



Provider Speed Guide

This convenient guide to the Blue Cross and Blue Shield of Louisiana *PremierBlue* program will help you locate key information quickly. Additional information is available in the *Professional Provider Office Manual*.

BENEFITS OVERVIEW

Members receive the highest level of benefits when they receive care from Preferred Care PPO network providers with the appropriate authorization from Blue Cross for services requiring Plan approval (*see flip side*).

NETWORK COPAYMENTS

With *Premier Blue*, members have the same level of copayment for the following services:

- Physician office visits
- Allied health professional office visits

The following services also require a copayment for network providers, but copayments vary:

- Ambulance Services
- Ambulatory Surgical Facility
- Emergency Room (waived if admitted for inpatient)
- Inpatient Hospital Admissions (per day up to a defined number of days)
- Physician Services for Pregnancy Care
- Urgent Care Center
- Vision Care Exams (every 24 months)

NETWORK DEDUCTIBLE & COINSURANCE

The member is responsible for a deductible and coinsurance for non-network and dependent out-of-area services. Amounts vary according to the benefit level for services provided.

Submit claims electronically via:

iLinkBLUE (*more in iLB section of Provider page**)

Clearinghouses (*more in Clearinghouse Services section of Provider page**)

Direct electronic payment:

Electronic Funds Transfer (EFT) (*more in EFT section of Provider page**)

Electronic provider resources:

- * **Provider Page** – visit www.bcbsla.com, then click on Provider. A wealth of information is available to providers on the Provider page of our website.
- iLinkBLUE** – visit www.bcbsla.com/ilinkblue/. Providers can check patient eligibility, claim status, allowable charges, payment information, medical policies and more.



PremierBlue members have ID cards similar to the card above. It carries the Preferred Care PPO logo and lists the copayment amounts for physicians, urgent care clinics and emergency room services.

Notice that the ID card shows the Member ID number and Rx Member ID numbers separately.

Provider Responsibilities:

1. Collect only the copayment amount indicated on each *PremierBlue* member's ID card for covered office services.
2. Obtain authorization for any services listed on the Services Requiring Plan Approval list (*on right*).
3. File claims for all *PremierBlue* patients.

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 Cesarean section delivery.

Provider Call Centers

Always have your NPI or Blue Cross provider number available when calling.

Provider Services **1.800.922.8866**

- Option 1 - Fax or Voice Summary of Benefits or Claim Status
- Option 2 - Precertification / Authorization
- Option 3 - Out of State Policy
- Option 4 - Federal Employee Program – FEP
- Option 5 - All other Calls

Network Administration **1.800.716.2299**

- Option 1 - Network Development
 - Option 2 - Credentialing
 - Option 3 - Network Operations
- network.administration@bcbsla.com

iLinkBLUE & Electronic Funds Transfer

LINKLine 1.800.216.BLUE (2582) or 225.293.LINK (5465)
ilinkblue.providerinfo@bcbsla.com

Electronic Claims Submission/Clearinghouse

225.291.4334 or edich@bcbsla.com

Fraud & Abuse Hotline **1.800.392.9249**

Call 24/7. You can remain anonymous. All reports are confidential.

Member Benefits

Call number on the Member's ID card.

Case & Disease Management **1.800.317.2299**

More information regarding the Preferred Care PPO network is available in the Preferred Care PPO Speed Guide and in the Participating Provider Office Manual. Both are available on the Provider page of our website at www.bcbsla.com.

SERVICES REQUIRING PLAN APPROVAL

The following services may require Plan approval. To determine if the service does require Plan approval, call 1.800.922.8866, option 2.

- Air Ambulance - Non-Emergency
- Applied Behavior Analysis
- Bone Growth Stimulator
- CT Scans*
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2000 including but not limited to defibrillators and insulin pumps
- Inpatient Hospital Services (except routine maternity stays - see left for more information)
- MRI/MRA*
- Nuclear Cardiology*
- PET/SPECT Scans*
- Prosthetic Appliances
- Private Duty Nursing
- Sleep Studies
- Specialty Pharmacy – Complete list of drugs available online at www.bcbsla.com. Home> Health Tools> Covered Drugs> Specialty Pharmacy Program Drug List.pdf
- Stereotactic Radiosurgery including but not limited to gamma knife and cyberknife procedures
- Transplant Evaluations
- Vacuum Assisted Wound Closure Therapy

* Request for prior authorization for these services may

Where To Send Hardcopy Claims



Mail to BCBSLA

PO Box 98029

Baton Rouge, LA 70898-9029