This convenient guide will help you quickly locate information about the Blue Cross and Blue Shield of Louisiana Preferred Care Preferred Provider Organization (PPO) program. Additional information is available in the Professional Provider Office Manual online at www.bcbsla.com/providers.

Please refer Preferred Care PPO members to Preferred Care PPO Network providers so they receive the highest level of benefits.

**Sample Preferred Care PPO Member ID Card**

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and the Preferred Care PPO Network name printed on their ID cards. The “PPO in a suitcase” logo identifies the nationwide BlueCard® Program.

**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 physician 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.

**QBPC Copayment Incentive**

Blue Cross waives or reduces members’ office visit copayment when they receive office services from a primary care provider (PCP) participating in the Quality Blue Primary Care (QBPC) program as follows:

<table>
<thead>
<tr>
<th>Product</th>
<th>PCP Office Copayment</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Care PPO products with office copayment services</td>
<td>Reduced by $15</td>
<td>January 1, 2015</td>
</tr>
<tr>
<td>Preferred Care PPO products without an office copayment (e.g. deductible products such as BlueSaver)</td>
<td>Not Applicable</td>
<td>No Change</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of Louisiana employee group policies (ID cards with the group number 46210)</td>
<td>Waived</td>
<td>July 15, 2014</td>
</tr>
</tbody>
</table>

iLinkBlue (www.bcbsla.com/iLinkBlue) should be used to verify patient cost share amounts.

**SERVICES THAT REQUIRE AUTHORIZATION PRIOR TO RENDERING SERVICES**

The following services may require Blue Cross approval. This list may vary for self-insured groups. Please always verify the member’s eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbsla.com/iLinkBlue).

- Air Ambulance – Non-Emergency
- Applied Behavior Analysis
- Bone Growth Stimulator
- Compound Drugs greater than $250
- 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)
- Intensive Outpatient Programs
- MRI/MRA*
- Nuclear Cardiology*
- Partial Hospitalization Program
- PET/SPECT Scans*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available at www.bcbsla.com/providers > Pharmacy Management > Drug Authorizations.
- Private Duty Nursing
- Prosthetic Appliances
- Residential Treatment Centers
- Sleep Studies (except those performed in the home)
- Stereotactic Radiosurgery (including but not limited to gamma knife and cyberknife procedures)
- Transplant Evaluations & Transplants
- Vacuum Assisted Wound Closure

*Request for prior authorization for these services may be completed online through iLinkBlue.

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Last reviewed on December 29, 2016

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.
Physician Responsibilities
1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (see flip side of this speed guide).
3. Accept the Blue Cross allowable charge plus the member’s applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. Refer Preferred Care PPO members to Preferred Care PPO providers. A list of these providers can be found in our online provider directories at www.bcbsla.com >Find a Doctor or Drug. Enter the member’s three-letter alpha prefix found on their ID card or select “Preferred Care PPO” option.
5. File claims for all Preferred Care patients.

Behavioral Health Claims & Authorizations
Claims for dates of service on and after January 1, 2016, should be submitted to Blue Cross and Blue Shield of Louisiana for processing. Preferred Care PPO members must access Preferred Care PPO behavioral health providers for in-network benefits. Always verify a member’s benefits prior to rendering services. Eligibility, claim status, allowable charges, payment information and medical policies are available through iLinkBlue at www.bcbsla.com/ilinkblue.

For behavioral health services requiring an authorization, Blue Cross has partnered with New Directions to manage the authorization process.

New Directions 1-800-991-5638

New Directions’ electronic authorization tool is available in iLinkBlue. Providers must use the Behavioral Health Authorizations portal to request authorizations for services. Behavioral health services that require an authorization:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

Additional information on behavioral health authorizations, claims and member benefits can be found in the Behavioral Health Speed Guide, available at www.bcbsla.com/providers >Education on Demand.

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 Cesarean section delivery for Preferred Care PPO members with maternity benefits.

Get a copy of our updated Professional Provider Office Manual online at www.bcbsla.com/providers >Education on Demand or on iLinkBlue under "Manuals."

Provider information online
Visit www.bcbsla.com/providers. A wealth of information is available to providers on our website.

Direct electronic payment
Electronic Funds Transfer (EFT). More information is available online at www.bcbsla.com/providers >Electronic Services.

Submitting Claims
Electronically: Hardcopy:
- iLinkBlue
- Clearinghouses
- Blue Cross and Blue Shield of Louisiana PO. Box 98029 Baton Rouge, LA 70898-9029

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.

BCBS members with PPO benefits carry ID cards with the BlueCard® “PPO in a suitcase” logo as illustrated on the front ID card sample.

Providers may verify out-of-state member coverage by calling the BlueCard® Eligibility line: 1-800-676-BLUE (1-800-676-2583). An operator will ask you for the alpha prefix on the member’s ID card and will connect you to the member’s Blue Plan. If you are unable to locate an alpha prefix on the member’s ID card, check for a phone number on the ID card. If that is not available, then call Provider Services at 1-800-922-8866.

Provider Resources
Always have your NPI or Preferred Care PPO provider number available when calling.

Provider Services 1-800-922-8866
Option 1 - Benefits
Option 2 - Claims
Option 3 - Authorizations
Option 4 - Out-of-State
Option 5 - Payment Register Fax
Option 6 - None of the Above

Network Administration 1-800-716-2299
Option 1 - Network Development network.development@bcbsla.com
Option 2 - Credentialing network.administration@bcbsla.com
Option 3 - Network Operations network.administration@bcbsla.com
Option 4 - Provider Relations provider.relations@bcbsla.com
Option 5 - Provider Identity Management ProviderIdentMgmt@bcbsla.com

iLinkBlue & Electronic Funds Transfer
LINKLine 1-800-216-BLUE (1-800-216-2583) or (225) 293-LINK (225-293-5465) or 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
AIM Specialty Health (AIM) 1-866-455-8416
New Directions 1-800-991-5638