APPENDIX I: ONLINE RESOURCES

of the Member Provider Policy & Procedure Manual

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

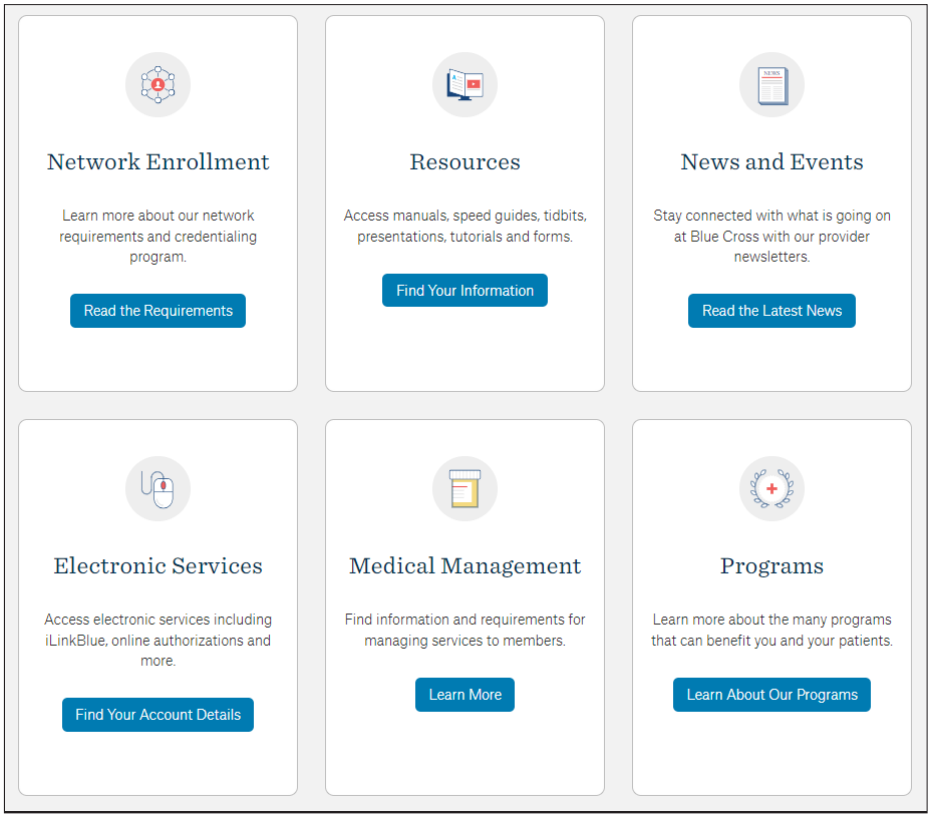
For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member 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 *Member Provider Policy & Procedure 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 provider needs. Use this page to help locate important information.



www.lablue.com/providers

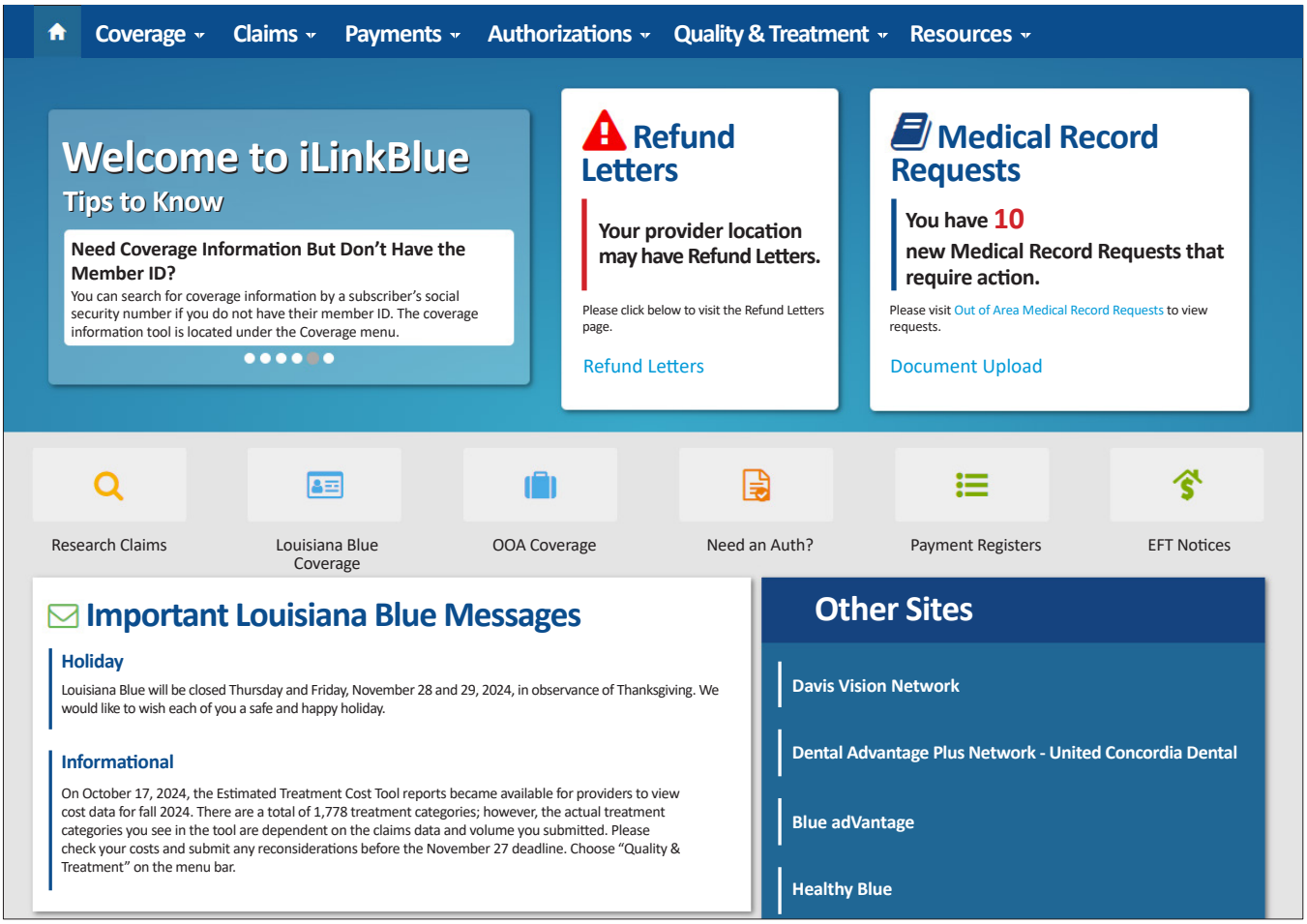
Find information on:

- 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
  - Admin Reps
  - 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

Page 1 of 1

Date: 06/19/2023

BLUE CROSS BLUE SHIELD OF LOUISIANA

Anytown Medical Center

WEEKLY PROVIDER PAYMENT REGISTER

Page: 1 of 1

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 Amount Paid
FURNITURE, PATTY O.	123456789	987654321 B1		1	5/24/2023 5/24/2023	12345678910			$4,697.59	$2,751.55	$0.00		$0.00	$1,946.04
					** CPT4 96375 ** CPT4 9928425 ** CPT4 9636659 ** CPT4 82553 ** CPT4 80053 ** CPT4 80048 ** CPT4 85025 ** CPT4 84484 ** CPT4 80320 ** CPT4 J1940 ** CPT4 70450TC ** CPT4 J3411 ** CPT4 80320 ** CPT4 84484 ** CPT4 9636559 ** CPT4 71045TC ** CPT4 82550 ** CPT4 83690 ** CPT4 93005 ** CPT4 80305QW ** CPT4 9636159 ** CPT4 36415								
TURNER, PAGE	234567891	876543219 B1		1	4/22/2023 4/22/2023	12345678911			$2,757.50	$0.00	$0.00	C	$2,757.50	$0.00
													$2,757.50 ZER-PR	
					** CPT4 J2001 ** CPT4 9928325 ** CPT4 73090TC ** CPT4 13121									
WIND, AUGUST A.	345678912	765432198 B1		1	5/23/2023 5/23/2023	12345678912			$545.00	$0.00	$0.00		$545.00	$0.00
													$545.00 Y50-PR	
					** CPT4 87186 ** CPT4 87086 ** CPT4 87661 ** CPT4 87591 ** CPT4 87077 ** CPT4 87491									
NICE, U.R.	456789123	654321987 B1		1	5/16/2023 5/16/2023	12345678913			$859.00	$442.56	$0.00		$0.00	$416.44
										$442.56 PXN-CO				
					** CPT4 83615 ** CPT4 82306 ** CPT4 83735 ** CPT4 82043 ** CPT4 82607 ** CPT4 83036 ** CPT4 84439 ** CPT4 82570 ** CPT4 84481 ** CPT4 80050 ** CPT4 80061									
		Claim Line 8: Lab Policy #G2056, Procedure Code: 83735, Decision: D11R - Dx Code not Allowed												
SIDEWAYS, EILEEN	567891234	543219876 B1		1	5/30/2023 5/30/2023	12345678914			$395.00	$272.44	$0.00		$67.03	$55.53
										$12.00 y65-CO			$67.03 DED-PR	
										$205.44 PDC-CO				
										$55.00 AV7-CO				
					** CPT4 83540 ** CPT4 82728 ** CPT4 83036 ** CPT4 36415 ** CPT4 80050									
		Claim Line 3: Lab Policy #G2006, Procedure Code: 83036, Decision: D11R - Required Dx Code not Found												
16 Totals:				5					$9,254.09	$6,836.08	$0.00		$3,369.53.	$2,418.01

Anytown Medical Center
12345 Someplace Ave.
Anytown, LA 70000-0000

Note: All charges and codes are examples only.

Blue Cross Blue Shield of Louisiana
Post Office Box 98029
Baton Rouge, Louisiana 70898-9029
1-800-495-2583
(225) 295-2145

17 ILB ID: 1234567
18 PAID PROV: 123456789
18 DATE: 06/19/2023
19 EFT NO: 123456890

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. **Amount Paid** - The amount paid by Louisiana Blue.
16. **Totals** - The total of days, charges, contract benefits, patient liability, above allowable amount, and amount paid for all patients listed.
17. **Paid Prov** - Provider's/Clinic's NPI under which payment is made.
18. **Date** - Date the Provider Payment Register/Remittance Advice is generated by Louisiana Blue.
19. **EFT NO** - The number assigned to the EFT associated with the Payment Register.