G2042: Pediatric Preventive Screening
-  Policy No. G2044: Helicobacter Pylori Testing
-  Policy No. G2164: Parathyroid Hormone, Phosphorus, Calcium and Magnesium Testing
-  Policy No. M2057: Diagnosis of Vaginitis
-  Policy No. M2116: Human Immunodeficiency Virus (HIV)
-  Policy No. M2172: Onychomycosis Testing



Effective for dates of service on or after Nov. 15, 2025

-  Policy No. G2036: Hepatitis Testing
-  Policy No. G2050: Cardiovascular Disease Risk Assessment
-  Policy No. G2124: Serum Tumor Markers for Malignancies
-  Policy No. G2153 – Pancreatic Enzyme Testing for Acute Pancreatitis
-  Policy No. M2097 – Identification of Microorganisms using Nucleic Acid Probes

Effective for dates of service on or after March 15, 2026

-  G2121: Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease
-  G2157: Diagnostic Testing of Common Sexually Transmitted Infections
-  M2057: Diagnosis of Vaginitis
-  M2116: Human Immunodeficiency Virus (HIV)
-  M2116: Human Immunodeficiency Virus (HIV)

Effective for dates of service on and after May 15, 2026:

-  Policy No. G2005: Vitamin D Testing
-  Policy No. G2011: Diagnostic Testing of Iron Homeostasis & Metabolism

New Policies



Authorizations



Louisiana Blue Now Managing Behavioral Health Services

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

What's Changing:

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

What's Not Changing:

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

Lucet no longer manages these services for commercial members. Providers should submit authorization requests via iLinkBlue (www.lablue.com/ilinkblue) under the "Authorizations" menu option.

Authorizations



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

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

Authorizations Louisiana Blue Members

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

Alpha Prefix: **Submit**

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

LOUISIANA **BLUE**

Preferred Care
PPO Network
FULLY INSURED

Member Name
RILIE SUBSCRIBER

Member ID
XUPC00000000

Grp/Subgroup: AAA00000/PPO4
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

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

04BA0314 R01/24

Where to Find Authorization Requirements?

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

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
 Medical	10/01/2023	---	12/01/2021	View ID Card	Summary Benefits View COB	

+ AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES

+ SCHEDULE OF BENEFITS DESCRIPTION

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

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

Failure to Obtain an Authorization

Failure to obtain a prior authorization can result in:

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








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

OGB Authorizations

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

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

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

LOUISIANA BLUE  Office of Group Benefits Speed				
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 five benefit plans: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefit plans.				
Louisiana Blue's OGB Dedicated Customer Service: 1-800-392-4089 oghhelp@lablue.com				
Benefit Plan Name	Provider Network (Optional Name)	Style of Member Benefits	Member ID Card	Pharmacy
Pelican HRA1000	Preferred Care PPO (OGB Pelican HRA-PreCare)	CDHP with HRA (consumer-driven health plan with health reimbursement arrangement)		CVS Caremark 1-877-300-1906
Pelican HSA775	Preferred Care PPO (OGB Pelican HSA-PreCare)	CDHP with HSA (consumer-driven health plan with health savings account)		Express Scripts, Inc. 1-866-781-7333
Magnolia Local:				
Blue Connect Acadia, Bossier, Caddo, Evangeline, Iberia, Jefferson, Lafayette, Orleans, Rapides, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany and Vermilion parishes	Blue Connect (OGB MagLocal-BlueConn)	HMO		CVS Caremark 1-877-300-1906
Community Blue Acadion, East Baton Rouge, Livingston and West Baton Rouge parishes	Community Blue (OGB MagLocal-CommBlue)			
Magnolia Local Plus	Preferred Care PPO (OGB MagLocal Plus-PreCare)	HMO benefit design on PPO network		CVS Caremark 1-877-300-1906
Magnolia Open Access	Preferred Care PPO (OGB MagOpenAccess-PreCare)	PPO		CVS Caremark 1-877-300-1906

18WV0864-03/24
Last updated on December 31, 2024

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Companies.
Center Health Benefits Management Company is an independent licensee of the same as an authorized manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.
Louisiana Blue is an independent licensee of the same as an authorized health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Section 4: Medical Management

OGB PLAN SERVICES THAT REQUIRE PRIOR AUTHORIZATION

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

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

INPATIENT

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

OUTPATIENT

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


To Request Prior Authorization

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

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

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


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


LOUISIANA BLUE  Blue Cross and Blue Shield of Louisiana
Professional Provider Office Manual
The section is current as of January 2025.

4-14
January 2025

Authorizations Louisiana Blue Members

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

LOUISIANA
BLUE 

 avalon

Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

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

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

- F2019: Flow Cytometry
- G2002: Cervical Cancer Screening
- G2005: Vitamin D Testing
- G2006: Diabetes Mellitus Testing

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



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

Authorizations Out of Area Members

Out of Area (Pre-Service Review – EPA)

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

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

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

Delegated Access -

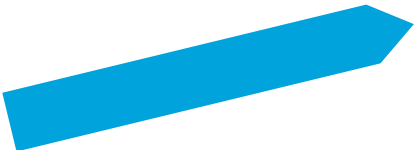
Pre-Service Review for Out of Area Members

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

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

I have verified the pre-service requirements for this member

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



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

R

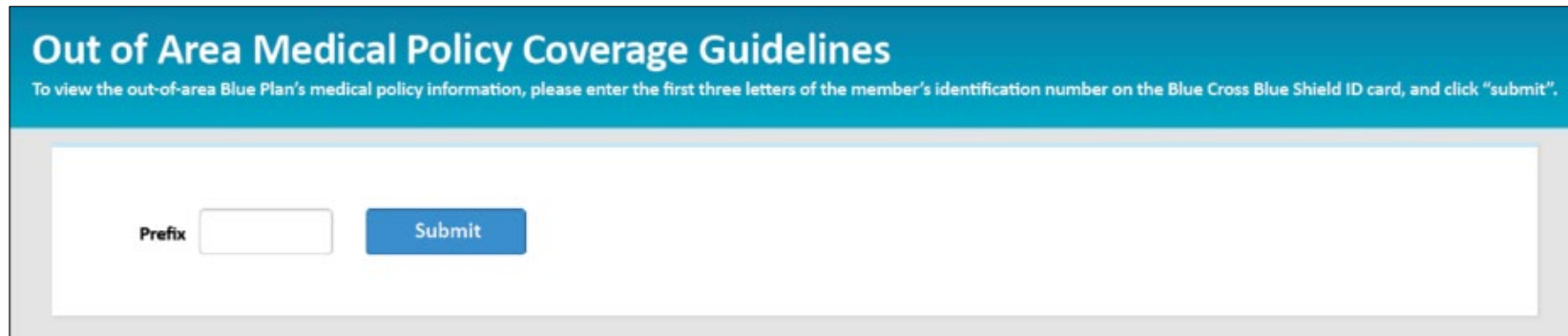
Authorization

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 instruction: "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 form area with a label "Prefix" next to a text input field. To the right of the input field is a blue "Submit" button.

Changing a Louisiana Blue Authorization

You can add a note and/or attachment to update an already approved authorization after services have been rendered. **All of the following** conditions must be 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

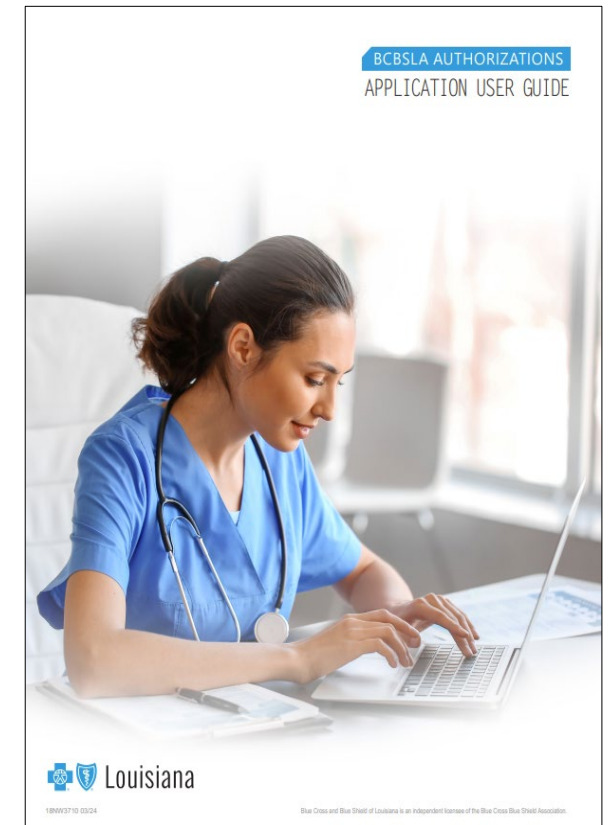
If the above criteria are met, an authorization can be changed within seven calendar days of the services being rendered.

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.
 - Out-of-state DME and labs that are contracted with Louisiana Blue are required to use the authorizations application.
- Do not submit an authorization as Urgent unless services are performed within 72 hours.
 - When submitting an authorization as urgent, you must attach clinical information.
- Make sure to use correct procedure/HCPSC codes and dates of service.
- Add attachments before submitting the authorization.



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

Using Notes When Expediting an Authorization

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

- **Provider Non-clinical Comments:** Select when asking a question, providing non-clinical information or sending a non-medical record communication to Louisiana Blue that is not one of the below options.
- **Provider IQ Note:** Select when submitting an InterQual (IQ) review via notes.
- **Provider IP Extension/Concurrent Request:** Select when requesting additional inpatient bed days only. This is not for outpatient services.
- **Provider Clinical Information:** Select when submitting medical records and additional clinical information for review.
- **Provider Peer to Peer** (not used for Blue Advantage policies): Select when requesting a peer-to-peer review after a service has been denied.
- **Provider Reconsideration Request:** Select when submitting additional information for review after a service has been denied.
- **Provider IP Discharge Notification:** Select when submitting an inpatient discharge date and discharge disposition.
- **Provider Additional Service Request:** Select when the provider is requesting additional units/visits/hours/days on present outpatient services or requesting additional service codes for either inpatient or outpatient.

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

Provider Education



Have questions about Authorizations?

We can customize one-on-one provider training for you and your staff. Reach out to your provider relations representative or email provider.relations@lablue.com to schedule your training.



Carelon Authorizations

Utilization Management Programs

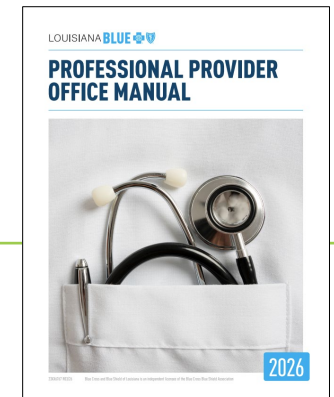
Louisiana Blue has several utilization management programs that require prior authorization for select services. Carelon Medical Benefits Management, an independent specialty benefits management company, serves as our authorization manager for these services:

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

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

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

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



Which Members Are In the Carelon Program?

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

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

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

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

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

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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

Genetic Testing Program

Carelon reviews genetic testing.

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

Important Reminders:

- Carelon defines the service date (date of service as the date that the sample will be collected when requesting prior authorization for genetic testing).
 - An exception will be allowed for most solid tumor testing, which often requires the results of additional testing be completed on the same sample prior to the requested test. The Carelon MBM Provider Portal will guide users through this process.
- Prior authorization requests must be submitted prior to the service being rendered; therefore, requests submitted after the collection date, even if the lab has not been processed yet, will be subject to authorization timelines and applicable penalties.



Sleep Management Program

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

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



Carelon Guidelines for Changing an Authorization

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





NEW

Carelon to Manage Select Prior Authorizations for Blue Advantage Members

Carelon will administer prior authorizations for these select services for Blue Advantage members effective for **dates of service on and after April 1**. On behalf of Louisiana Blue, Carelon will review Blue Advantage member healthcare services that fall into five main areas:

1. High-tech radiology services
2. Cardiovascular services
3. Musculoskeletal procedures
4. Radiation oncology
5. Genetic testing

Providers can contact Carelon for prior authorization of services for Blue Advantage members using the same methods as commercial members. Providers are strongly encouraged to verify that prior authorization has been obtained before scheduling and performing any service. Services performed in conjunction with emergency room services or urgent-care facilities are excluded from all programs.

Carelon Commercial Programs vs. Carelon Blue Advantage Programs

Carelon Blue Advantage programs align with commercial programs where possible. However, CMS requirements and Medicare-specific logic create key differences.

Key Differences in Blue Advantage Programs

- Retrospective review is not permitted, except for PCI (percutaneous coronary intervention) cases.
- Program codes may differ from commercial MSK, cardiac and high-tech radiology programs.
- Network overrides are not allowed under Blue Advantage.
- Reconsiderations are not included in the Blue Advantage program.
- Carelon supports inbound calls and requests from Blue Advantage members.

Note: The Carelon phone number for commercial and Blue Advantage are the same. Dedicated toll-free number: 1-866-455-8416 available Monday – Friday, 8 a.m. - 5 p.m.



Billing Guidelines

Timely Filing

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

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

FEP

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

Blue Advantage

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

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

OGB

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

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

Self-funded and BlueCard

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

Out-of-Network Referrals

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

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



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

Coordination of Benefits

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

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

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

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

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

Billing Claims by Provider Type

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

Provider types include (but not limited to):

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

Note: For provider types not eligible for network participation, please refer to the incident-to billing guidelines in the Professional Provider Office Manual that can be found on our Provider page at www.lablue.com/providers >Resources >Manuals.



Modifier SA – Urgent Care Clinics

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



Emergency Room and Urgent Care Clinic Claims



Effective Jan. 1, all paper and electronic claims from emergency room physicians and urgent care clinics must include:

- Rendering National Provider Identifier (NPI)
- Rendering Taxonomy Code

This requirement applies to claims for all lines of business, including Medicare Advantage.

Louisiana Blue will reject claims missing this information with edit “REND NPI AND TXNMY REQD FOR ER/URGENT CARE.” You will need to correct rejected claims and resubmit for processing.



Claims

Submitting Claims in iLinkBlue

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

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

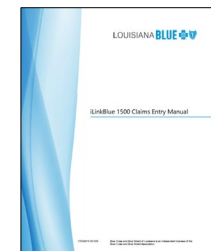
The screenshot shows a web form for entering a claim. At the top left, there is a section titled "Error Messages:" which is highlighted with a yellow box and pointed to by a yellow arrow. The form is divided into several sections:

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

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

Claim for 12345678901; DOE, JANE has been submitted

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



Louisiana Blue Claims Confirmation Reports

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

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

Louisiana Blue Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

3 Date Range *optional*
From Date 04/13/2026
To Date 04/09/2026

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

Search

Search Results for Accepted Claims

NPI 1234567890

View Report

- 04/13/2026
- 04/12/2026
- 04/11/2026
- 04/10/2026
- 04/09/2026

Louisiana Blue Claims Confirmation Reports

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

The screenshot shows the 'Blue Cross Claims Confirmation Reports' application. The interface is divided into three main sections: a search filter section, a search button, and search results.

Search Filter Section:

- 1 Select a Provider:** A dropdown menu with the value '1234567890' selected.
- 2 Report Type:** Two radio buttons: 'Accepted' (selected) and 'Not Accepted'.
- 3 Date Range optional:** Two date input fields. 'From Date' is empty, and 'To Date' is '04/15/2019'. Both fields have calendar icons.

Search Button: A blue button labeled 'Search'.

Search Results for Accepted Claims:

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

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

Louisiana Blue Claims Confirmation Reports

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

Accepted
Report
Example

837 Accepted / Not Accepted / Warning Report Professional Claims Report							
SUBMITTER NUMBER: P0123456789 BC Red # 1234T5678Z NPI# 1234567891 BC ID # T5678 RECEIVE DATE: 04-12-19				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-19			
PAGE 1							
837P ACCEPTED REPORT							
PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	040819	040819	125.00	123459876123
PROVIDER BC ID # T5678 837P SUMMARY:							
837P TOTAL CLAIMS ACCEPTED:				1 CLAIMS FOR \$125.00			
837P TOTAL CLAIMS NOT ACCEPTED:				0 CLAIMS FOR \$0.00			
837P TOTAL CLAIMS:				1 CLAIMS FOR \$125.00			
SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:							
TOTAL CLAIMS ACCEPTED:				1 CLAIMS FOR \$125.00			
TOTAL CLAIMS NOT ACCEPTED:				0 CLAIMS FOR \$0.00			
GRAND TOTAL CLAIMS:				1 CLAIMS FOR \$125.00			

Non-Accepted
Report
Example

837 Accepted / Not Accepted / Warning Report Professional Claims Report								
SUBMITTER NUMBER: P0123456789 BC Red # 1234T5678Z NPI# 1234567891 BC ID # T5678 RECEIVE DATE: 04-12-19				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-19				
PAGE 1								
837P NOT ACCEPTED REPORT								
PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
PROVIDER BC ID # T5678 837P SUMMARY:								
837P TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
837P TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
837P TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				
SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:								
TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
GRAND TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				

Louisiana Blue Claims Confirmation Reports

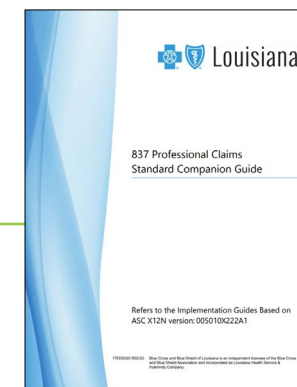
Not Accepted Error Message Descriptions

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

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

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

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



Claims Research

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

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

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

Paid/Rejected Pended Claim Number

1 Select a Provider

2 Contract Number

Louisiana Blue / FEP
Do not include prefix

Blue adVantage

BlueCard - Out of Area

3 Date of Service

From:

To:

Search

Claims Status Search

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

For more information, click on:

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

Paid/Rejected Claims Results

Showing 10 records Filter:

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

Action Requests

Pended Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
14572368900-1	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	AR
18976543200-1	H4000000076543						AR
16789854100-1	H4000000032165						AR

Submit Action Request

To submit an action request, complete the fields below.

Action
Select One

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

Claim Details

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

Notes 1000 characters remaining

Type the details of your request. Max 1000 characters.

Submit Action Request

When submitting an Action Request:

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

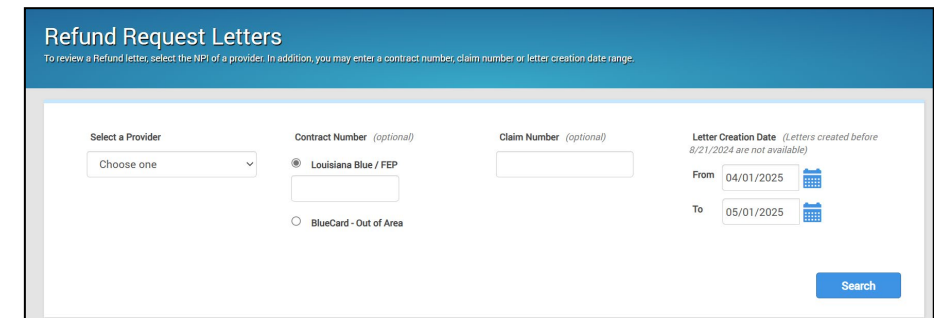
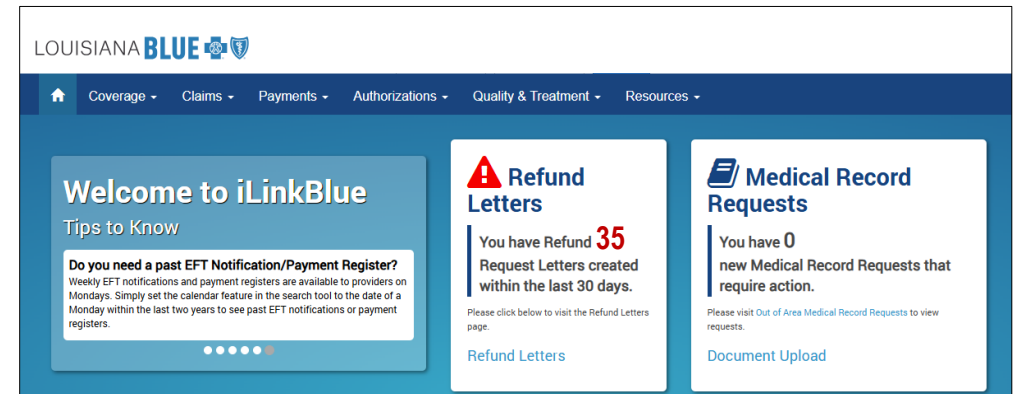
Refund Request Letters

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

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

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

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



Refund Request Letters

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

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

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

Refund Request Letters Results

Showing 10 records Filter:

Claim Number	NPI	Provider Name	Contract Number	Letter Creation Date	Patient Name	Refund Letter	Rationale Letter
987654321	1234567890	ABC CLINIC	1234567891	08/21/2024	RITA BOOK	View	View
987456123	1234567890	ABC CLINIC	1224567891	08/21/2024	STANLEY CUPP	View	View
987123456	1236549870	DOE, JANE	1234467891	08/21/2024	CHERRY BLOSSOM	View	
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2024	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2024	ABBY NORMAL	View	



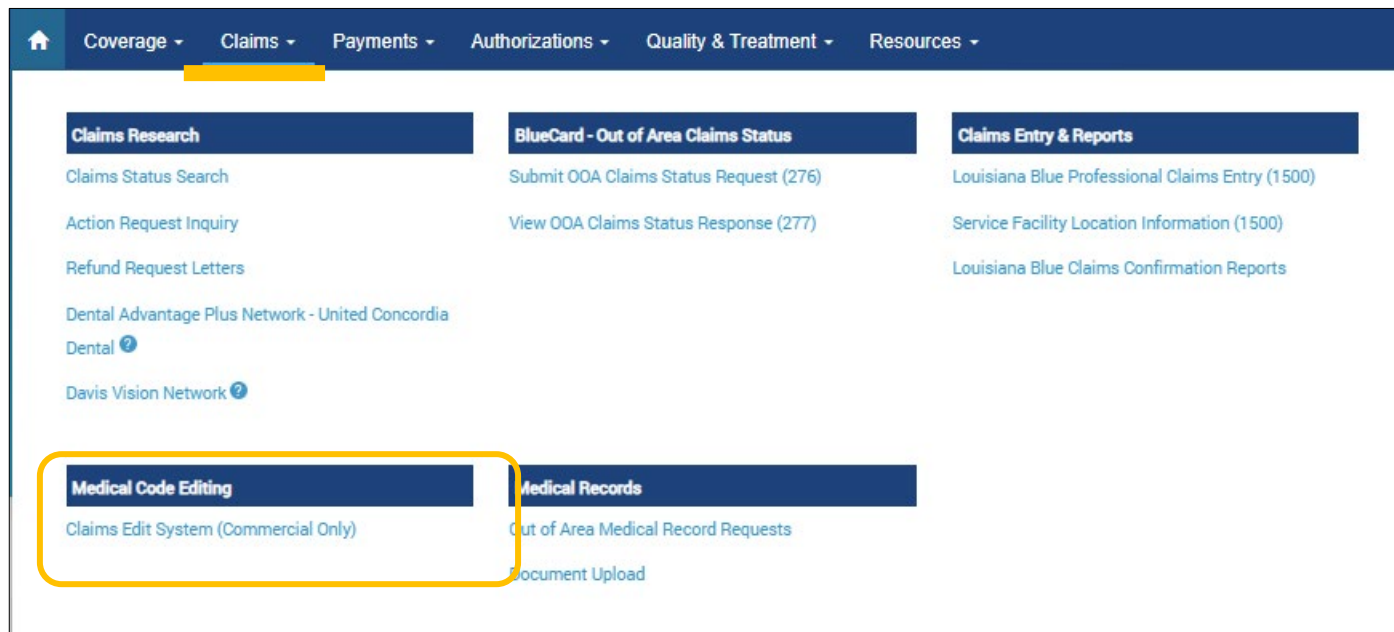
Claims Editing System

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 commercial claim edit outcomes.

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



CES – Professional Claims

LOUISIANA BLUE CROSS

Professional Claim Entry | Facility Claim Entry

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

Gender: Male | Date of Birth: | Claim Type: Professional

Add Lines | Submit

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

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


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

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

CES – Professional Claims

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

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



Professional Claim Entry | Facility Claim Entry

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

Export to PDF | New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

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

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags						
1	99201	1	0.0	CLEAN LINE						
2	81002	1	0.0	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0390116, Ext/Int Line ID3.</td> <td>Deny</td> <td>An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted</td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0390116, Ext/Int Line ID3.	Deny	An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted
Flag Description	Flag Status	Disclosure								
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0390116, Ext/Int Line ID3.	Deny	An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted								
3	81003	1	0.0	CLEAN LINE						

CES – Professional Claims

What edits or overrides are included in our CES logic?

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

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





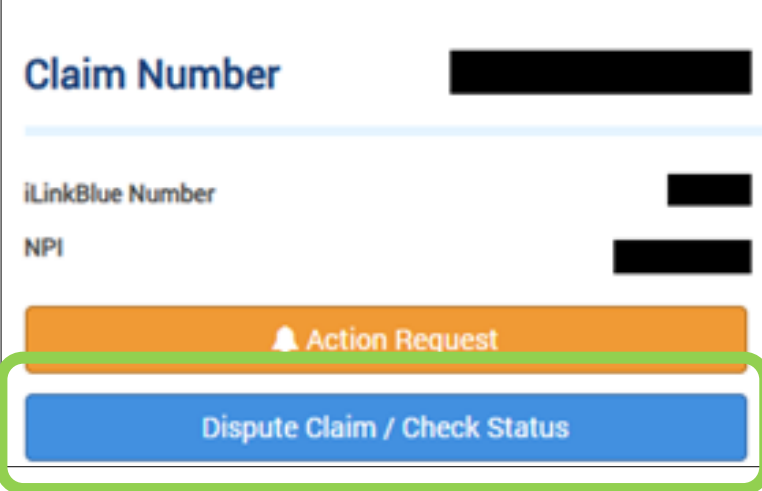
Disputes vs. Appeals

Provider Disputes Form Online for All Lines of Business

Louisiana Blue will no longer accept disputes via document upload or fax.

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

Click the “Dispute Claim/Check Status” button to open the dispute form. The button will be on claims with a paid date less than two years prior to the current date.



The screenshot displays a claim detail summary page. At the top, the 'Claim Number' field is redacted with a black box. Below this, the 'iLinkBlue Number' and 'NPI' fields are also redacted. An orange button labeled 'Action Request' with a bell icon is positioned above a blue button labeled 'Dispute Claim / Check Status'. The blue button is highlighted with a green rounded rectangular border.

Disputes vs. Appeals

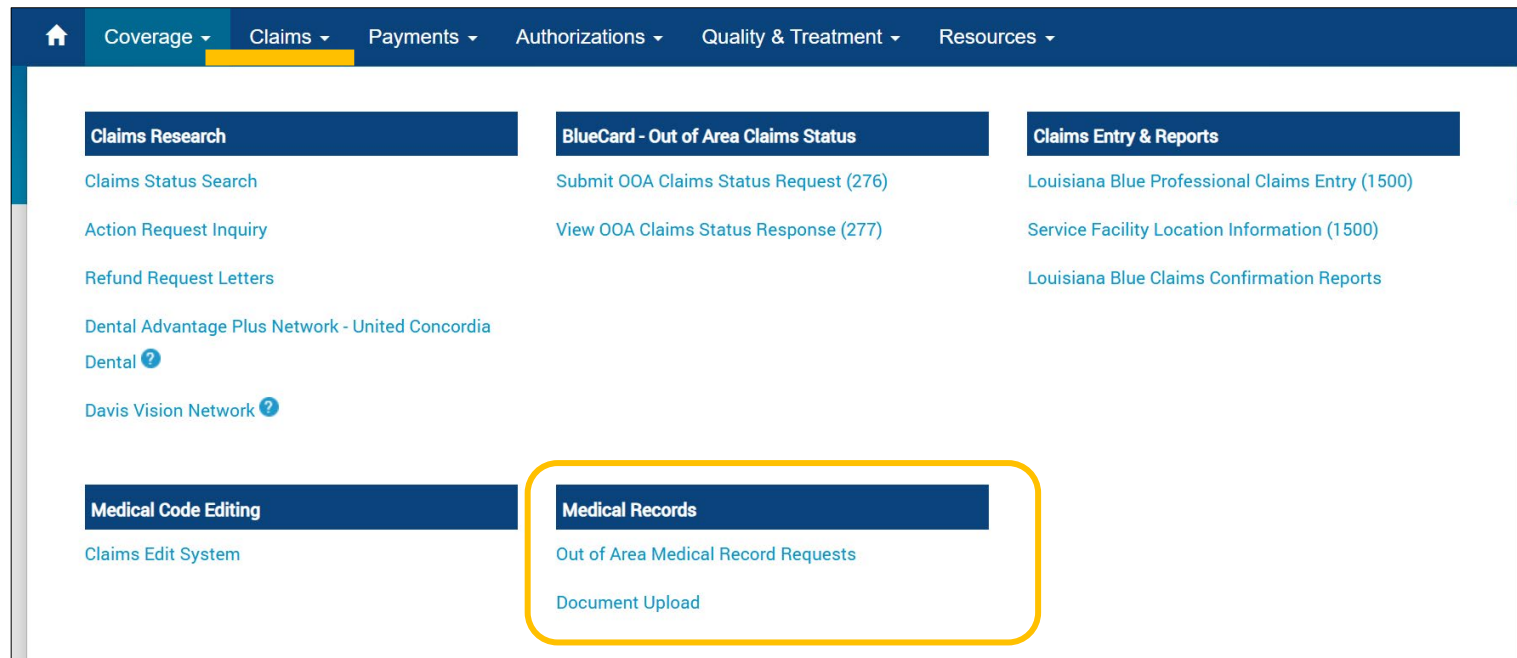
Administrative Appeals	Provider Disputes	Medical Necessity Appeals
<p>Contractual issues are typically submitted by the member or someone on behalf of the member (including providers), with the member's authorization. The top reasons for administrative appeals are:</p> <ul style="list-style-type: none">• Out-of-network (OON) providers• Contract limitations or exclusions• Claims processing (how cost sharing was applied)	<p>A written request from our participating network providers disputing a processed claim for Louisiana Blue policyholders that may include one of the following reasons:</p> <ul style="list-style-type: none">• Reimbursement concerns• Authorization issues• Timely filing denials• Refund disputes	<p>An adverse benefit determination based on medical necessity, appropriateness, healthcare setting, level of care or effectiveness or is determined to be experimental or investigational. Note: Must be submitted by the member or someone on behalf of the member (including providers), with the member's authorization.</p>



Medical Records

Medical Records

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



BlueCard Medical Record Requests

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

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. The first section is a 'Welcome to iLinkBlue' banner with 'Tips to Know' and a 'Do you need a past EFT Notification/Payment Register?' alert. The second section is 'Refund Letters', showing 'You have Refund 35 Request Letters created within the last 30 days.' The third section is 'Medical Record Requests', showing 'You have 15 new Medical Record Requests that require action.' There are links for 'Refund Letters' and 'Document Upload'.

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. 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. 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 is a 'Do NOT submit BlueCard Medical Records' section with bullet points: 'submit 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', and 'by certified mail.' There is also a 'More' link and a footer with the date 11/20/2023/29.

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

Medical Record Requests

Medical Request Reminders:

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

Electronic Medical Records (EMRs)

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





Resources

2026 Product Enhancements

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

Preventative:

- Screening for osteoporosis
 - Louisiana Blue will cover this screening at no-cost once every two years for women 65 years and older, or for ages 40-64 classified at increased risk.
- Patient navigating for breast and cervical cancer screenings
 - Louisiana Blue will also cover patient navigation services for women eligible for routine breast cancer or cervical cancer screenings at no cost when the members are experiencing barriers and follow-up when those services are initiated by a clinician and obtained from our Medical Management Department.
- Screening and counseling for intimate partner and domestic violence
 - Louisiana Blue will cover screening and counseling for intimate partner and domestic violence for adolescent and adult women 14 years of age and older at wellness benefits.

Benefits:

- No-cost virtual telehealth visits
 - Members on certain plans will receive telehealth services from Primary Care Providers (PCPs), urgent care and behavioral health providers at no cost. These no-cost virtual visits are limited to two visits per benefit period. Subsequent visits will be subject to applicable copayments, deductibles and coinsurance.

Enhancements are subject to each member's benefits and eligibility. These benefits are effective as policies renew in 2026.

2026 Product Enhancements

Expansion of the Blue Connect Network

2026 Enhancement

Beginning Jan. 1, the Blue Connect Network is also being offered in St. James and Terrebonne parishes.

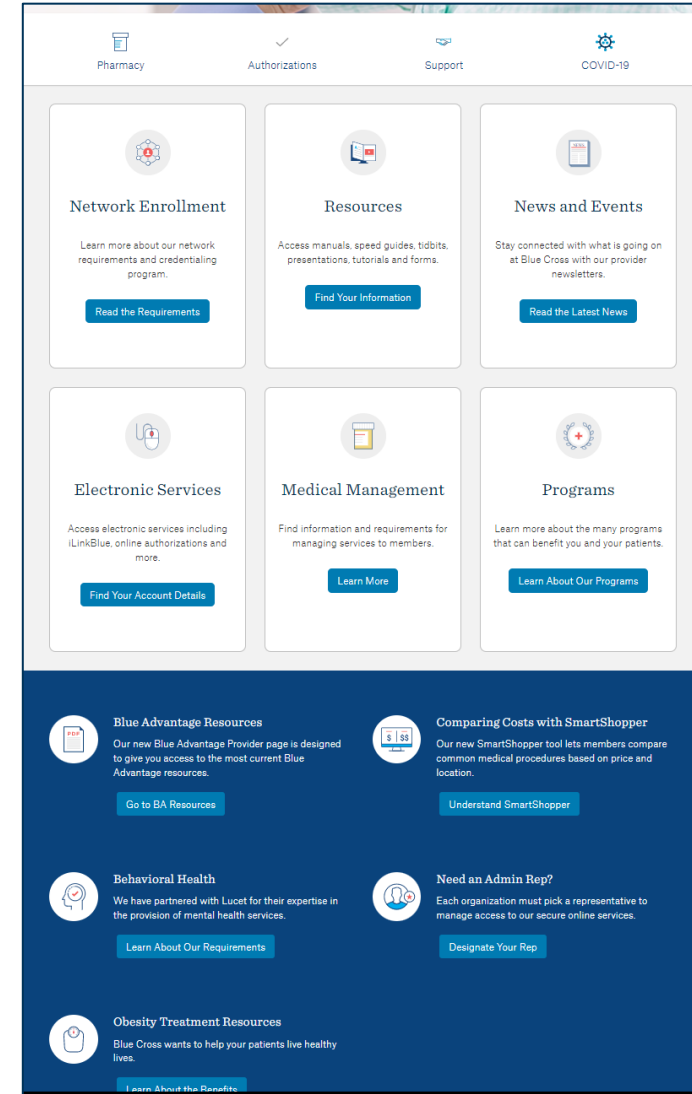


Provider Page

The Provider page is home to online resources such as:

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

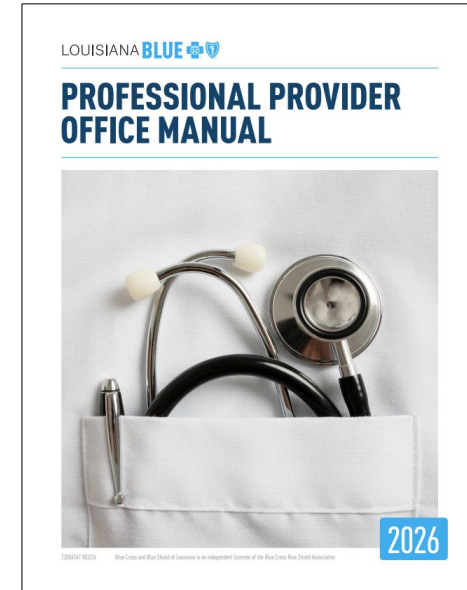
www.lablue.com/providers



Manuals and Newsletters

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

www.lablue.com/providers >Resources



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

www.lablue.com/providers >Newsletters

Not Getting Our Newsletters?

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

Speed Guides and Tidbits

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

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

providerTIDBIT
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 the iLinkBlue (www.lablue.com/tidbits).

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 pillbox" logo identifies the nationwide BlueCard® Program. For more information, view the Preferred Care PPO Network Speed Guide, available online at www.lablue.com/providers >Resources.

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

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

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

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

More →

T800082079
This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, please email providercommunications@lablue.com and reference the Tidbit number and the label on this publication.
ISSUE 1/14 10/12/13
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.
Last updated on: 01-20-2015

providerTIDBIT
a guide to understanding our processes

Medical Record Guidelines for BlueCard®

- Always direct medical records 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.lablue.com/tidbits). These alerts will be visible on the iLinkBlue home page.
- If a claim denies 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 in iLinkBlue before submitting records. For these types of denial, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.
- Send medical records to us within 10 business days after receiving an alert.
- Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

Do NOT submit BlueCard Medical Records:

- unless you receive a request from Louisiana Blue
- with a copy of the original claim as an attachment
- without the request for medical records notification from iLinkBlue attached
- by certified mail

Once confirmed that we received your records, please allow 20 days for Louisiana Blue and/or the member's Blue Shield 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 1-800-822-8866.

More →

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Last updated on: 01-20-2015

LOUISIANA BLUE Preferred Care PPO Network Speed Guide

This guide will help you quickly locate key information about the Blue Cross and Blue Shield of Louisiana Preferred Care Preferred Provider Organization (PPO) program. Please refer Preferred Care PPO members to network providers so they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the Professional Provider Office Manual, which is available online at www.lablue.com/providers >Resources.

Preferred Care PPO Member ID Card

Preferred Care PPO members are identifiable by the Louisiana Blue logo and the Preferred Care PPO Network name printed on the member ID card.

Provider Responsibilities

- Collect only the copayment, coinsurance and/or deductible amount for covered services.
- Obtain prior authorization for any services requiring authorization (see back of this speed guide).
- Accept the Louisiana Blue allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
- To refer Preferred Care PPO members to in-network providers, use our online provider directory at www.lablue.com. Find a Doctor or Drug folder the member's profile found on the member ID card or select the "Preferred Care PPO" option.
- File claims for all Preferred Care patients.

Office Copayment Option
Office Copayment Option members with office copayment benefits may be subject to an office copayment for the following services when rendered in a provider's office or clinic:

- Office visit charges & consultations
- Laboratory tests & machine tests
- Radiation treatments
- Surgical procedures
- Injections, allergy streams, visit of allergy medications

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

Only one copayment should be collected per office visit.

Maternity Admissions
Maternity admissions to facilities do not require authorization if the hospital stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery for Preferred Care PPO members with maternity benefits.

BlueCard® Program PPO
The BlueCard Program enables BCBS PPO members nationwide to obtain PPO benefits when they receive out-of-area services from PPO network providers. Our Preferred Care PPO network has been designated as the BlueCard PPO network that out-of-state members should access to receive the highest level of benefits from their health plans.

Providers may verify out-of-state member coverage by calling the BlueCard Eligibility Line at 1-800-676-2383. An operator will ask you for the member's policy or the member ID card and will connect you to the member's Blue Plan.

If you are unable to locate a prefix on the member ID card, check for a phone number on the ID card. If that is not available, then call our Customer Care Center at 1-800-822-8866.

Please refer to the Preferred Care PPO Preferred Reference Lab Guide for information about this network's lab program.

ISSUE 1/14 10/12/13
Last updated on: 01-20-2015
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.
Louisiana Blue Health Insurance Company is a member company of Blue Cross and Blue Shield of Louisiana and Louisiana Blue.
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Louisiana Blue Health Insurance Company is a member company of Blue Cross and Blue Shield of Louisiana and Louisiana Blue.

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 so 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 online at www.lablue.com/providers >Resources.

HMO Louisiana Member ID Card

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

Health Maintenance Organization (HMO) members are limited to the HMO Louisiana network for services and have no benefits for services provided by out-of-network providers without obtaining prior approval. Point of Service (POS) allows members to choose whether to use a network provider to go out-of-network.

Submitting Claims
Deductible:

- iLinkBlue (CMS 1500 only)
- Check/charges

Network:
HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

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 pillbox" logo identifies the nationwide BlueCard® Program. For more information, view the Preferred Care PPO Network Speed Guide, available online at www.lablue.com/providers >Resources.

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

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

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

More →

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

www.lablue.com/providers >Resources >Tidbits

Visit the Louisiana Blue Straight Talk Blog

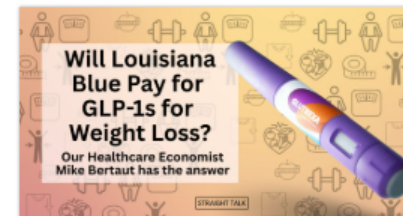
Straight Talk is your source for timely, trustworthy information on healthcare reform, costs and quality. Louisiana Blue Healthcare Economist Mike Bertaut dives into the issues, cuts through the confusion and gives it to you straight. Visit the blog and sign up for the Straight Talk e-newsletter online at www.straighttalkla.com.



CATEGORY: HEALTH INSURANCE

Is Anybody Listening? Louisiana Blue Is ...

My Dad, the founder of Straight Talk, despite having a mild form of dyslexia and struggling to spell words, was an



CATEGORY: COST OF HEALTHCARE, HEALTH INSURANCE, UNCATEGORIZED

Will Louisiana Blue Pay for GLP-1s for Weight Loss?

Nearly 40% of Louisianians are obese and at risk of significant health problems as we age. Modern medicine has



CATEGORY: COST OF HEALTHCARE, HEALTH INSURANCE

Why Do Louisiana Families Spend a Bigger Income Percentage on Health Insurance and Deductibles?

Bigger Isn't Always Better

The Moral Hazard of Vertical Integration in Health Insurance



CATEGORY: COST OF HEALTHCARE, HEALTH INSURANCE

Bigger Isn't Always Better: The Moral Hazard of Vertical Integration in Health Insurance



CATEGORY: COST OF HEALTHCARE, HEALTH INSURANCE

Is Louisiana's Health Insurance Really the Most Expensive in the Nation?

A recent [Commonwealth Fund analysis](#)



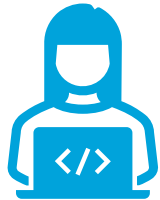
CATEGORY: COST OF HEALTHCARE, GOVERNMENT PROGRAMS

Just an Important Reminder!!!

Here at Straight Talk, I like to remember and reiterate important deadlines.

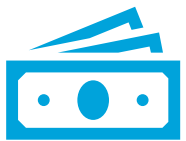
Jan. 15, 2026, is a big one. Big.

Provider Survey



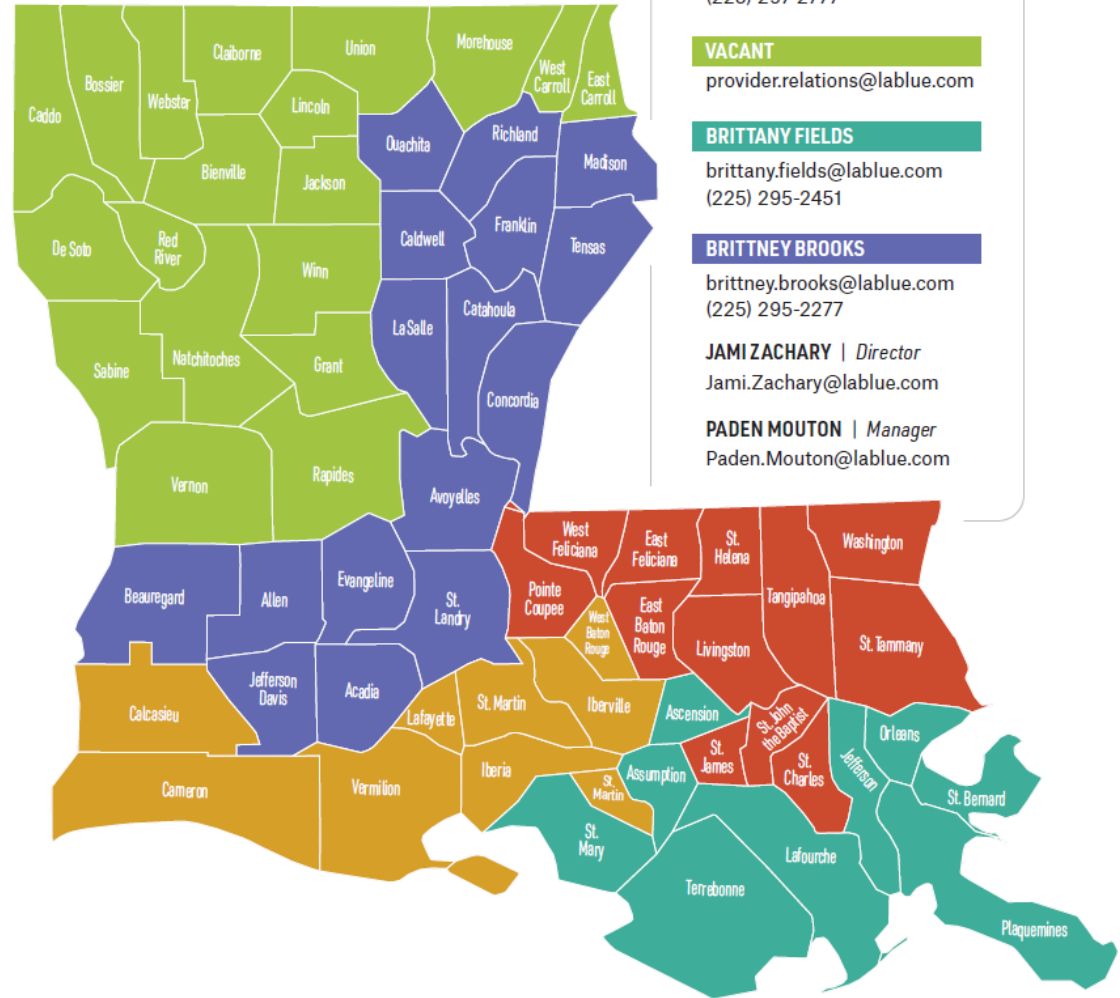
Each year, Louisiana Blue conducts the Provider Engagement Survey.

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



We would love for you to complete our 2026 provider survey later this year. Participants have a chance to win 1 of 14 gift cards with top prize of \$500.

Provider Relations



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

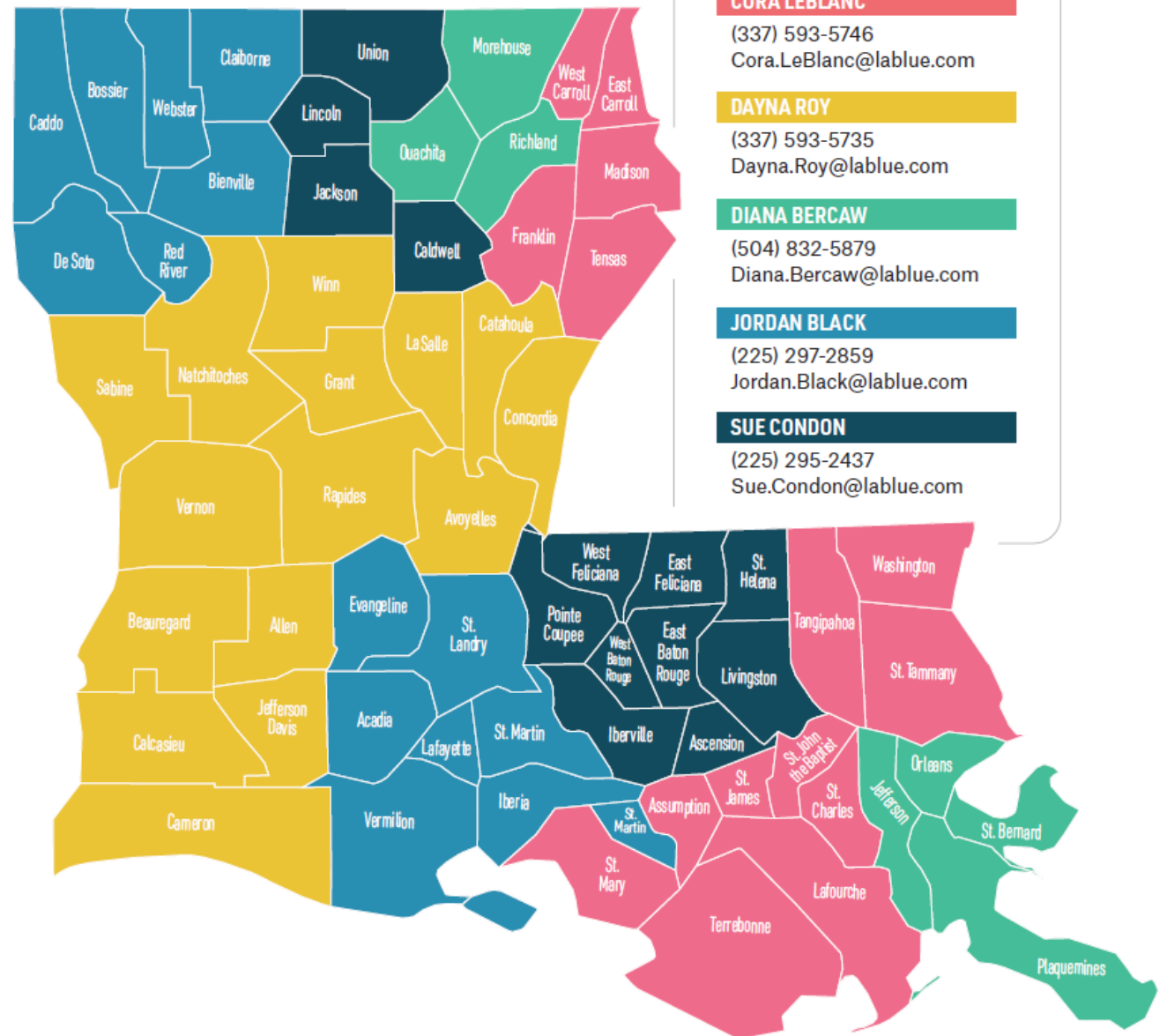
BRITTNEY BROOKS

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

JAMI ZACHARY | Director
Jami.Zachary@lablue.com

PADEN MOUTON | Manager
Paden.Mouton@lablue.com

Provider Network Development



CONTRACTING REPRESENTATIVES:

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Dayna.Roy@lablue.com

DIANA BERCAW
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Diana.Bercaw@lablue.com

JORDAN BLACK
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Jordan.Black@lablue.com

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



Appendix

Provider-Patient Relationships

Maintaining good provider-patient relationships are important, particularly if a patient receives the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS and MCAHPS) survey. These are health plan member surveys that gather information for the federal government and healthcare regulatory bodies like the National Committee for Quality Assurance (NCQA). These surveys ask patients about their experience with their personal providers.

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

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



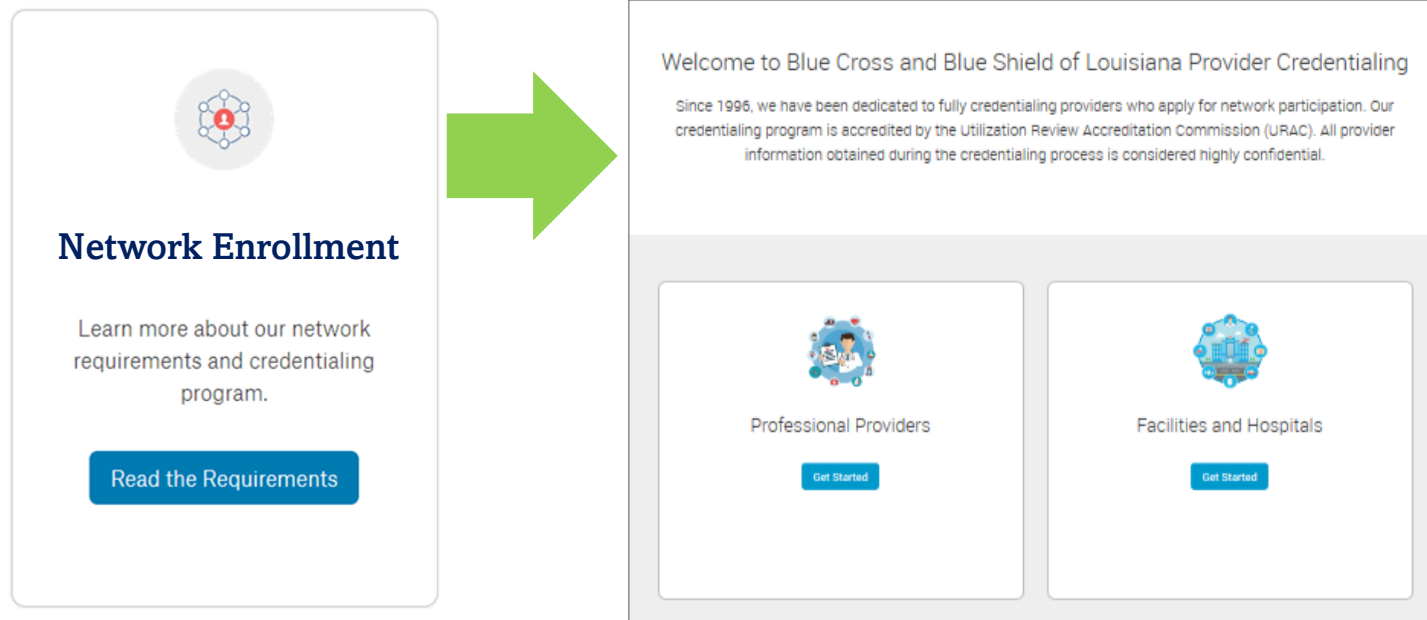
Credentialing

appendix

The Paperwork

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

Applications are available online at www.lablue.com/providers.



Choose **Network Enrollment**, then **Join Our Networks** page then, select **Professional Providers** to find credentialing packet.



The Paperwork

Louisiana Blue uses **CAQH Application** for initial credentialing.

Provider Application

CAQH AUTOMATICALLY APPLIES MIXED-CASE FORMATTING, COMMON ABBREVIATIONS, AND ZIP CODE MATCHING. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.

Instructions
 1. Complete only this application and its supplemental forms. Do not use another provider's application.
 2. Use a blue or black ink ball-point pen only. Do not use a pencil on a fill-in pen.
 3. Print legibly and inside the boxes provided based upon the examples given above.
 4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.
 5. Complete all sections that are applicable to you.
 6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 30-43.
 NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.

SECTION 1 Personal Information and Professional IDs

Provider Type
 MD **DO** **PA** **NP** **CRNA** **Other** **Other**

Name
 LAST NAME: _____
 FIRST NAME: _____
 HAVE YOU EVER USED ANOTHER NAME? YES NO IF YES, PLEASE LIST ALL OTHER NAMES USED AND THEIR DATES OF USE BELOW:
 OTHER LAST NAME: _____
 OTHER FIRST NAME: _____ OTHER MIDDLE NAME: _____
 DATE STARTED USING OTHER NAME: _____ DATE STOPPED USING OTHER NAME: _____

General Information
 GENDER: MALE FEMALE DATE OF BIRTH: MM/DD/YYYY
 CITY OF BIRTH: _____ STATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
 SSN: _____ FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN): _____ FIN COUNTRY OF RESIDENCE: _____
 ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK: _____ LANGUAGE CODE: _____ LANGUAGE CODE: _____ LANGUAGE CODE: _____ LANGUAGE CODE: _____ LANGUAGE CODE: _____

Home Address
 NUMBER: _____ STREET: _____ APT NUMBER: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____
 E-MAIL: _____ FAX: _____ PREFERRED METHOD OF CONTACT: E-MAIL FAX

3076

Page 01
 REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.
 REV. 06/13/2017 Reprinted on 11/20/2017

The **Credentialing Application Attachment A** is to report the hours per day the professional provider is available for patient appointments at each practice location.

- Location information reported must correlate to the locations reported on the CAQH, as applicable.
- This form is also used to report telehealth services.

Louisiana Credentialing Application Attachment A

Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location. This form is required as an attachment to the professional credentialing application. Location information reported below must correlate to the locations reported on the credentialing application, as applicable. Please report the number of hours per day the professional provider is available for patient appointments at each practice location.

OFFICE INFORMATION

Individual Provider Last Name: _____ First Name: _____ Middle Initial: _____
 Individual Provider NPI: _____ Group/Clinic Tax ID Number: _____

LOCATION INFORMATION
 (Skip this section if completing the ISCA. Please complete this section if using the CAQH credentialing application.)

Billing Address (where you want payment sent): _____ Contact Person: _____ Telephone Number: _____
 City: _____ State: _____ ZIP Code: _____ Billing Email: _____ Fax Number: _____

Correspondence Address (where you want correspondence sent): _____ Contact Person: _____ Telephone Number: _____
 City: _____ State: _____ ZIP Code: _____ Correspondence Email: _____ Fax Number: _____

Medical Records Address (where you want medical records requests sent): _____ Contact Person: _____ Telephone Number: _____
 City: _____ State: _____ ZIP Code: _____ Medical Records Email: _____ Fax Number: _____

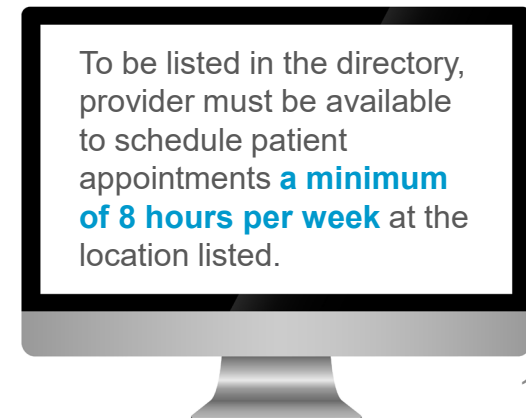
FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE CREDENTIALING APPLICATION

Group NPI: _____
 Do you, the provider, offer telehealth services? Yes No If indicating "Yes," Blue Cross will identify the provider in our provider directories as offering telehealth services at this location.
 Practice Hours (legible appointment hours):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

For this practice location (please select at least one option):
 I am available to see patients at least 8 hours per week on a regular basis.
 I see patients here at least one day per month, but less than one day per week on a regular basis.
 I cover or fill in for colleagues within the same medical group on an as-needed basis only.
 I treat/factor or provide other services but do not see patients at this location.
 I do not practice here, but this location is within the medical group with which I am employed.

This form is for professional providers only.
 This form should be submitted with the Credentialing Application.





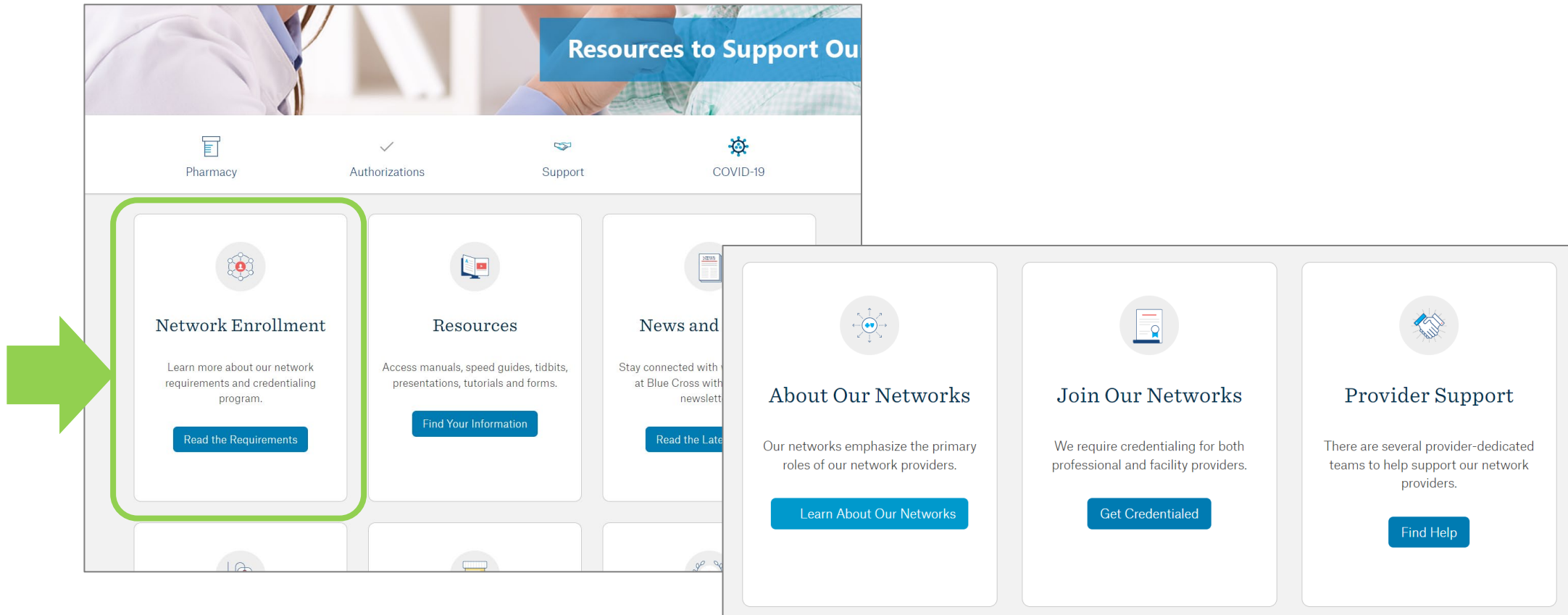
Professional Provider Network Availability

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

- Acupuncturists
- Applied Behavioral Analysts (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse First Assistants (CRNFA)
- Clinical Nurse Specialist (CNS)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer
- Licensed Addictive Counselor (LAC)
- Licensed Midwife
- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)
- Louisiana Registered Doula
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Registered Nurse First Assistants (RNFA)
- Speech-Language Pathologist & Audiologist (SLP)

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

The Provider Page www.lablue.com/providers



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

Credentialing FAQs

The screenshot shows a navigation menu with five items: Overview, Credentialing Process, Join Our Networks, Update Your Information, and Frequently Asked Questions. The 'Frequently Asked Questions' item is highlighted in blue. Below the menu, the page title is 'Frequently Asked Questions'. A sub-section titled 'Credentialing Application and Process' is expanded, showing several FAQ items:

- How long does it take to complete the credentialing process?**
The process can take up to 90 days for completion once BCBSLA receives all the required information.
- How will I know if Blue Cross received my application?**
Once your application is finalized through DocuSign®, you will receive a confirmation email to notify you the signing process is complete and submitted to Blue Cross for processing.
- What credentialing forms are available online?**
BCBSLA offers both the [professional provider application](#) and the [facility credentialing application](#) online through DocuSign. They can be found under the Provider Networks >Join Our Networks section of this site.
- Do I need to submit a full credentialing application?**
If the provider is **NOT** credentialed, please fully complete and submit the professional initial credentialing packet. Facilities should submit the facility initial credentialing packet.
- How do I know what credentialing criteria are required specifically for my specialty type?**
We have charts online to help you determine what criteria are needed. These charts are based on provider specialty. They are available on this site under Provider Networks >Join Our Networks and look under the appropriate section ([Professional Provider](#) or [Facilities or Hospitals](#)).
- What are the requirements for reimbursement during credentialing?**
Select provider types that meet specific criteria may be eligible for reimbursement during the credentialing process. [Click here](#) for full details.
- How do I know if I have been approved for reimbursement during credentialing?**
A Record Assignment letter will be emailed to the group correspondence email address on file. If you were approved the letter will state that you were approved and the date the reimbursement during credentialing is effective. If you are not approved, your Record Assignment letter will notify you of the reason.

www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers
>Frequently Asked Questions



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 affiliation**
 - 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 provider's physical location when rendering the telehealth service.

Easily Complete Forms with DocuSign

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

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

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

What is DocuSign?

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

View our *DocuSign® Guide* online at www.lablue.com/providers

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

LOUISIANA BLUE

DocuSign® Guide

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

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

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

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

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

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

Step 2: Accept the Electronic Record and Signature Disclosure

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

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

LOUISIANA BLUE

I agree to use Electronic Records and Signatures.

Other Options **Continue**

18N02798 R07/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Easily Complete Forms with DocuSign

Review and complete Finish

DocuSign Envelope ID: C382DEB3-DC17-4D01-9F09-49C3D3B412FA

Start

LOUISIANA BLUE

Individual/Group Provider Update Request

Please specify change(s):

- Name Change
- Specialty/Classification Change
- Physical Address Change
- Correspondence Address Change
- Billing Address Change
- Medical Records Address Change

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

Effective Date of Change: **Tax Identification Number:**

GENERAL INFORMATION Required - If completing the form for a group/clinic, please enter N/A in this field.

Provider Name	<input type="text"/>	Individual NPI	<input type="text"/>
Group Name	<input type="text"/>	Group NPI	<input type="text"/>
Personal Address	<input type="text"/>		
Contact Email Address	<input type="text"/>	Contact Phone Number	<input type="text"/>
Signature of Authorized Representative	<input type="text"/>	Date	May 20, 2025

Navigation tool guides you through fields

Tips provide information about field requirements

Red outline indicates a required field

Sign



Contracting

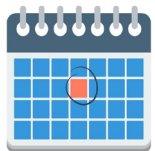
appendix

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**.

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 joins a participating physician group (only has a physician agreement on file). The group must sign an allied agreement to cover the nurse practitioner.
 - 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).

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.



Recredentialing

appendix

The Credentialing Committee reviews all recredentialing applications.

Recredentialing

Network providers must be approved through our **rec credentialing** process **every three years** from the last credentialing acceptance date. Louisiana Blue is partnered with Medallion to rec credential our network providers. Louisiana Blue sends* rec credentialing applications to providers approximately six months prior to their rec credentialing 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 **rec credentialing@lablue.com** or call (318) 807-4755.

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 nurse practitioners and physician assistants.





Identifying Your Patients

appendix


PPO and HMO Available Statewide

Preferred Care PPO

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

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



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

04BA0314 R01/24 

Fully Insured vs. Self-funded:


- “Fully Insured” notation

HMO Louisiana, Inc.



HMO Louisiana  POS Network  **FULLY INSURED**

Member Name: BLUE SUBSCRIBER
 Member ID: XUA000000000
 Grp/Subgroup: AAA000000001
 RxMbr ID: 200000000
 RxBIN: 000000 PCN-A4
 RxGrp: BSLA

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


04100 01320 0122R Vision 

- “Fully Insured” NOT noted
- Self-funded group name listed

LOUISIANA BLUE  Preferred Care PPO Network 

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




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

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




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

Sample OGB Member ID Cards




Pelican HRA 1000

LOUISIANA BLUE 		Preferred Care PPO Network 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: 004336 PCD ADV	
Member ID OGS000000000		RxMbr ID: RX208Z	
RxBIN: 004336 PCD ADV		RxGrp: RX208Z	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COINSURANCE Preferred
In Network	\$2000	\$5000	80%
Out of Network	\$4000	\$10000	All Other 60%
OFFICE OF GROUP BENEFITS PELICAN HRA 1000 04BA0314 R0124 			




Pelican HRA 775

LOUISIANA BLUE 		Preferred Care PPO Network 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: ST22ERC/2066	
Member ID OGS000000000		RxMbr ID: 003858 PCN-A4	
RxBIN: 003858 PCN-A4		RxGrp: BSLA	
MEDICAL	DEDUCTIBLE Individual Family	OUT OF POCKET Individual Family	COINSURANCE Preferred
In Network	\$4000 \$4000	\$6650 \$10000	80%
Out of Network	\$20000 \$20000	\$20000 \$20000	All Other 60%
OFFICE OF GROUP BENEFITS PELICAN HSA 775 04BA0314 R0124 			




Magnolia Local Blue Connect

HMO Louisiana 		Blue Connect 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: ST22ERC/8474	
Member ID LZB 000000000		RxMbr ID: 200755730	
RxBIN: 003858 PCN-A4		RxGrp: 2AXA	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COPAYS Primary Care
In Network	\$400	\$2500	\$25
Out of Network			Specialty \$50
There is no out of network coverage on this plan.			
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R 			




Magnolia Local Community Blue

HMO Louisiana 		Community Blue 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: ST222ERC/8360	
Member ID LXS000000000		RxMbr ID: 200753011	
RxBIN: 003858 PCN-A4		RxGrp: 2AXA	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COPAYS Primary Care
In Network	\$400	\$2500	\$25
Out of Network			Specialty \$50
There is no out of network coverage on this plan.			
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R 			

Magnolia Local Plus

LOUISIANA BLUE 		Preferred Care PPO Network 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: ST22ERC/2083	
Member ID OGS000000000		RxMbr ID: 003858 PCN-A4	
RxBIN: 003858 PCN-A4		RxGrp: BSLA	
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COPAYS Primary Care
In Network	\$400	\$3500	\$25
Out of Network			Specialty \$50
There is no out of network coverage on this plan.			
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL PLUS 04BA0314 R0124 			

Magnolia Open Access



LOUISIANA BLUE 		Preferred Care PPO Network 	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: ST22ERC/2014	
Member ID OGS000000000		RxMbr ID: 004336 PCN-ADV	
RxBIN: 004336 PCN-ADV		RxGrp: RX208Z	
MEDICAL	DEDUCTIBLE Individual Family	OUT OF POCKET Individual Family	COINSURANCE Preferred
In Network	N/A \$2700	N/A \$8500	90%
Out of Network	N/A \$2700	N/A \$12250	All Other 70%
OFFICE OF GROUP BENEFITS MAGNOLIA OPEN ACCESS 04BA0314 R0124 			

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

Blue Connect

HMO/POS Product



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

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

Community Blue

HMO/POS Product



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

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

Precision Blue

HMO/POS Product



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

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

Signature Blue


HMO/POS Product


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

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

Federal Employee Program

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



Government-Wide Service Benefit Plan 


Federal Employee Program.


Member Name **BLUE SUBSCRIBER** www.fepblue.org

Member ID **R00000000** Standard Option Enrollment Code **106**

Effective Date	01/01/2022	Deductible Individual	\$350
RxIIN	610239	Deductible Family	\$700
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	In-Network Individual	\$6,000
		In-Network Family	\$12,000
		Out-of-Network Individual	\$8,000
		Out-of-Network Family	\$16,000

Standard
In-network benefit
Out-of-network benefits



Government-Wide Service Benefit Plan 


Federal Employee Program.


Member Name **BLUE SUBSCRIBER** www.fepblue.org

Member ID **R00000000** Basic Option Enrollment Code **113**

Effective Date	01/01/2022	Deductible Individual	\$0
RxIIN	610239	Deductible Family	\$0
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	In-Network Individual	\$6,500
		In-Network Family	\$13,000

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



Government-Wide Service Benefit Plan 

Federal Employee Program.

Member Name **BLUE SUBSCRIBER** www.fepblue.org

Member ID **R00000000** FEP Blue Focus Enrollment Code **133**

Effective Date	01/01/2022	Deductible Individual	\$500
RxIIN	610239	Deductible Family	\$1,000
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	In-Network Individual	\$8,500
		In-Network Family	\$17,000

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

Federal Employee Program

FEP now offers two separate health benefit programs:

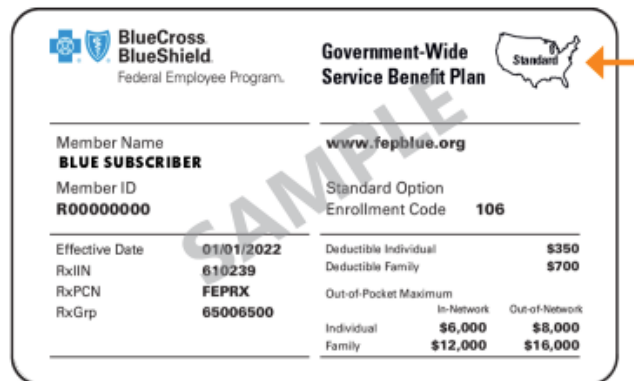
- The Federal Employee Health Benefits (FEHB) program provides benefits to federal employees and their dependents.
- The Postal Service Health Benefits (PSHB) program provides benefits to postal service employees and their dependents.

FEHB and PSHB members have three benefit plan options to choose from: FEP Blue Standard™, FEP Blue Basic™ or FEP Blue Focus®. Under FEP Blue Standard, members receive the highest level of benefits when they receive care from network providers and reduced benefits when they receive care from out-of-network providers. Members with FEP Blue Basic and FEP Blue Focus have no benefits when they receive care from out-of-network providers, except for select situations such as emergency care. These members access the Preferred Care PPO Network.

FEP Blue Standard

With FEP Blue Standard, members do not need referrals for any provider, including out-of-network providers. However, if a member chooses to use non-Preferred Care PPO providers, their out-of-pocket expenses will be greater.

FEP Blue Standard FEHB Member ID Card



BlueCross BlueShield Federal Employee Program. Government-Wide Service Benefit Plan Standard

Member Name: BLUE SUBSCRIBER
Member ID: R00000000

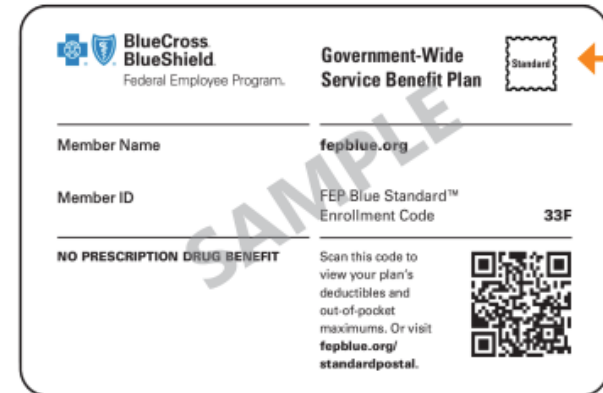
Standard Option Enrollment Code: 106

Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Deductible Individual	\$350
Deductible Family	\$700
Out-of-Pocket Maximum	
Individual	In-Network: \$6,000, Out-of-Network: \$8,000
Family	\$12,000, \$16,000

www.fepblue.org

FEP Blue Standard PSHB Member ID Card




BlueCross BlueShield Federal Employee Program. Government-Wide Service Benefit Plan Standard

Member Name: fepblue.org
Member ID: FEP Blue Standard™ Enrollment Code: 33F

NO PRESCRIPTION DRUG BENEFIT

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/standardpostal.



FEP Blue Basic

With the FEP Blue Basic, members must use preferred providers for all their medical care. Benefits are only available for care provided by out-of-network providers in certain situations, such as emergency care. With FEP Basic Option, there is no calendar year deductible. FEP Basic Option benefits are paid in full or in full after members pay a copayment amount when they use Preferred Care PPO providers.

FEP Blue Basic FEHB Member ID Card



BlueCross BlueShield Federal Employee Program
Government-Wide Service Benefit Plan Basic

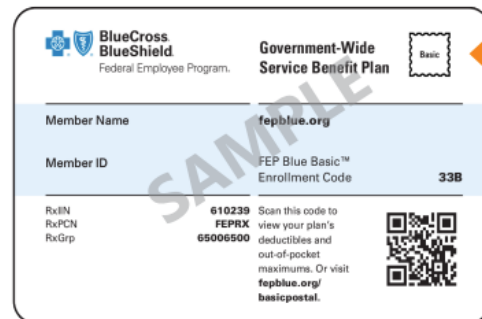
Member Name: **BLUE SUBSCRIBER**
Member ID: **R00000000**
www.fepblue.org

Basic Option Enrollment Code: **113**

Effective Date	01/01/2022	Deductible Individual	\$0
RxIIN	610239	Deductible Family	\$0
RxPCN	FEPRX	Out-of-Pocket Maximum Individual	\$6,500
RxGrp	65006500	In-Network Family	\$13,000

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal.

FEP Blue Basic PSHB Member ID Card



BlueCross BlueShield Federal Employee Program
Government-Wide Service Benefit Plan Basic

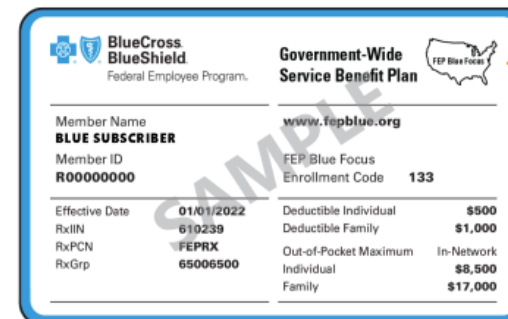
Member Name: **BLUE SUBSCRIBER**
Member ID: **R00000000**
fepblue.org

FEP Blue Basic™ Enrollment Code: **33B**

RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal.

FEP Blue Focus FEHB Member ID Card



BlueCross BlueShield Federal Employee Program
Government-Wide Service Benefit Plan FEP Blue Focus

Member Name: **BLUE SUBSCRIBER**
Member ID: **R00000000**
www.fepblue.org

FEP Blue Focus Enrollment Code: **133**

Effective Date	01/01/2022	Deductible Individual	\$500
RxIIN	610239	Deductible Family	\$1,000
RxPCN	FEPRX	Out-of-Pocket Maximum Individual	\$8,500
RxGrp	65006500	In-Network Family	\$17,000

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal.

FEP Blue Focus PSHB Member ID Card



BlueCross BlueShield Federal Employee Program
Government-Wide Service Benefit Plan Focus

Member Name: **BLUE SUBSCRIBER**
Member ID: **R00000000**
fepblue.org

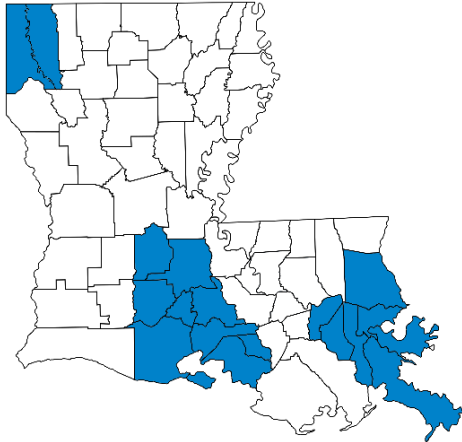
FEP Blue Focus® Enrollment Code: **35B**

RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal.

Blue High-Performance Network

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



Lafayette area

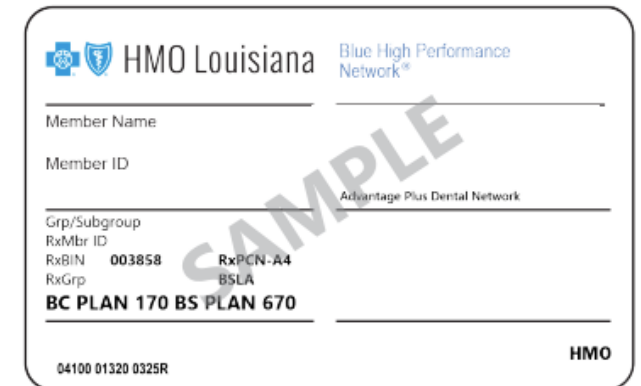
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes

New Orleans area

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

Shreveport area

Bossier and Caddo parishes



BlueHPN members are recognizable by the Blue High Performance Network name or BlueHPN acronym on the member ID card. Some ID cards may still include the BlueHPN in a suitcase logo.

ID Card Update

Beginning Jan. 1, 2025, members may present Blue Cross and Blue Shield ID cards that no longer include the various suitcase logos.


- The suitcase logo will be replaced with the applicable product indicator (i.e., rather than the PPO in a suitcase logo, PPO member ID cards will now just include the PPO acronym).
- This does not affect member benefits or a member's network access. You should continue to follow the normal process for verifying member benefits and eligibility.
- Transition from the use of the suitcase logo is expected to be a multi-year approach. In the interim, you may continue to see cards with the applicable logo.

Blue Advantage

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



D-SNP

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

LOUISIANA **BLUE**  *Blue adVantage (PPO)*

RxBIN: 003858			
RxPCN: MD	PCP Visit		\$ X
RxGROUP: MY9A	Specialist Visit		\$ XX
EFFECTIVE: 01/01/2024	Emergency Room		\$ XX
ISSUER: (80840)	Major Diagnostic		\$ XXX
9151014609	Outpatient Surgery		\$ XXX
<small>Medicare limiting charges apply.</small>			
ID: PMV987600000	Outpatient Hospital		\$ XXX

John T Public

  www.bcbsla.com/blueadvantage


LOUISIANA **BLUE**  *Blue adVantage (HMO)*

RxBIN: 003858	PCP Visit		\$ X
RxPCN: MD	Specialist Visit		\$ XX
RxGROUP: MY9A	Emergency Room		\$ XX
EFFECTIVE: 01/01/2024	Major Diagnostic		\$ XXX
ISSUER: (80840) 9151014609	Outpatient Surgery		\$ XXX
	Outpatient Hospital		\$ XXX

ID: MDV987600000


John T Public


  www.bcbsla.com/blueadvantage

LOUISIANA **BLUE**  *Blue adVantage (HMO)*

RxBIN: 003858				
RxPCN: MD	Part B Deductible	\$ 0	\$ 198	<small>*QMB/QMB+ *Non-QMB</small>
RxGROUP: 2GCA	PCP	\$ 0	\$ 10	
EFFECTIVE: 01/01/1900	Specialist	0%	20%	
ISSUER: (80840)	Emergency Room	\$ 0	\$ 90	
9151014609	Outpatient Surgery	0%	20%	

ID: MDV987600000 www.bcbsla.com/blueadvantage

John T Public 

 * Provider must check member's current Medicaid status. See back of card.

BlueCard® Program

- BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area.
- The main identifiers for BlueCard members are the prefix and the “suitcase” logo on the member ID card. The suitcase logo provides the following information about the member:



- The PPO B suitcase or the PPO B acronym indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



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



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



- The BlueHPN suitcase logo or the BlueHNP name on the ID card indicates the member is enrolled in a Blue High Performance Network_{SM} (Blue HPN) product.


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

Some member ID cards do not have a prefix or suitcase logo, which may indicate that claims are handled outside of the BlueCard Program. Please look for instructions or a telephone number on the back of the card for how to file claims.

National Alliance

(South Carolina Partnership)

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



BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

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

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


NUV

MyHealthToolkitLA.com

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

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

Pharmacy benefits administrator: Contracts separately with group.




BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME _____
SUBSCRIBER'S LAST NAME _____

Member ID
XXX123456789012

PLAN CODE 380
RxBIN 003858
RxGRP KESA
RxPCN A4

MyHealthToolkitLA.com



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



iLinkBlue

appendix

Features of iLinkBlue:

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

What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.

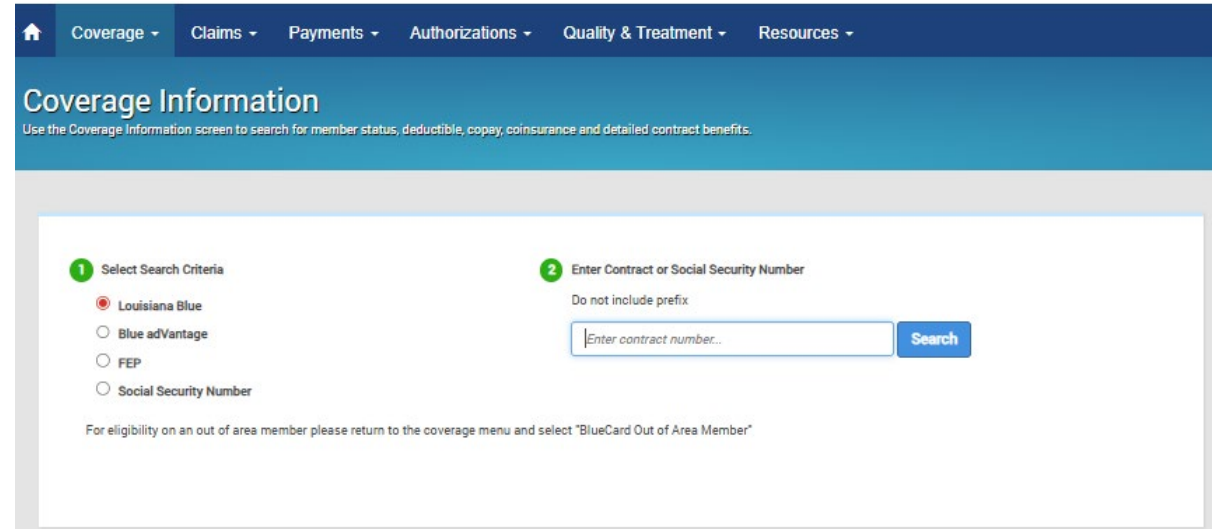
The screenshot displays the Louisiana Blue iLinkBlue provider portal. At the top, the logo "LOUISIANA BLUE" is visible. Below the logo is a navigation menu with options: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area features a "Welcome to iLinkBlue" section with "Tips to Know" and a notification about EFT notifications. To the right, there are two prominent cards: "Refund Letters" showing 35 request letters created in the last 30 days, and "Medical Record Requests" showing 0 new requests. Below these cards is a row of quick links: Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The bottom section contains "Important Louisiana Blue Messages" with a holiday notice and an informational message about CAQH profiles, and a sidebar for "Other Sites" including Davis Vision Network, Dental Advantage Plus Network, Blue adVantage, and Healthy Blue.

www.lablue.com/ilinkblue

Coverage Information

Enter the member ID number to view coverage information for:

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



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

Tips

- Louisiana Blue – do not include the member's prefix
- FEP – must include the letter "R"
- SSN will not yield a result for Blue Advantage members



If you do not have the member ID number, search using the subscriber's Social Security number (SSN). iLinkBlue will return results with the member ID number. An error message will display if searching by a dependent's SSN. It must be the SSN of the policy holder. Note: In most instances, searching by Social Security number is for commercial subscribers only.

Coverage Information

This screen identifies members covered on a policy, effective date and the status of the contract (active, pending, cancelled).

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

Contract Number XUA123456789 ACTIVE COVERAGE

Group/Non-Group Policy: TEST GROUP | Group Number: 123456789-0000 | Group OED: 02/01/2010 | Minor Dep. Age Max: 26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2026	---

Jane Doe Subscriber Active Coverage ▲

Address: 123 STREET ST. CITY, LA 70000 | Sex: Female | Marriage Status: Married | Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2026	---	02/01/2000	View ID Card	Summary	Benefits View COB

John Doe Spouse Active Coverage ▲

Sex: Male | Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2025	---	02/01/2000	View ID Card	Summary	Benefits View COB

Coverage Information

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

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

Contract Number XUA123456789 ACTIVE PENDING PREMIUM PAYMENT

Group/Non-Group: Individual Policy
Minor Dep. Age Max: 26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber Only	01/01/2026	---

Grace Period Begin Date: 01/01/2026
Grace Period End Date: 03/31/2026
[APTC Extended Grace Period Notice](#)
[APTC Grace Period Guide](#)

Jane Doe Subscriber Active Coverage ▲

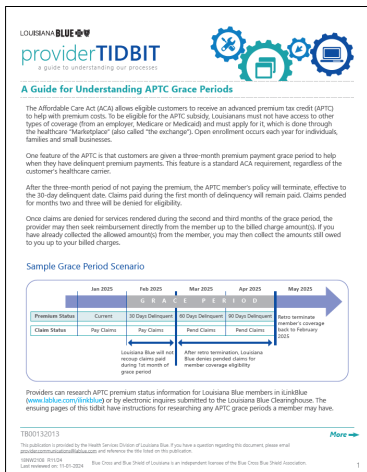
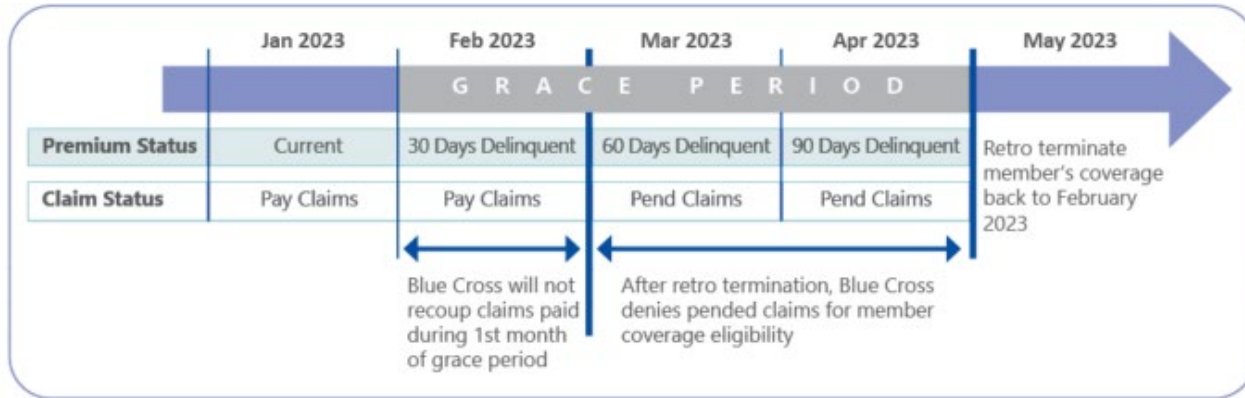
Address	123 STREET ST. CITY, LA 70000	Sex	Female
Primary Care Physician	Teri Dactyl	Marriage Status	Married
		Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2026	---	02/01/2024		Summary Benefits	NO COB Verified

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

APTC Grace Periods

Sample Grace Period Scenario:



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

ACTIVE COVERAGE

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

ACTIVE PENDING PREMIUM PAYMENT

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

INACTIVE COVERAGE

The APTC member has been terminated effective the delinquent date.

Tiered Benefits

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

Contract Number XUD123456789

ACTIVE COVERAGE
Medical Effective Date 01/01/2026

Subscriber Name	Jane Doe
Member Name	Jane Doe
Member Date of Birth	12/30/1900
Relation to Subscriber	Self
Sex	Female
Contract Type	Community Blue

[View ID Card](#)

Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than COMMUNITY BLUE, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.

Under this contract, certain Providers who have contracted with HMO Louisiana, Inc. would normally be considered Participating Providers, but because they do not have Participating Provider status within the COMMUNITY BLUE Provider Network, Louisiana Blue treats them as Tier 3 Non-Preferred Providers. For a list of those providers, see the COMMUNITY BLUE Non-Par Facilities section under the Benefits Summary.

Copays

	PAR ?	EPO ?	QBP ?
Office Visit	\$20.00	---	\$20.00
Office Visit Specialist	\$60.00	---	---
Outpatient Surgical	---	---	---
Emergency Room	---	---	---
Inpatient Hospital (In-network)	---	---	---
Inpatient Hospital Maximum	---	---	---
Inpatient Hospital (Out-of-network)	---	---	---
High-Tech Imaging	---	---	---
Outpatient XRay & Lab	---	---	---
Outpatient Physical Therapy	\$40.00	---	---
Outpatient Therapy	\$40.00	---	---
Outpatient Speech Therapy	\$40.00	---	---
Cardiac Rehab	\$40.00	---	---
Vision Services	---	---	---
Outpatient Professional	---	---	---

*This is not an all-inclusive list. Due to the extensive range of benefit options available, please refer to the "Medical Benefits Detail" for a complete listing of services that may be subject to copays in addition to deductible and/or coinsurance. Some plan benefit options may apply out of pocket (deductible and/or coinsurance) amounts in addition to copay amount.

Accumulations

	Tier 1 Community Blue Network ?	Tier 2 Out of Network Preferred ?	Tier 3 Out of Network Non-Preferred ?
Individual			
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00
Out-of-Pocket Remaining	\$7,350.00	\$14,700.00	\$14,700.00

Coinsurance ?

	Louisiana Blue Coverage	Member Responsibility
Tier 1 Community Blue Network	70%	30%
Tier 2 Out of Network Preferred	60%	40%
Tier 3 Out of Network Non-Preferred ?	50%	50%
EPO Percentage	---	---
QBPC Percentage	---	---

Benefits

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

Browse Medical Benefits

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

[Expand All](#) [Collapse All](#)

- + OVERALL SUMMARY
- + AMBULANCE BENEFITS
- + AUTHORIZATION LIST FOR OUTPATIENT SERVICES AND SUPPLIES
- + AUTHORIZATION OF ADMISSIONS, SERVICES AND PROCEDURES
- + BENEFIT PERIOD
- + CARE - CARELON PROGRAMS
- + CLAIMS TIMELY FILING LIMITS
- + COINSURANCE
- + DEDUCTIBLE AMOUNTS
- + DIABETES PREVENTION PROGRAM
- + DURABLE MEDICAL EQUIPMENT, ORTHOTIC DEVICES, PROSTHETIC APPLIANCES
- + EMERGENCY ROOM COPAYMENT / COINSURANCE
- + EXCLUSIONS

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

Office Visit Copayment

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

PCP COPAYMENT - \$25 per visit

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

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

NOTES:

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

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

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

ELIGIBLE PRIMARY CARE PROVIDERS (PCP) INCLUDE:

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

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

Office Visit Copayment - Specialist

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

OFFICE VISIT - SPECIALIST

SPECIALIST COPAYMENT - \$50 per visit

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

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

Reference OFFICE VISIT - PRIMARY for additional benefit information.

Eligible Specialist Providers include:

- * Physicians - (entity type = P, code 04, 14) (specialty is not - GP, FP, IM, PEDI, OBGYN)
- * Podiatrist - (entity type = P, code 11)
- * Optometrist - (entity type = P, code 21)
- * Audiologist - (specialty - AUDI)
- * Registered Dietician
- * Sleep Disorder Clinic/Lab - (entity type = F, code 80)
- * Ophthalmologist

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

Additional Copayments

All additional Copayments are also listed on the Benefits page.

X-RAY AND LABORATORY COPAYMENT

COPAYMENTS and COINSURANCE

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

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

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

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

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

Coverage – Out of Area

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

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

The screenshot shows a web form titled "Eligibility Request (270)". The form is divided into three main sections: "Contract Information", "Patient Information", and "Subscriber Information".

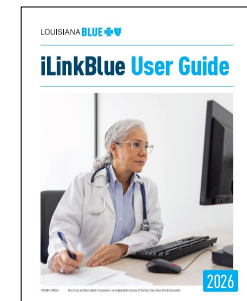
- Contract Information:** Contains two text input fields: "Prefix*" and "Contract Number*".
- Patient Information:** Contains several fields: "First Name*" (text input), "Middle" (text input), "Last Name*" (text input), "Suffix" (text input), "Date of Birth" (text input with placeholder "mm/dd/yyyy"), "Gender" (dropdown menu with "Select Gender T" as the selected option), and "Service Type*" (dropdown menu with "Select Service Type" as the selected option).
- Subscriber Information:** Includes a note "Only required if patient and subscriber are not the same" and four text input fields: "First Name", "Middle", "Last Name", and "Suffix".

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

Eligibility Request (270)

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

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



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

Coverage – Out of Area

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

Eligibility Responses (271)

[Delete](#)

	Contract/ID Number	Subscriber Name (Last, First)	Patient Name (Last, First)	Current Policy Effective Date	View Response
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2019	View Detail

Eligibility responses will be retained for 21 days.
BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583).

Coverage – Out of Area

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

Eligibility Report (271)

Subscriber Information		Patient Information	
Subscriber Name	JANE DOE	Patient Name	JANE DOE
Contract Number	ABC123456789	Patient Gender	Female
Group Number	N/A	Patient Date of Birth	1/1/1975
Contract Type	Preferred Provider Organization (PPO)	Patient Relationship	Self

Source Information		Receiver Information		Policy Dates	
Home Plan	BCBS Out Of State Plan	ID	Provider	Date Type(DTP1)	Plan
		Type	Non-Person Entity	Date Value(DTP3)	1/1/2024 - 1/1/2025
		Name	ZYZ Clinic	Date Type(DTP1)	Eligibility Begin
				Date Value(DTP3)	4/1/2022

Coverage – Out of Area

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

The screenshot displays a web interface for "Eligibility / Benefit Information". At the top, there is a title and a subtitle: "Click on category to browse for a specific benefit, or use the Expand All button to view a complete list of contract benefits." Below this are two buttons: "Expand All" and "Collapse All". A vertical list of categories is shown, each with a plus sign icon: "Active Coverage Detail", "Co-Insurance Detail", "Co-Payment Detail", "Deductible Detail", "Limitations Detail", "Out of Pocket (Stop Loss)", "Benefit Disclaimer Detail", and "Contact Following Entity for". The "Limitations Detail" category is expanded, showing a detailed view with a minus sign icon and the title "Limitations Detail". This view contains two sections, each titled "Limitations". The first section lists: Eligibility Type(EB01) : Limitations, Coverage Level(EB02) : Individual, Service Type(EB03) : Chiropractic, Time Period(EB06) : Service Year, Monetary Amount(EB07) : \$1,000.00, In Plan Network Indicator(EB12) : Not Applicable, and Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~. The second section lists: Eligibility Type(EB01) : Limitations, Coverage Level(EB02) : Individual, Service Type(EB03) : Chiropractic, Time Period(EB06) : Remaining, Monetary Amount(EB07) : \$1,000.00, In Plan Network Indicator(EB12) : Not Applicable, and Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~.

Coverage – Out of Area

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

Interactive Voice Recognition (IVR)

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

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

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

The screenshot shows the 'providerTIDBIT' interface. At the top, it says 'LOUISIANA BLUE providerTIDBIT a guide to understanding our processes'. Below this is the title 'Automated Benefits & Claim Status' and a brief description of the system. A blue bar contains the 'Customer Care Center 1-800-922-8866'. The main content area lists the information needed for a call: Provider's NPI, Tax ID Number, ZIP Code, Member ID Number, 8-digit Date of Birth, and Date of Service. It then asks the user to select a policy type: 1. Medical, 2. Vision, 3. Dental, or 4. Life. Below this is a 'Provider Menu' with options: 1. Benefits, 2. Claims, 3. Authorizations, 4. An Out-of-state Policy, 5. A Payment Register Fax, or 6. None of the Above. The page number '1800092010' and a 'More' link are at the bottom.

Medical Records

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

Medical Record Requests - Out of Area

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

1 Request Status

Outstanding Requests
 Requests Completed by Provider
 Requests Received by BCBSLA

2 Select Provider

Search Records

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

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

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

The screenshot shows a document titled "Medical Record Guidelines for BlueCard" from Louisiana Blue. It includes a table of contents with sections for "Welcome to iLinkBlue" and "Medical Record Requests". The "Medical Record Requests" section contains a numbered list of instructions: 1. Always direct medical records submissions to Blue Cross and Blue Shield of Louisiana when requested. 2. If a claim denies 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 in iLinkBlue before submitting records. 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 list is a box titled "Do NOT submit BlueCard Medical Records:" with bullet points: "unless you receive a request from Louisiana Blue", "with a copy of the original claim as an attachment", "without the request for medical records notification from iLinkBlue attached", and "by certified mail". At the bottom, it states: "Once confirmed that we received your records, please allow 30 days for Louisiana Blue 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 1-800-922-6866."

Security Setup Application

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

Multi-factor Authentication Verification

- All iLinkBlue users will be required to complete several verification steps before entering iLinkBlue (www.lablue.com/ilinkblue).
- Multi-factor Authentication (MFA) is a simplified, convenient and user-friendly self-service interface.
- Choose from various authentication methods, including email, text and smartphone authenticator application.

OptiNet Registration in iLinkBlue

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

Why Is Your Score So Important?

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



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

OptiNet Registration in iLinkBlue

How Is Your Score Calculated?

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

How to Access OptiNet?

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



Medical Policies

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Medical Policies

Louisiana Blue regularly revises and develops medical policies in response to rapidly changing medical technology.

Benefit determinations are made based on the medical policy in effect at the time of the provision of services.

Medical policy changes are also published in our quarterly *Network News* provider newsletter.

MEDICAL POLICY UPDATE

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

Updated Medical Policies

Policy No. Policy Name	Effective January 1, 2023 (continued)
Effective October 10, 2022	00235 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer
00012 Botulinum Toxins	00257 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer
00177 Immune Prophylaxis for Respiratory Syncytial Virus	00268 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer
00391 Tumor Treating Fields Therapy	00271 Gene Expression-Based Assays for Cancers of Unknown Primary
00435 Genetic Testing for Mitochondrial Disorders	00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
00487 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease	00320 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma
00643 Gender Affirming Surgery	00332 Molecular Markers in Fine Needle Aspirates of the Thyroid
Effective November 14, 2022	00334 Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreaticobiliary Lesions
00019 Continuous Glucose Monitoring	00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
00141 Risk-Reducing Mastectomy	00403 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
00533 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	00417 Genetic Testing for PTEN Hamman-Richards Tumor Syndrome
00387 Drug Testing in Pain Management and Substance Use Disorder Treatment	00420 JAK2, MPL, and CALL Testing for Myeloproliferative Neoplasms
00501 mesopocumab (Nucala™)	00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy
00509 Treatment of Hepatitis C with elbasvir and grazoprevir (Epclusa™)	00424 Genetic Testing for Li-Fraumeni Syndrome
00574 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	00428 BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia
00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)	00452 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
00720 Select Penicillinate Products	00459 Genetic Testing in Acute Myeloid Leukemia
00774 ruxolitinib (Opzelura™)	00497 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
Effective December 12, 2022	00504 Germline Genetic Testing for Gene Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM, and BRAD1)
00148 Laboratory Tests Post Transplant	00548 Gene Expression Profiling for Uveal Melanoma
00217 infliximab (Remicade®), infliximab	00562 Molecular Testing in the Management of Pulmonary Nodules
00242 ustekinumab (Stelara®)	00562 Gene Expression Profiling for Cutaneous Melanoma
00255 Metformin and Metformin-Containing Products	00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
00301 Nasal Allergy Medications	00735 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
00436 lurasidone/hydrochloride (Latuda™)	00792 Tumor Informed Circulating Tumor DNA Testing for Cancer Management
00480 Prostatic Urethral Lift	
00539 infliximab-dybb (Inflectra®)	
00607 infliximab-abda (Renflexis®)	
00608 Select Novel Drug Formulations	
00712 infliximab-axiq (Avsola®)	
00745 Select Combination Products for the Treatment of H. pylori Infection	
Effective January 1, 2023	
00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA-1, BRCA-2, PALB2)	
00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	
00206 Genetic Testing for Familial Cutaneous Malignant Melanoma	
00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	

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



Claims

appendix

Action Requests Enhancements

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

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

Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

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

Submitting a Corrected Claim

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

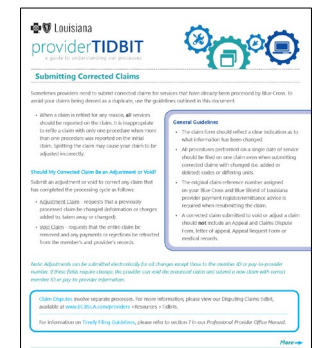
Adjustment Claim – requests that a previously processed claim be changed (information or charges added to, taken away or changed).

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

If submitting a corrected claim through iLinkBlue:

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

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



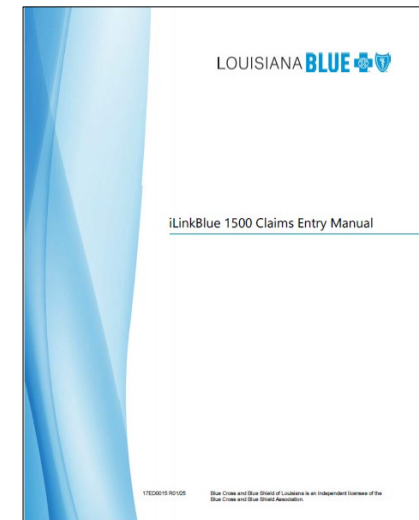
Submitting Claims in iLinkBlue



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

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

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





Healthcare Effectiveness Data and Information Set (HEDIS[®])

appendix

What is HEDIS?

Healthcare Effectiveness Data and Information Set

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

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

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

Purpose of HEDIS Results

Health plans use HEDIS performance results to:

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

HEDIS Data Collection Methods

HEDIS data is collected in three ways:

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

Tips for Improving Quality of Care HEDIS

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

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

HEDIS Medical Record Requests

- Medical record requests are sent to providers from our Louisiana Blue HEDIS Team. Requests include:
 - Member Name
 - Provider Name
 - A description of the type of medical records and timeframes needed to close the HEDIS gaps.
- The team will coordinate with your office for data collection methods. These options include:
 - Remote Electronic data collection
 - Onsite visits
 - Fax
 - Mail
 - Direct upload

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