APPENDIX I: ONLINE RESOURCES

of the Professional Provider Office Manual

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Example Payment Register/Remittance Advice Page I-4

This is an appendix of the Blue Cross and Blue Shield of Louisiana (Louisiana Blue) *Professional Provider Office Manual*, and is for informational purposes only. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

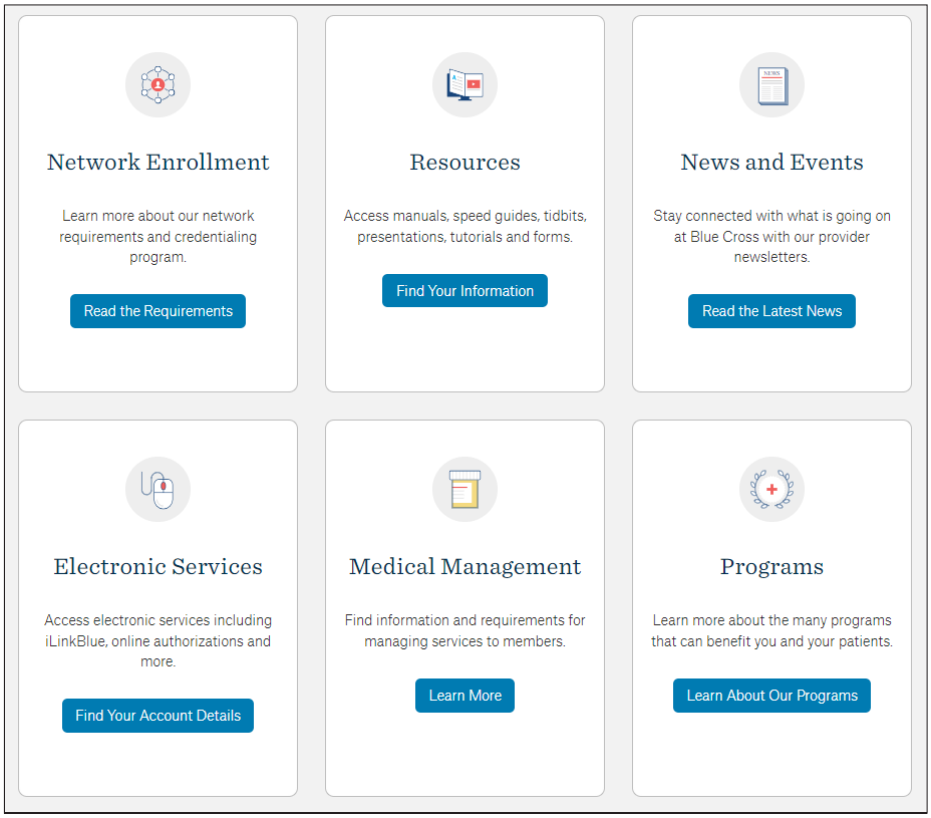
For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

Provider Page

Louisiana Blue's provider website serves our providers' needs



www.lablue.com/providers

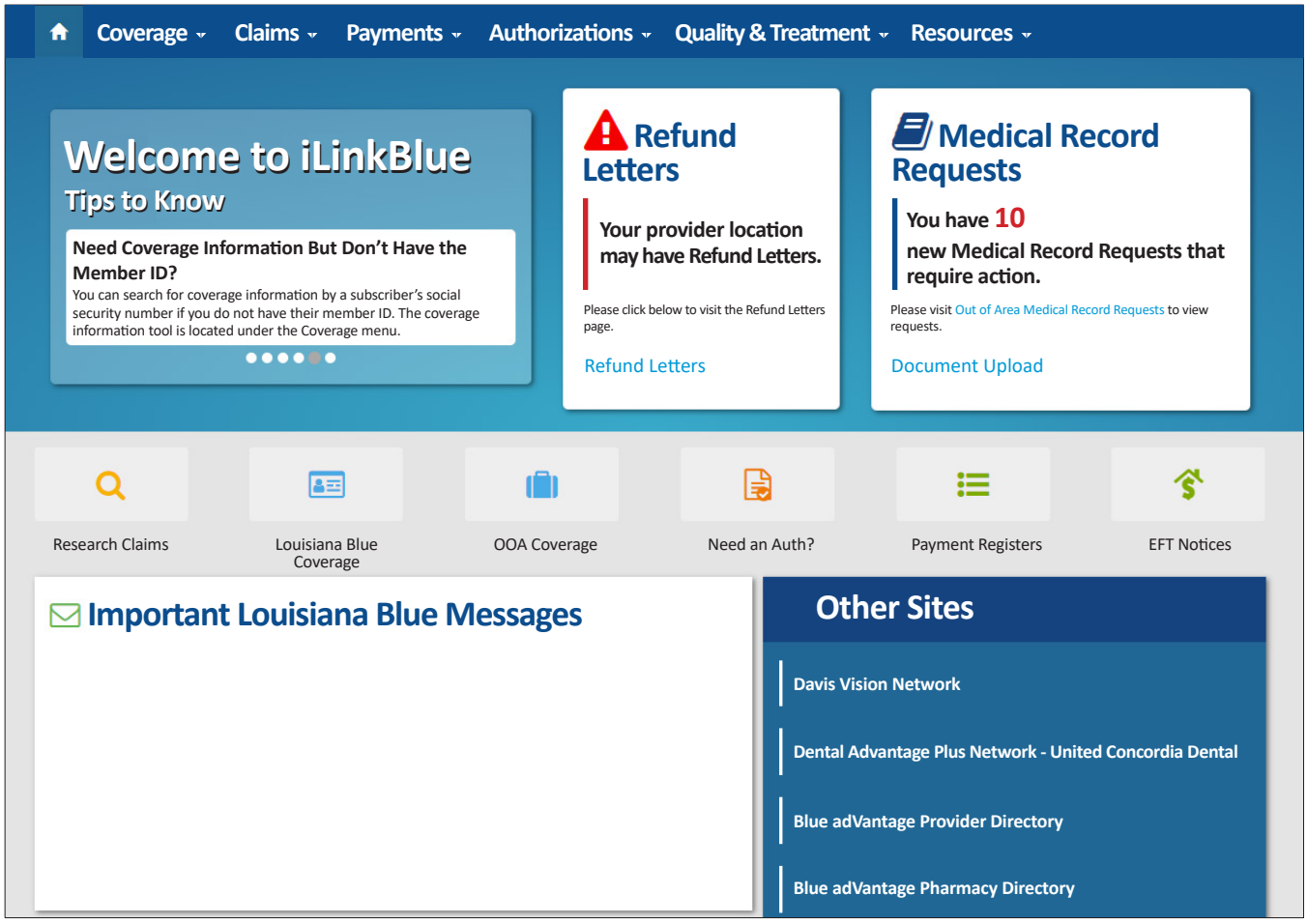
Find information on:

- Network Enrollment
  - Credentialing
  - Provider Support
- Resources
  - Manuals
  - Speed Guides
  - Tidbits
  - Workshops & Webinars
  - Forms for Providers
- News and Events
  - Network News
  - Product Enhancements
  - Blue Advantage Insight
  - Past Newsletters
- Electronic Services
  - Learn about iLinkBlue
  - Clearinghouse Services
  - Administrative Representatives
  - Electronic Funds
- Medical Management
  - Authorizations
  - Medical Policies
  - Lab Management
  - Care Management
  - Pharmacy
- Programs
  - Blue Distinction
  - Quality Blue
  - Specialty Care Insight

iLinkBlue

Louisiana Blue's iLinkBlue is our secure online tool for facility and professional healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

To gain access to iLinkBlue, you must complete the iLinkBlue agreement packet. The iLinkBlue provider agreement packet is available on our Provider page.



iLinkBlue is your one-stop for:

- Benefits
- Eligibility
- Claims Research
- Payment Information
- Authorizations
- Electronic Funds Transfer
- BlueCard Medical Record Requests
- Medical Policies
- Manuals
- Allowable Charges
- Estimated Treatment Cost
- Grace Period Notices
- Medical Code Editing
- And so much more!

www.lablue.com/ilinkblue

EXAMPLE

PAYMENT REGISTER/REMITTANCE ADVICE

Page 1 of 1

Date: 04/03/2023

BLUE CROSS BLUE SHIELD OF LOUISIANA

WEEKLY PROVIDER PAYMENT REGISTER

Anytown Eye Physicians — Page: 1.11

1 Patient Name	2 Contract Number	3 Patient Acct	4 Performing Provider	5 Days/ Units	6 Admt/ Dis Dt	7 Claim Number	8 CPT4 Rev	9 Drg	10 Total Charges	11 Above Allow Amt	12 COB OC Pay	13 OC Code	14 Not Covered Ded-Coin-Inel	15 Patient Resp [1]	16 Amount Paid
GRATER, ALLIE	123456789011	441260-1-835946	1234567890	1	3/21/2023 3/21/2023	123456789011	92014		$140.00	$12.67	$0.00		$50.00	$50.00	$77.33
			First, Hugo							$12.67 PXN-CO			$50.00 CPY-PR		
					** CPT4 92014										
GRATER, ALLIE	123456789011	441260-1-835946	1234567890	1	3/21/2023 3/21/2023	123456789011	92015		$25.00	$3.82	$0.00		$0.00	$0.00	$21.18
			First, Hugo							$3.82 PXN-CO					
					** CPT4 92015										
BOOK, RITA	234567890112	438846-1-831710	1234567890	1	2/10/2023 2/10/2023	123456789112	99024		$0.00	$0.00	$0.00	M	$0.00	$0.00	$0.00
			First, Hugo												
					** CPT4 99024										
17 Totals:				3					$165.00	$16.49	$0.00		$50.00		$98.51

1 - The patient responsibility amount may have been reduced by any COB amount included in the calculation
CO - This Amount is determined by Blue Cross to be the responsibility of the Provider.
PR - This is the amount determined by Blue Cross to be the responsibility of the Patient.
OA - This liablity for this amount is not determined on this processing because this amount has previously been processed or may be processed in the future.
PXN - The charge exceeds the allowed amount for this service.
CPY - Copay
ZQ4 - Medicare is primary to Blue Cross Blue Shield of Louisiana. Medicare benefits assigned.
OCR - Other Carrier Allowable, Payment and Out of Pocket are considered in the processing of Secondary Benefits.
EL6 - According to the Member's contract, routine eye exams and refraction are not covered.
DED - Deductible

Federal regulation 42 CFR part 2 prohibits unauthorized disclosure of these records. You are prohibited from making any further disclosure of information in this record that identifies a member as having had, currently having, or having been referred for treatment of a substance use disorder unless you obtain express written consent of the member.

Note: All charges and codes are examples only.

Anytown Eye Physicians
12345 Someplace Blvd
Anytown, LA 70000-0000

Blue Cross Blue Shield of Louisiana
Post Office Box 98027
Baton Rouge, Louisiana 70898-9917
1-800-392-4089

18 ILB ID: 1234567
19 PAID PROV: 1234567890
19 DATE: 04/03/2023
20 EFT NO: 123456789

PAYMENT REGISTER/REMITTANCE ADVICE EXPLANATION

Following is a description of each item on the Louisiana Blue Weekly Provider Payment Register/Remittance Advice.

1. **Patient Name** - The last and first name of the patient.
2. **Contract Number** - The member's Louisiana Blue identification number.
3. **Patient Acct** - The patient identification number assigned by the provider's office. This information will appear only if provided on the claim.
4. **Performing Provider** - The provider number and name of the provider who performed the service.
5. **Days/Units** - The number of visits that the line item charge represents.
6. **Admit/Dis Dt** - The beginning and ending date(s) of service for a claim.
7. **Claim Number** - The number assigned to the claim by Louisiana Blue for document identification purposes. Note: When making inquiries about a specific payment, always refer to this number.
8. **CPT4 Rev** - The code used to describe the services performed by the provider.
9. **Drg** - Not applicable to providers.
10. **Total Charges** - The charge for each service and the total claim charges submitted to Louisiana Blue.
11. **Above Allow Amt** - The amount above the allowable charge. Note: This amount cannot be collected from the member.
12. **COB OC Pay** - An asterisk in this column denotes that Louisiana Blue is the secondary carrier.
13. **OC Code** - C = Commercial Carrier, M = Medicare.
14. **Not Covered Ded-Coin-Inel** - The total amount owed by a patient for each claim including deductible, coinsurance, copayment, noncovered charges, etc.
15. **Patient Resp** - The total patient responsibility amount. Note: The patient responsibility amount may have been reduced by any COB amount included in the calculation.
16. **Amount Paid** - The amount paid by Louisiana Blue.
17. **Totals** - The total of days, charges, contract benefits, patient liability, above allowable amount and amount paid for all patients listed.
18. **Paid Prov** - Provider's/Clinic's NPI under which payment is made.
19. **Date** - Date the Provider Payment Register/Remittance Advice is generated by Louisiana Blue.
20. **EFT NO** - The number assigned to the EFT associated with the Payment Register.