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

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

How to Submit Questions:

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

Blue Cross and Blue Shield of Louisiana (Louisiana Blue)

Facility Workshop

September 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
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

.

CPT® Only copyright 2026 American Medical Association. All rights reserved.

Our Mission

To improve the health and lives of Louisianians.

Our Core Strategies

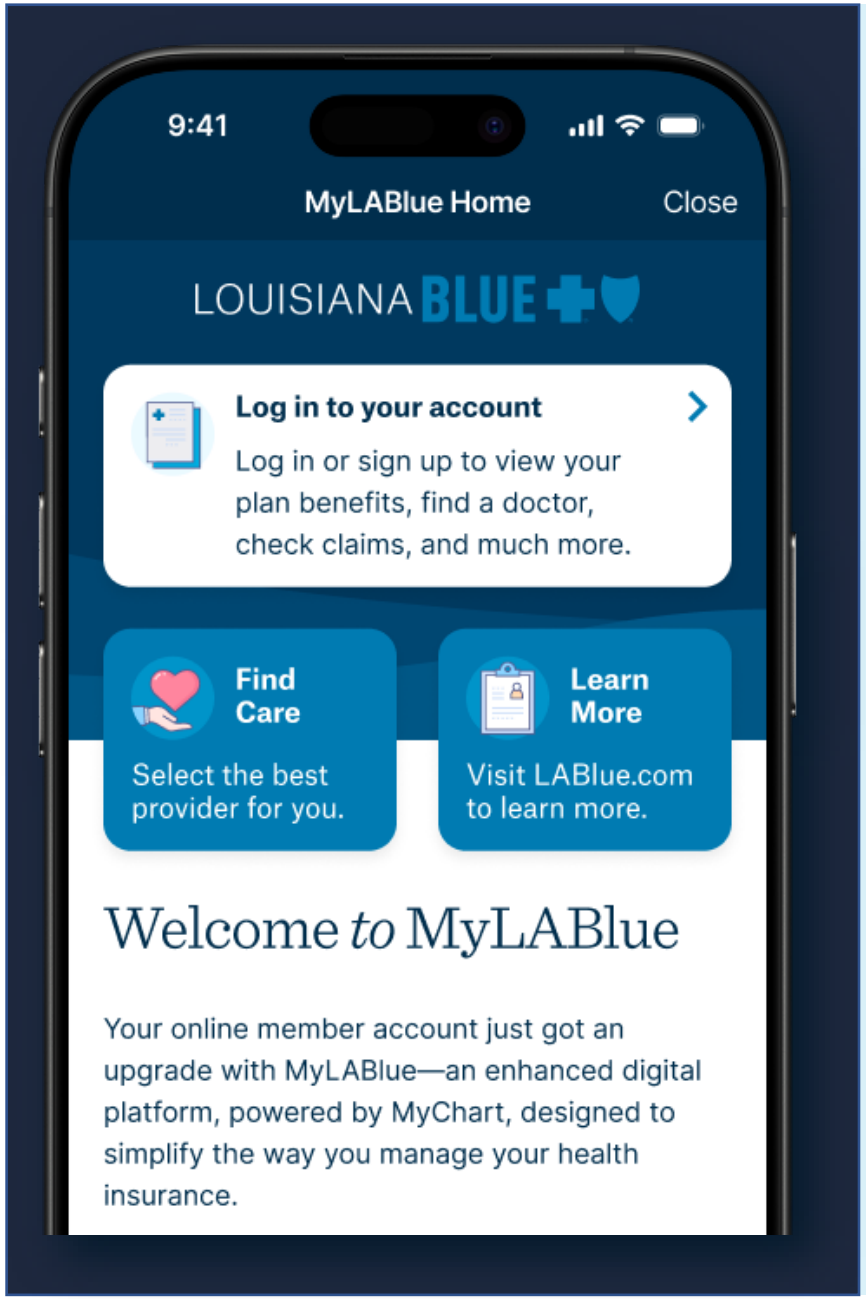
- Health
- Affordability
- Experience
- Sustainability
- Foundations

Our Vision

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

LOUISIANA BLUE

What's New?



MyLABlue App for Commercial and Blue Advantage 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, **www.lablue.com**, adding MyLABlue to MyChart account

Louisiana Blue Now Managing Behavioral Health Services

Louisiana Blue now 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 Has Changed:

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

What Has Not Changed:

- 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.

Agenda

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

LOUISIANA BLUE

Credentialing

Facility Network Availability

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

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

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

Credentialing Process



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



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



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



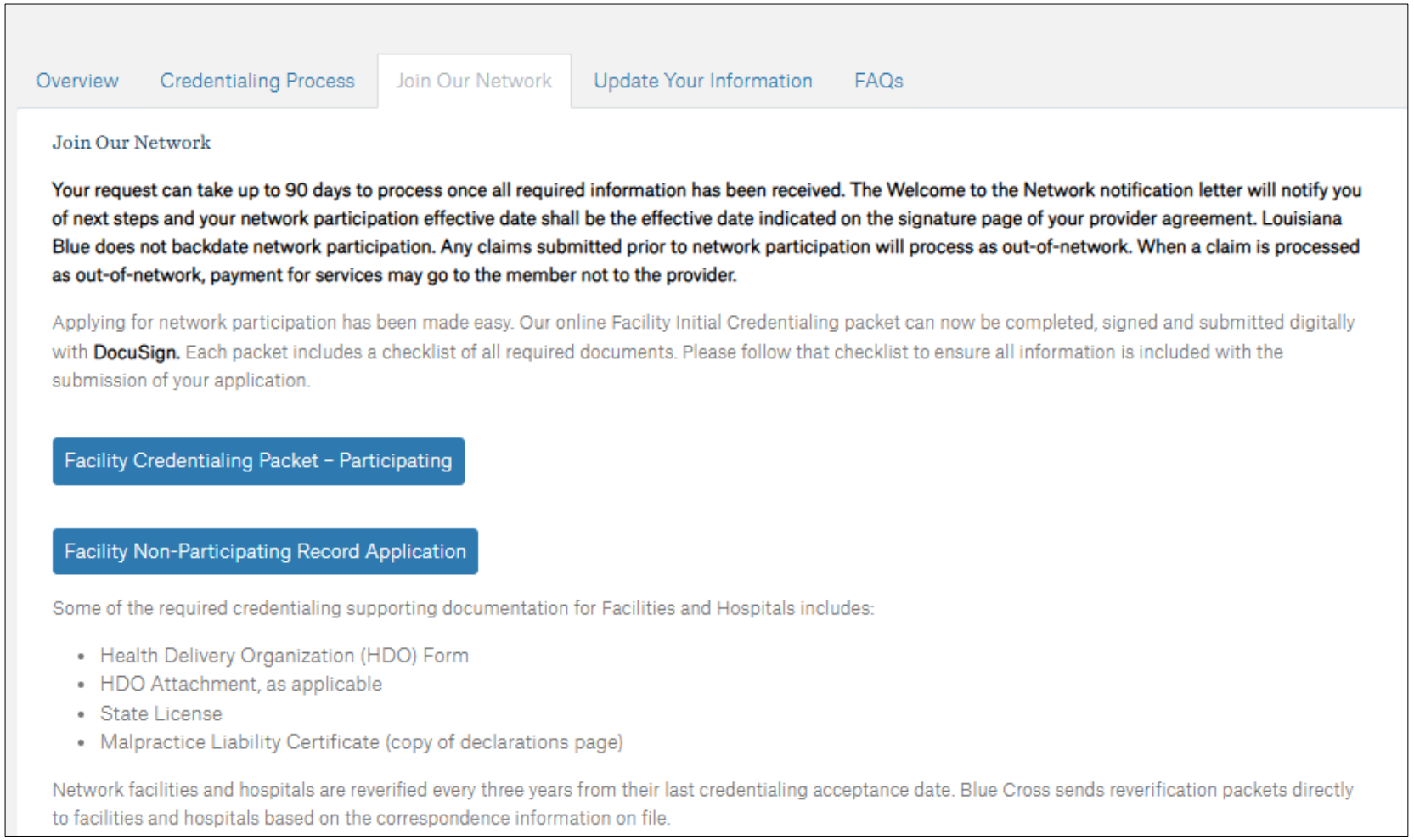
Providers will remain nonparticipating in our networks until a signed agreement is received by our contracting department.



The credentialing committee approves credentialing twice per month.

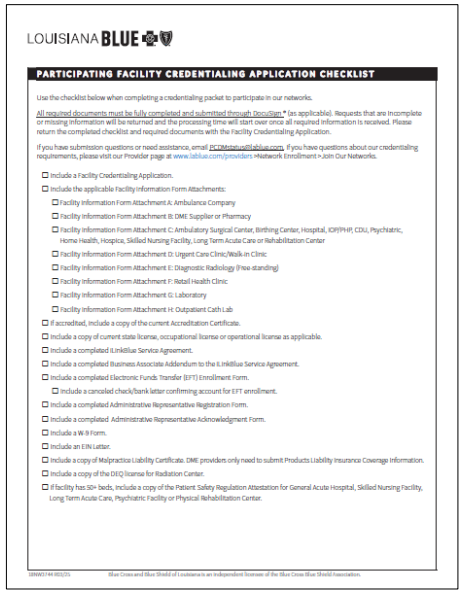
Inquire about your initial credentialing status by contacting our Provider Credentialing & Data Management (PCDM) Department at **PCDMstatus@lablue.com**.

The Paperwork for Facilities



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

The Paperwork for Facilities


LOUISIANA BLUE

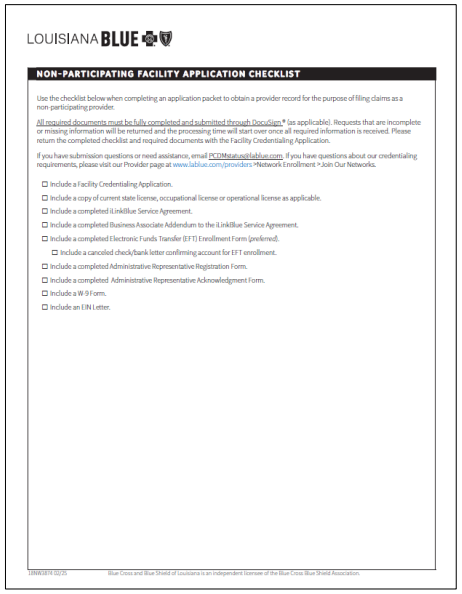
PARTICIPATING FACILITY CREDENTIALING APPLICATION CHECKLIST

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

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

If you have submission questions or need assistance, email PCDMstatus@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks.

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


LOUISIANA BLUE

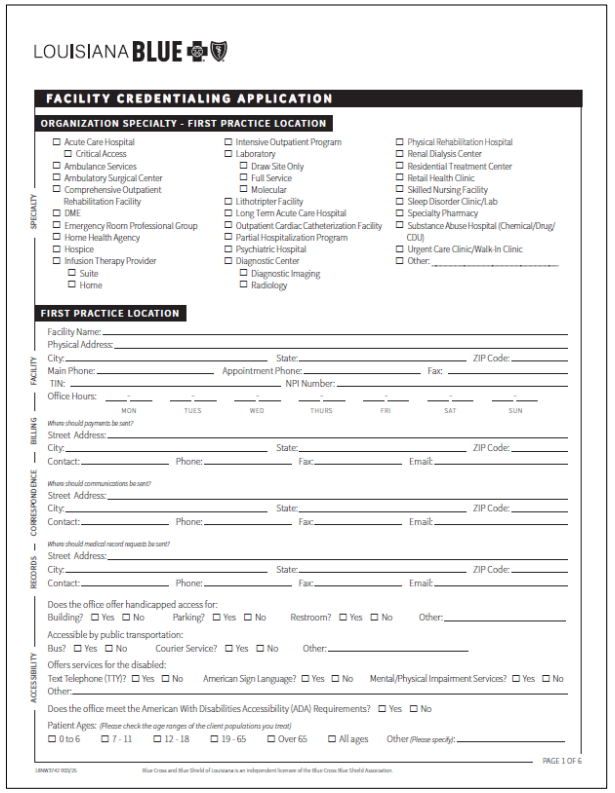
NON-PARTICIPATING FACILITY APPLICATION CHECKLIST

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

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

If you have submission questions or need assistance, email PCDMstatus@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks.

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


LOUISIANA BLUE

FACILITY CREDENTIALING APPLICATION

ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION

SPECIALTY

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

FIRST PRACTICE LOCATION

FACILITY

Facility Name: _____
Physical Address: _____
City: _____ State: _____ ZIP Code: _____
Main Phone: _____ Appointment Phone: _____ Fax: _____
TIN: _____ NPI Number: _____
Office Hours: ___-___ ___-___ ___-___ ___-___ ___-___ ___-___ ___-___
MON TUES WED THURS FRI SAT SUN

BILLING

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

CORRESPONDENCE

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

RECORDS

Where should medical record requests be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

ACCESSIBILITY

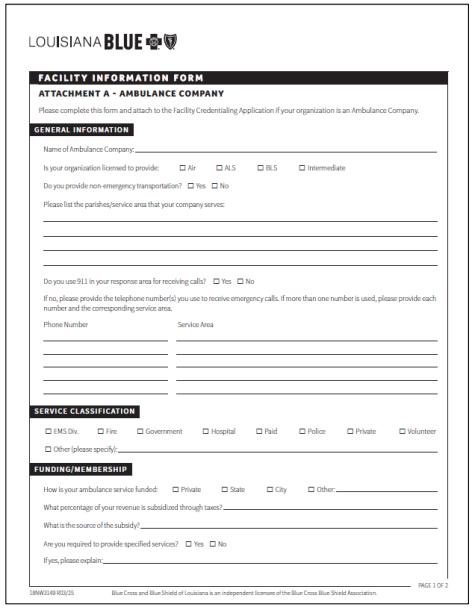
Does the office offer handicapped access for:
Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: _____
Accessible by public transportation:
Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: _____
Offers services for the disabled:
Text Telephone (TTY)? ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No
Other: _____
Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No
Patient Ages: *(Please check the age ranges of the client populations you treat)*
☐ 0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages Other *(Please specify)*: _____

PAGE 1 OF 6

Checklists for **Participating** and **Nonparticipating** Applications can be found on our Provider page at **www.lablue.com/providers** >Network Enrollment >Join Our Networks >Facilities and Hospitals and completed through DocuSign®.

The Paperwork for Facilities

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



LOUISIANA BLUE

FACILITY INFORMATION FORM

ATTACHMENT A - AMBULANCE COMPANY

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

GENERAL INFORMATION

Name of Ambulance Company: _____

Is your organization licensed to provide: ☐ Air ☐ ALS ☐ BLS ☐ Intermediate

Do you provide non-emergency transportation? ☐ Yes ☐ No

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

_____

_____

_____

_____

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

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

Phone Number | Service Area

_____ | _____

_____ | _____

_____ | _____

_____ | _____

_____ | _____

SERVICE CLASSIFICATION

☐ EMS Div. ☐ Fire ☐ Government ☐ Hospital ☐ Paid ☐ Police ☐ Private ☐ Volunteer

☐ Other (please specify): _____

FUNDING/MEMBERSHIP

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

What percentage of your revenue is subsidized through taxes? _____

What is the source of the subsidy? _____

Are you required to provide specified services? ☐ Yes ☐ No

If yes, please explain: _____

PAGE 1 OF 2

18NW3149 R01/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

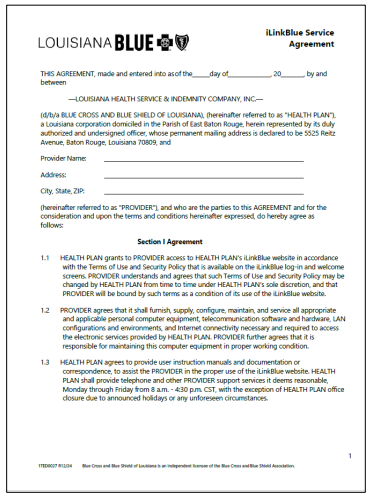
There are attachment forms included with the main credentialing form. Facilities should complete only those that apply.

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

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

The Paperwork

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



LOUISIANA BLUE

iLinkBlue Service Agreement

THIS AGREEMENT, made and entered into as of the_____day of_____, 20_____, by and between

—LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, INC.—

(d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA), (hereinafter referred to as "HEALTH PLAN"), a Louisiana corporation domiciled in the Parish of East Baton Rouge, herein represented by its duly authorized and undersigned officer, whose permanent mailing address is declared to be 5525 Reitz Avenue, Baton Rouge, Louisiana 70809, and

Provider Name: _____

Address: _____

City, State, ZIP: _____

(hereinafter referred to as "PROVIDER"), and who are the parties to this AGREEMENT and for the consideration and upon the terms and conditions hereinafter expressed, do hereby agree as follows:

Section I Agreement

1.1 HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website in accordance with the Terms of Use and Security Policy that is available on the iLinkBlue log-in and welcome screens. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by HEALTH PLAN from time to time under HEALTH PLAN's sole discretion, and that PROVIDER will be bound by such terms as a condition of its use of the iLinkBlue website.

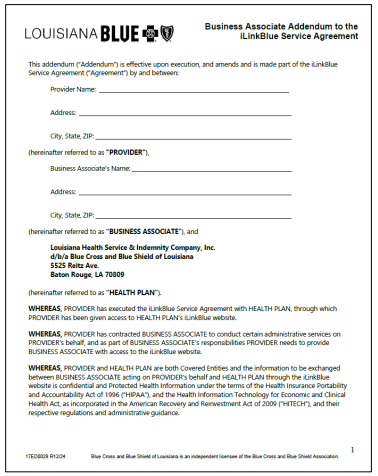
1.2 PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate and applicable personal computer equipment, telecommunication software and hardware, LAN configurations and environments, and Internet connectivity necessary and required to access the electronic services provided by HEALTH PLAN. PROVIDER further agrees that it is responsible for maintaining this computer equipment in proper working condition.

1.3 HEALTH PLAN agrees to provide user instruction manuals and documentation or correspondence, to assist the PROVIDER in the proper use of the iLinkBlue website. HEALTH PLAN shall provide telephone and other PROVIDER support services it deems reasonable, Monday through Friday from 8 a.m. – 4:30 p.m. CST, with the exception of HEALTH PLAN office closure due to announced holidays or any unforeseen circumstances.

1

17EDI0027 R12/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

iLinkBlue Service Agreement



LOUISIANA BLUE

Business Associate Addendum to the iLinkBlue Service Agreement

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

Provider Name: _____

Address: _____

City, State, ZIP: _____

(hereinafter referred to as "**PROVIDER**"),

Business Associate's Name: _____

Address: _____

City, State, ZIP: _____

(hereinafter referred to as "**BUSINESS ASSOCIATE**"), and

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

(hereinafter referred to as "**HEALTH PLAN**").

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

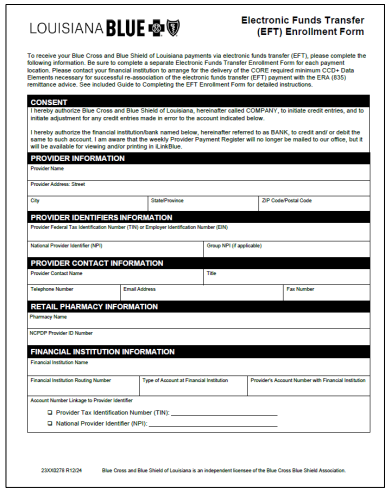
WHEREAS, PROVIDER has contracted BUSINESS ASSOCIATE to conduct certain administrative services on PROVIDER's behalf, and as part of BUSINESS ASSOCIATE's responsibilities PROVIDER needs to provide BUSINESS ASSOCIATE with access to the iLinkBlue website.

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

1

17EDI0029 R12/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

Business Associate Addendum



LOUISIANA BLUE

Electronic Funds Transfer (EFT) Enrollment Form

To receive your Blue Cross and Blue Shield of Louisiana payments via electronic funds transfer (EFT), please complete the following information. Be sure to complete a separate Electronic Funds Transfer Enrollment Form for each payment location. Please contact your financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. See included Guide to Completing the EFT Enrollment Form for detailed instructions.

CONSENT

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

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

PROVIDER INFORMATION

Provider Name

Provider Address: Street

City | State/Province | ZIP Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

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

National Provider Identifier (NPI) | Group NPI (if applicable)

PROVIDER CONTACT INFORMATION

Provider Contact Name | Title

Telephone Number | Email Address | Fax Number

RETAIL PHARMACY INFORMATION

Pharmacy Name

NCPDP Provider ID Number

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Financial Institution Routing Number | Type of Account at Financial Institution | Provider's Account Number with Financial Institution

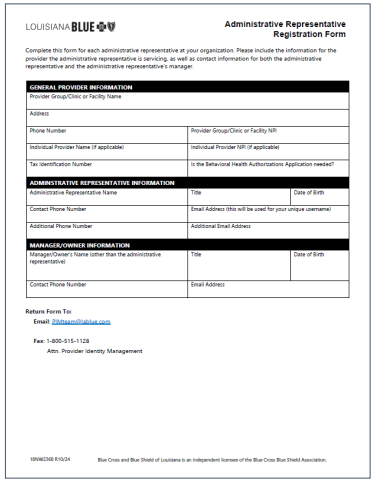
Account Number Linkage to Provider Identifier

❑ Provider Tax Identification Number (TIN): _____

❑ National Provider Identifier (NPI): _____

230X0278 R12/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Electronic Funds Transfer (EFT) Enrollment Form



LOUISIANA BLUE

Administrative Representative Registration Form

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

GENERAL PROVIDER INFORMATION

Provider Group/Clinic or Facility Name

Address

Phone Number | Provider Group/Clinic or Facility NPI

Individual Provider Name (if applicable) | Individual Provider NPI (if applicable)

Tax Identification Number | Is the Behavioral Health Authorizations Application needed?

ADMINISTRATIVE REPRESENTATIVE INFORMATION

Administrative Representative Name | Title | Date of Birth

Contact Phone Number | Email Address (this will be used for your unique username)

Additional Phone Number | Additional Email Address

MANAGER/OWNER INFORMATION

Manager/Owner's Name (other than the administrative representative) | Title | Date of Birth

Contact Phone Number | Email Address

Return Form To:

Email: PHTeam@lablue.com

Fax: 1-800-515-1128

Attn. Provider Identity Management

10NW2368 R10/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative Representative Registration Form



Louisiana

Administrative Representative Acknowledgment Form

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

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

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

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

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

Note: Usernames with no sign-on activity for 180 days will automatically be locked. The administrative representative will need to contact the Provider Identity Management (PIM) Team at PIMTeam@lablue.com or 1-800-716-2299, option 5 to reactivate the account. iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your user account, the Administrative Representative will need to contact the PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet. The packet is available on our website at www.lablue.com/providers.

SIGNATURE PAGE FOLLOWS

19NW2210 R08/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative Representative Acknowledgment Form

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

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

Hospital-Based Providers

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

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



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

LOUISIANA BLUE

Recredentialing

Recredentialing Process

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

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

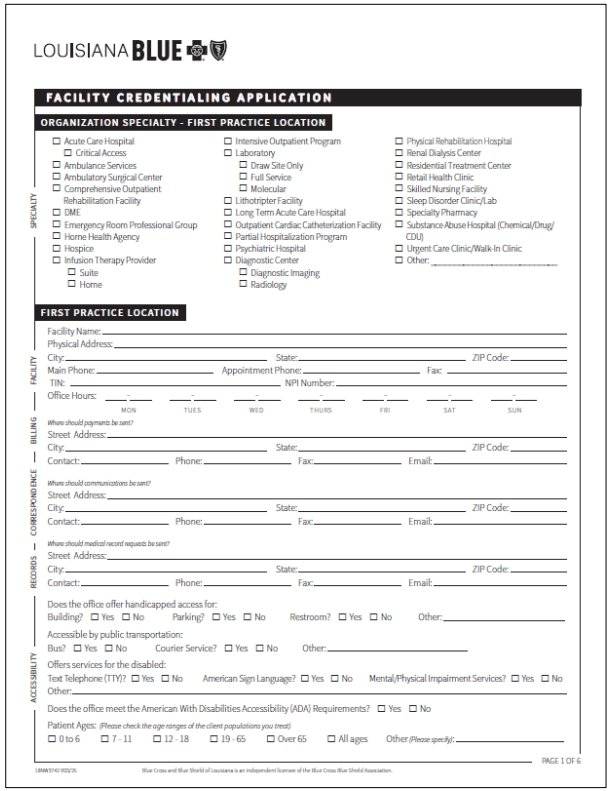
**The provider's correspondence record information is used when sending recredentialing applications.*

Recredentialing

Facility

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

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



LOUISIANA BLUE

FACILITY CREDENTIALING APPLICATION

ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION

SPECIALTY

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

FIRST PRACTICE LOCATION

FACILITY

Facility Name: _____
Physical Address: _____
City: _____ State: _____ ZIP Code: _____
Main Phone: _____ Appointment Phone: _____ Fax: _____
TIN: _____ NPI Number: _____
Office Hours: ___:___ ___:___ ___:___ ___:___ ___:___ ___:___ ___:___
MON TUES WED THURS FRI SAT SUN

BILLING

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

CORRESPONDENCE

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

RECORDS

Where should medical record requests be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

ACCESSIBILITY

Does the office offer handicapped access for:
Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: _____
Accessible by public transportation:
Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: _____
Offers services for the disabled:
Text Telephone (TTY)? ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No
Other: _____
Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No
Patient Ages: *(Please check the age ranges of the client populations you treat)*
☐ 0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages Other *(Please specify)*: _____

PAGE 1 OF 6

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

LOUISIANA BLUE

Data Management

Updating Your Information

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

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

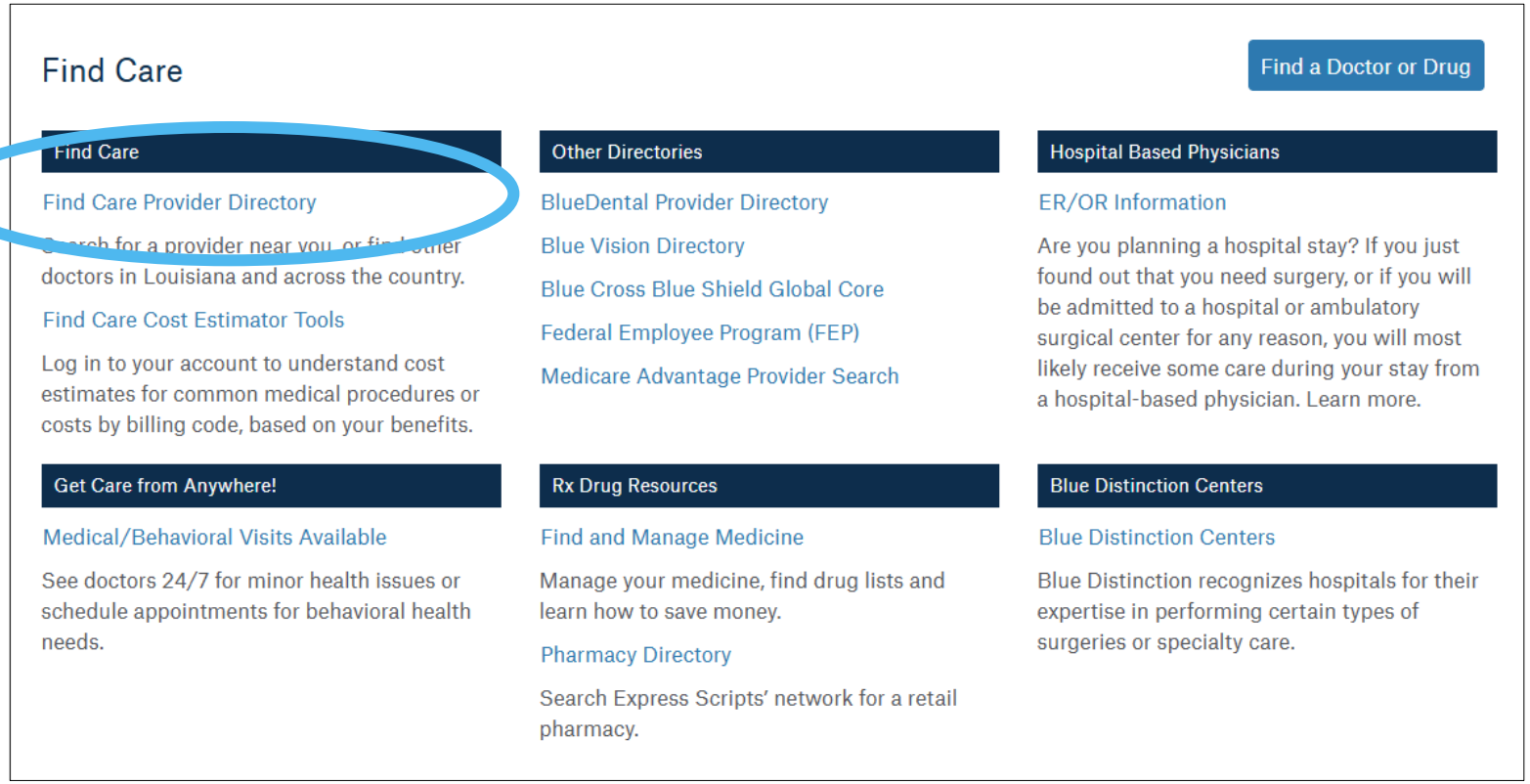


LOUISIANA BLUE

Verifying Your Networks and Identifying Patients

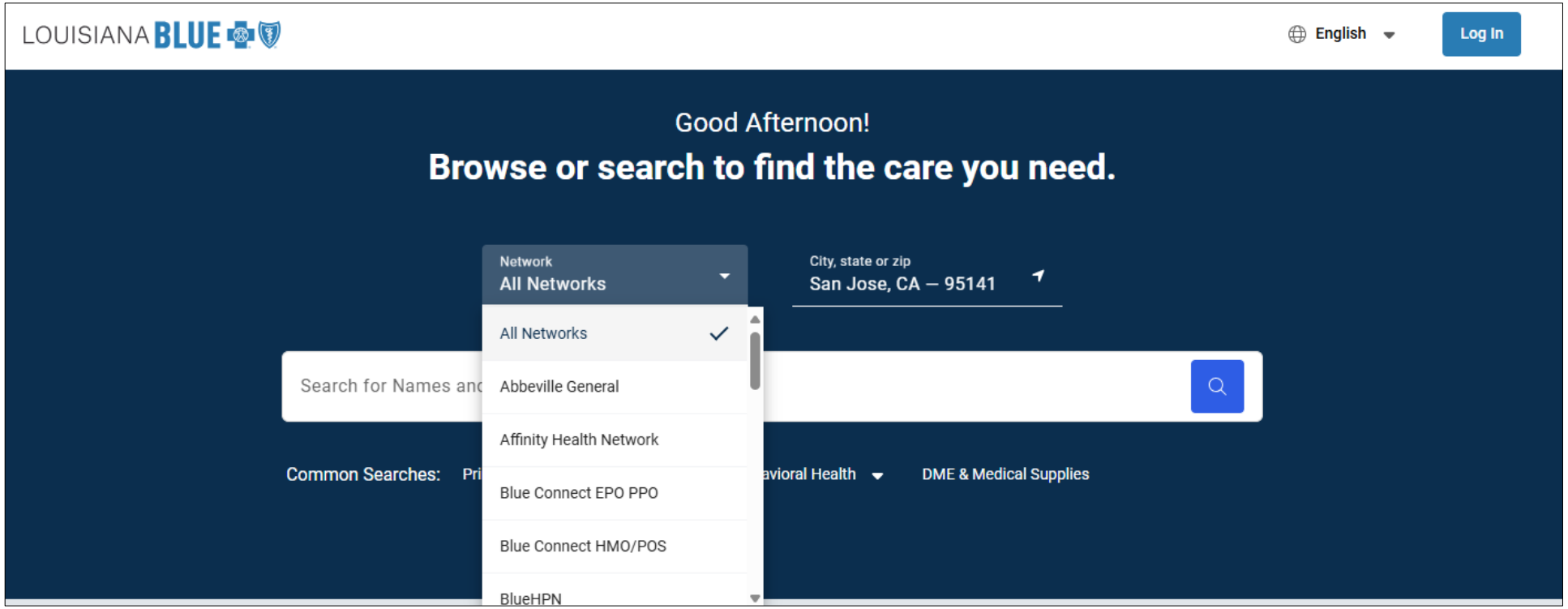
Online Provider Directories

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 >Find Care Provider Directory.



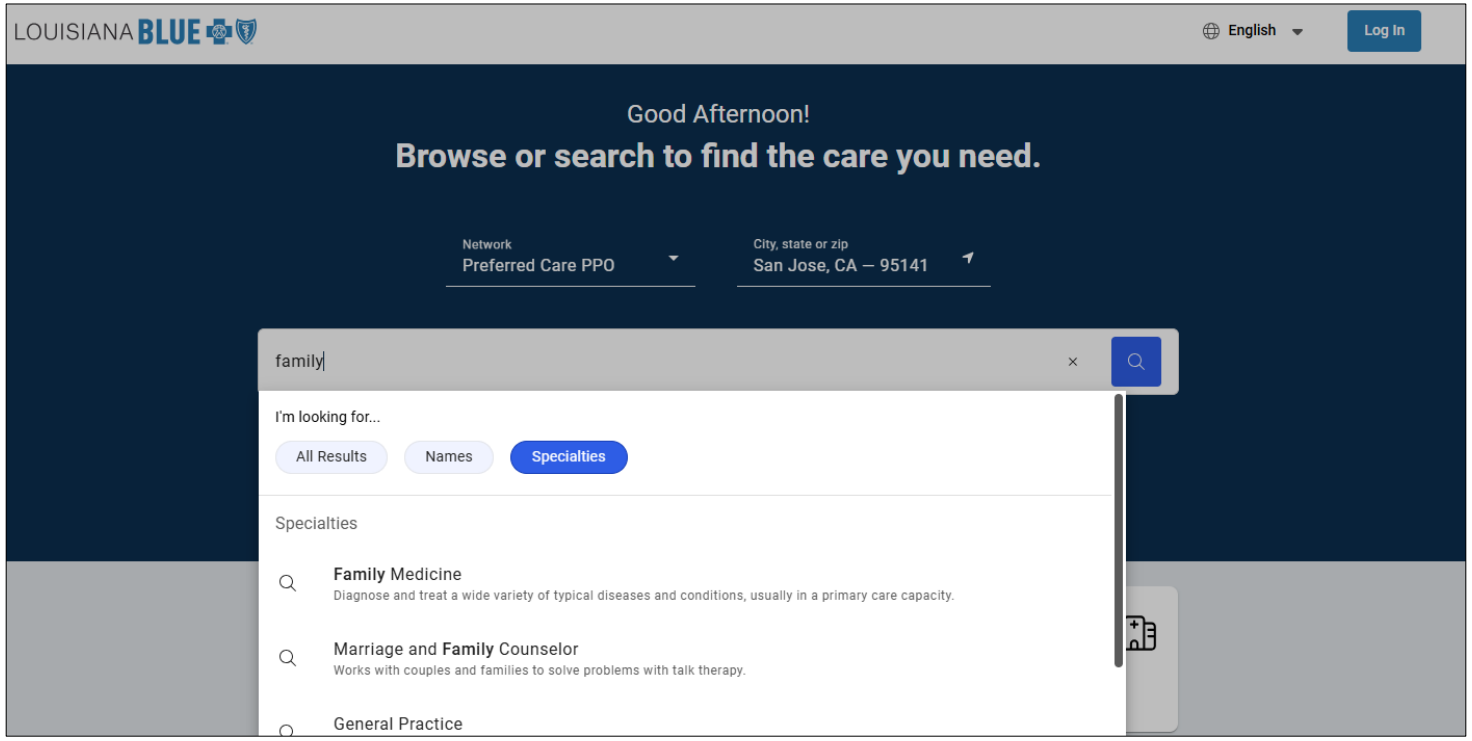
Online Provider Directories

- To find a provider in a particular network, select a network from the **Network** dropdown menu.
- The networks are listed in alphabetical order, or you can search “All Networks.”
- To refine your search, select a **Network** and/or enter your location in the **city, state or ZIP** field.



Online Provider Directories

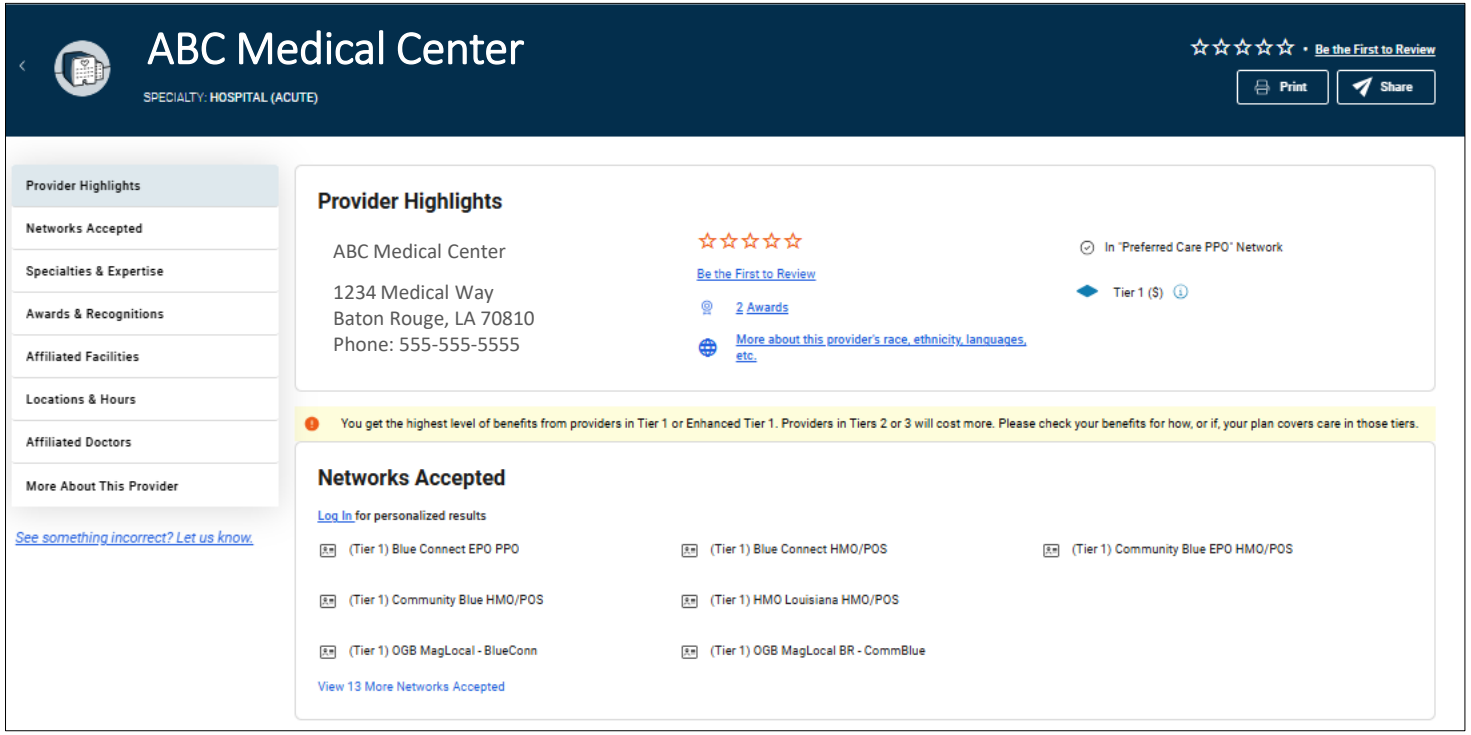
- To search by medical specialty, type in a specialty or term in the search bar box, and then click the result for which you're searching in the dropdown menu.
- If you do not see the specialty you need in the dropdown menu, click the blue magnifying glass button to the far right of the search bar to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



Online Provider Directories

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

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

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

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of eight 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 **Facility Update Request** form. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

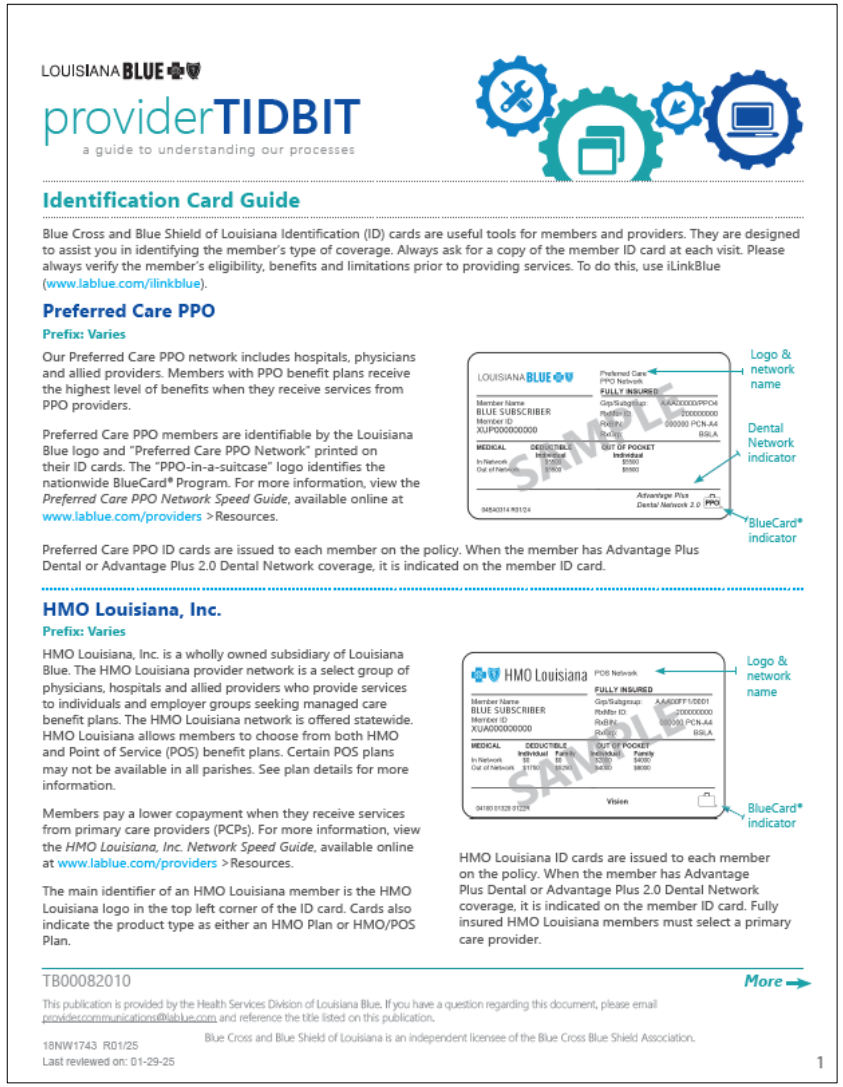
26

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.

Logo & network name

Dental Network indicator

BlueCard® indicator

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

HMO Louisiana, Inc.

Prefix: Varies

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

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

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

Logo & network name

BlueCard® indicator

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

TB00082010

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.

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

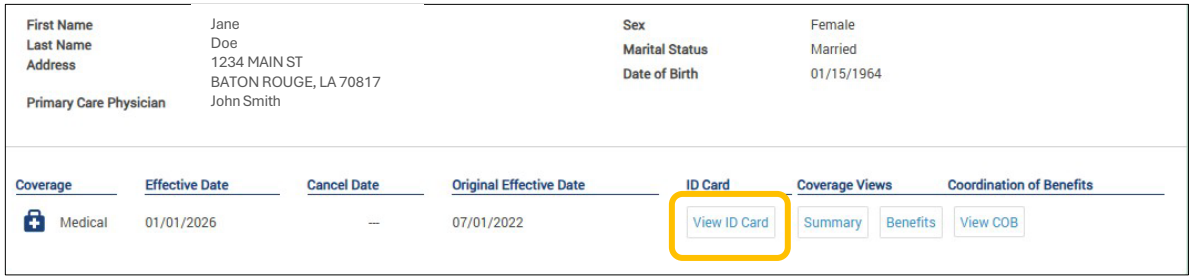
18NW1743 R01/25

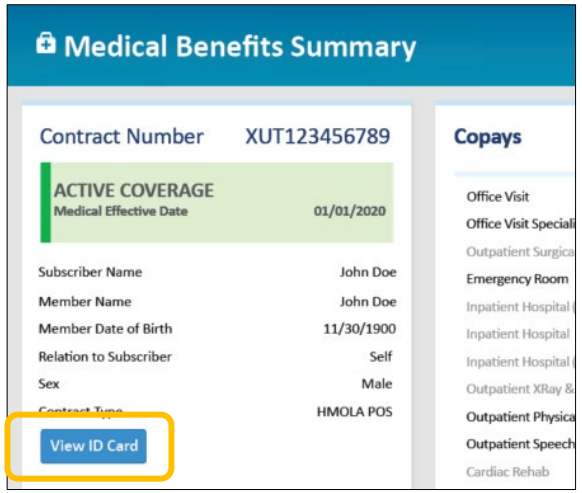
Last reviewed on: 01-29-25

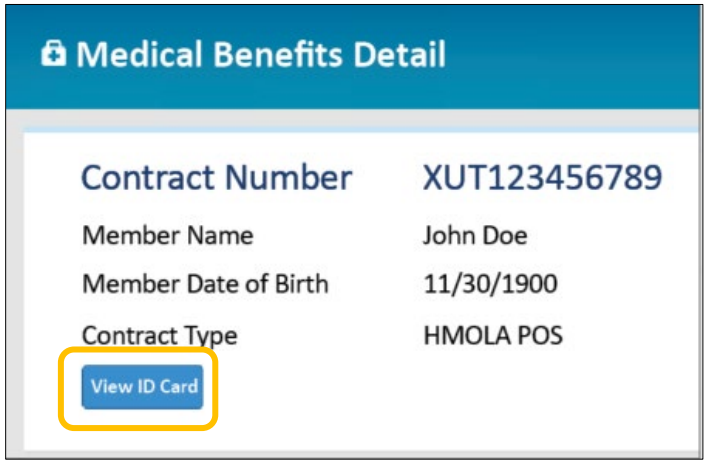
1

Digital ID Cards

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







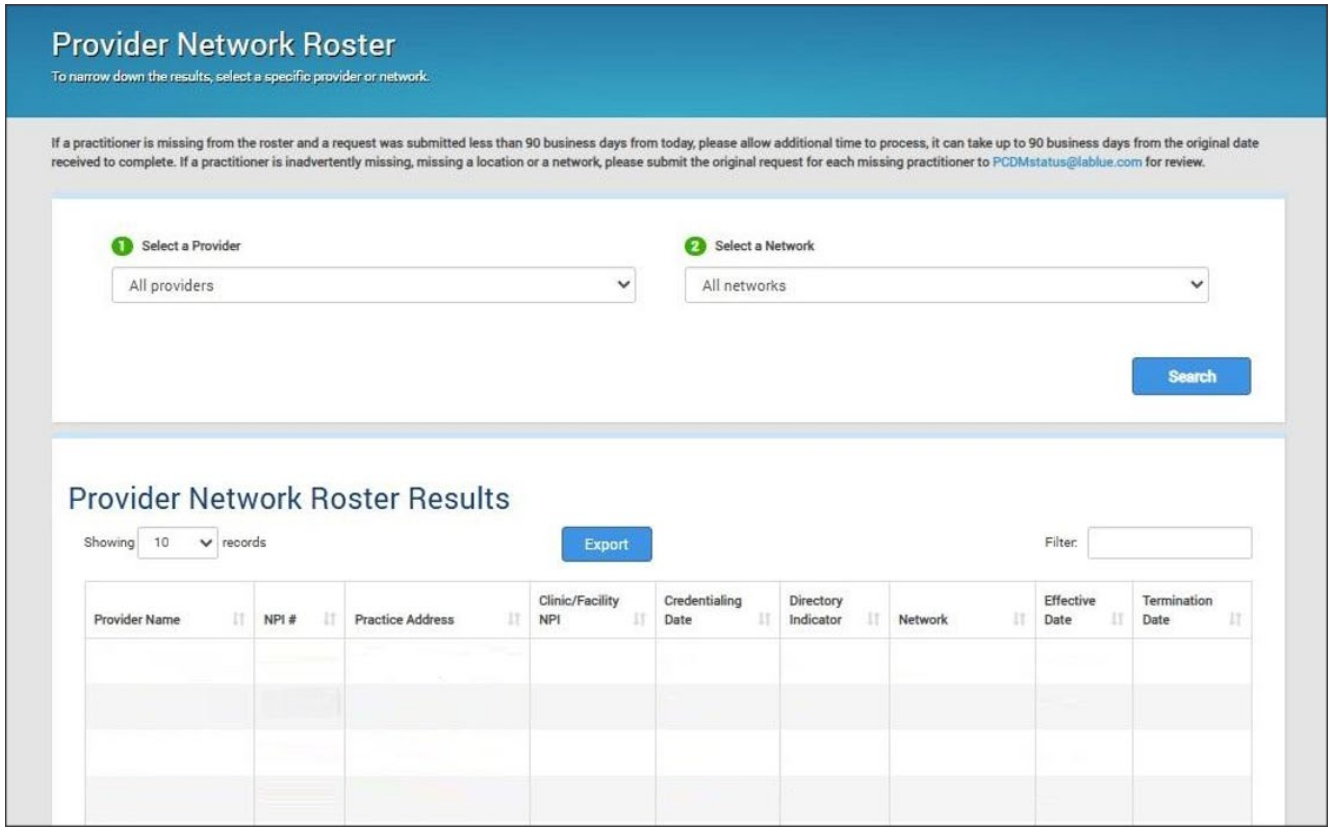
Provider Network Rosters

This self-service feature allows providers to view Network Rosters for in-network providers. 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.



LOUISIANA BLUE

Blue Distinction

Blue Distinction Specialty Care Centers

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

Two designation levels:

Blue Distinction® Center

Blue Distinction® Center+

The current programs are:

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



The Specialty Program selection criteria are available at **www.lablue.com** >About Us >Capabilities & Initiatives >Blue Distinction >Blue Distinction Specialty Care.

Blue Distinction Level Comparison

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



iLinkBlue

Accessing iLinkBlue

Louisiana Blue requires that provider organizations have at least one **administrative representative** to manage its 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 R10/24

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.

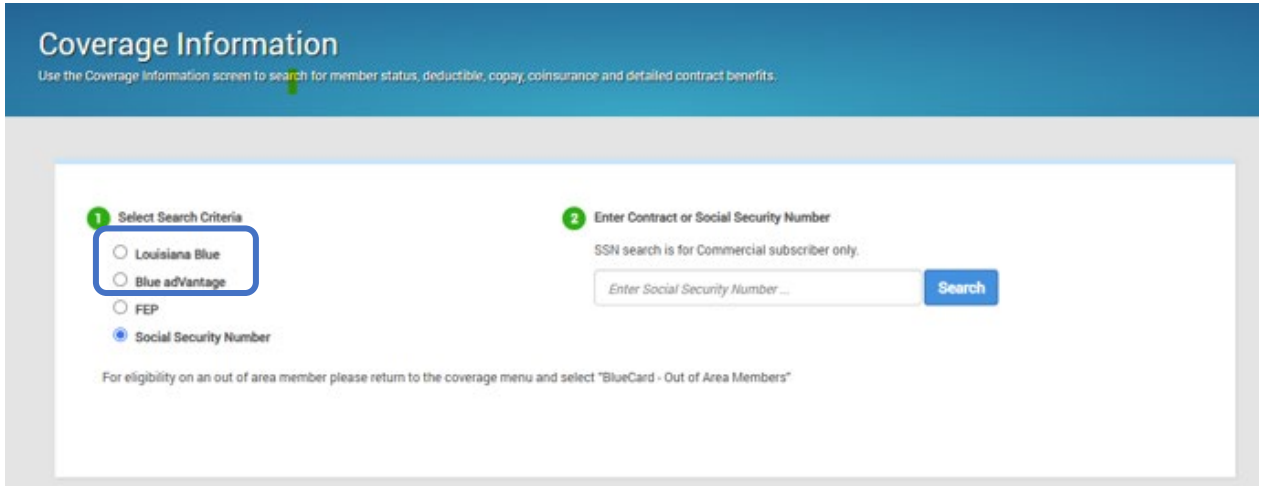
Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider page at **www.lablue.com/providers** >Electronic Services >Admin Reps.



Coverage Information

Enter the member ID number to view coverage information for:

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



Tips

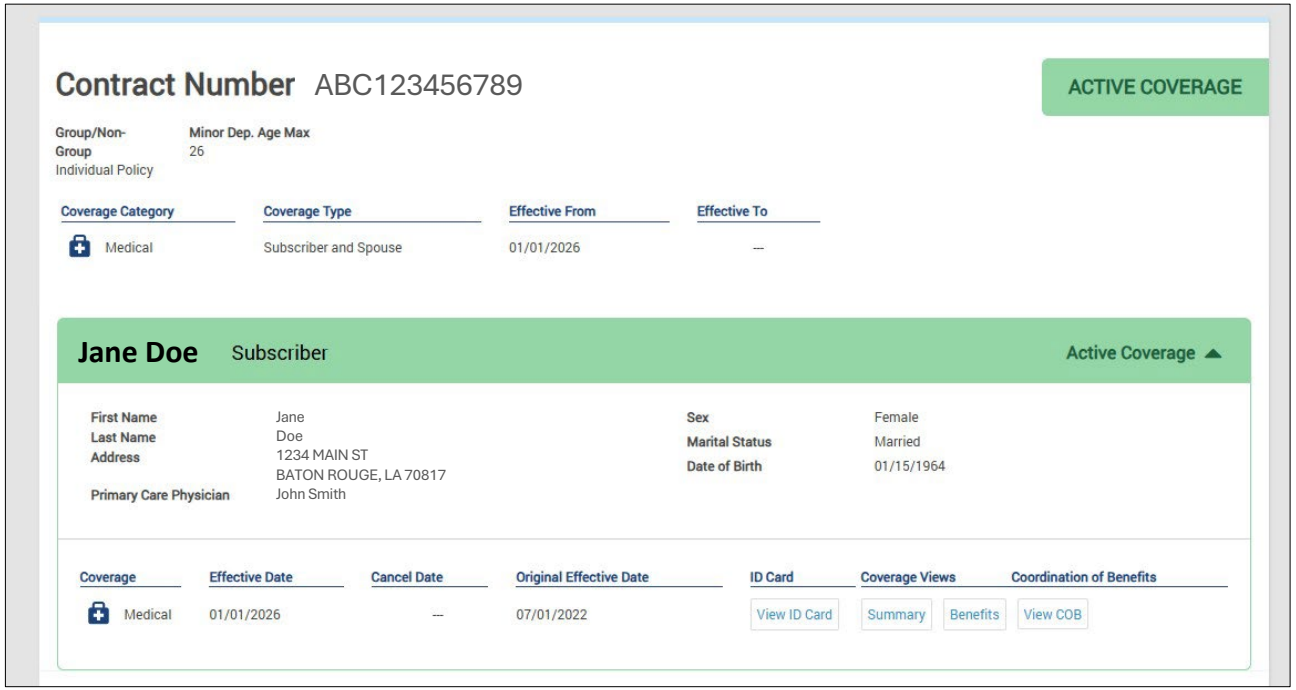
- Louisiana Blue/Blue Advantage – do not include the member's prefix
- FEP – must include the letter "R"

If you do not have the member ID number, search using the Louisiana Blue 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 policyholder.

Coverage Information

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

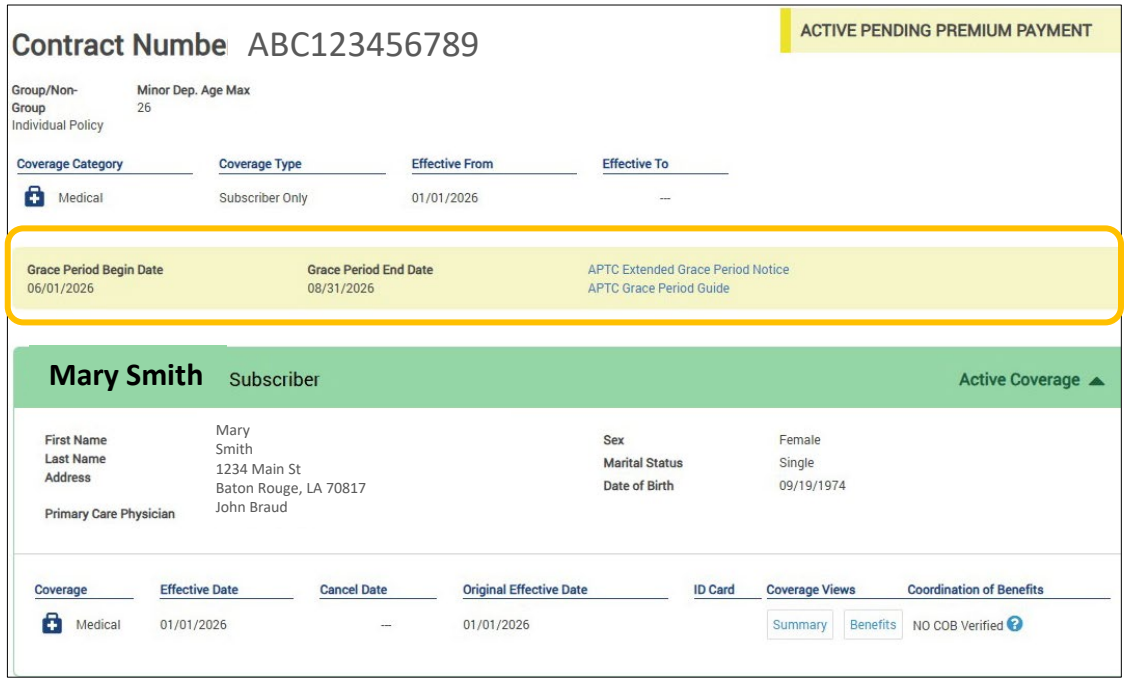
- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the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



Coverage Information

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

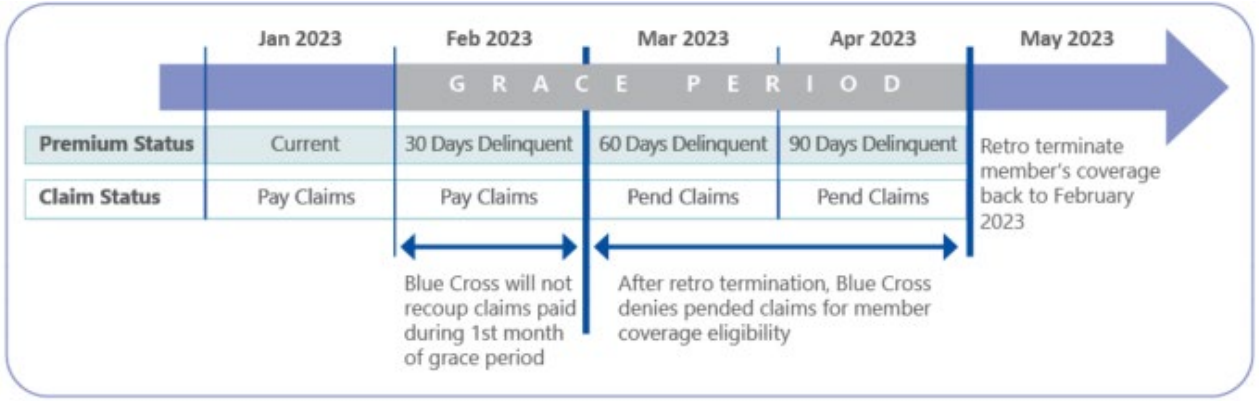
After three months of non-payment of premium, the member's policy will terminate, **effective 30 days after being delinquent**.

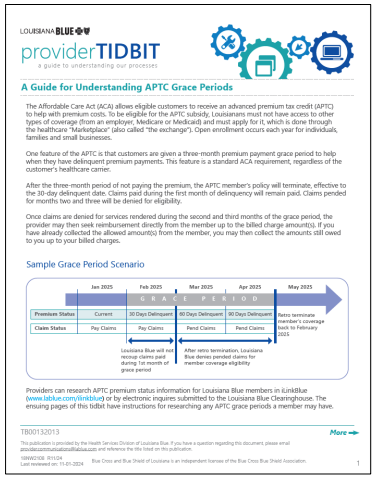


The APTC Extended Grace Period Notice is a PDF copy of the member's premium status notice that providers can print for their records.

APTC Grace Periods

Sample Grace Period Scenario:




LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

A Guide for Understanding APTC Grace Periods

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs. To be eligible for the APTC subsidy, Louisianans must not have access to other types of coverage (from an employer, Medicare or Medicaid) and must apply for it, which is done through the healthcare "Marketplace" (also called "the exchange"). Open enrollment occurs each year for individuals, families and small businesses.

One feature of the APTC is that customers are given a three-month premium payment grace period to help when they have delinquent premium payments. This feature is a standard ACA requirement, regardless of the customer's healthcare carrier.

After the three-month period of not paying the premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pended for months two and three will be denied for eligibility.

Once claims are denied for services rendered during the second and third months of the grace period, the provider may then seek reimbursement directly from the member up to the billed charge amount(s). If you have already collected the allowed amount(s) from the member, you may then collect the amounts still owed to you up to your billed charges.

Sample Grace Period Scenario

Jan 2025 Feb 2025 Mar 2025 Apr 2025 May 2025

G R A C E P E R I O D

Premium Status Current 30 Days Delinquent 60 Days Delinquent 90 Days Delinquent

Claim Status Pay Claims Pay Claims Pend Claims Pend Claims

Retro terminate member's coverage back to February 2025

Louisiana Blue will not recoup claims paid during 1st month of grace period

After retro termination, Louisiana Blue denies pended claims for member coverage eligibility

Providers can research APTC premium status information for Louisiana Blue members in iLinkBlue (www.lablue.com/ilinkblue) or by electronic inquires submitted to the Louisiana Blue Clearinghouse. The ensuing pages of this tidbit have instructions for researching any APTC grace periods a member may have.

TB00132013

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.

10MW2168 01\1\24

Last reviewed on: 11-01-2024

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

1

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

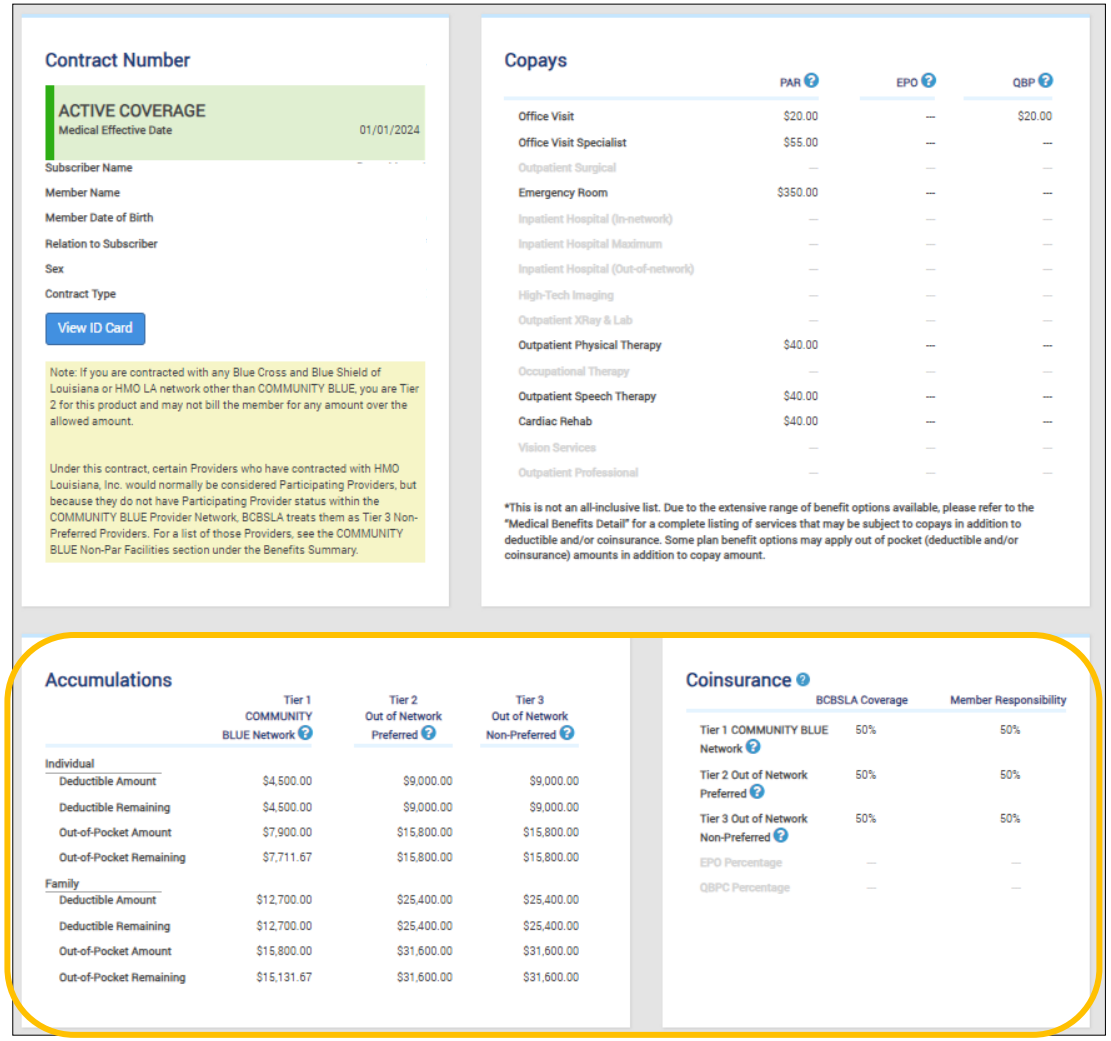
The APTC member is within the second or third month of being delinquent on their premium payments.

INACTIVE COVERAGE

The APTC member has been terminated effective the delinquent date.

Tiered Benefits

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



Contract Number

ACTIVE COVERAGE
Medical Effective Date 01/01/2024

Subscriber Name
Member Name
Member Date of Birth
Relation to Subscriber
Sex
Contract Type

View ID Card

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

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

Copays

	PAR	EPO	QBP
Office Visit	$20.00	--	$20.00
Office Visit Specialist	$55.00	--	--
Outpatient Surgical	--	--	--
Emergency Room	$350.00	--	--
Inpatient Hospital (In-network)	--	--	--
Inpatient Hospital Maximum	--	--	--
Inpatient Hospital (Out-of-network)	--	--	--
High-Tech Imaging	--	--	--
Outpatient XRay & Lab	--	--	--
Outpatient Physical Therapy	$40.00	--	--
Occupational Therapy	--	--	--
Outpatient Speech Therapy	$40.00	--	--
Cardiac Rehab	$40.00	--	--
Vision Services	--	--	--
Outpatient Professional	--	--	--

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

Accumulations

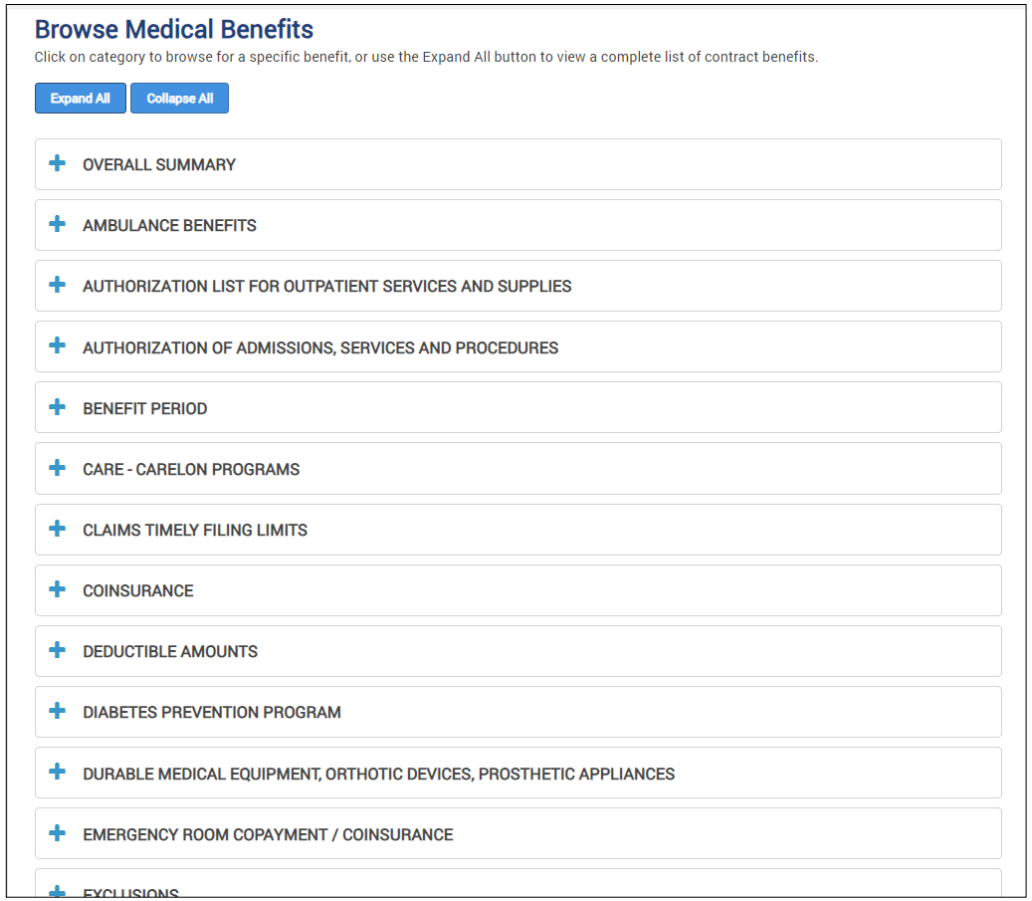
	Tier 1 COMMUNITY BLUE Network	Tier 2 Out of Network Preferred	Tier 3 Out of Network Non-Preferred
Individual			
Deductible Amount	$4,500.00	$9,000.00	$9,000.00
Deductible Remaining	$4,500.00	$9,000.00	$9,000.00
Out-of-Pocket Amount	$7,900.00	$15,800.00	$15,800.00
Out-of-Pocket Remaining	$7,711.67	$15,800.00	$15,800.00
Family			
Deductible Amount	$12,700.00	$25,400.00	$25,400.00
Deductible Remaining	$12,700.00	$25,400.00	$25,400.00
Out-of-Pocket Amount	$15,800.00	$31,600.00	$31,600.00
Out-of-Pocket Remaining	$15,131.67	$31,600.00	$31,600.00

Coinsurance

	BCBSLA Coverage	Member Responsibility
Tier 1 COMMUNITY BLUE Network	50%	50%
Tier 2 Out of Network Preferred	50%	50%
Tier 3 Out of Network Non-Preferred	50%	50%
EPO Percentage	--	--
QBPC Percentage	--	--

Benefits

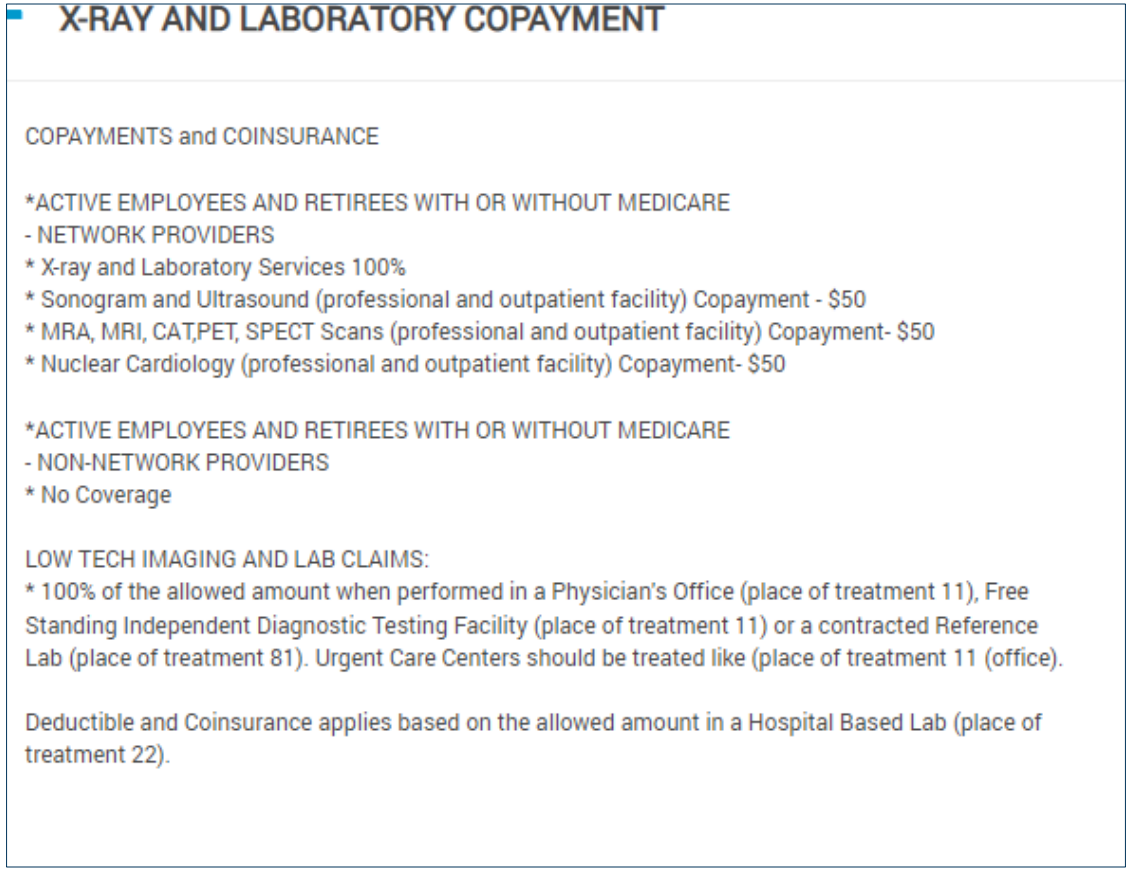
It is important to understand your patient's medical benefits. The Benefits page shows different types of benefits, including:



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).

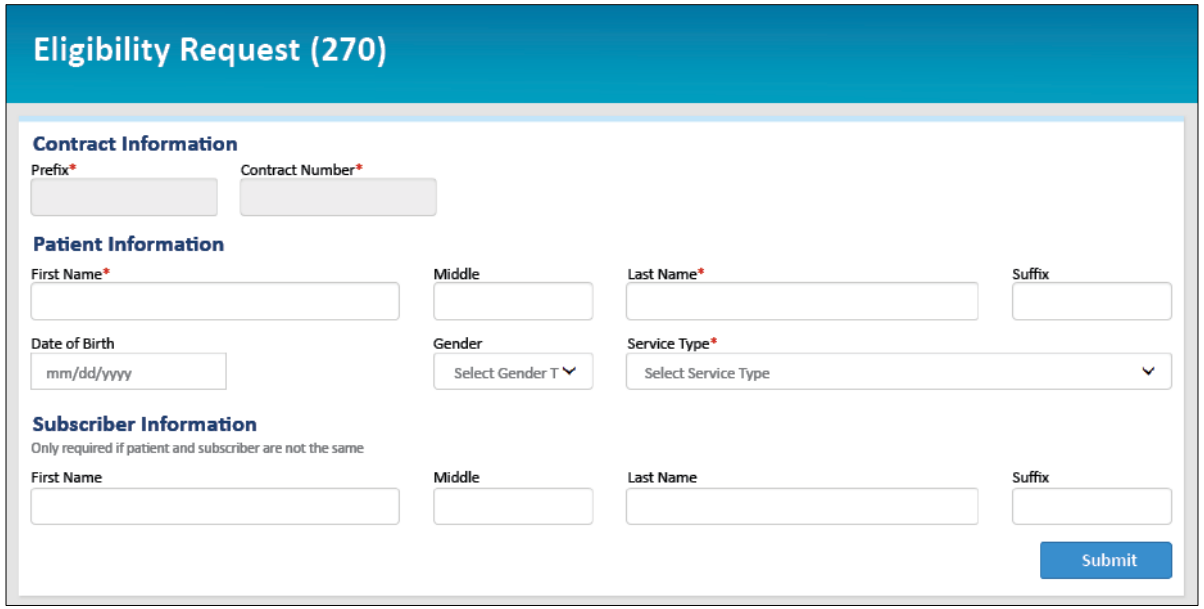
Deductible and Coinsurance applies based on the allowed amount in a Hospital Based Lab (place of treatment 22).

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.

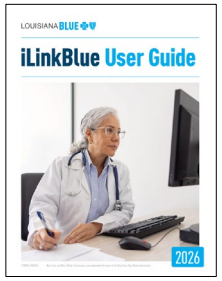
Submit Eligibility Request (270) – submit an electronic eligibility inquiry to the BlueCard member's Blue Plan. Enter the member's prefix (first three characters of the member ID number) and contract number.



Eligibility Request (270)

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

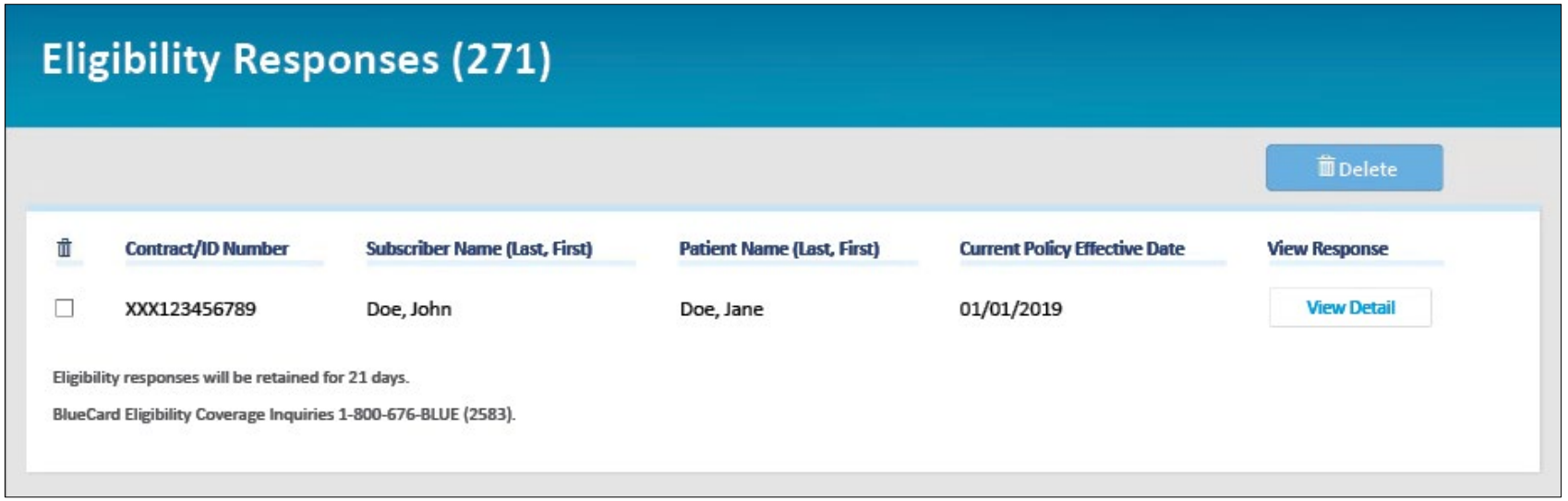
1 Medical Care
2 Surgical
3 Consultation
4 Diagnostic X-Ray
5 Diagnostic Lab
6 Radiation Therapy
7 Anesthesia
8 Surgical Assistance
9 Other Medical
10 Blood Charges
11 Used Durable Medical Equipment
12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility
14 Renal Supplies in the Home
15 Alternate Method Dialysis
16 Chronic Renal Disease (CRD) Equipment
17 Pre-Admission Testing
18 Durable Medical Equipment Rental
19 Pneumonia Vaccine
20 Second Surgical Opinion
21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontic
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions19
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology
67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A9 Rehabilitation
AA Rehabilitation - Room and Board
AB Rehabilitation - Inpatient
AC Rehabilitation - Outpatient
AD Occupational Therapy
AE Physical Medicine
AF Speech Therapy
AG Skilled Nursing Care
AH Skilled Nursing Care - Room and Board
AI Substance Abuse
AJ Alcoholism
AK Drug Addiction
AL Vision (Optometry)
AM Frames
AN Routine Exam
AO Lenses
AQ Nonmedically Necessary Physical
AR Experimental Drug Therapy
BA Independent Medical Evaluation
BB Partial Hospitalization (Psychiatric)
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures
BT Gynecological
BU Obstetrical
BV Obstetrical/Gynecological
BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well
CE MH Provider – Inpatient
CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient
CK Screening X-ray
CL Screening Laboratory
CM Mammogram, HR Patient
CN Mammogram, LR Patient
CO Flu Vaccination
DM Durable Medical Equipment
MH Mental Health
PT Physical Therapy
UC Urgent Care



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

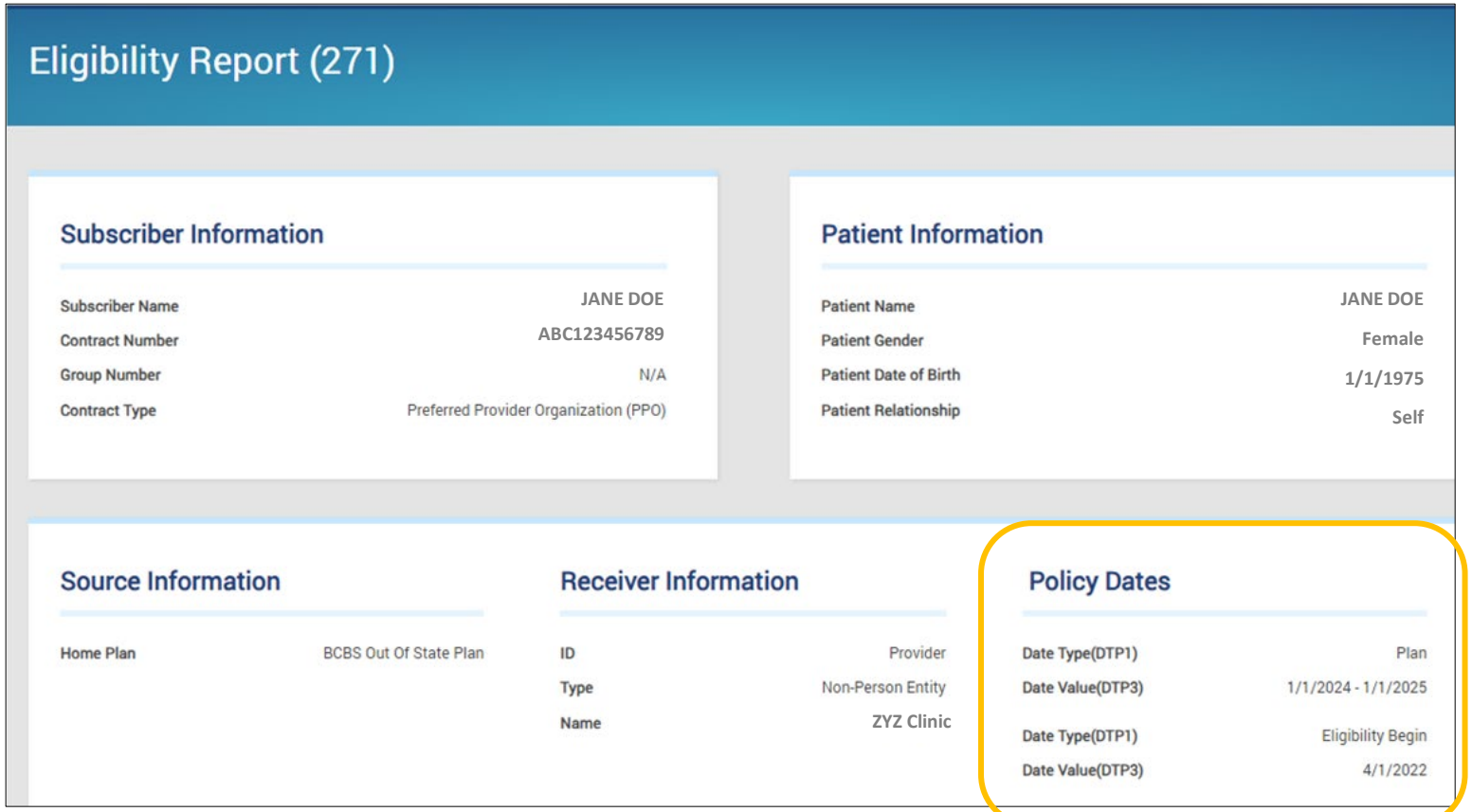
Coverage – Out of Area

View Eligibility Response (271) – access the electronic response from the member's Blue Plan. While not always immediate, Blue Plans typically transmit out-of-area responses back in less than a minute when a response is provided by the Plan. Please note that response times may vary depending on the processing status and availability of information from the responding Plan. iLinkBlue retains eligibility responses for 21 days.



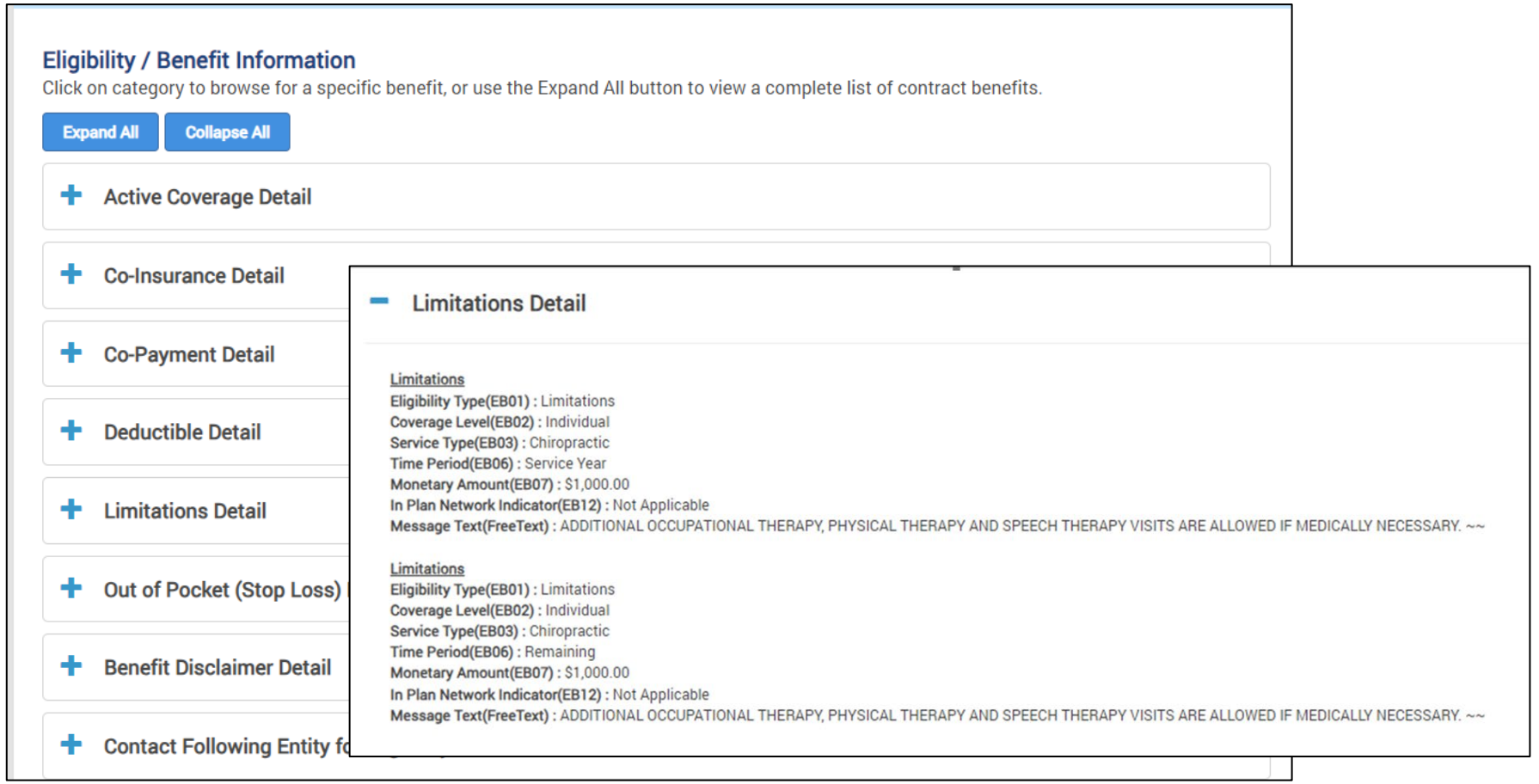
Coverage – Out of Area

The policy dates can be found on the 271 Eligibility Report.



Coverage – Out of Area

The Eligibility Benefit Information displayed varies by contract. The information details are 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.



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.


LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Automated Benefits & Claim Status

Provider Services is an automated KEYPAD or VOICE RESPONSE telephone system designed to help providers reach the area of service needed. Use this guide to easily navigate this provider phone tool.

Customer Care Center 1-800-922-8866

Benefits are subject to the terms of a member's contract/certificate and our medical policies. Claims are subject to allowable charges, which are established by Louisiana Blue as the maximum allowed amount for services covered under the member contract/certificate.

Please have the following information ready when calling:

- Provider's NPI
- Provider's Tax ID Number
- Provider's ZIP Code
- Member ID Number
- Member's 8-digit Date of Birth
- Date of Service

Welcome to Blue Cross and Blue Shield of Louisiana Provider Services. To expedite your call please have the member identification number available. Which type of policy are you calling about?

1. Medical 2. Vision* 3. Dental 4. Life

(Pause for you to say or key-in a policy type)
Please say or enter your 10-digit NPI. (Pause for you to say or key-in NPI)
Please say or enter your nine-digit Tax ID. (Pause for you to say or key-in Tax ID)

*Note: If calling about a vision policy, you will be asked if your call is for routine eye coverage, such as an eye examine, prescription glasses, or contacts. Answer "yes" to route your call to an appropriate representative. Answer "no" to continue to the Provider Menu to reach the service needed.

Provider Menu

Provider menu. Which are you calling about?

1. Benefits
2. Claims
3. Authorizations
4. An Out-of-state Policy
5. A Payment Register Fax, or
6. None of the Above

More

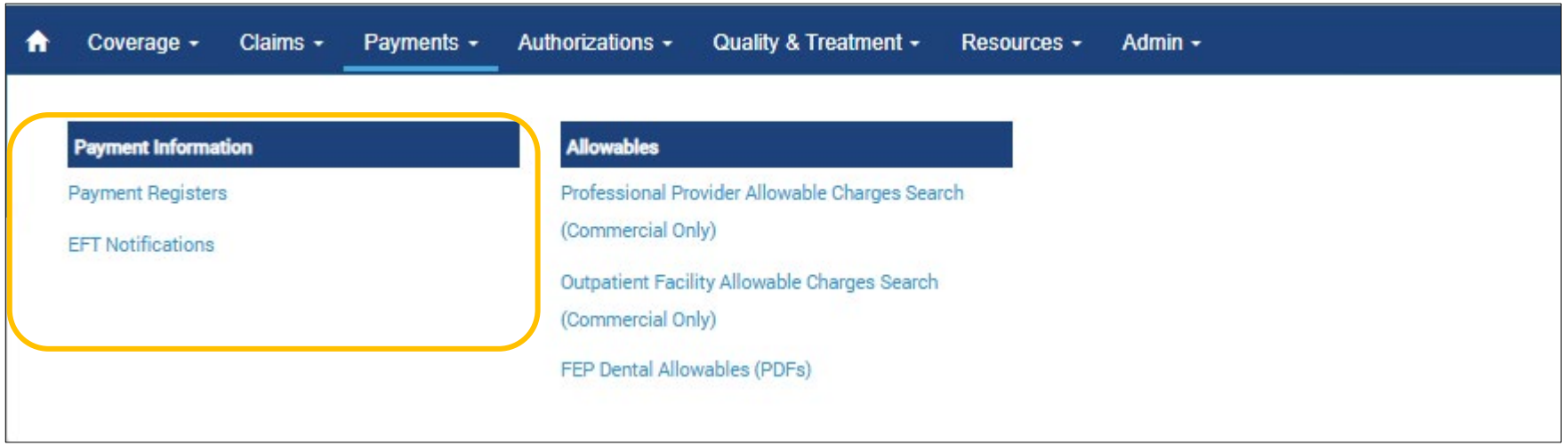
TB00092010

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

LOUISIANA BLUE

Payments

Payment Information



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

- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.

- **EFT Notifications** – view EFT Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

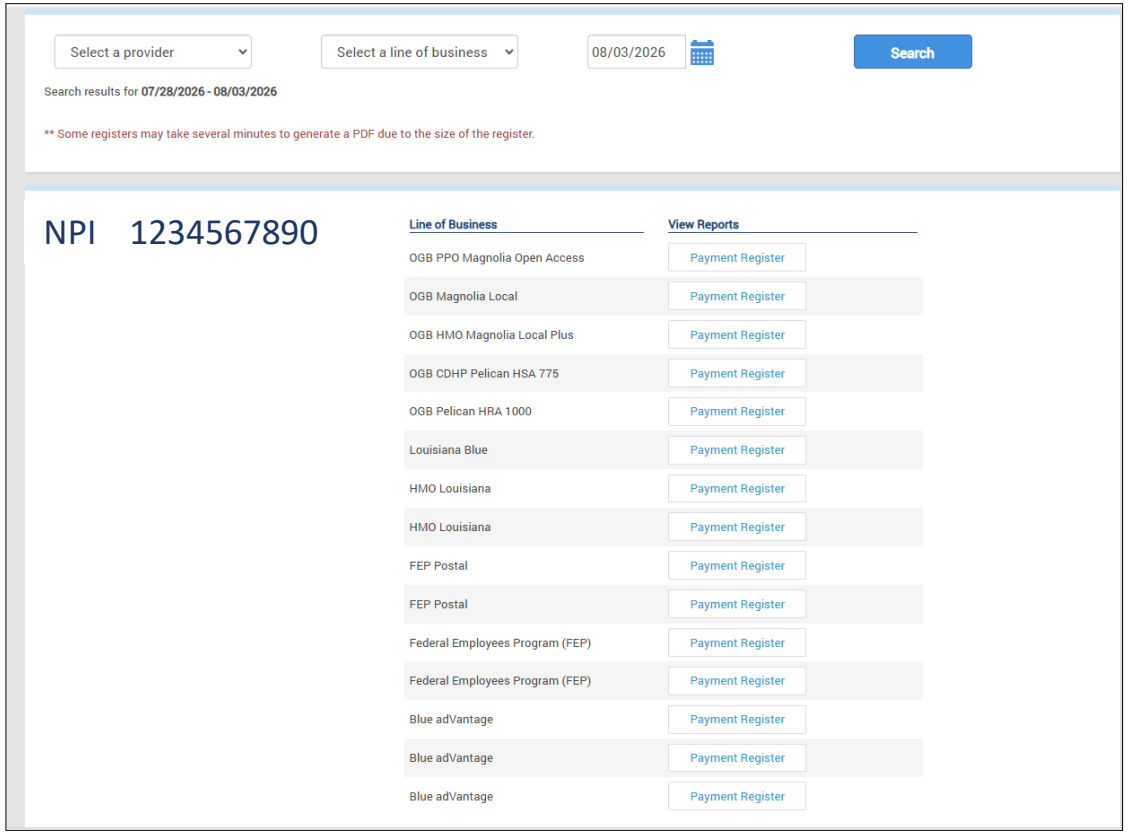
Payment Information

Need a past EFT Notification/Payment Register?

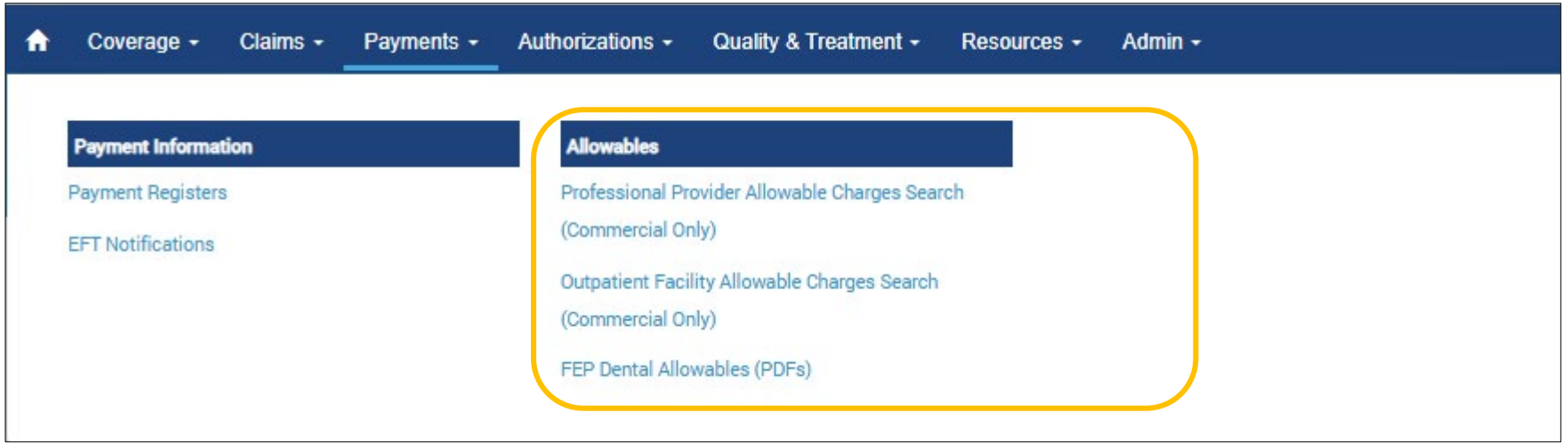
Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

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

Historical Blue Advantage payment registers (generated for 2025 dates of service) are available in iLinkBlue.



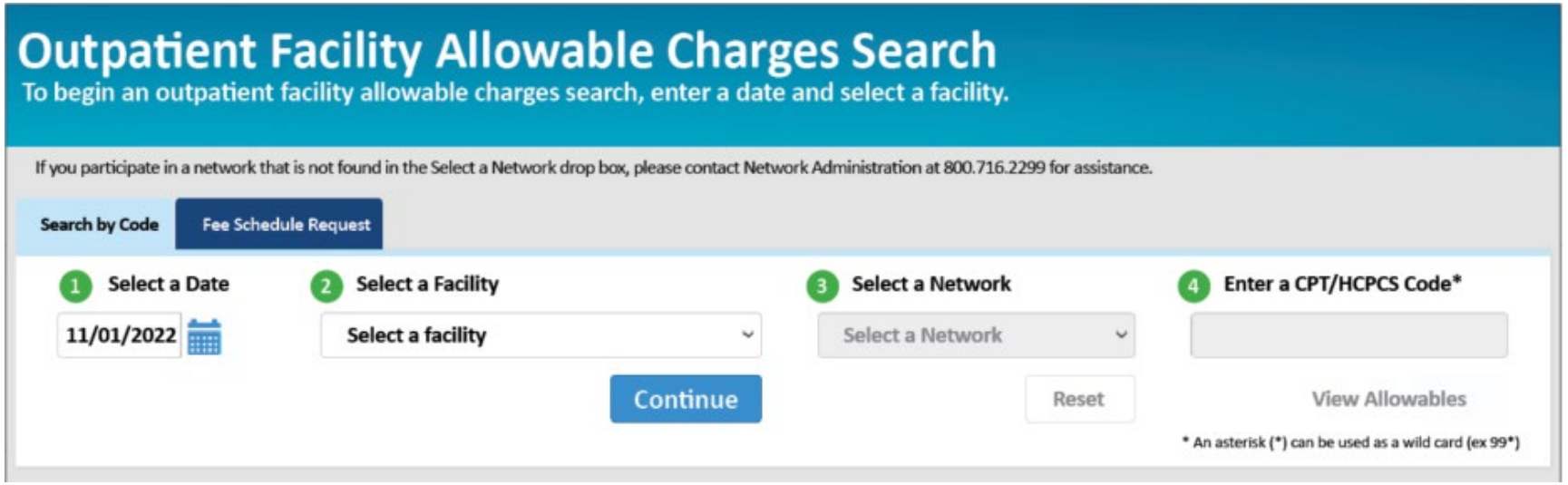
Allowable Research



iLinkBlue includes two applications you can use to research Louisiana Blue allowables:

- **Professional Provider Allowable Charges Search (Commercial Only)**
- **Outpatient Facility Allowable Charges Search (Commercial Only)**
- **FEP Dental Allowables (PDFs)** – this section includes printable PDFs for FEP Preferred Network dentists.

Allowables Research



Outpatient Facility Allowable Charges Search

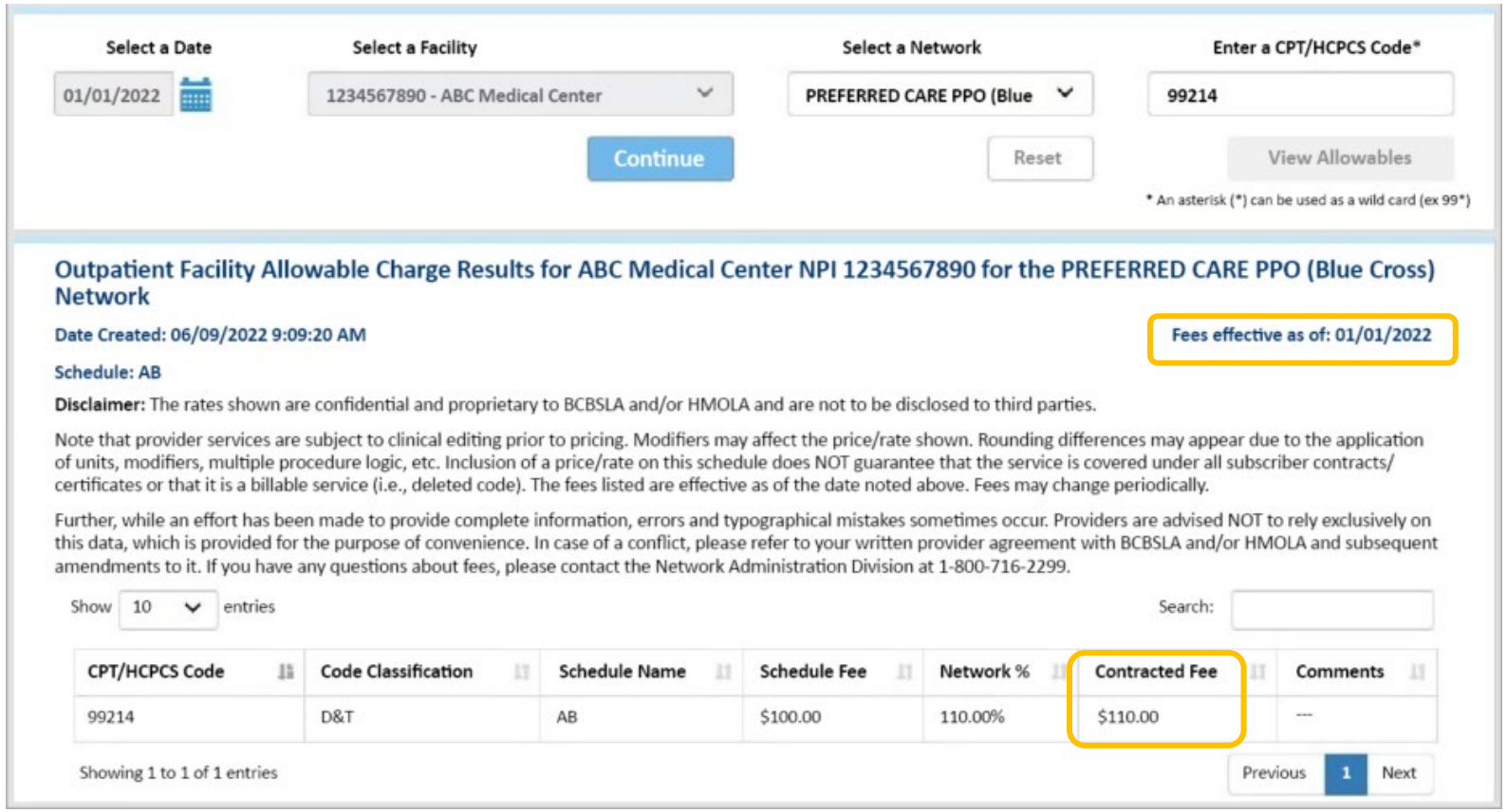
This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

- When searching for an allowable charge, enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.

Allowables Research Outpatient Facility Allowable Charges

Example

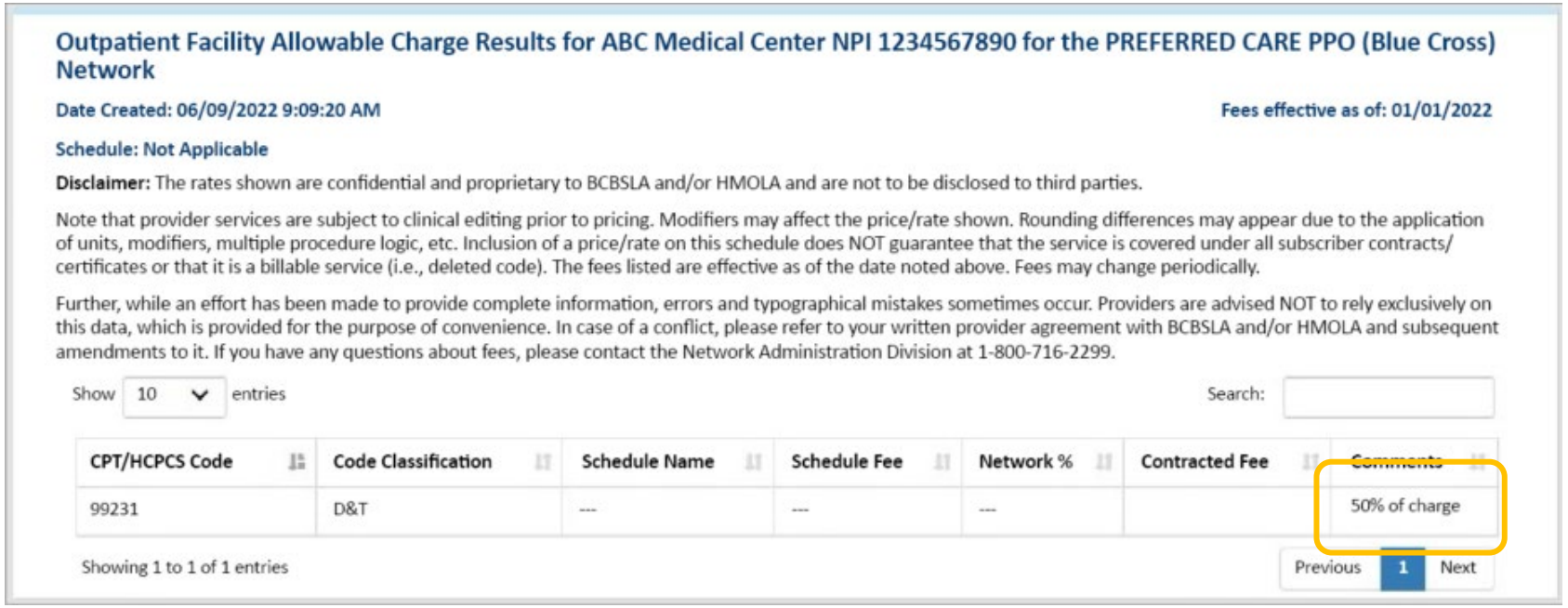
Search results will display the outpatient facility allowable charge in the **Contracted Fee** section.



Allowables Research Outpatient Facility Allowable Charges

Percent of Charge Example

Search results for an active code not on the outpatient reimbursement fee schedule will display a percent of billed charges in the **Comments** section.



Outpatient Facility Allowable Charge Results for ABC Medical Center NPI 1234567890 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM **Fees effective as of: 01/01/2022**

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/ certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show 10 entries Search:

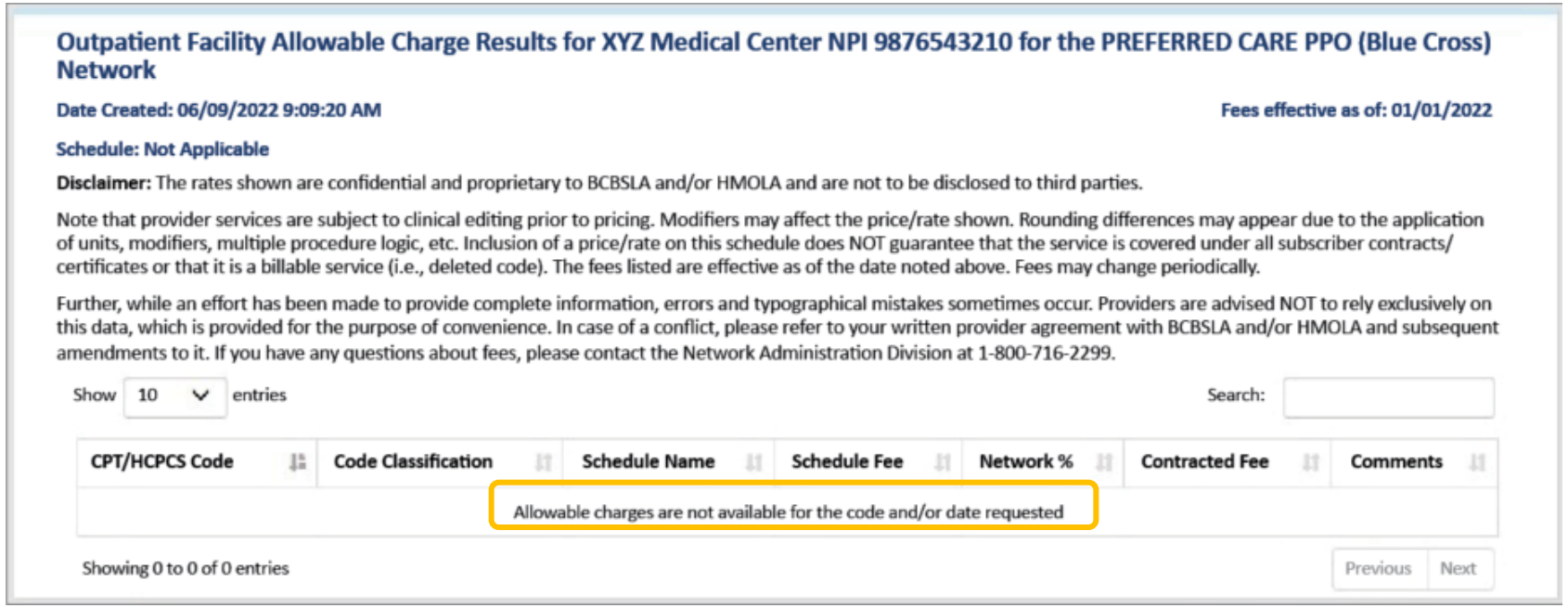
CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
99231	D&T	---	---	---		50% of charge

Showing 1 to 1 of 1 entries Previous 1 Next

Allowables Research Outpatient Facility Allowable Charges

No Allowable Charge Available Example

Search results will display the message “Allowable charges are not available for the code and/or date requested” when attempting to research allowable charges for a participating facility that does not have a contracted fee schedule for the dates of service requested.



Outpatient Facility Allowable Charge Results for XYZ Medical Center NPI 9876543210 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM **Fees effective as of: 01/01/2022**

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/ certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

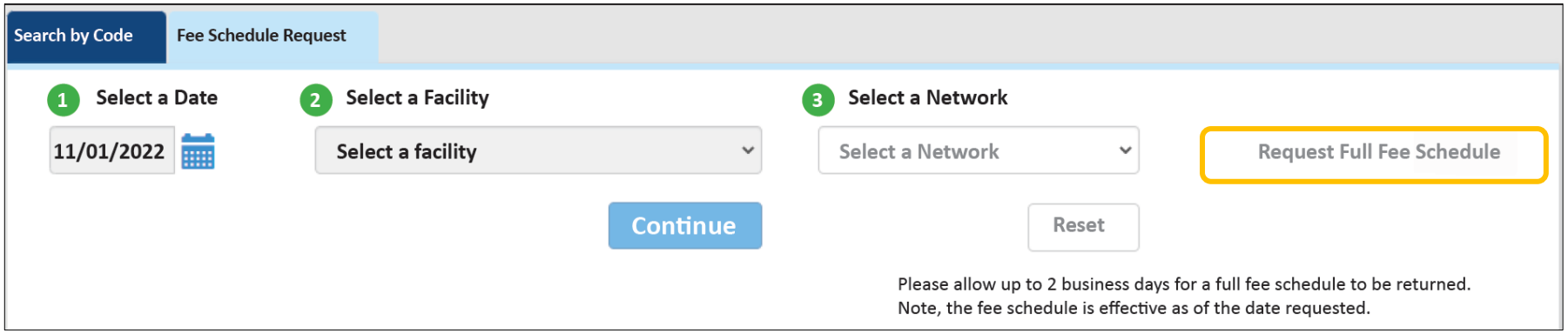
Show 10 entries Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
Allowable charges are not available for the code and/or date requested						

Showing 0 to 0 of 0 entries Previous Next

Fee Schedule Request

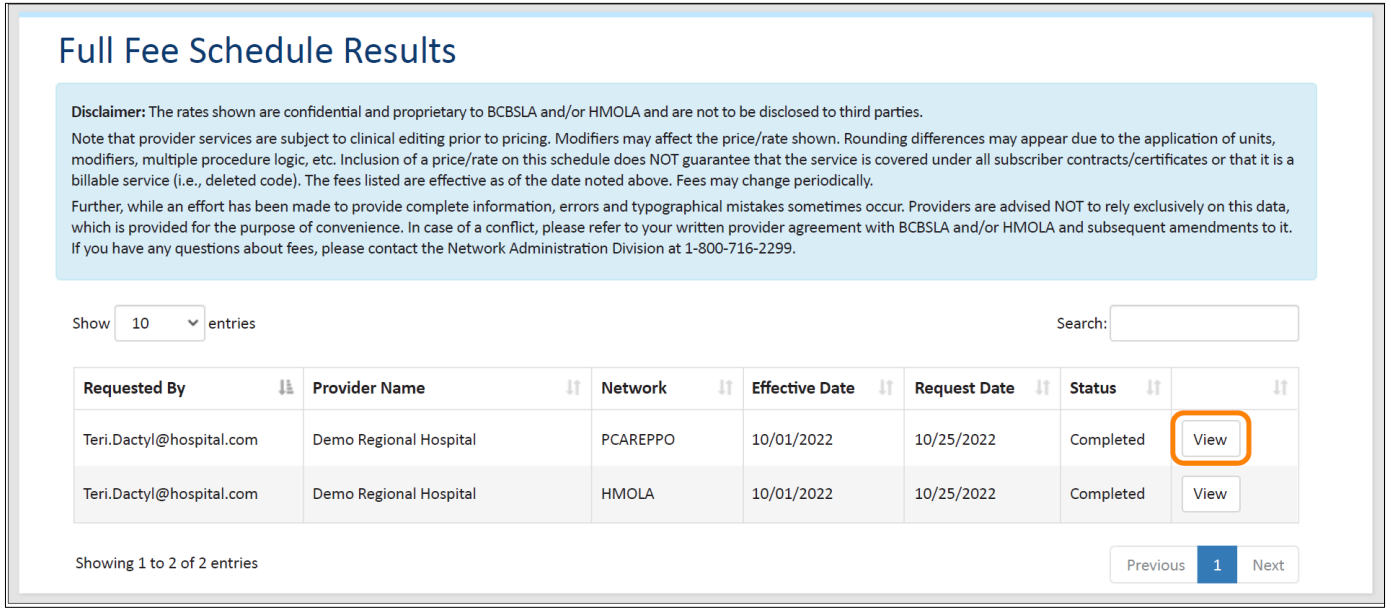
To request a full outpatient fee schedule for a facility, enter a date up to two years prior to the current date. Select the facility provider by name and NPI. Click the “Continue” button. Select the appropriate Louisiana Blue network. Then click on “**Request Full Fee Schedule**” to submit your request. Allow up to two business days for a full fee schedule response to be returned.



Fee Schedule Request Example

Returned fee schedule results will include the following information:

- **Requested By** – Indicates the email address of the individual who submitted the fee schedule request.
- **Provider Name** – Is the facility the fee schedule was generated for.
- **Network** – Identifies the Louisiana Blue network of the fee schedule.
- **Effective Date** – Indicates the date the fees are effective.
- **Request Date** – Is the date the fee schedule request was submitted.
- **Status** – Will display “Completed” when the full fee schedule request is returned and ready for viewing.

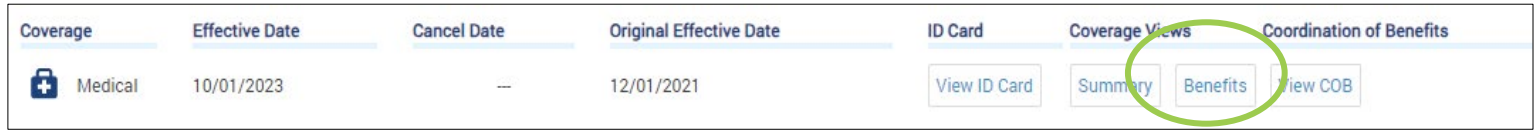


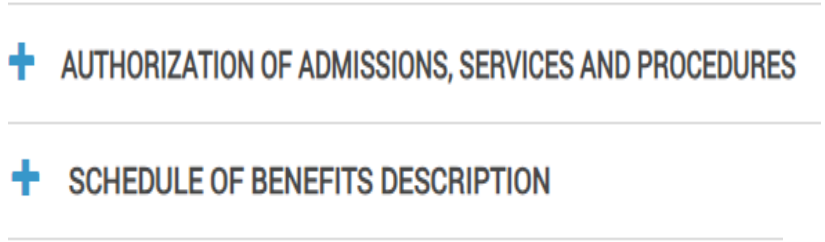
LOUISIANA BLUE

Authorizations

Where to Find Authorization Requirements?

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





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

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

Louisiana Blue Authorizations Application

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

Resources about this new application are available online:

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



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

Authorizations

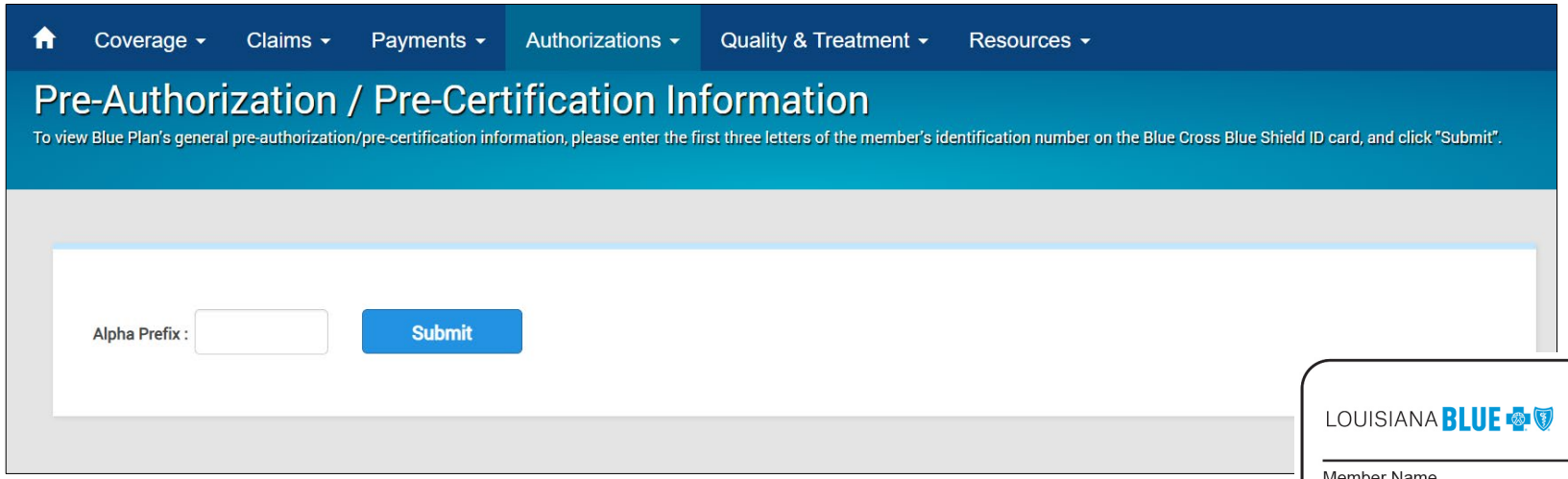


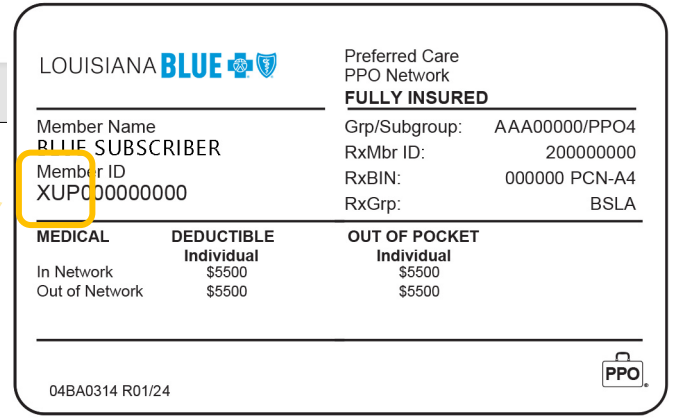
The Authorizations section of iLinkBlue includes resources and applications for both **Louisiana Blue Members** and **Out of Area Members**.

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.





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

Changing a Louisiana Blue Authorization

You can add a note and/or attachment to change or add a code to an already approved authorization when **all of the following** conditions are met:

- There is an approved authorization on file
- Provider states a claim has not been filed
- The requested code is surgical or diagnostic
- The requested code is not on a Louisiana Blue medical policy or a non-covered benefit

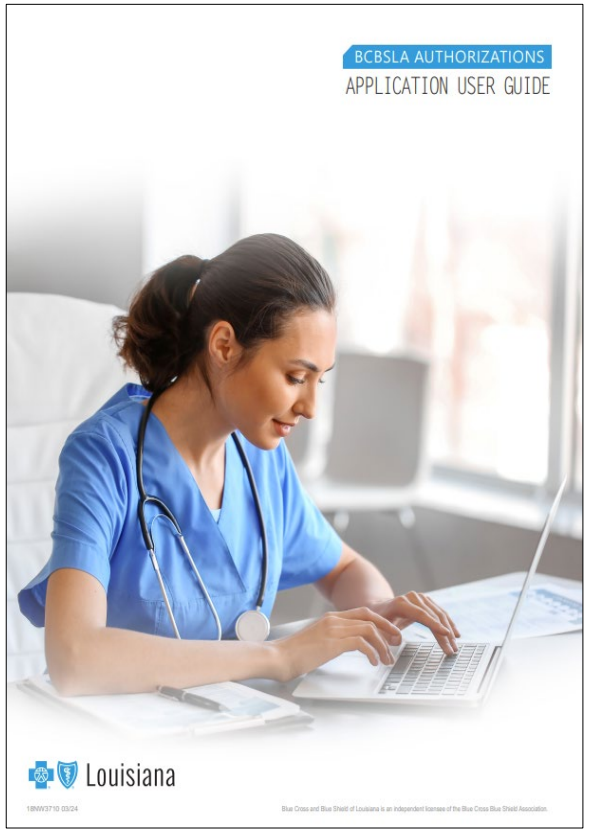
If the above criteria are met, an authorization can be changed within seven calendar days of the services being rendered.

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.
- Do not submit an authorization as Urgent unless services performed within 72 hours.
  - When submitting an authorization as urgent, you must attach clinical information.
- Make sure to use correct procedure/HCPCS codes and dates of service.
- Add attachments before submitting the authorization.



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

Using Notes When Expediting an Authorization

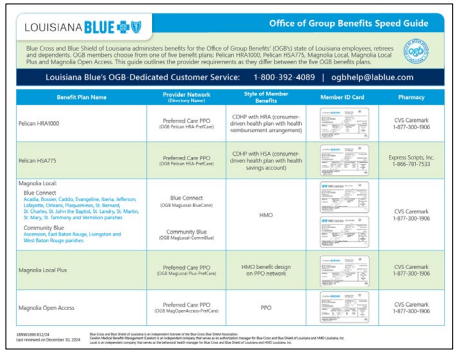
To avoid delays, please choose the correct “Note.” Do not default to using “Provider Clinical Information.”

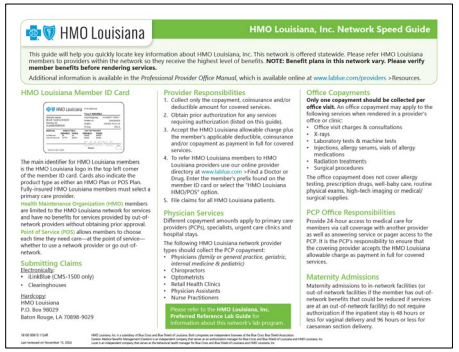
- **Provider Non-clinical Comments**: Select when asking a question, providing non-clinical information or sending a non-medical record communication to Louisiana Blue that is not one of the below options.
- **Provider IQ Note**: Select when submitting an InterQual (IQ) review via notes.
- **Provider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

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

Authorizations Standards

OGB and HMO authorization requirements are different.





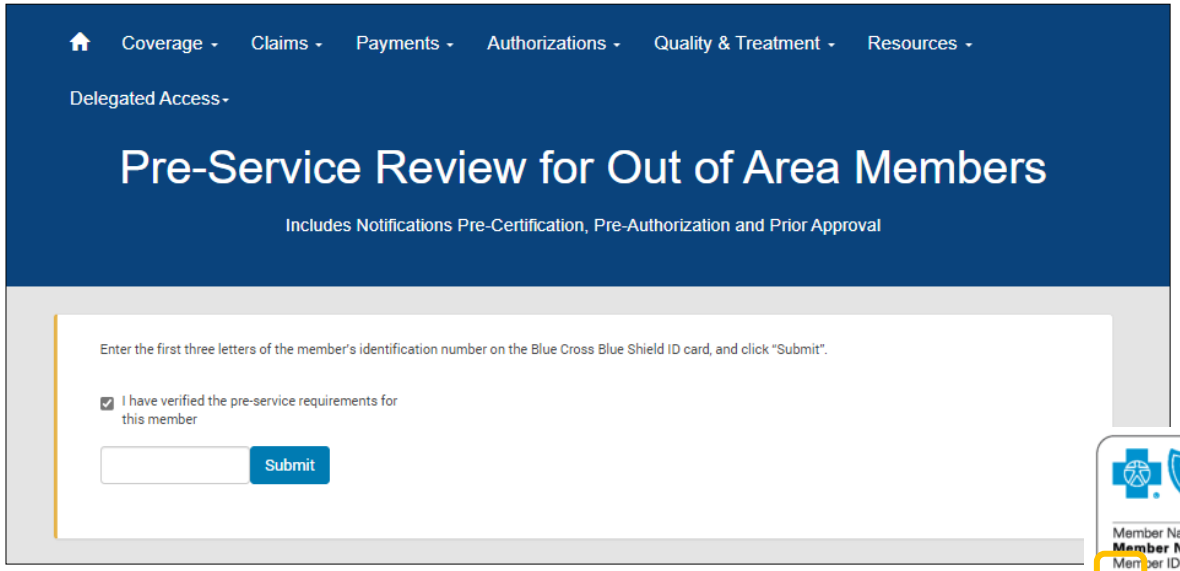
Office of Group Benefits (OGB)	HMO Louisiana, Inc.
Failure to obtain an authorization will result in denial of payment for services. OGB does not authorize Louisiana Blue to reconsider these denials at the appeal level.	**Failure to obtain an authorization on an HMO/HMO member will result in denial of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

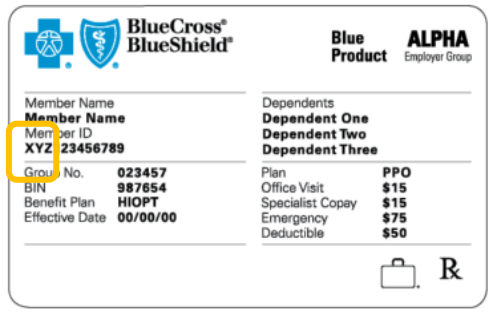
Authorizations Out of Area Members

Out of Area (Pre-Service Review – EPA)

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

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



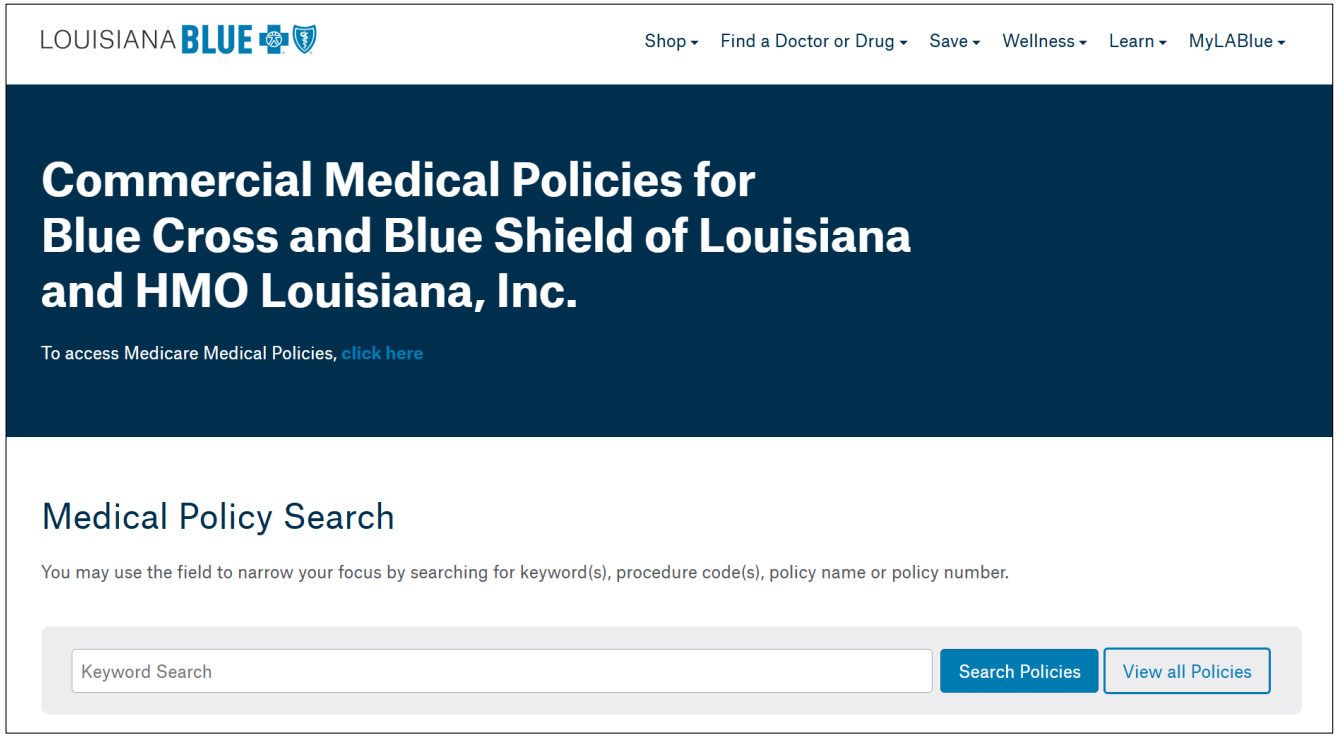


Enter the member's prefix to access general pre-authorization/pre-certification information.

Medical Policy Guidelines

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

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



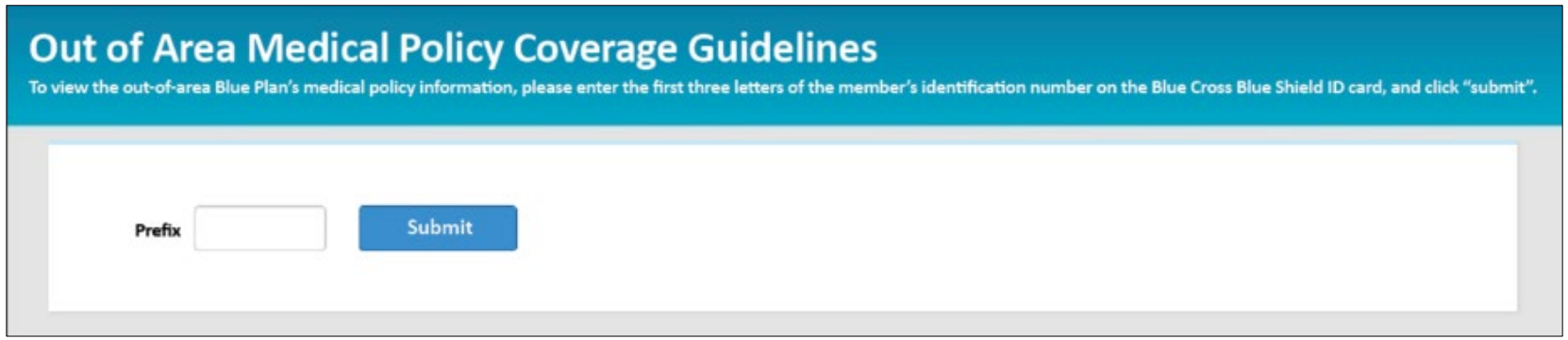
*This application is also available on the Provider page; **www.lablue.com/providers** >Medical Management >Medical Policies.

Medical Policy Guidelines Out of Area Members

Medical Policy Guidelines

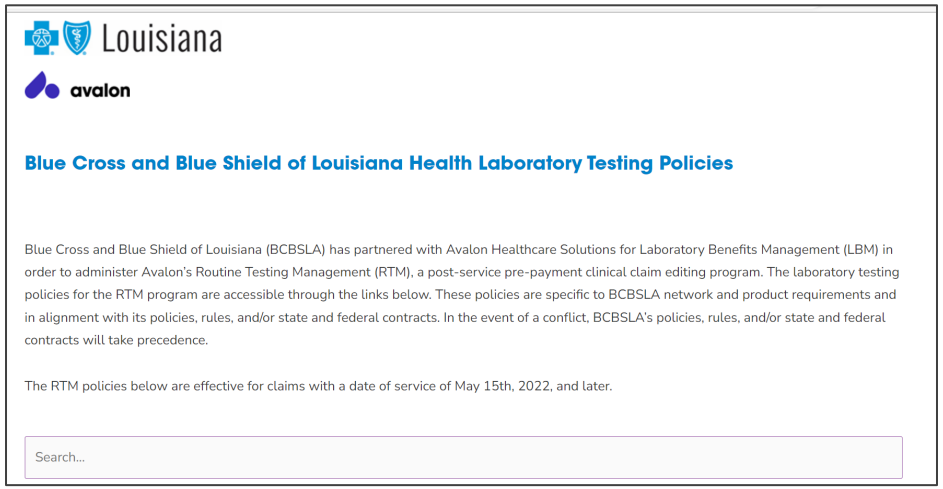
Just as Louisiana Blue publishes medical policies for services provided to our members, it is the same for other Blue Plans. Use this application to access medical policies for BlueCard (out-of-area) members.

Enter the member ID prefix to be routed to the member's Blue Plan to research applicable medical policy information.



Lab Reimbursement Policies

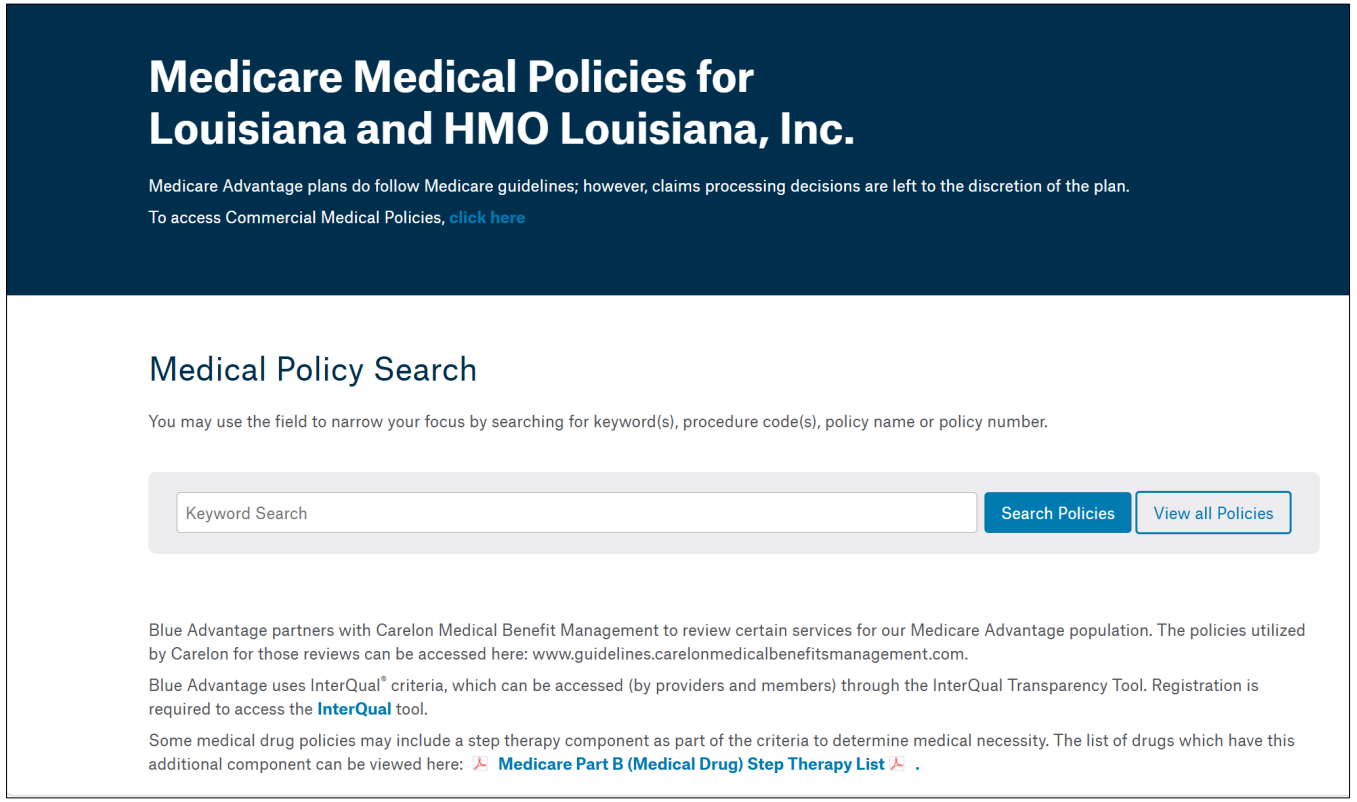
Lab Reimbursement Policies* – access the policies used as part of Louisiana Blue's Lab Benefit Management Program. These policies are managed by Avalon.



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

Blue Advantage Medical Policies

Medicare Advantage Medical Policy Search can be found online at **www.lablue.com** by clicking “Medicare Advantage” under Medical Policies at the bottom of the page.



NOTICE: All codes listed on the medical policy require prior authorization. These requirements ensure appropriate utilization and alignment with current clinical guidelines.

LOUISIANA BLUE

Carelon Authorizations

Utilization Management Programs

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

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

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

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

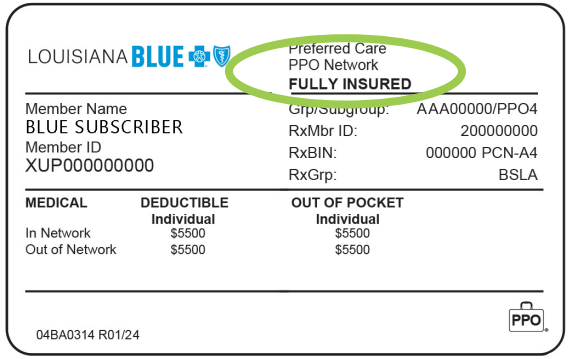


Additional information can be found in the ***Member Provider Policy & Procedure Manual***. Find on iLinkBlue (**www.lablue.com/ilinkblue**) >Resources >Manuals.

Which Members are in the Carelon Program?

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

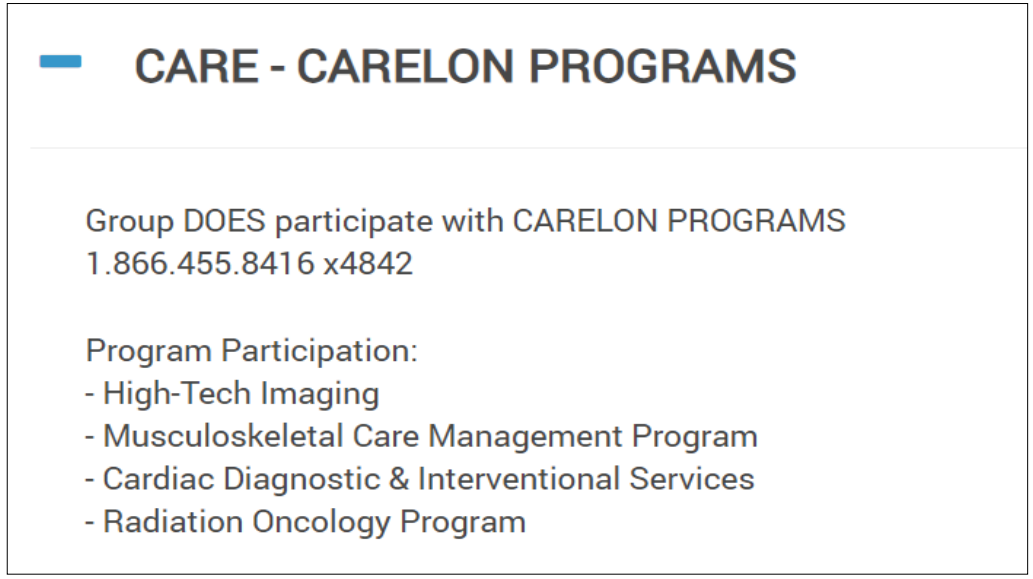
- Fully insured members are a part of all programs. Fully insured members can be identified by the words “Fully Insured” on the member ID card.
- Self-funded members (ASO plans) have an option to be in these programs or not. Self-funded member ID cards will include the group name but will NOT include the words “Fully Insured.”



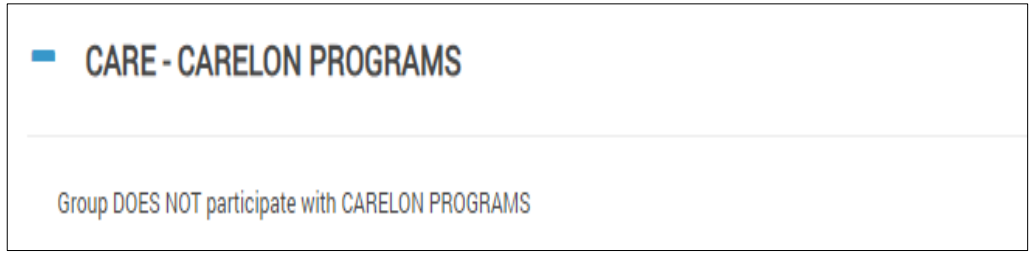
- Small Business Funded (SBF) members are a part of all programs. SBF members have “SBF” in the group number in the Group/Subgroup section of their member ID card.
- Office of Group Benefits (OGB) members are a part of all programs, except the Sleep Management Program.
- FEP members are excluded from all Carelon programs.

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.



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



Example: authorization would be entered in Louisiana Blue Authorizations

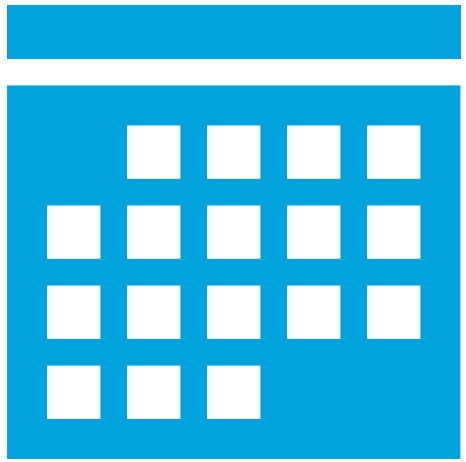
Carelon Guidelines for Changing an Authorization

- Carelon allows **seven** days post-service (retro) for the provider to call and update the original request for MSK program.

- All other programs allow **two** days, with the exception of some cardiac services that allow **10** days post-service.

If your claim denies advising you to contact Carelon for a medical necessity review – Post Claim Clinical Appropriateness (PCCA) Review

- You must submit a new authorization request for the service code/s that were rejected and require Carelon review.
- The PCCA review does not apply to Office of Group Benefits policies as well as HMO-HMO policies.



Genetic Testing Service Date

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

Carelon Now Manages Select Prior Authorizations for Blue Advantage Members

Carelon administers 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 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 is the same. Dedicated toll-free number: 1-866-455-8416 available Monday – Friday, 8 a.m. – 5 p.m.

LOUISIANA BLUE

Billing and Claims Guidelines

Rendering Provider NPI and Taxonomy Code Reminder

Louisiana Blue has implemented new claim submission requirements effective Jan. 1, 2026.

- All paper and electronic claims for emergency room or urgent care services must include a rendering provider National Provider Identifier (NPI) and a rendering provider taxonomy code. This requirement applies to claims across all lines of business, including Medicare Advantage.
- When providers within an emergency department or urgent care clinic share a single group NPI, the group NPI may be reported in Block 24J. However, the taxonomy code submitted must correspond to the individual rendering provider who furnished the service.
- Accurate reporting of the rendering provider's taxonomy code allows for proper claim adjudication and reimbursement. This information is especially important when a group NPI is shared among multiple provider types, such as physicians, nurse practitioners and physician assistants.
- Louisiana Blue will reject claims missing a rendering provider NPI and taxonomy code. Rejected claims must be corrected and resubmitted for processing.

Prior Authorization No Longer Required for Observation Services for Blue Advantage Members

- **Effective Aug. 1, 2026**, Louisiana Blue will **no longer require** prior authorization for observation services for our **Blue Advantage** members.
- However, prior authorization remains required for services associated with a medical policy, even when those services are provided during an observation stay. Applicable prior authorization requirements continue to apply in these circumstances.

This update is part of our ongoing efforts to:

- **Simplify administrative processes.**
- **Reduce provider burden.**
- **Improve alignment across lines of business.**

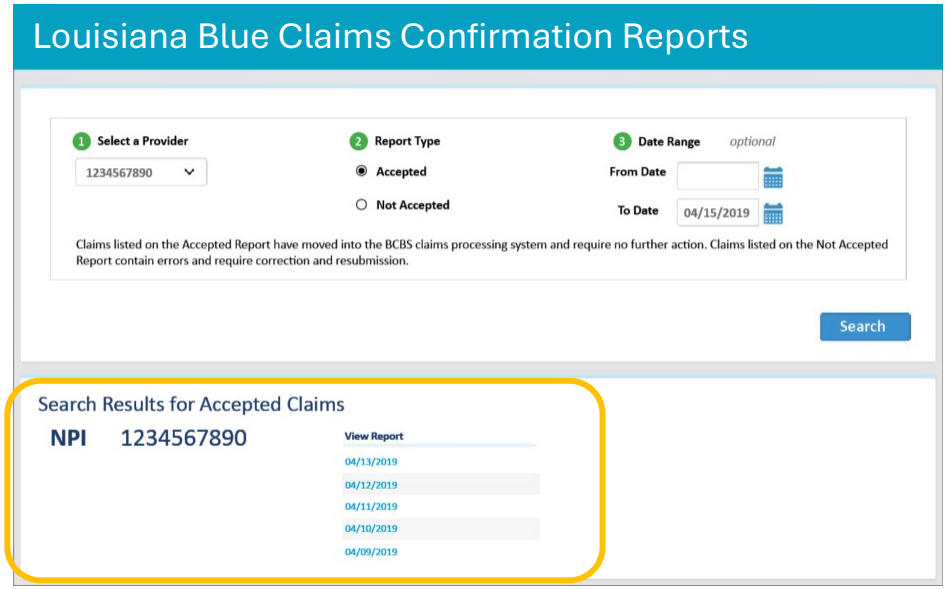
With this change, Blue Advantage requirements for observation services will now align with the **commercial policies**, creating a more consistent and streamlined experience.

No action is required for implementation. Beginning Aug. 1, 2026, please **do not submit prior authorization requests** for observation services, unless the service being performed is affiliated with a Blue Advantage medical policy.

Louisiana Blue Claims Confirmation Reports

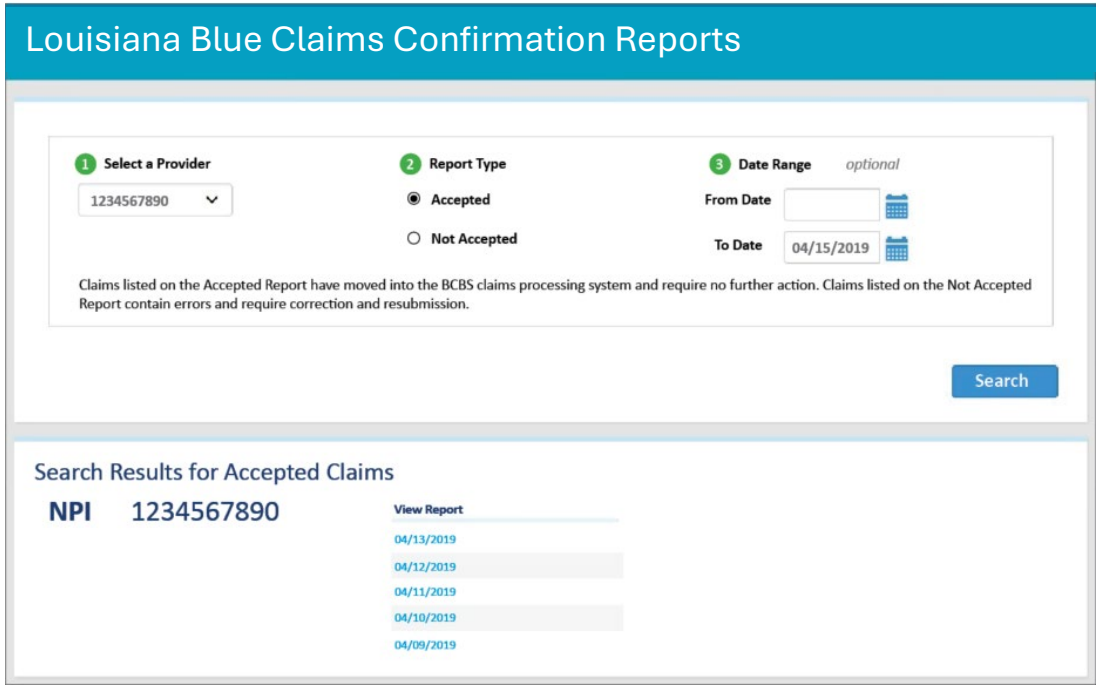
These reports allow providers to research Claims Confirmation for electronically submitted claims.

- 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

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



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

Louisiana Blue Claims Confirmation Reports

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

Accepted Report Example



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

SUBMITTER NUMBER: P0123456789
BC Red # 1234T5678Z
NPI# 1234567891
BC ID # T5678
RECEIVE DATE: 04-12-19
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE: 04-12-19
PAGE 1

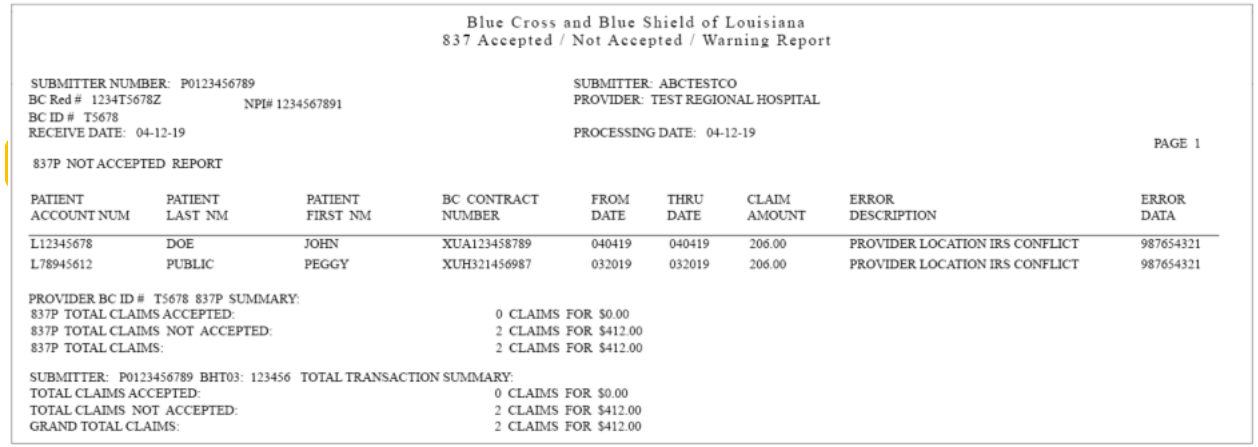
837P ACCEPTED REPORT

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

PROVIDER BC ID # T5678 837P SUMMARY:
837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR $125.00
837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR $0.00
837P TOTAL CLAIMS: 1 CLAIMS FOR $125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:
TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR $125.00
TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR $0.00
GRAND TOTAL CLAIMS: 1 CLAIMS FOR $125.00

Non-Accepted Report Example



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

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

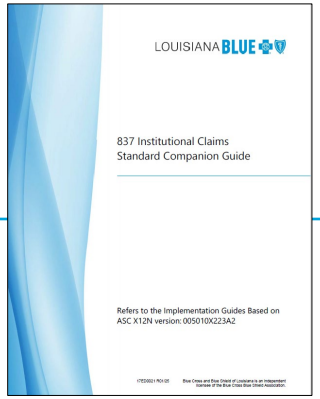
Louisiana Blue Claims Confirmation Reports

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 *Professional Provider Office Manual*
ANESTHESIA MODIFIER REQUIRED	Anesthesia coding must include an appropriate modifier that follows the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
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 is not set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL NPI TAXID COMBO NOT SETUP FAX INFO	Billing provider NPI and Tax ID number on claim is not set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL TAXONOMY CD NO SINGLE NPI MATCH	The taxonomy code used for the billing provider does not allow the unique identification of the unit in which services were rendered. Select a code from the BCBSLA taxonomy table which provides a better description.
BILLING PROVIDER TAXONOMY REQUIRED	NPI and Tax ID require the submission of a taxonomy code. Please select a taxonomy code from the BCBSLA table.

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

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



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

EDI Accepted/Not Accepted Reports

When electronically submitting claims to Louisiana Blue, you receive an **Accepted/Not Accepted Claims Confirmation Report**. This report should be used to reconcile claims submitted to Louisiana Blue.

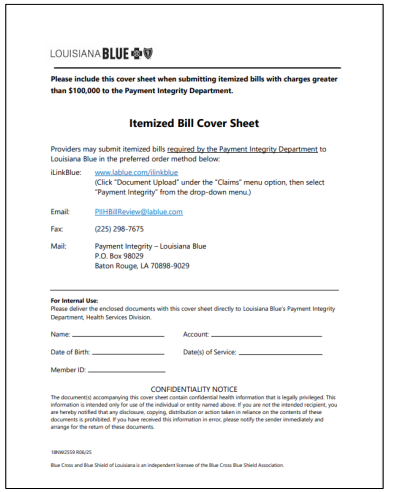
- The Accepted/Not Accepted Report confirms whether Louisiana Blue successfully received and validated your EDI submission. Accepted transactions move forward for processing, while Not Accepted transactions require correction and resubmission before they can be processed. Claims appearing on the **Not Accepted Report** should be corrected and resubmitted.

- **Accepted does not mean paid.** An accepted claim may still deny, reject during adjudication, pend for review or process with no payment depending on claim-specific circumstances.
- For more information view our EDI Companion Guides online at **www.lablue.com/providers** >Electronic Services >Companion Guides.

Prepay Itemized Bill Review

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

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



LOUISIANA BLUE

Please include this cover sheet when submitting itemized bills with charges greater than $100,000 to the Payment Integrity Department.

Itemized Bill Cover Sheet

Providers may submit itemized bills required by the Payment Integrity Department to Louisiana Blue in the preferred order method below:

iLinkBlue: www.lablue.com/ilinkblue
(Click "Document Upload" under the "Claims" menu option, then select "Payment Integrity" from the drop-down menu.)

Email: PIHBillReview@lablue.com

Fax: (225) 298-7675

Mail: Payment Integrity – Louisiana Blue
P.O. Box 98029
Baton Rouge, LA 70898-9029

For Internal Use:
Please deliver the enclosed documents with this cover sheet directly to Louisiana Blue's Payment Integrity Department, Health Services Division.

Name: _____ Account: _____

Date of Birth: _____ Date(s) of Service: _____

Member ID: _____

CONFIDENTIALITY NOTICE

The document(s) accompanying this cover sheet contain confidential health information that is legally privileged. This information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return of these documents.

18NWG559 ROLOS

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

Important tips and reminders for submitting an itemized bill:

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

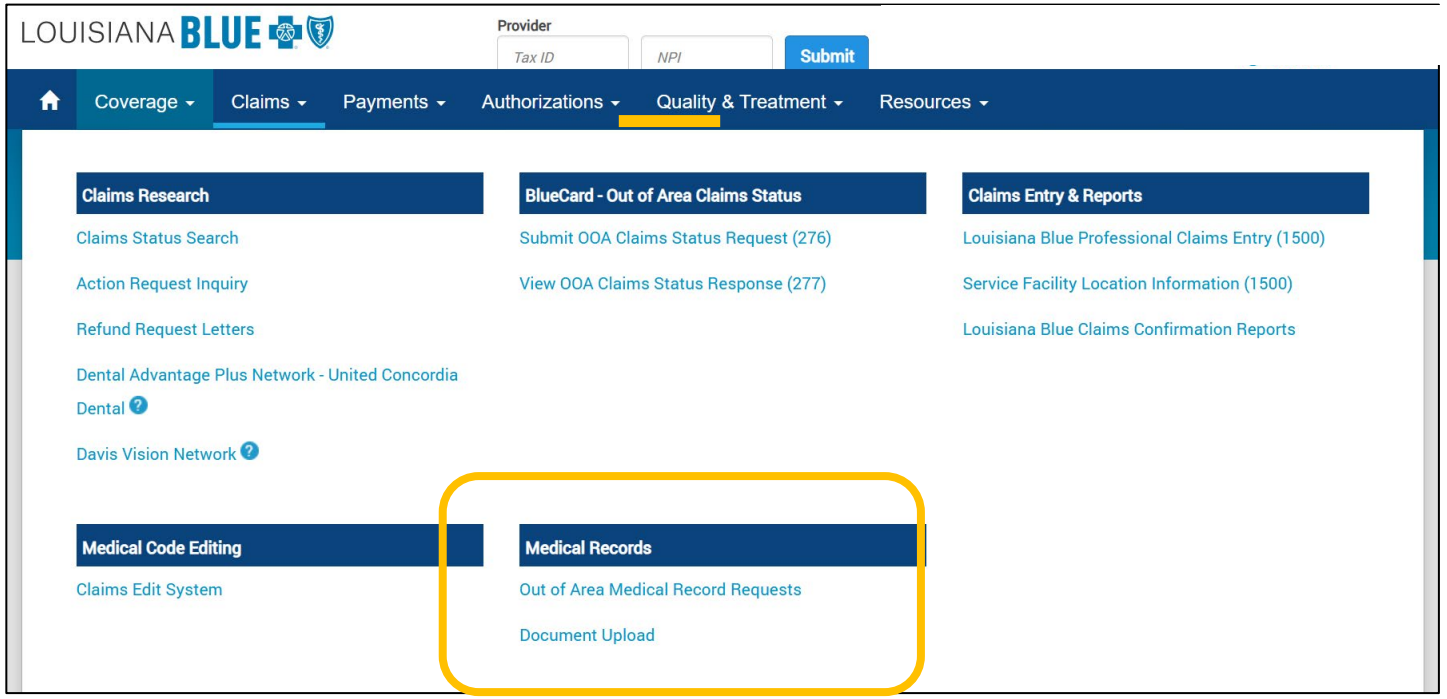
Find the updated form online at **www.lablue.com/providers** >Resources >Forms.

Medical Code Editing

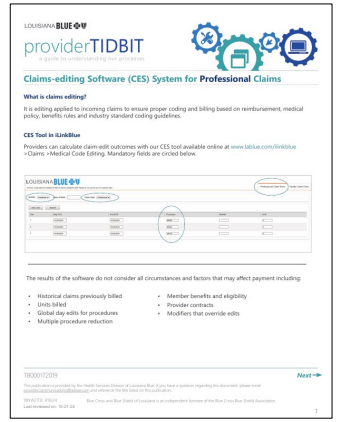
Use this section to evaluate code combinations to help reduce time-consuming disputes.

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

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



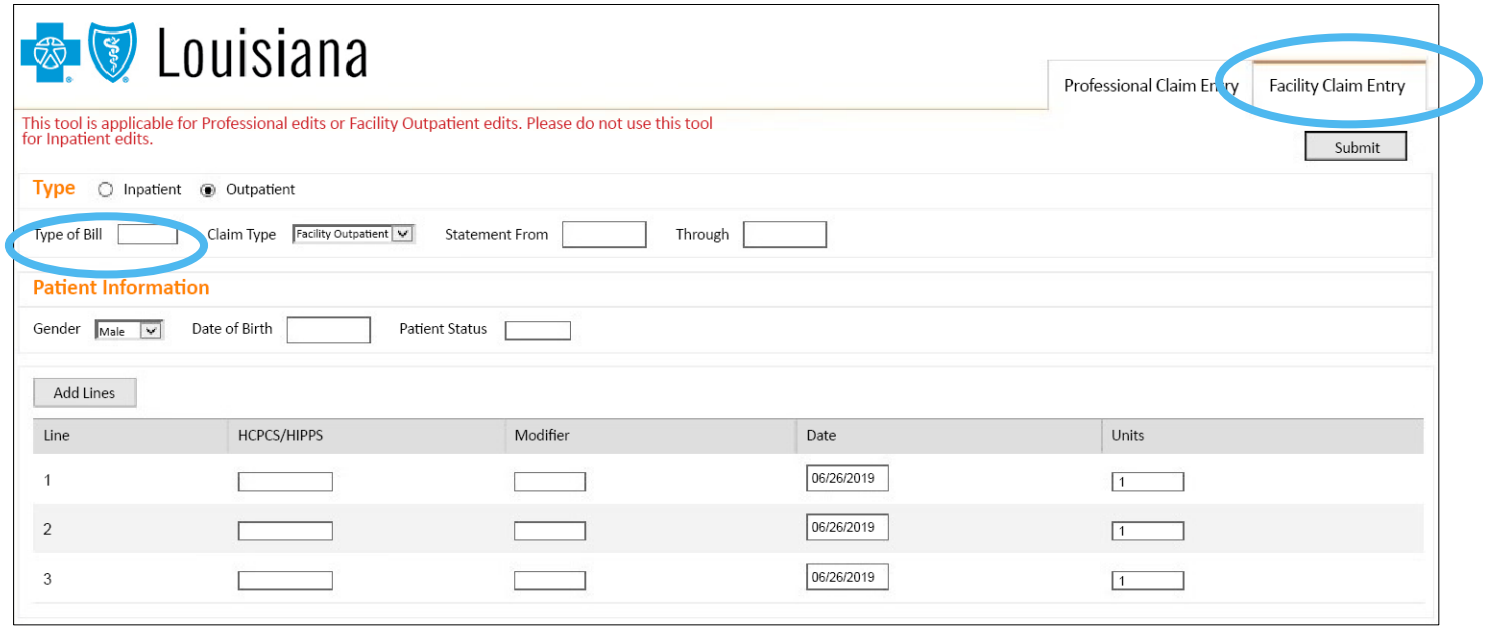
The Claims-editing Software (CES) System Tidbit can be found on our Provider page at **www.lablue.com/providers** >Resources >Tidbits.



Medical Code Editing

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

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



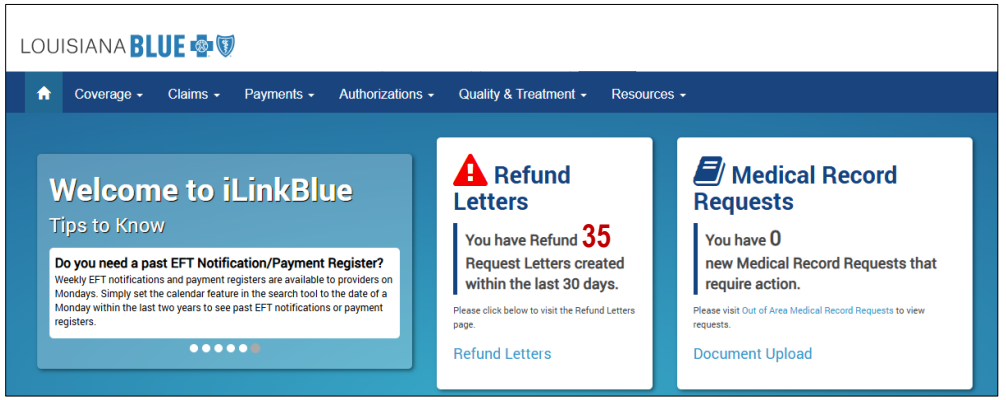
Required Fields:

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

Refund Request Letters

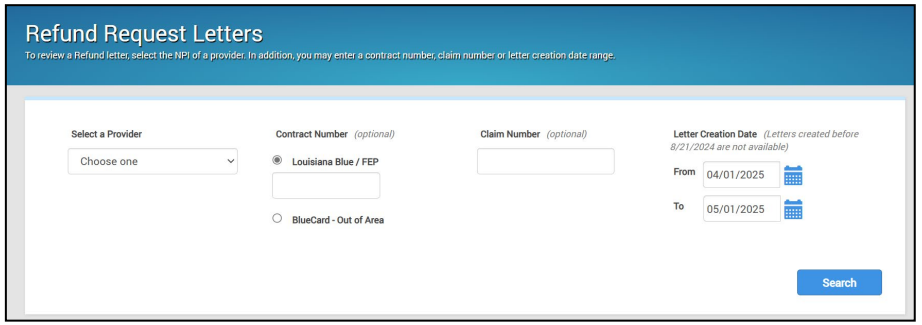
Providers now have access to electronic copies of Refund Request letters in iLinkBlue. The letters will be accessible for 24 months from their issue date. Letters created before Aug. 21, 2024, are not available.

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

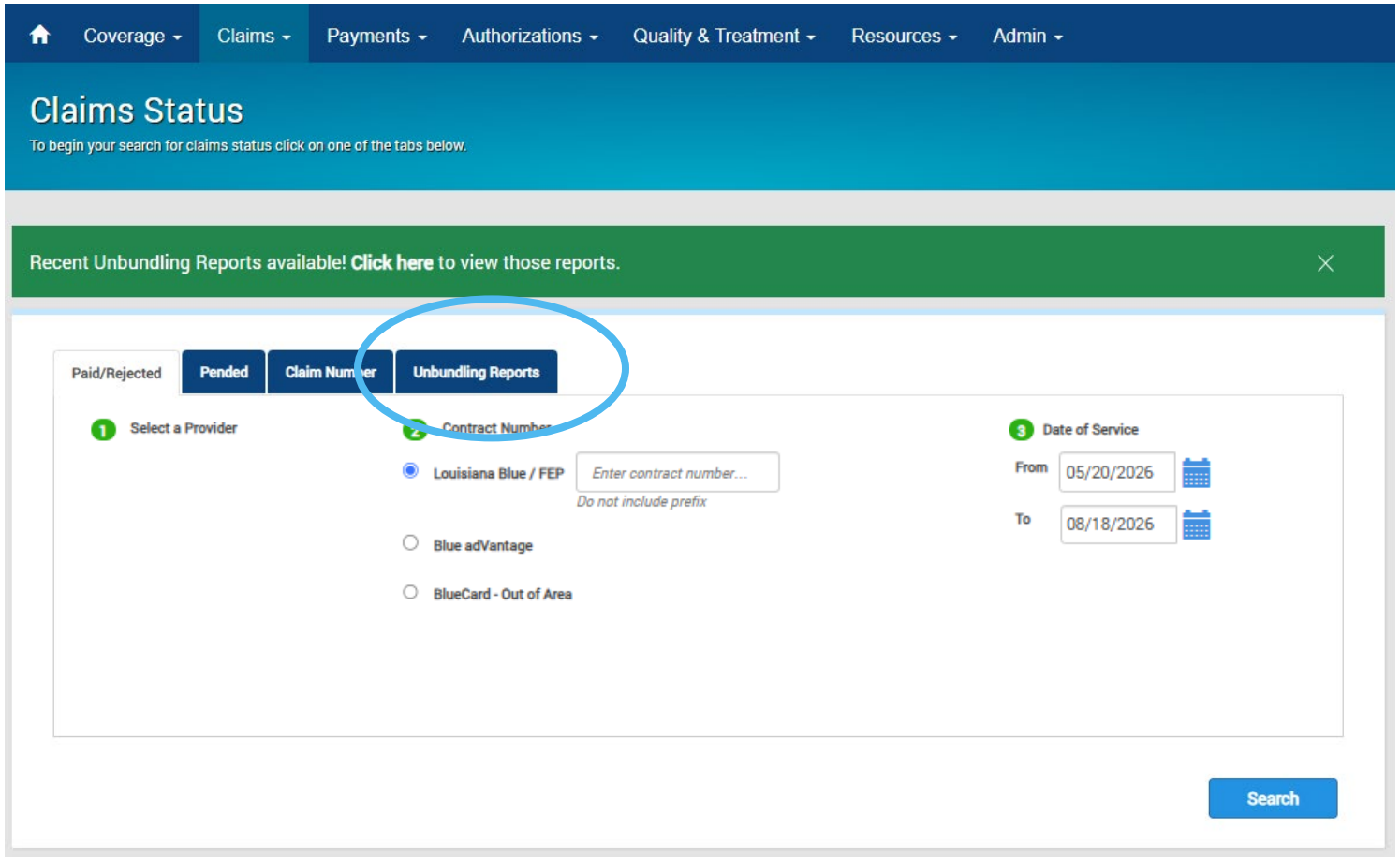


- **Select a Provider** – Allows you to search by provider NPI. If no NPI is selected, search results will return letters for all the providers associated with your iLinkBlue access.
- **Contract Number** – Allows you to search by a member's contract number.
- **Claim Number** – Allows you to search 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 last 30 days.

The returned search results will display below this application. Click the "**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.



Viewing Inpatient Unbundling Reports



www.lablue.com/ilinkblue

Inpatient Unbundling Reports

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

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

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

Unbundling reports will apply to the following:

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

Unbundling of Routine Services

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

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

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

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

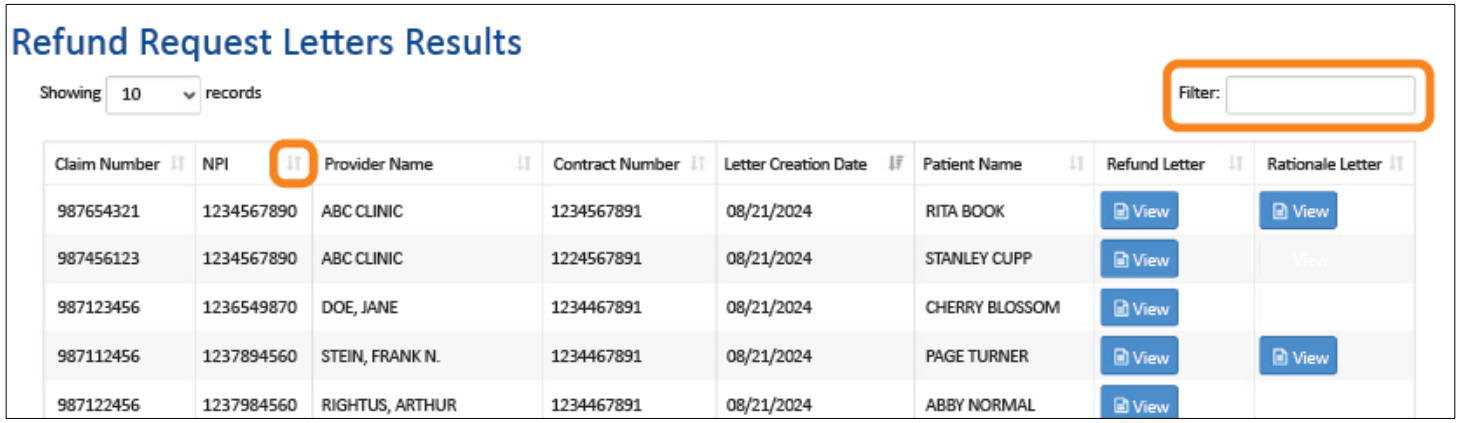
- Oxygen transport fees
- Oximetry
- Personnel and additional staff
- Patient transportation fees
- Patient monitoring of any kind
- Maintenance of hospital equipment
- Any charge for the performance of a bedside procedure
- Call back time for physicians or staff
- Hospital emergency code alerts, rapid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

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.



LOUISIANA BLUE

Medical Records

Medical Record Requests

Medical Request Reminders:

- Per your Louisiana Blue network agreement, medical records should be provided at no cost.
- We will work with your copy center or vendor at no cost.
- Under the HIPAA Privacy Rule, data collection for Healthcare Effectiveness Data and Information Set (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).

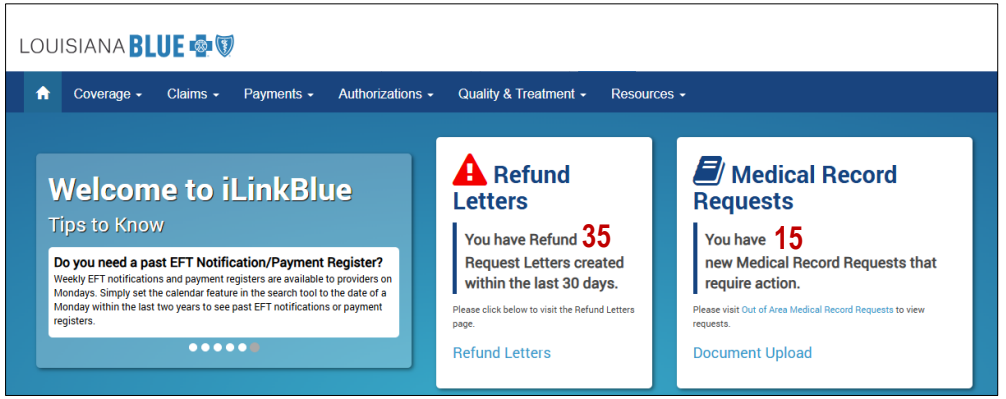
Electronic Medical Records (EMRs)

- 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**.



BlueCard Medical Record Requests

- Providers may receive hardcopy letters for medical record requests; however, most requests will be available in iLinkBlue. When a new request is available, an alert will populate on the homepage.
- This change does not affect non-BlueCard medical record requests. Louisiana Blue will continue to send hardcopy requests for non-BlueCard members.





More information can be found in our *Medical Record Guidelines for BlueCard* tidbit at **www.lablue.com/providers** >Resources >Tidbits.

RADV Audits

- Providers can submit records by email, fax or mail or through an onsite visit within five to 10 business days of receipt of notification. The notification will include contact information.
- Several providers have given direct access to their records using electronic medical records (EMR) systems. Our team will review the records that are accessible through those EMRs.
- Only records that are unable to be found in the EMR, and from locations we do not have EMR access, will be requested.
- If you have questions about risk adjustment chart reviews or would like to lighten the burden on your office by providing EMR access to our team, please contact Taylor Lawrence by phone at (225) 298-1576 or email **taylor.lawrence2@lablue.com**.



HEDIS Medical Record Requests

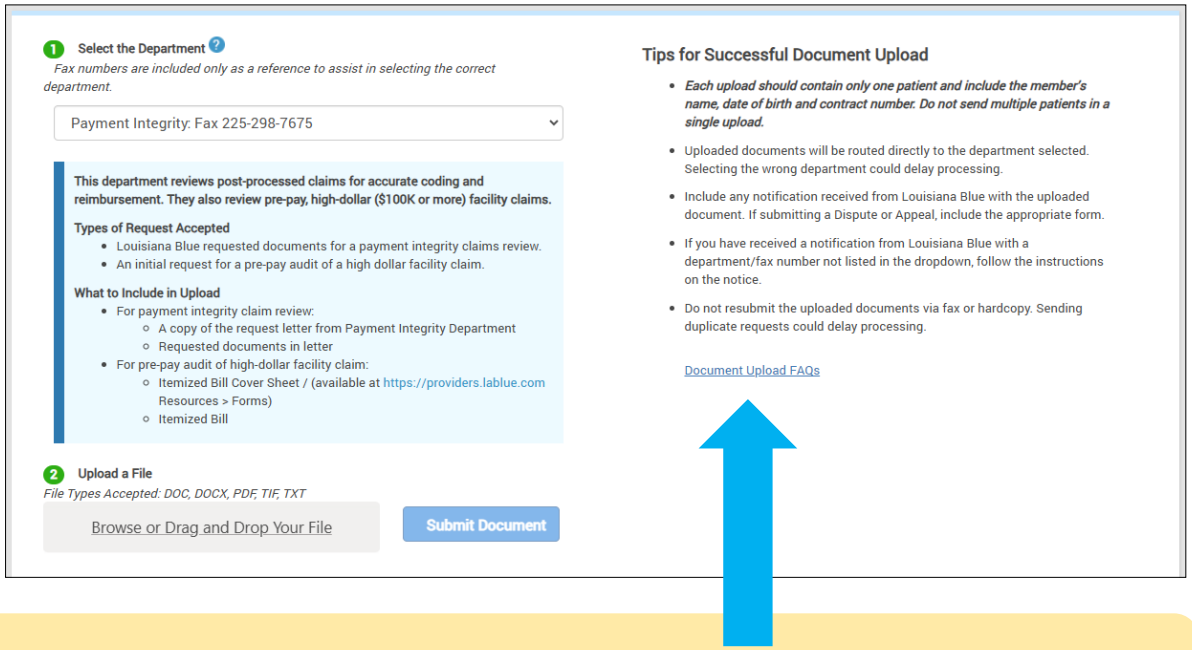
- Medical record requests are sent to providers from our Louisiana Blue HEDIS Team. Requests include:
  - Member Name
  - Provider Name
  - A description of the type of medical records and timeframes needed to close the HEDIS gaps.

- 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.



Document Upload



Document Upload Frequently Asked Questions can be found here.

Once a department is selected from the drop-down menu, additional details, including the documents required for submission, will be displayed.

Once Louisiana Blue receives the uploaded document, a confirmation message will display, “The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY. The transaction ID is XXXXX.”

Louisiana Blue accepts document uploads for:

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

How to Confirm Your Documents Successfully Uploaded in iLinkBlue

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

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

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

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

For more information and additional instruction on using the online dispute form, view Section 8 Claims Resolutions in the Member Provider Policy & Procedure Manual. Find it online at **www.lablue.com/providers** >Resources >Manuals.

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



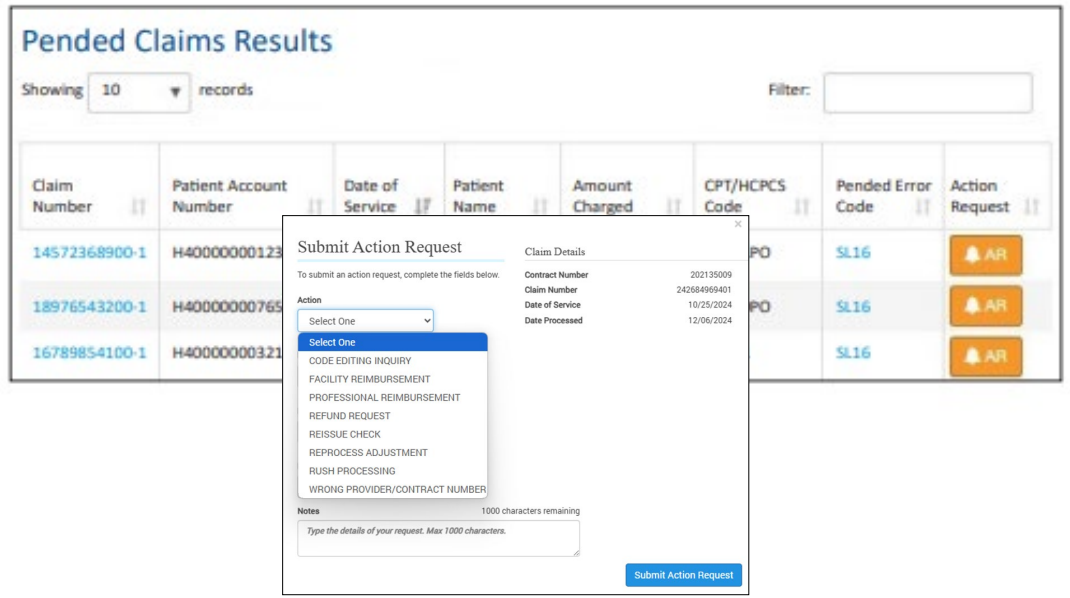
- Please do not upload your documents via Document Upload AND fax or mail the same information. Duplicate submissions cause delays.
- Please do not upload medical records for multiple patients in one transaction. Also include the medical record request form as the cover.
- Do not use document upload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

LOUISIANA BLUE

Claims Resolution

Submitting an Action Request through iLinkBlue

On each claim researched through the Claim Status search tool in iLinkBlue, providers have the option to submit an action request to request a review for correct processing. Click the “AR” button from the Claims Results screen or the “Action Request” button from the Claim Details screen to open a form that prepopulates with information on the specific claim. Please include your contact information. You can only do one action request per claim; not one action request per line item of the claim.



When submitting an Action Request:

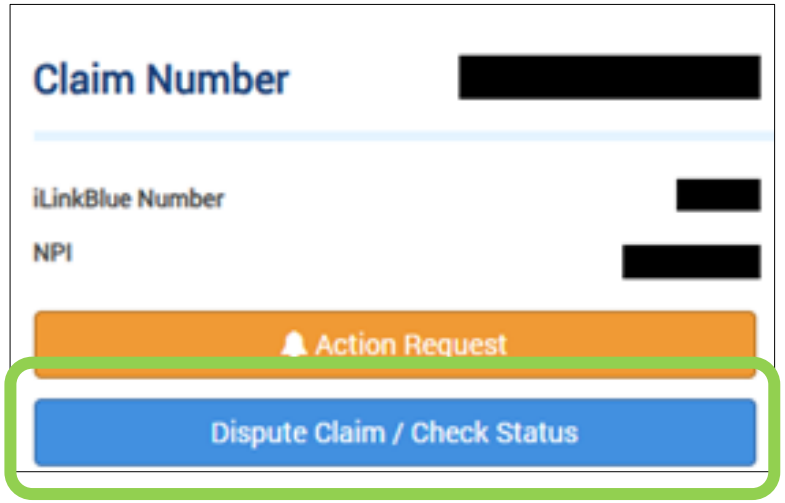
- Include your contact information.
- Be specific and detailed.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Only one Action Request can be open on the same claim at a time.

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.

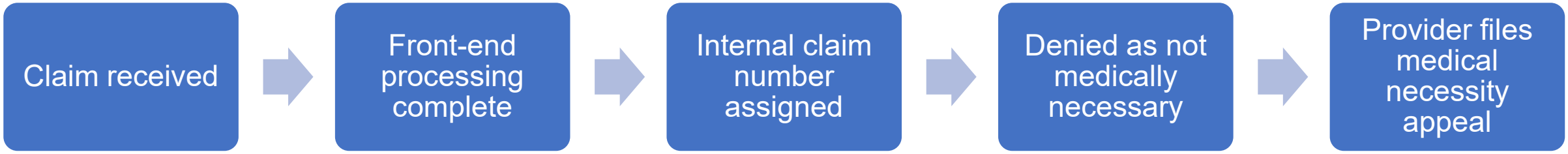


Disputes vs. Appeals

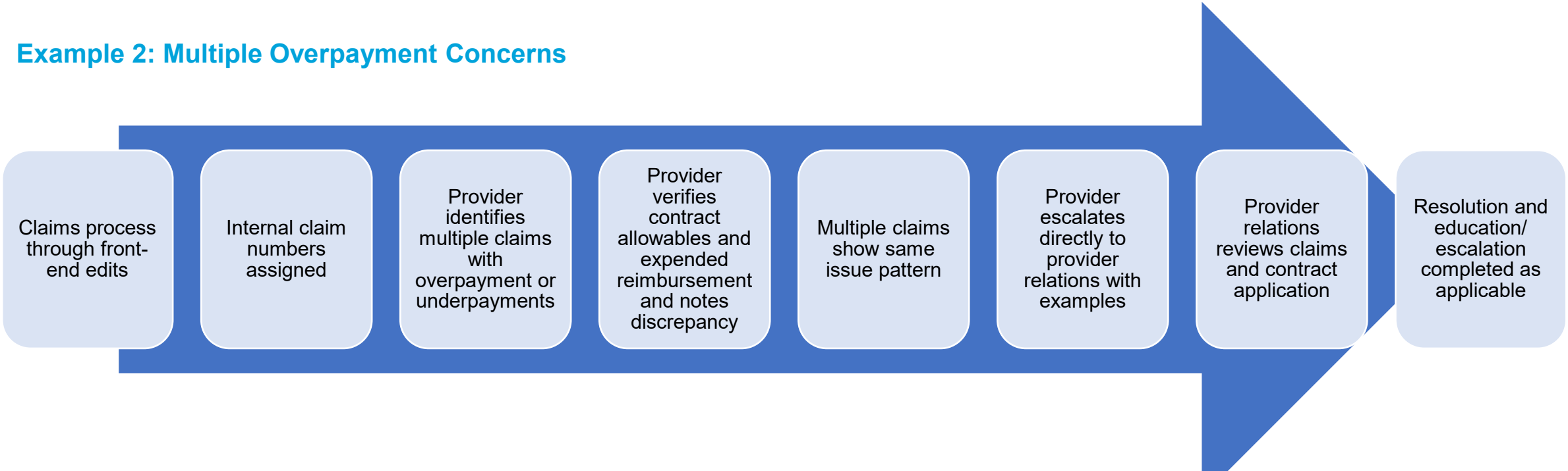
Administrative Appeals	Provider Disputes	Medical Necessity Appeals
Contractual issues are typically submitted by the member or someone on behalf of the member (including providers), **with the member's authorization**. The top reasons for administrative appeals are: • Out-of-network (OON) providers • Contract limitations or exclusions • Claims processing (how cost sharing was applied)	A written request from our participating network providers disputing a processed claim for Louisiana Blue policyholders that may include one of the following reasons: • Reimbursement concerns • Authorization issues • Timely filing denials • Refund disputes	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**.

Claim Resolution and Escalation Workflows

Example 1: Medical Necessity Denial



Example 2: Multiple Overpayment Concerns



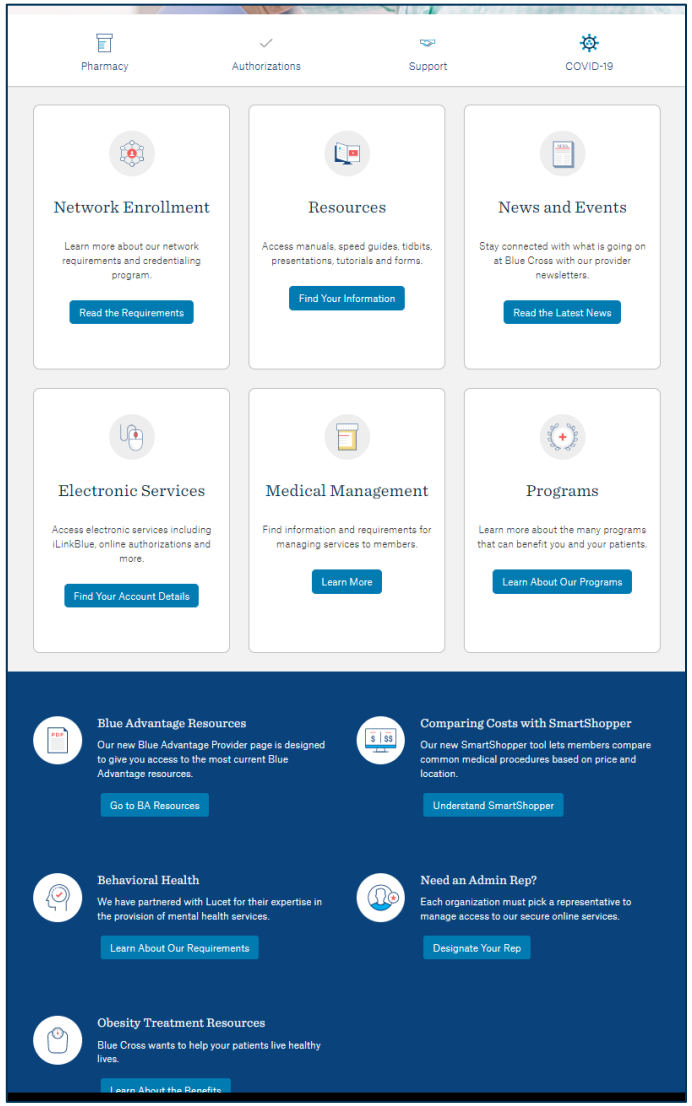
LOUISIANA BLUE

Resources

Provider Page

The Provider page is home to online resources such as:

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



www.lablue.com/providers

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

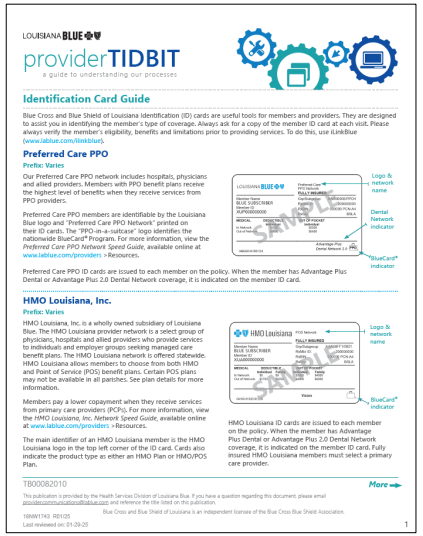
Not Getting Our Newsletters?

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


LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Identification Card Guide

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

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.

Logo & network name

Dental Network indicator

BlueCard® indicator

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 patches. 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.

Logo & network name

BlueCard® indicator

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

TB00082010

More


LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Medical Record Guidelines for BlueCard®

1. 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/linkblue). These alerts will be visible on the iLinkBlue home page.

Welcome to iLinkBlue

Tips to Know

Medical Record Requests

You have 0 new Medical Record Requests that require action.

Document Upload

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.

For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.

3. Send medical records to us within 10 business days after receiving an alert.

4. Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

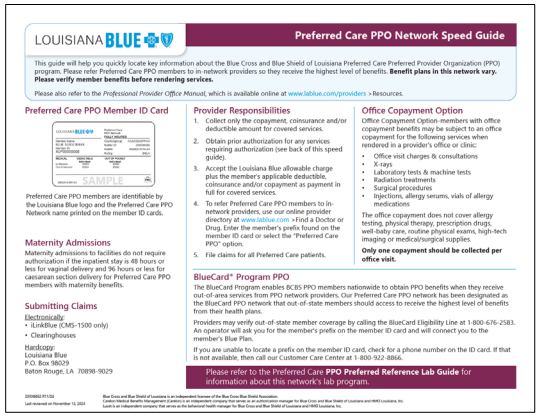
Do NOT submit BlueCard Medical Records:

- 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 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 1-800-922-8866.

More

TB00022019


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 in-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 cards.

Provider Responsibilities

1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (see back of this speed guide).
3. Accept the Louisiana Blue allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer Preferred Care PPO members to in-network providers, use our online provider directory at www.lablue.com >Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "Preferred Care PPO" option.
5. 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
- X-rays
- Laboratory tests & machine tests
- Radiation treatments
- Surgical procedures
- Injections, allergy serums, vials 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 inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean 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 1-800-676-2583. An operator will ask you for the member's prefix on 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 1-800-922-8866.

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

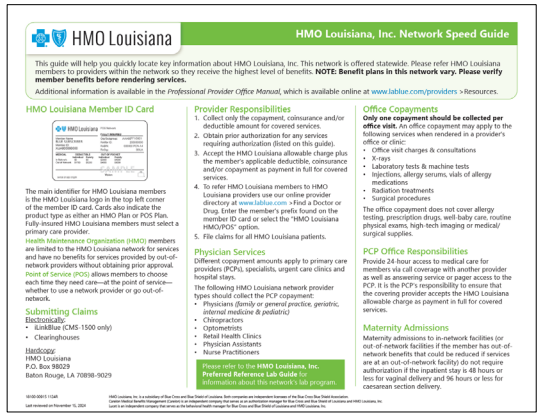
Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

Louisiana Blue
P.O. Box 98029
Baton Rouge, LA 70898-9029


HMO Louisiana

HMO Louisiana, Inc. Network Speed Guide

This guide will help you quickly locate key information about HMO Louisiana, Inc. This network is offered statewide. Please refer HMO Louisiana members to providers within the network 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 in the *Professional Provider Office Manual*, which 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 each time they need care—at the point of service—whether to use a network provider or go out-of-network.

Provider Responsibilities

1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (listed on this guide).
3. Accept the HMO Louisiana allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer HMO Louisiana members to HMO Louisiana providers use our online provider directory at www.lablue.com >Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "HMO Louisiana HMO/POS" option.
5. File claims for all HMO Louisiana patients.

Physician Services

Different copayment amounts apply to primary care providers (PCPs), specialists, urgent care clinics and hospital stays.

The following HMO Louisiana network provider types should collect the PCP copayment:

- Physicians *(family or general practice, geriatric, internal medicine & pediatric)*
- Chiropractors
- Optometrists
- Retail Health Clinics
- Physician Assistants
- Nurse Practitioners

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program.

Office Copayments

Only one copayment should be collected per office visit. An office copayment may apply to the following services when rendered in a provider's office or clinic:

- Office visit charges & consultations
- X-rays
- Laboratory tests & machine tests
- Injections, allergy serums, vials of allergy medications
- Radiation treatments
- Surgical procedures

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

PCP Office Responsibilities

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

Maternity Admissions

Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits that could be reduced if services are at an out-of-network facility) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery.

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

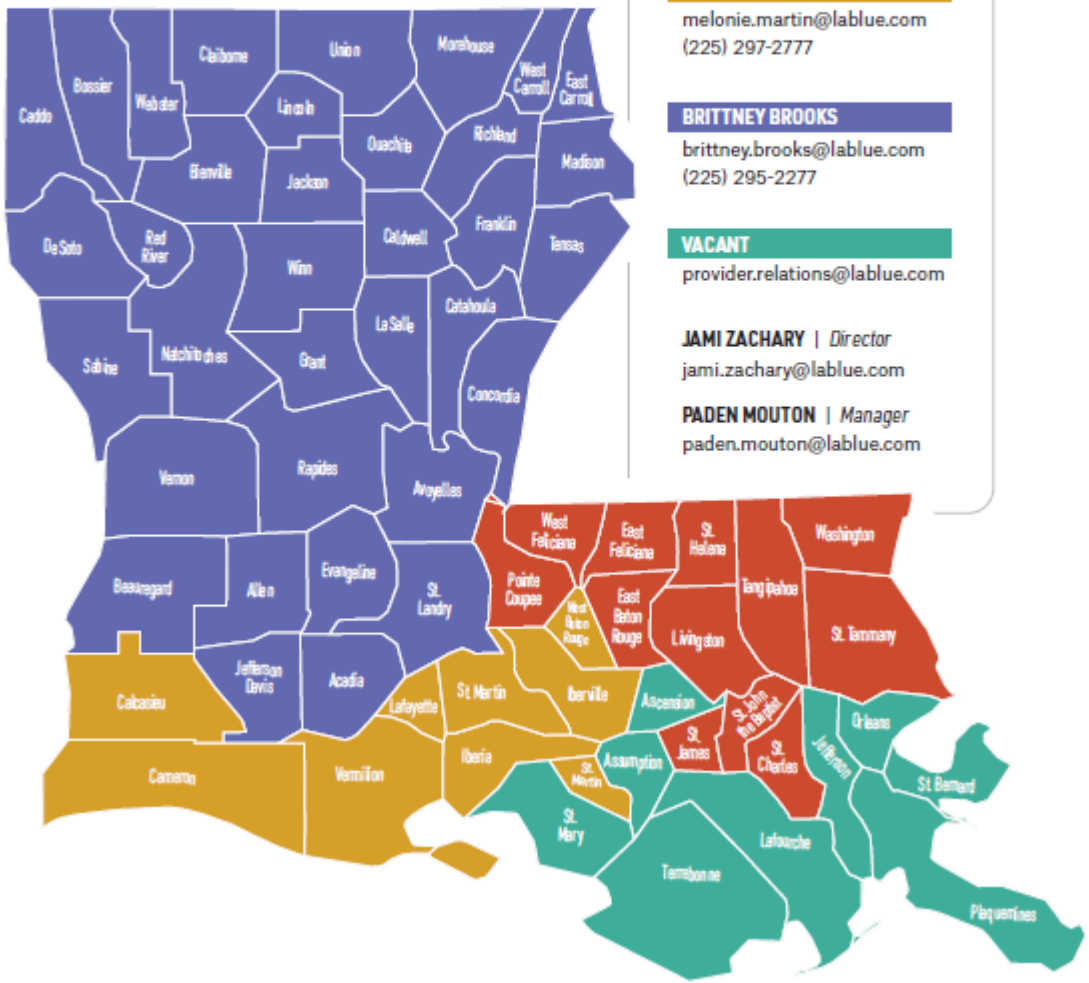
HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

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

www.lablue.com/providers >Resources >Tidbits

Your Provider Relations Representative

Provider Relations Representatives
PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

CALEB MCDONALD
caleb.mcdonald@lablue.com
(225) 298-7421

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

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

VACANT
provider.relations@lablue.com

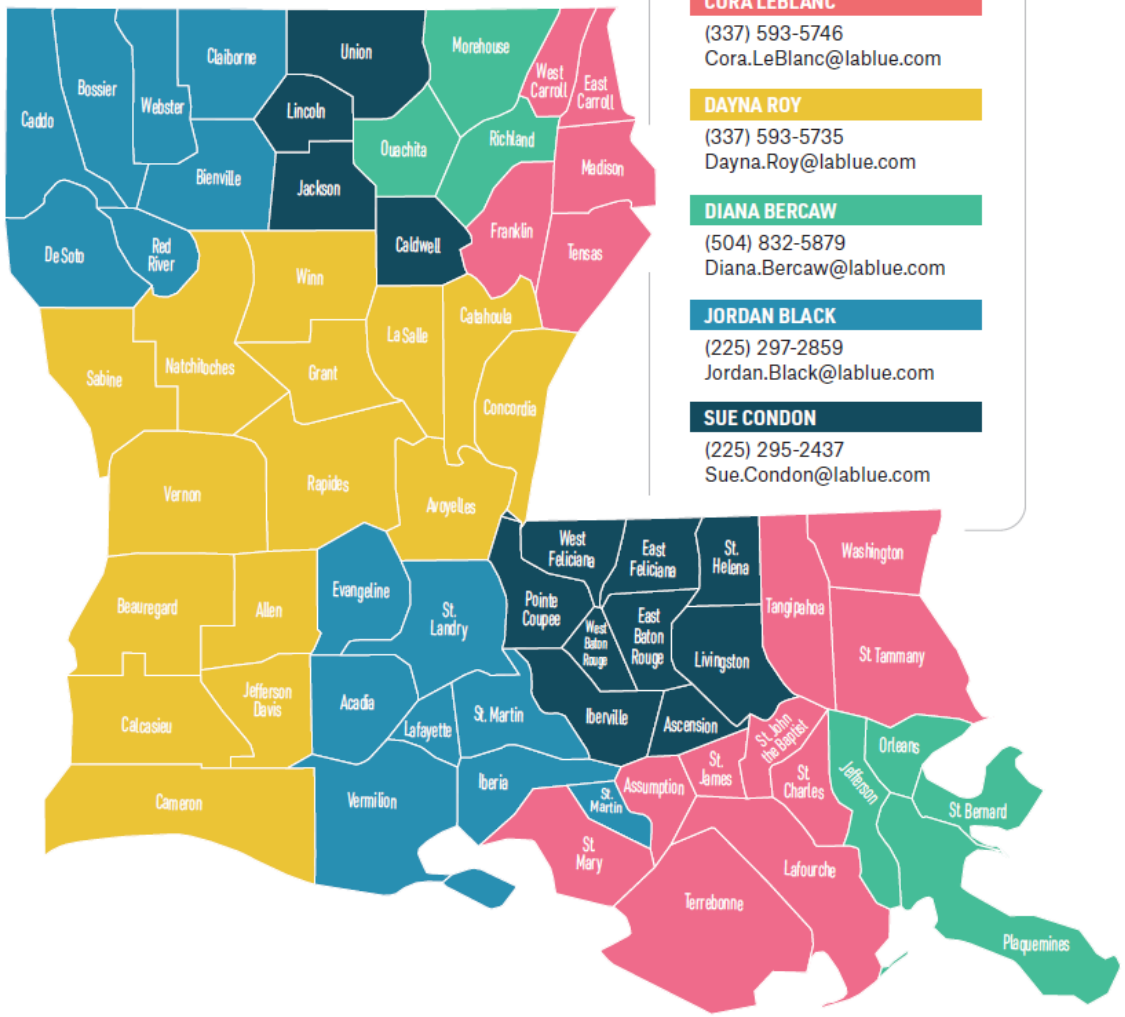
JAMI ZACHARY | *Director*
jami.zachary@lablue.com

PADEN MOUTON | *Manager*
paden.mouton@lablue.com

Your Provider Contracting Representative

Provider Network Development

CONTRACTING PARISH MAP



CONTRACTING REPRESENTATIVES:

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

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

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

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

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

LOUISIANA BLUE

Questions?

LOUISIANA BLUE

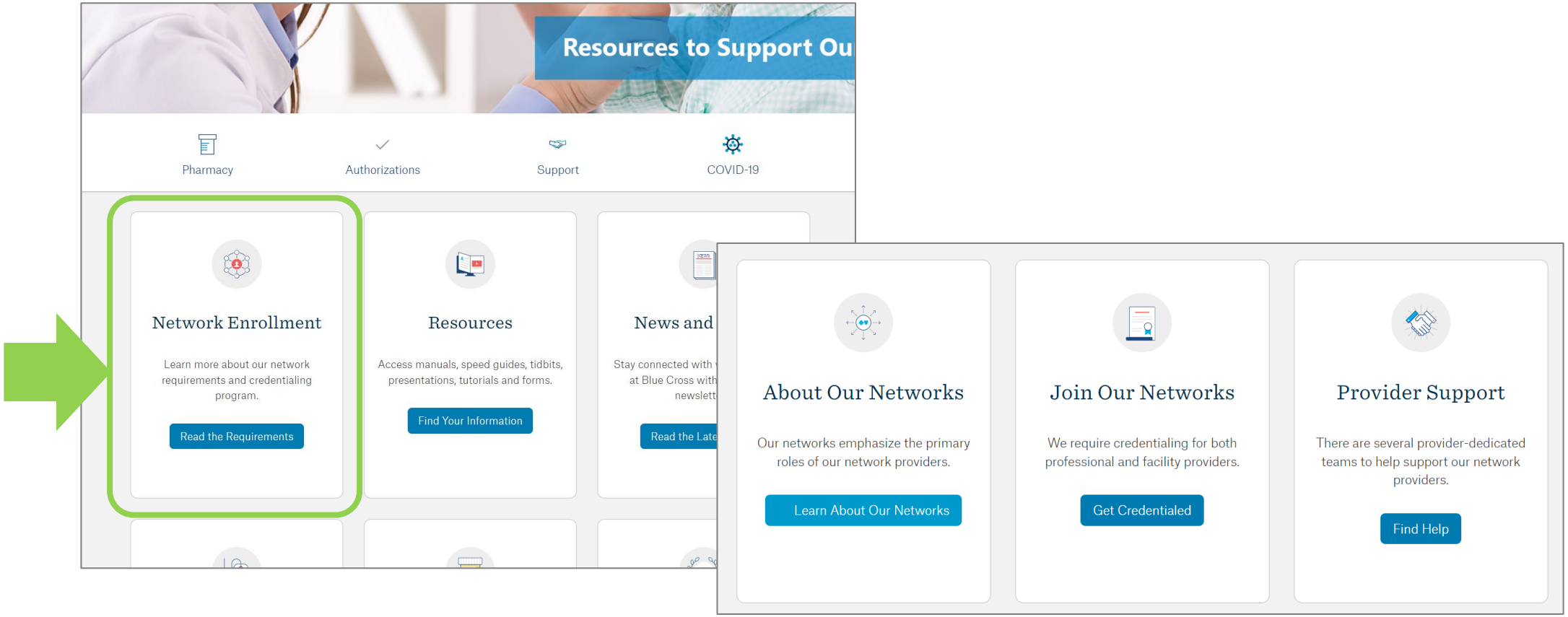
Appendix

LOUISIANA BLUE

Provider Credentialing & Data Management

Appendix

The Provider Page www.lablue.com/providers

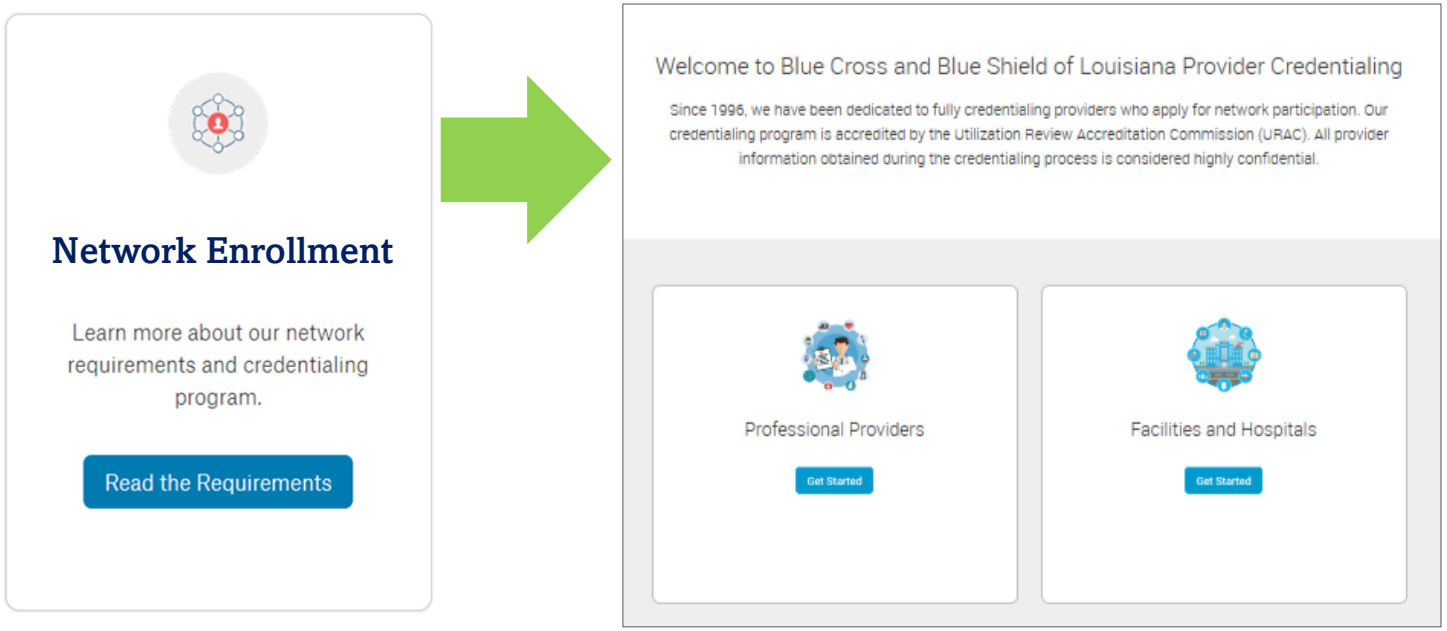


Choose **Network Enrollment** to view more information about our networks.

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 **Facilities and Hospitals** to find credentialing packet.

Easily Complete Forms with DocuSign

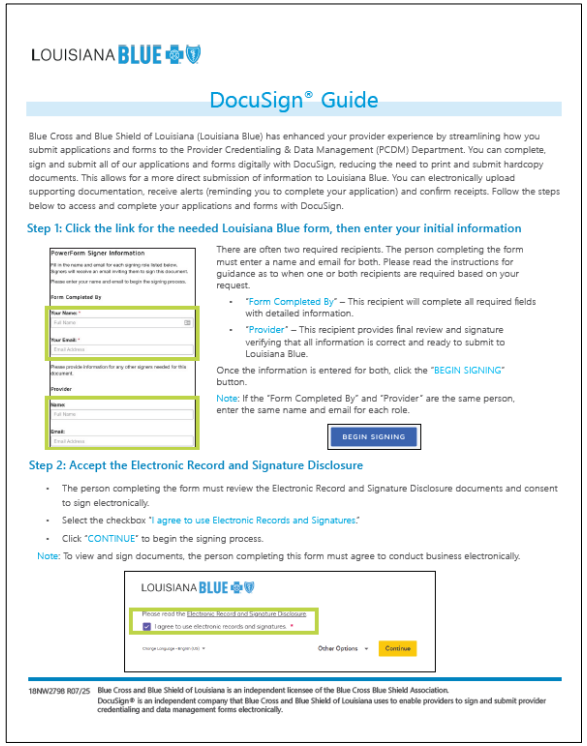
Complete, sign and submit applications and forms to the PCDM Department digitally with **DocuSign®**.

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.



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.

BEGIN SIGNING

Step 2: Accept the Electronic Record and Signature Disclosure

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

Please read the Electronic Record and Signature Disclosure

I agree to use electronic records and signatures.

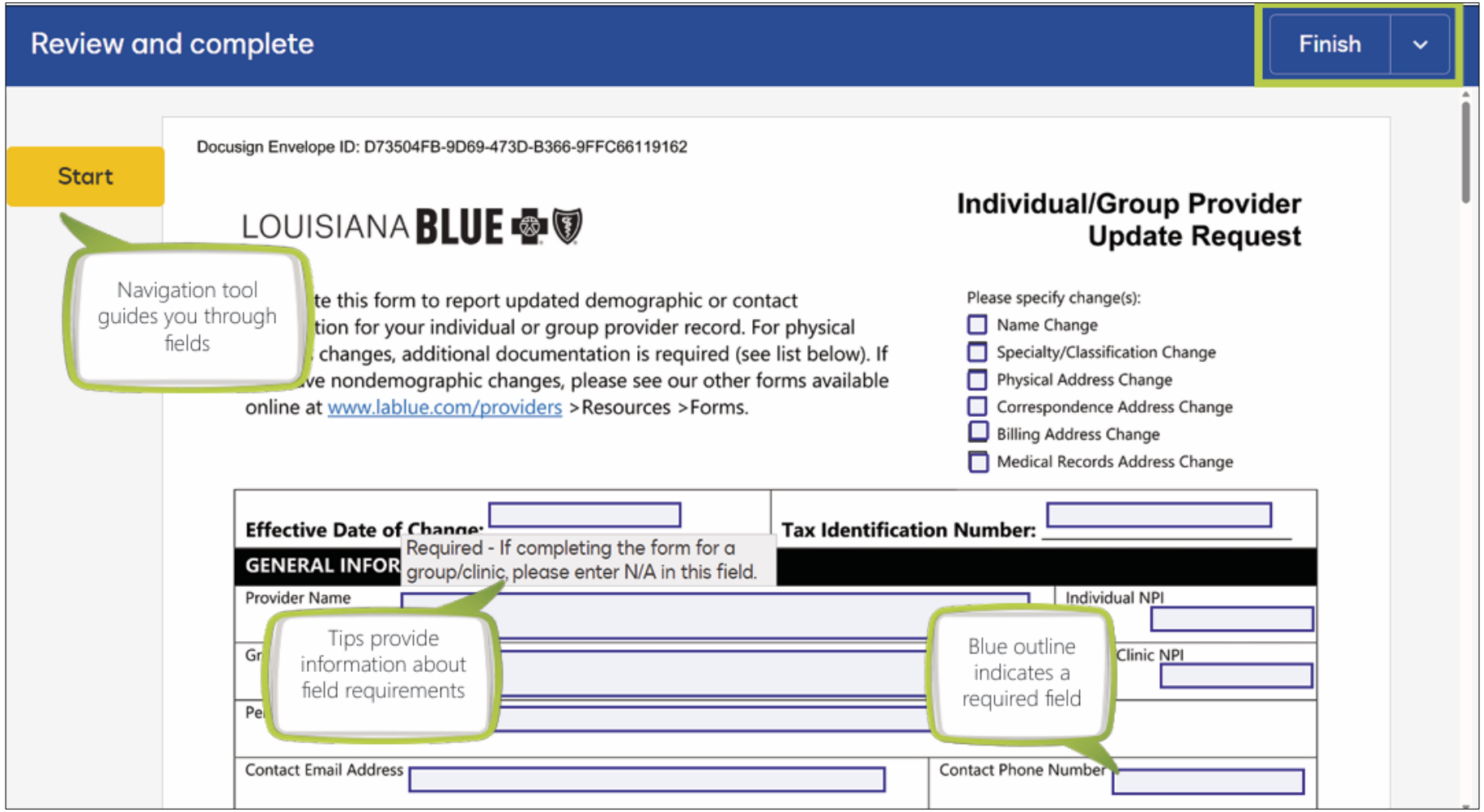
Other Options

Continue

18NW2798 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.

View our *DocuSign® Guide* online at **www.lablue.com/providers** >Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals >Join Our Networks.

Easily Complete Forms with DocuSign



The Credentialing Committee

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



Network Agreement (the final paperwork)

Once the credentialing process is completed, the next step 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**.

Supporting Documents Needed for Recredentialing

The following documents must be submitted with your recredentialing application:

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

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

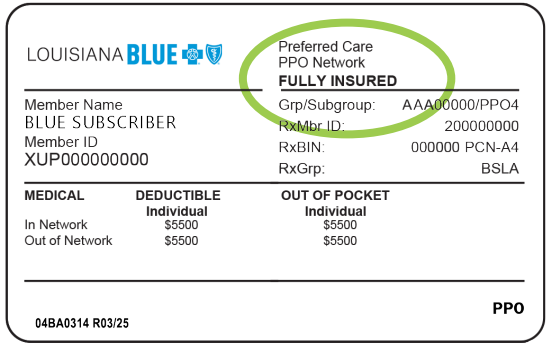
LOUISIANA BLUE

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

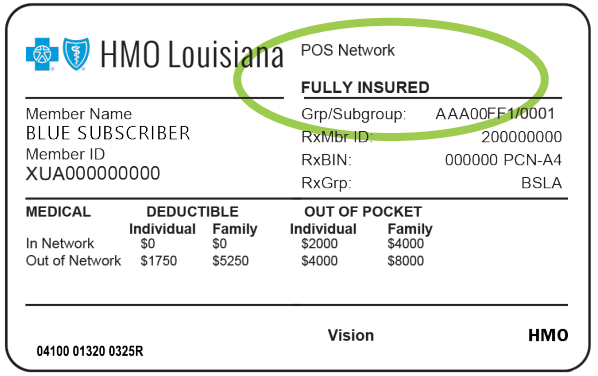
Grp/Subgroup: AAA00000/PPO4
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

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

PPO

04BA0314 R03/25

HMO Louisiana, Inc.


HMO Louisiana

POS Network
FULLY INSURED

Member Name
BLUE SUBSCRIBER
Member ID
XUA000000000

Grp/Subgroup: AAA00FF1/0001
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

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

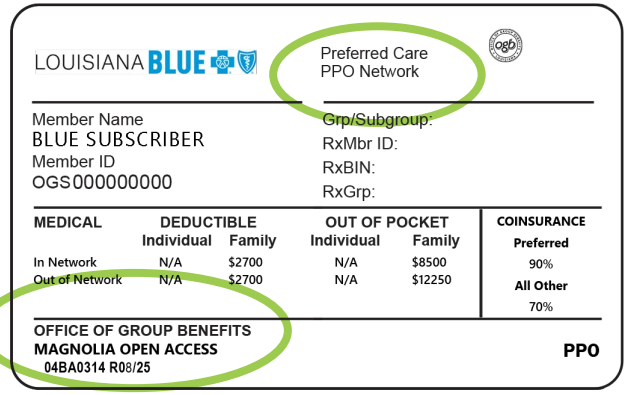
Vision HMO

04100 01320 0325R

- "Fully Insured" NOT noted
- Self-funded group name listed

Fully Insured vs. Self-funded:

- "Fully Insured" notation


LOUISIANA BLUE

Preferred Care
PPO Network

Member Name
BLUE SUBSCRIBER
Member ID
OGS000000000

Grp/Subgroup:
RxMbr ID:
RxBIN:
RxGrp:

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

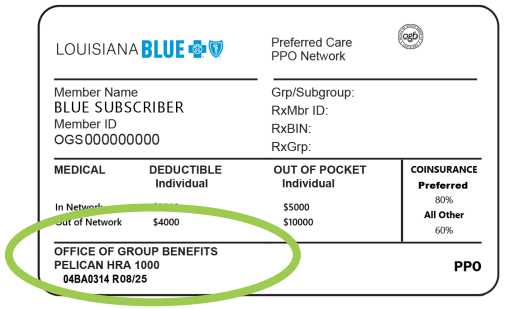
OFFICE OF GROUP BENEFITS
MAGNOLIA OPEN ACCESS
04BA0314 R08/25

PPO

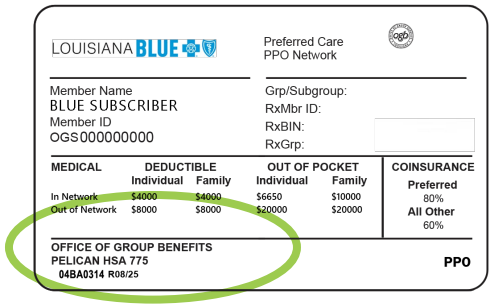
Requirements often vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (**www.lablue.com/ilinkblue**).

Sample OGB Member ID Cards

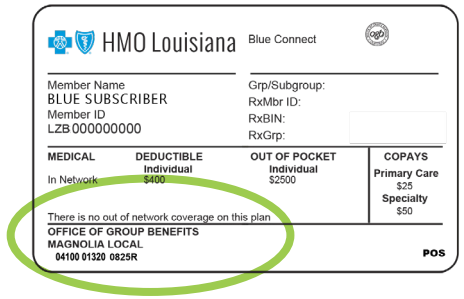
Pelican HRA 1000



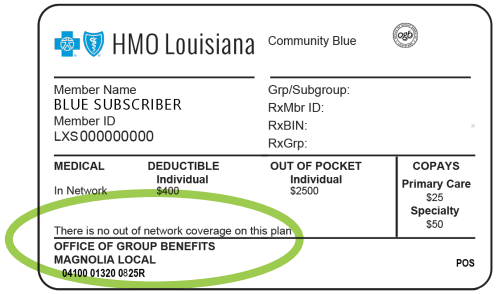
Pelican HRA 775



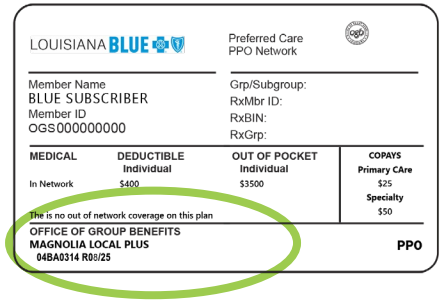
Magnolia Local Blue Connect



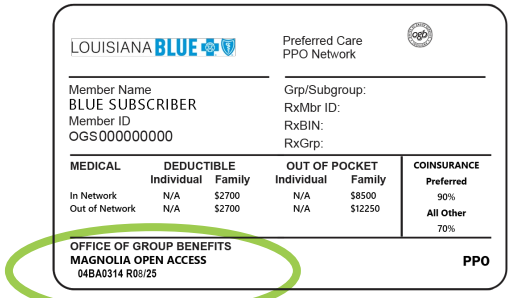
Magnolia Local Community Blue



Magnolia Local Plus



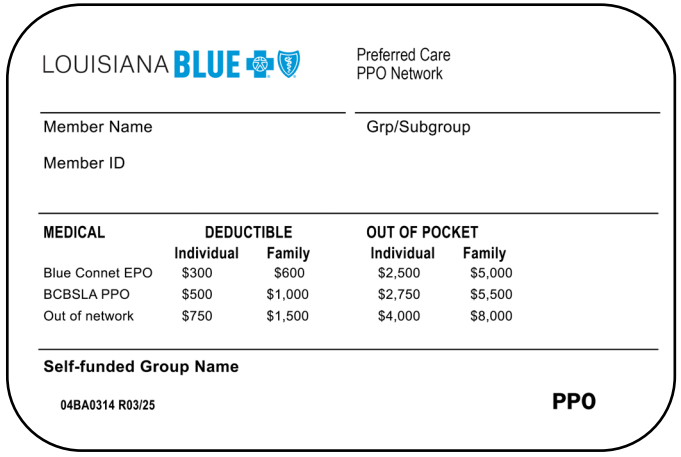
Magnolia Open Access



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.


LOUISIANA BLUE

Preferred Care
PPO Network

Member Name

Grp/Subgroup

Member ID

MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
Blue Connet EPO	$300	$600	$2,500	$5,000
BCBSLA PPO	$500	$1,000	$2,750	$5,500
Out of network	$750	$1,500	$4,000	$8,000

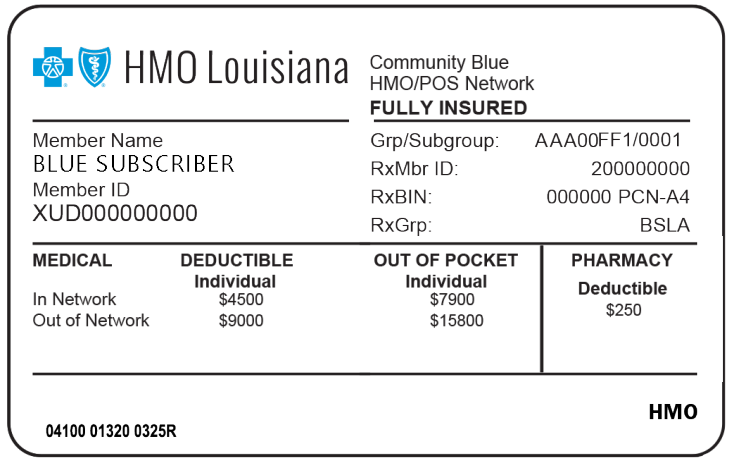
Self-funded Group Name

04BA0314 R03/25

PPO

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
Member ID
XUD000000000

Grp/Subgroup: AAA00FF1/0001
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

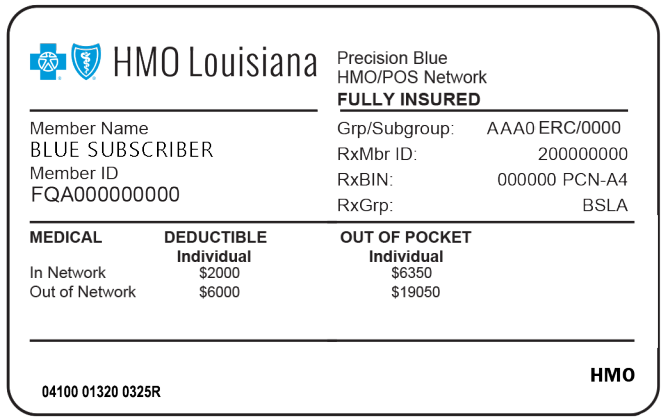
MEDICAL	DEDUCTIBLE	OUT OF POCKET	PHARMACY
	Individual	Individual	Deductible
In Network	$4500	$7900	$250
Out of Network	$9000	$15800	

04100 01320 0325R

HMO

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
Member ID
FQA000000000

Grp/Subgroup: AAA0 ERC/0000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

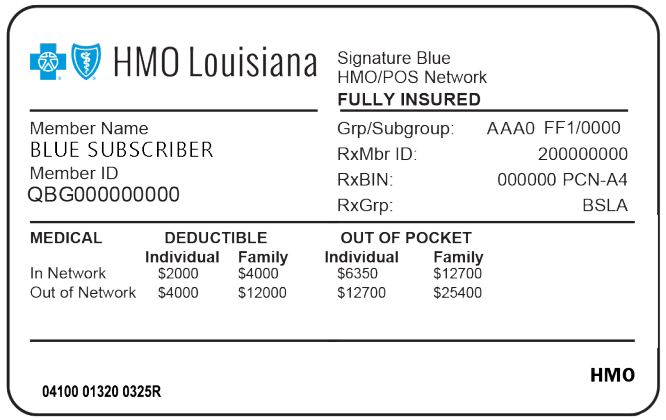
MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	$2000	$6350
Out of Network	$6000	$19050

HMO

04100 01320 0325R

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
Member ID
QBG000000000

Grp/Subgroup: AAA0 FF1/0000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

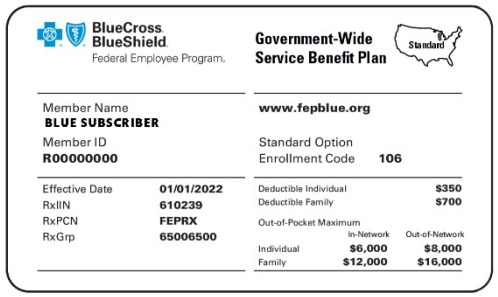
MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
In Network	$2000	$4000	$6350	$12700
Out of Network	$4000	$12000	$12700	$25400

HMO

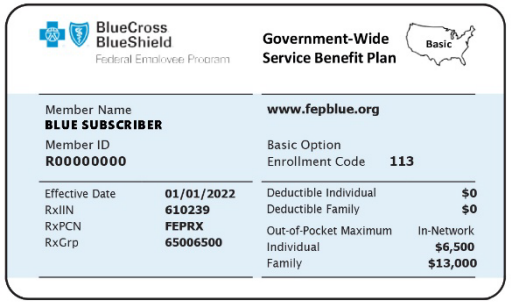
04100 01320 0325R

Federal Employee Program

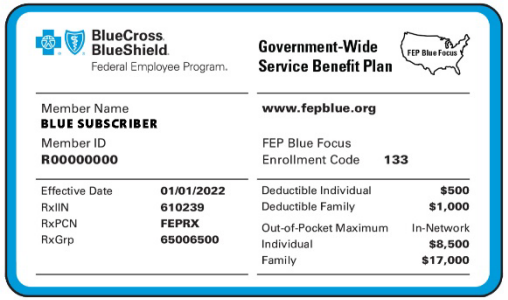
- **Prefix: R (followed by 8 digits)**
- The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.



Standard
In-network benefit
Out-of-network benefits



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



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

Federal Employee Program

FEP now offers two separate health benefit programs:

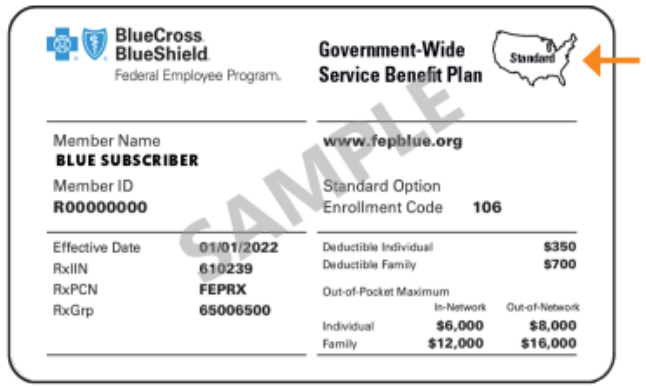
- The Federal Employee Health Benefits (FEHB) program provides benefits to federal employees and their dependents.
- The Postal Service Health Benefits (PSHB) program provides benefits to postal service employees and their dependents.

FEHB and PSHB members have three benefit plan options to choose from: FEP Blue StandardTM, FEP Blue BasicTM 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.

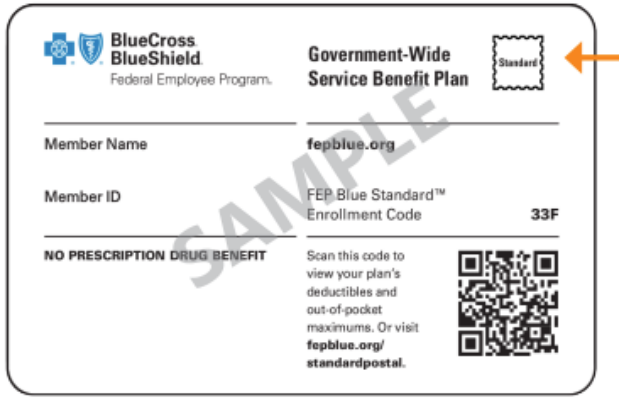
FEP Blue Standard

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



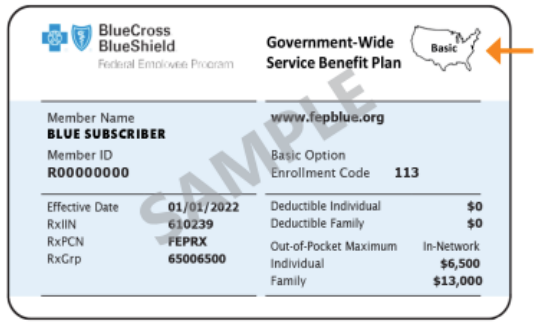
FEP Blue Standard PSHB Member ID Card



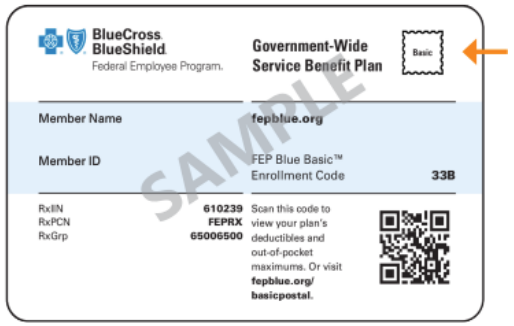
FEP Blue Basic

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.

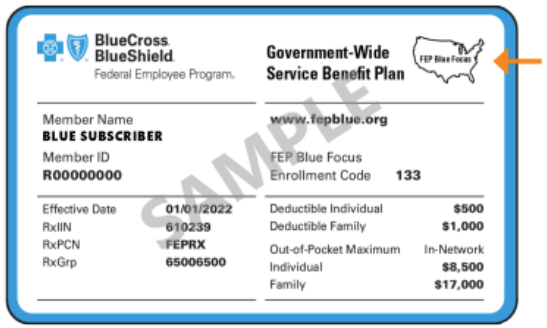
FEP Blue Basic FEHB Member ID Card



FEP Blue Basic PSHB Member ID Card



FEP Blue Focus FEHB Member ID Card

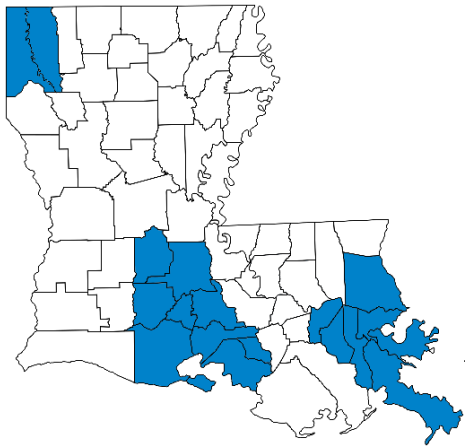


FEP Blue Focus PSHB Member ID Card



Blue High-Performance Network®

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



Lafayette area

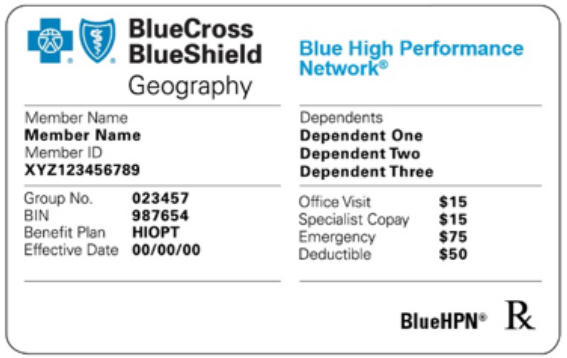
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes

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.

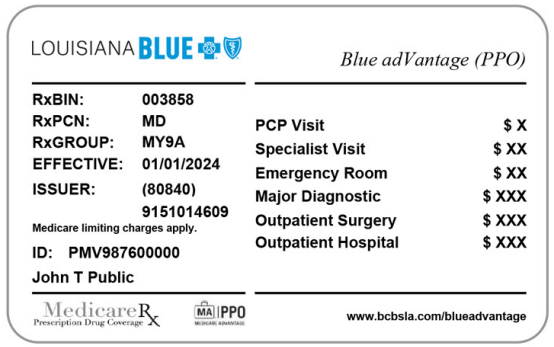
- The suitcase logo will be replaced with the applicable product indicator (i.e., rather than the PPO in a suitcase logo, PPO member ID cards will now just include the PPO acronym).
- This does not affect member benefits or a member's network access. You should continue to follow the normal process for 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

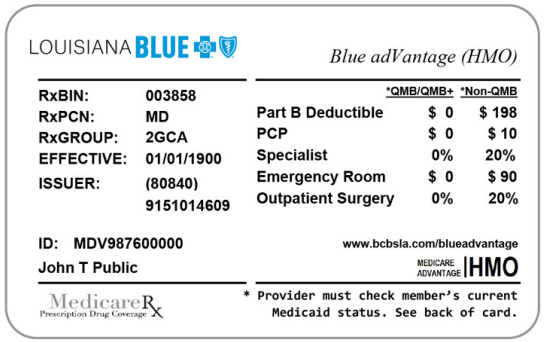
- **Prefixes: NMV and MDV**
- Blue Advantage (HMO) and Blue Advantage (PPO) are our Medicare Advantage products currently available to Medicare-eligible members statewide.
- Blue Advantage members must use Blue Advantage network providers except for select situations such as emergency care.

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.







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

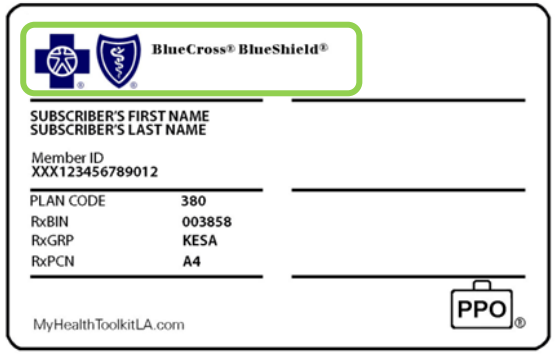
(South Carolina Partnership)

- 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.





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

LOUISIANA BLUE

Billing Guidelines

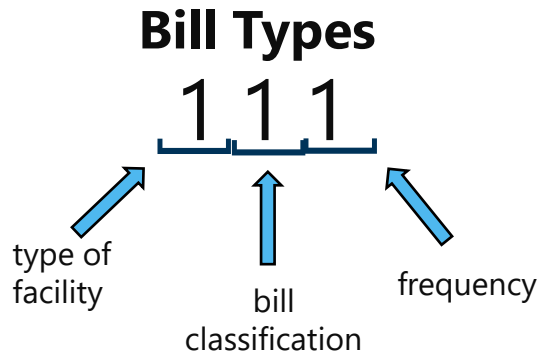
Appendix

Facility Billing Guidelines

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

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

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



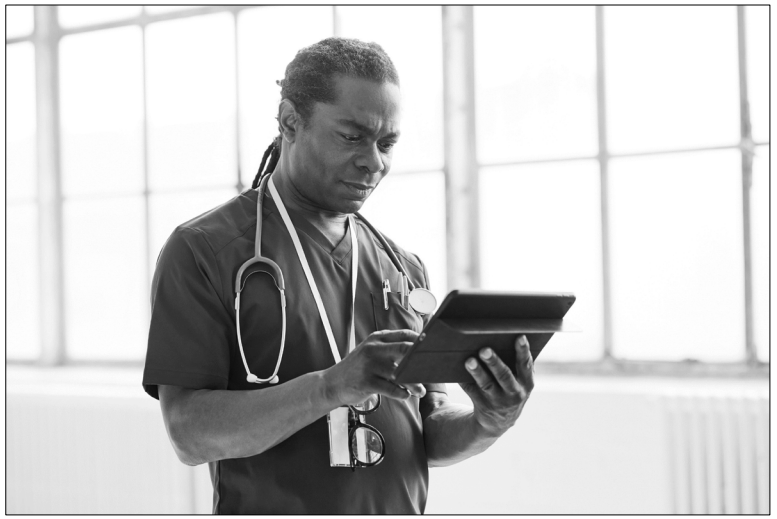
**The final interim bill should aggregate all interim bills and late charge claims. (if applicable). The final interim bill should be submitted using a frequency code of 1 or 7.*

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

Outpatient Code Change Reminder

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

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



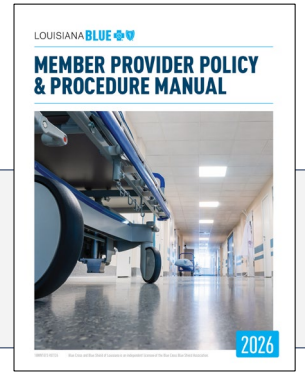
Inpatient Unbundling Policy

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

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

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

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



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

LOUISIANA BLUE

iLinkBlue

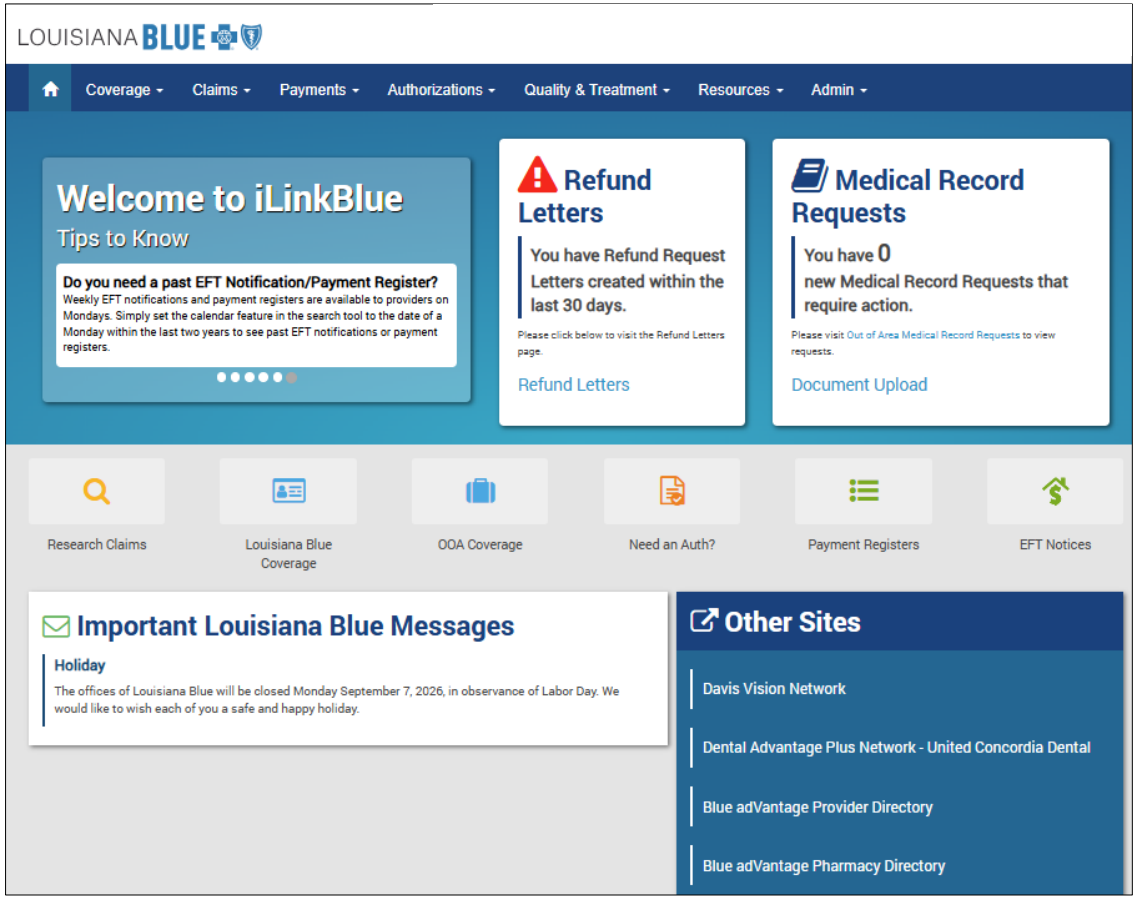
Appendix

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?

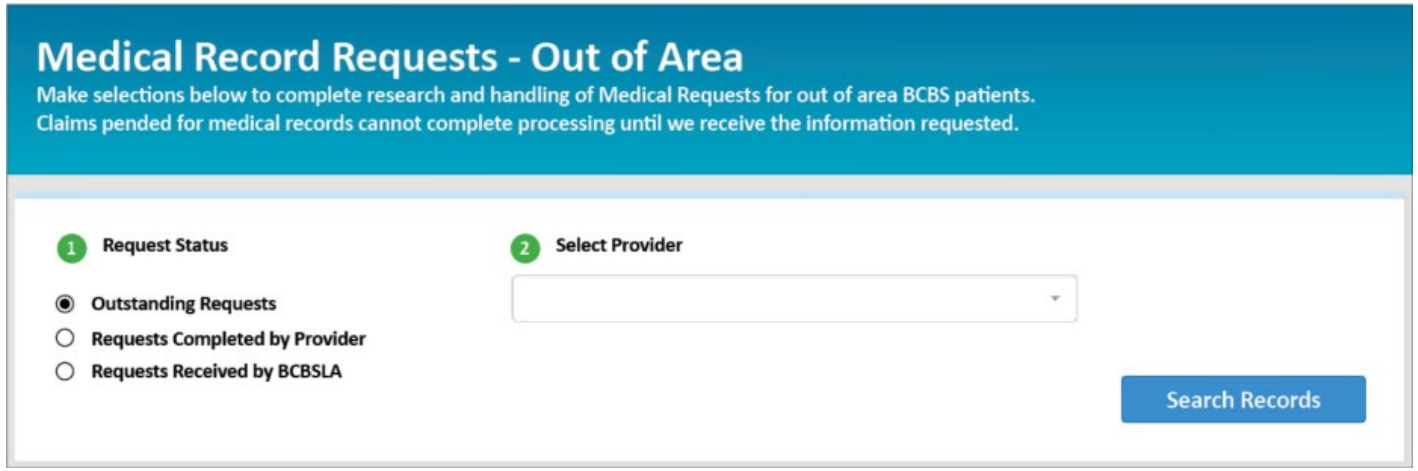
iLinkBlue is Louisiana Blue's secure online provider portal.



www.lablue.com/ilinkblue

Medical Records

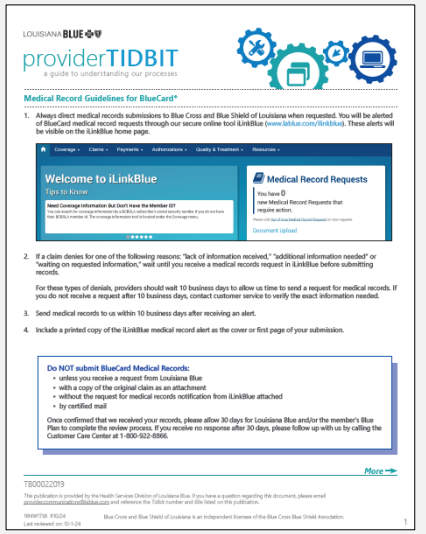
Use the **Out of Area Medical Record Requests** option to research requests for medical records for **BlueCard** (out-of-area) member claims. You can research completed requests and Louisiana Blue receipt confirmation.



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."



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.

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.

LOUISIANA BLUE

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.