

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.



Let's Use iLinkBlue

www.lablue.com/ilinkblue

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

Epic is a trademark of Epic Systems Corporation.

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

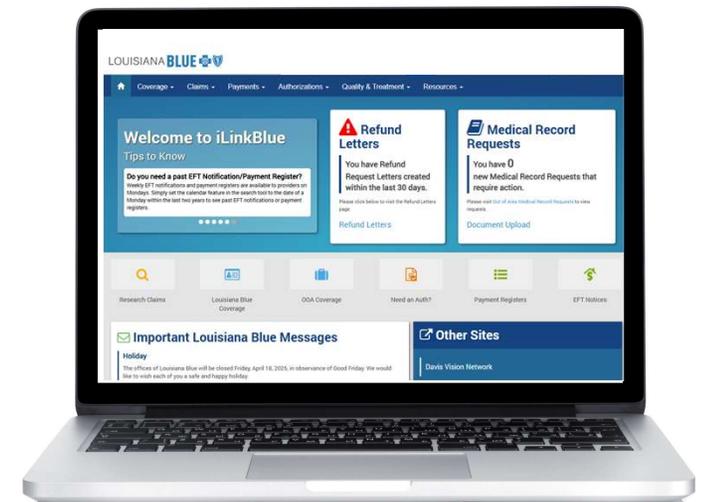
Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

April 2025

Welcome

- Today's presentation will review the many features of iLinkBlue including:
 - Coverage and Eligibility
 - Benefits
 - Claims Status
 - Medical Code Editing
 - Payment Registers/EFT Notifications
 - Authorizations
- We will explain the BlueCard® Program (Out of Area) and show how to submit and research those claims.
- We will show you how to easily navigate iLinkBlue.



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.

The screenshot displays the Louisiana Blue iLinkBlue provider portal. At the top, the Louisiana Blue logo is visible, followed by a navigation menu with options: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, a 'Welcome to iLinkBlue' banner includes 'Tips to Know' and a notice about EFT notifications. To the right, there are two prominent cards: 'Refund Letters' indicating that providers have received letters within the last 30 days, and 'Medical Record Requests' showing zero new requests. Below these is a row of six quick-action buttons: Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The bottom section features 'Important Louisiana Blue Messages' with holiday and informational notices, and a sidebar for 'Other Sites' including Davis Vision Network, Dental Advantage Plus Network, Blue adVantage, and Healthy Blue.

www.lablue.com/ilinkblue

Accessing iLinkBlue

Louisiana Blue requires that provider organizations have at least one **administrative representative** to manage our secure online services.



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.

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



Accessing iLinkBlue

Need access to iLinkBlue?

My organization has an administrative representative?

- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security include secure authorization applications. This access is granted through your organization's administrative representative.

My organization does not have an administrative representative?

- Self-designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at www.lablue.com/providers >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at PIMteam@lablue.com or 1-800-716-2299, option 5 with questions.

Accessing iLinkBlue

LOUISIANA BLUE 

Contact Us

iLinkBlue

Username

Current Password

[Log In](#)

[Forgot/Reset Password](#)
[Need help logging in?](#)
[iLinkBlue User Guide](#)

Do not save this page to your browser favorites.
[Click here](#) to be redirected to the page you can

Logging in for the first time:

- Password must be reset.
- Click on the “Forgot/Reset Password” button.
- Follow the prompts, enter your username and click the “Request Password” button.
- The system will send you an email to reset your password. Click on the link in the email.

Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @\$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.

iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity.
Reach out to your administrative representative to have your account reset.



If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.



Phone: 1-800-716-2299, option 5 (Monday – Friday 7:30 a.m. to 4 p.m.)
Email: PIMteam@lablue.com

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

The screenshot shows the 'Authentication Method Selection' screen in the PingID Registration process. The title is 'Authentication Method Selection' and the instruction is 'Select the option you want to configure for use during authentication:'. There are five options, each with a radio button and an icon: 'SMS/Texting' (B), 'Voice' (C), 'Email' (A), 'Secondary Email', and 'Mobile App' (D). The 'Email' option is selected. At the bottom, there are 'Cancel', 'Reset', and 'Next' buttons. A note at the bottom states: 'Please note that if you choose to cancel, all previously registered devices will be removed from your account.' The screen is powered by PingIdentity.

- We recommend registering **two or more** options for account recovery.
- When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.
- If your email or phone number should change, you must contact our PIM Department (ProviderIdentMgmt@lablue.com) to delete the old information and add the new.

Multi-factor Authentication

Register for Multi-factor Authentication

Multi-factor Authentication (MFA) is required to securely access iLinkBlue, our online self-service tool for providers.

NOTE:

Follow the steps of this guide to register for MFA.

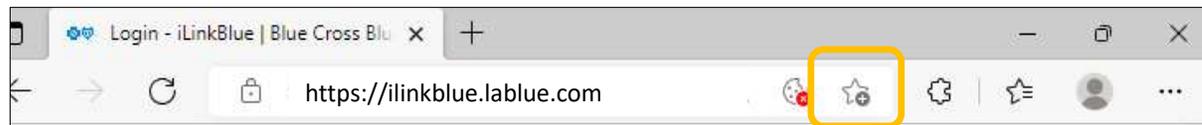


Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

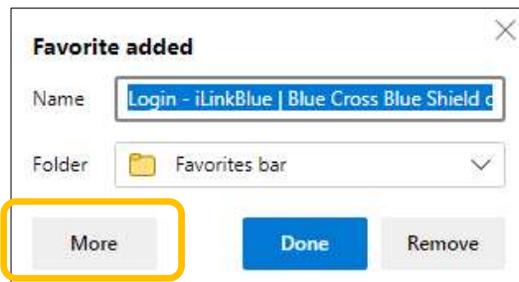
For step-by-step instructions on how to register for MFA, view our *MFA Registration Guide*. It is available at www.lablue.com/providers >Resources >Speed Guides.

Save to Your Favorites

1. Open Microsoft Edge and access iLinkBlue at www.lablue.com/ilinkblue.
2. The “Login” screen will display. Click on the “Star Plus Sign” icon on the right of the address bar.



3. The “Favorite Added” option will display. Click on the “More” button.



4. The “Edit favorite” box will display. In the “URL” field, type “<https://ilinkblue.lablue.com>,” then click the “Save” button.



Navigating iLinkBlue

Top Navigation

The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board

Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Refund Letters

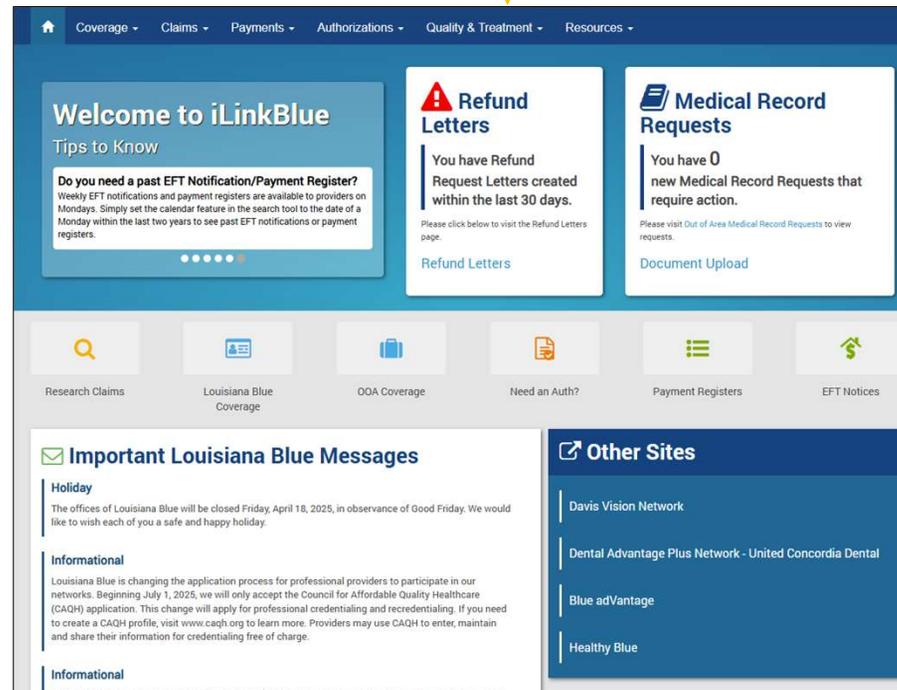
Providers now have a shortcut to check/search for Refund Request Letters.

Medical Record Requests

Providers receive an alert when they have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the “Out of Area Medical Record Requests” link on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the “Document Upload” link.

Other Sites

Includes quick access to other sites providers might need to access.



Coverage

LOUISIANA BLUE 

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

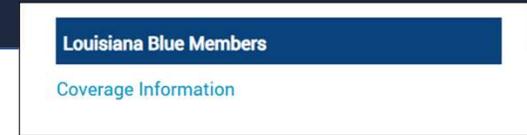
Louisiana Blue Members
[Coverage Information](#)

BlueCard - Out of Area Members
[Submit Eligibility Request \(270\)](#)
[View Eligibility Response \(271\)](#)

Coverage Information

Enter the member ID number to view coverage information for:

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

A screenshot of the "Coverage Information" search interface. At the top, there is a navigation bar with a home icon and several menu items: "Coverage", "Claims", "Payments", "Authorizations", "Quality & Treatment", and "Resources". Below the navigation bar, the page title "Coverage Information" is displayed, followed by a subtitle: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area contains two numbered steps: "1 Select Search Criteria" and "2 Enter Contract or Social Security Number". Under step 1, there are three radio button options: "Louisiana Blue" (which is selected), "FEP", and "Social Security Number". Under step 2, there is a text input field with the placeholder text "Enter Louisiana Blue contract number..." and a blue "Search" button to its right.

Tips

- Louisiana Blue – 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 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 policy holder.

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

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Contract Number XUA123456789 ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

John Doe **Subscriber** Sex: Male
Marriage Status: Married
Date of Birth: 11/30/1900

Address: 123 STREET ST.
CITY, LA 70000

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits View COB

Jane Doe **Spouse** Sex: Female
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits View COB

Jimmy Doe **Child** Sex: Male
Date of Birth: 01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	View ID Card

[Hide Terminated Dependents](#)

Digital ID Cards

Providers can access 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).

John Doe Subscriber		Sex	Male
Address	123 STREET ST. CITY, LA 70000	Marriage Status	Married
		Date of Birth	11/30/1900
Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	---	02/01/2000
		ID Card	Coverage Views
		View ID Card	Summary Benefits View COB

Medical Benefits Summary	
Contract Number	XUT123456789
ACTIVE COVERAGE	
Medical Effective Date	01/01/2020
Subscriber Name	John Doe
Member Name	John Doe
Member Date of Birth	11/30/1900
Relation to Subscriber	Self
Sex	Male
Contract Type	HMOLA POS
View ID Card	
Copays	
Office Visit	
Office Visit Special	
Outpatient Surgical	
Emergency Room	
Inpatient Hospital	
Inpatient Hospital	
Inpatient Hospital	
Outpatient XRay &	
Outpatient Physical	
Outpatient Speech	
Cardiac Rehab	

Medical Benefits Detail	
Contract Number	XUT123456789
Member Name	John Doe
Member Date of Birth	11/30/1900
Contract Type	HMOLA POS
View ID Card	

Digital ID Cards

Our members can also access their digital ID cards through:

Smartphone or device

Louisiana Blue has a mobile app that members can use. In the app, they will choose the “My ID Card” option (on the front page). Member’s also have the option to save their ID card to their phone’s wallet.

Louisiana Blue member portal

Our members can log into their online member account at www.lablue.com, then choose the “My ID Card” menu option.



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 on the date when the policy was 30 days delinquent.**

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA [Search](#)

Contract Number XUA123456789

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2019	---

ACTIVE PENDING PREMIUM PAYMENT

Grace Period Begin Date
01/01/2020

Grace Period End Date
03/31/2020

[APTC Extended Grace Period Notice](#)

[APTC Grace Period Guide](#)

John Doe Subscriber

Address: 123 STREET ST.
CITY, LA 70000

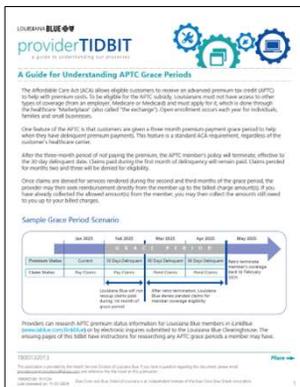
Sex: Male
Marriage Status: Married
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2019	---	02/01/2000	View ID Card	Summary Benefits	NO COB On File

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:



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 or 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	—	—
QBP Percentage	—	—

20

Tiered Benefits

Enhanced Tier 1 In-network Preferred	Tier 1 In-network Preferred	Tier 2 Out-of-network Preferred	Tier 3 Out-of-network Non-Preferred
Select providers in the Precision Blue network.	Providers in the member's network.	Providers participating with Louisiana Blue but NOT in the member's network.	Non-participating providers (do not participate in any Louisiana Blue network).
Member Benefit Plan:			
Precision Blue Only	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue 	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue 	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue
Example Scenarios:			
<ul style="list-style-type: none"> • Precision Blue member sees an Enhanced Tier 1 Precision Blue network provider. • The accumulations and copayments identified as Enhanced Tier 1 are applied. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • Community Blue member sees a Community Blue network provider. • The accumulations, copayments and coinsurance identified as Tier 1 apply. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • A Community Blue member sees a Signature Blue network provider. • The accumulations, copayments and coinsurance identified as Tier 2 apply. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • A Community Blue member sees a non-participating provider. • The accumulations, copayments and coinsurance identified as Tier 3 apply. • Provider can bill the member for any amount over the allowed amount.

Tiered Benefits

Precision Blue will display Enhanced Tier 1 copayment information for members. Precision Blue will apply in-network benefits to Enhanced Tier 1 and Tier 1 providers.

The other select networks do not have an Enhanced Tier 1 and will only apply in-network benefits to 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 Individual Precision Blue POS, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.

Copays

	PAR ?	EPO ?	QBP ?
Office Visit	\$25.00	—	—
Office Visit Specialist	\$65.00	—	—
Enhanced Tier 1 Office Visit	\$10.00	—	—
Enhanced Tier 1 Office Visit Specialist	\$50.00	—	—
Outpatient Surgical	—	—	—
Emergency Room	—	—	—
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.

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)

Contract Information
Prefix* Contract Number*

Patient Information
First Name* Middle Last Name* Suffix
Date of Birth mm/dd/yyyy
Gender Select Gender T
Service Type* Select Service Type

Subscriber Information
Only required if patient and subscriber are not the same
First Name Middle Last Name Suffix

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



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. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute if the Plan provides one. iLinkBlue retains eligibility responses for 21 days.

Eligibility Responses (271)

[Delete](#)

	Contract/ID Number	Subscriber Name (Last, First)	Patient Name (Last, First)	Current Policy Effective Date	View Response
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2019	View Detail

Eligibility responses will be retained for 21 days.
BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583).

Coverage – Out of Area

The Policy Dates can be found on the 271 Eligibility Report.

Eligibility Report (271)

Subscriber Information		Patient Information	
Subscriber Name	JANE DOE	Patient Name	JANE DOE
Contract Number	ABC123456789	Patient Gender	Female
Group Number	N/A	Patient Date of Birth	1/1/1975
Contract Type	Preferred Provider Organization (PPO)	Patient Relationship	Self

Source Information		Receiver Information		Policy Dates	
Home Plan	BCBS Out Of State Plan	ID	Provider	Date Type(DTP1)	Plan
		Type	Non-Person Entity	Date Value(DTP3)	1/1/2024 - 1/1/2025
		Name	ZYZ Clinic	Date Type(DTP1)	Eligibility Begin
				Date Value(DTP3)	4/1/2022

Coverage – Out of Area

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

Eligibility / Benefit Information
Click on category to browse for a specific benefit, or use the Expand All button to view a complete list of contract benefits.

[Expand All](#) [Collapse All](#)

- + Active Coverage Detail
- + Co-Insurance Detail
- + Co-Payment Detail
- + Deductible Detail
- + Limitations Detail
- + Out of Pocket (Stop Loss)
- + Benefit Disclaimer Detail
- + Contact Following Entity for

- Limitations Detail

Limitations
Eligibility Type(EB01) : Limitations
Coverage Level(EB02) : Individual
Service Type(EB03) : Chiropractic
Time Period(EB06) : Service Year
Monetary Amount(EB07) : \$1,000.00
In Plan Network Indicator(EB12) : Not Applicable
Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~

Limitations
Eligibility Type(EB01) : Limitations
Coverage Level(EB02) : Individual
Service Type(EB03) : Chiropractic
Time Period(EB06) : Remaining
Monetary Amount(EB07) : \$1,000.00
In Plan Network Indicator(EB12) : Not Applicable
Message Text(FreeText) : ADDITIONAL OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY VISITS ARE ALLOWED IF MEDICALLY NECESSARY. ~~

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.

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

LOUISIANA BLUE CROSS
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

(Please 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 vision policy, you will be asked if your call is for routine eye coverage, such as an eye exam, prescription glasses, or contact lenses. Say "No" to have your call an appropriate representative. Answer "Yes" to continue to the Provider Menu to reach the service needed.

Provider Menu
Provider menu. Which are you calling about?

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

TIDBIT0000010 [More](#)

For more information, visit our website at www.lablue.com/providers. If you have a question regarding this document, please email provider@lablue.com or call 1-800-676-2583. © 2014 Louisiana Blue Cross and Blue Shield of Louisiana. All rights reserved.

Claims

LOUISIANA **BLUE** 

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

Claims Research	BlueCard - Out of Area Claims Status	Claims Entry & Reports
Claims Status Search	Submit OOA Claims Status Request (276)	Louisiana Blue Professional Claims Entry (1500)
Action Request Inquiry	View OOA Claims Status Response (277)	Service Facility Location Information (1500)
Refund Request Letters		Louisiana Blue Claims Confirmation Reports
Dental Advantage Plus Network - United Concordia Dental [?]		
Davis Vision Network [?]		
Medical Code Editing	Medical Records	
Claims Edit System	Out of Area Medical Record Requests	
	Document Upload	

Claims Research

- Claims Research
- Claims Status Search
- Action Request Inquiry
- Refund Request Letters
- Dental Advantage Plus Network - United Concordia Dental ?
- Davis Vision Network ?

Claims Status Search – research paid/rejected or pended claims. You can also search by claim number.

Research BCBSLA, FEP and BlueCard - Out of Area claims.

Paid/Rejected Search

Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected Pended Claim Number Unbundling Reports

1 Select a Provider
Choose one ▾

2 Narrow Your Search
 BCBSLA / FEP
 BlueCard - Out of Area

3 Date of Service *optional*
From
To 06/15/2023

Search

Claims Status Search

Claims Research

- Claims Status Search
- Action Request Inquiry
- Refund Request Letters
- Dental Advantage Plus Network - United Concordia Dental
- Davis Vision Network

The **Paid/Rejected Claims** results screen provides information on paid or rejected claims. This includes amounts applied toward the deductible, copay, coinsurance or ineligible/rejected amounts.

For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that processed claim line.
- **Ineligible/Rejected Amount** to view a code and description of the reason the amount was not paid.

Paid/Rejected Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	NPI	Date of Service	Processed Date	Paid Date	Payee	CPT/ HCPCS Code	Amount Charged	Deductible	Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
12345678900-1	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8752	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	AR
12345678900-2	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8427	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	AR
19876543200-1	ABC001234567	123456789	03/16/2019	04/09/2019	04/12/2019	P	99214	\$160.00	\$0.00	\$0.00	\$0.00	\$101.00	\$59.00	AR

Claims Research

The **Pended Search** results screen provides information on claims that have pended.

Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental [?](#)
Davis Vision Network [?](#)

The screenshot shows the 'Claims Research' interface with three tabs: 'Paid/Rejected', 'Pended', and 'Claim Number'. The 'Pended' tab is selected and highlighted with a yellow box. Below the tabs are three numbered sections: 1. 'Select a Provider' with a dropdown menu showing 'Choose one'; 2. 'Narrow Your Search' with radio buttons for 'BCBSLA / FEP' (selected), 'BlueCard - Out of Area', 'APTC Grace Period', and 'All', and an optional text input field; 3. 'Date of Service' (optional) with 'From' and 'To' date pickers, where the 'To' date is set to '06/28/2023'. A blue 'Search' button is located at the bottom right.

1. Select the appropriate provider
2. Determine what type of claim are searching (BCBSLA, FEP, etc.)
3. Enter date range (optional)

To view all pended claims, leave the “From” date of service field blank. The “To” date of service field will default to the current date.

Claims Status Search

Claims Research
[Claims Status Search](#)
[Action Request Inquiry](#)
[Refund Request Letters](#)
[Dental Advantage Plus Network - United Concordia Dental](#)
[Davis Vision Network](#)

The **Pended Claims Results** screen provides information on pended claims on file. Click on a claim number to open the **Claims Detail** summary page for that claim. For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that pended claim line.
- **Pended Error Code** to open a brief description of the reason the claim is pending.

Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
14572368900-1	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	 AR
18976543200-1	H400000007654321	04/11/2019	Peggy Public	\$544.38	11900PO	SL16	 AR
16789854100-1	H400000003216547	04/07/2019	Jane Smith	\$167.00	99211	SL16	 AR

Claims Research

Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental
Davis Vision Network

The **Claim Number Search** allows you to search by specific claim number.

The screenshot displays a web interface for Claims Research. At the top, there are three tabs: "Paid/Rejected", "Pended", and "Claim Number". The "Claim Number" tab is highlighted with a yellow border. Below the tabs, there are two numbered steps: "1 Select a Provider" and "2 Enter a Claim Number". Under step 1, there is a dropdown menu with "Choose one" and a downward arrow. Under step 2, there is a text input field labeled "Claim #". A blue "Search" button is located at the bottom right of the form area.

Claims Research

Inpatient Unbundling Reports

Inpatient acute care claims are reviewed for billing accuracy based on the inpatient unbundling policy. Facilities can review automatically generated reports on how inpatient claims were unbundled and reprocessed.

This feature is available for participating acute facilities only. If you have no reports, it simply means you have no unbundled claims.

Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental ?
Davis Vision Network ?

Claims Status

To begin your search for claims status click on one of the tabs below.

Recent Unbundling Reports available! Click here to view those reports. ×

Paid/Rejected Pended Claim Number Unbundling Reports

1 Select a Provider
Choose one ▼

2 Narrow Your Search
 BCBSLA/FEP
 BlueCard - Out of Area

3 Date of Service *optional*
From 11/11/2022
To 06/01/2023

The unbundling policy can be found in Section 5.14 of the *Member Provider Policy & Procedure Manual*.

Claims Research



Unbundling Report Example

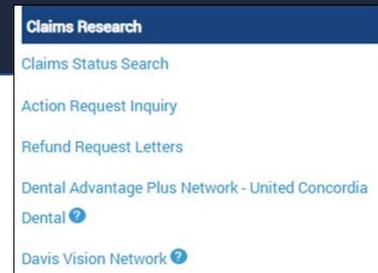
The unbundling report spreadsheet (sample below) identifies the billed claim charges a Blue Cross audit determined should bundle with room and board charges.

To help the facility identify and calculate how an inpatient claim was reprocessed, the report includes the following data elements:

- **Disallowed Charges** – Indicates the dollar amount removed from the claim. Subtract this amount from the billed charges submitted on a claim from the facility DRG to calculate the allowed amount.
- **Revenue Code** – Identifies the revenue code of the disallowed charge.
- **Revenue Code Description** – Provides a description of the item or service for the revenue code of the disallowed charge.

Processed Date	Provider/Facility Name	PRPR ID	NPI	Tax ID	Patient Name	Date of Service	BCBSLA Claim Number	Contract ID	Revenue Code	Revenue Code Description	Disallowed Quantity	Disallowed Unit Cost	Disallowed Charges	Denial Code	Denial Reason
11/30/2023	Demo Regional Hospital	0000	7.20E+09	1.23E+08	STANELY CUP	10/22/2023	1.23456E+11	2.04E+10	300	Hc Venipuncture/bi Coll	-1	21	-21	bun	Supplies or Services not Separately Reimbursable
11/30/2023	Demo Regional Hospital	0000	7.20E+09	1.23E+08	STANELY CUP	10/22/2023	1.23456E+11	2.04E+10	250	SODIUM CHLORIDE 0.9% 0.9 % SYRG	-1	36.16	-36	bun	Supplies or Services not Separately Reimbursable
11/30/2023	Demo Regional Hospital	0000	7.20E+09	1.23E+08	STANELY CUP	10/22/2023	1.23456E+11	2.04E+10	300	Hc Venipuncture/bi Coll	-1	21	-21	bun	Supplies or Services not Separately Reimbursable

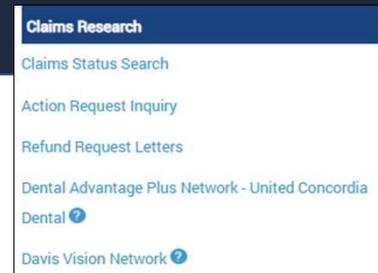
Action Requests Enhancements



Action requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim. As early as April 10, 2025, we are adding the following enhancements:

- The notes field will allow up to 1,000 characters for users to better communicate their claim issue. Currently, the limit is 250 characters.
- The Action Items drop-down list for reporting the type of issue is expanding from six to eight options. We are adding “Facility Reimbursement” and “Professional Reimbursement” as options.
- iLinkBlue will add case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests will load into our system for processing as soon as you submit. Today, there is a delay as action requests load into our system during nightly batch processing.

Action Requests Enhancements



Users may notice some additional changes because of these enhancements.

- Once you submit an action request, you will no longer be able to edit or delete that request. Today, users can make such changes until requests load into our system during nightly batch processing.
- You will not be able to submit duplicate action request on the same claim. A message will display to remind you an existing request is open on the claim. We must close that request before you can enter a new action request on the same claim. You will still be able to enter additional action requests for other claims.
- After clicking submit, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request before submitting. A blue processing bar will display as the action request transmits into our system for processing.
- If you receive an error message after clicking submit, there may have been an issue with creating your request. Check the Action Request Inquiry search to verify it was created. If the request is not found in your search, please enter the request again.
- After transmitted, the action request Answer History will indicate the request was routed to group workflow case. This means the request entered our system for processing and is not a response to the request.

Action Requests

Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental
Davis Vision Network

Pended Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
14572368900-1	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	
18976543200-1						SL16	
16789854100-1						SL16	

Submit Action Request

To submit an action request, complete the fields below.

Action

Select One

First Name

First

Last Name

Last

Phone Number

XXX-XXX-XXXX ext

Notes

Type the details of your request. Max 400 characters.

Claim Details

Contract Number

Claim Number

Date of Service

Date Processed

Submit Action Request

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.

Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental ?
Davis Vision Network ?

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 August 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 on a “**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.

Refund Request Letters

To review a Refund letter, select the NPI of a provider. In addition, you may enter a contract number, claim number or letter creation date range.

1 Select a Provider

Choose one ▾

2 Contract Number *(optional)*

BCBSLA / FEP

BlueCard - Out of Area

3 Claim Number *(optional)*

4 Letter Creation Date *(Letters created before 8/21/2024 are not available)*

From

To

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.

Refund Request Letters Results

Showing 10 records Filter:

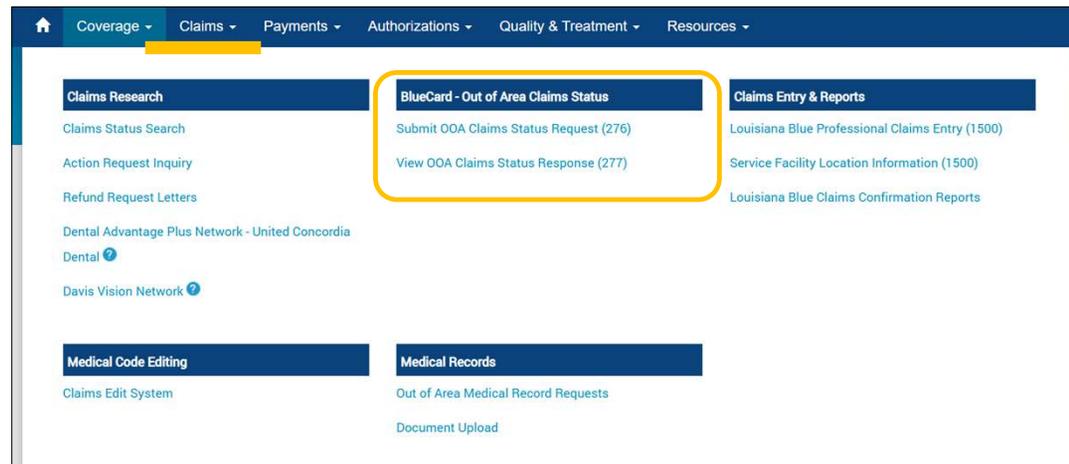
Claim Number	NPI	Provider Name	Contract Number	Letter Creation Date	Patient Name	Refund Letter	Rationale Letter
987654321	1234567890	ABC CLINIC	1234567891	08/21/2024	RITA BOOK	View	View
987456123	1234567890	ABC CLINIC	1224567891	08/21/2024	STANLEY CUPP	View	View
987123456	1236549870	DOE, JANE	1234467891	08/21/2024	CHERRY BLOSSOM	View	View
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2024	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2024	ABBY NORMAL	View	View

BlueCard – Out of Area Claims Status

We recommend using the [Claims Status Search](#) for claims research where Action Requests are available, if needed.

If your claim cannot be found using the Claims Status Search, the below features are available to search out of area claims status:

- [Submit OOA Claims Status Request \(276\)](#) – submit an electronic claim status inquiry to the out-of-area member’s Blue Plan.
- [View OOA Claims Status Response \(277\)](#) – access the electronic response from the member’s Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute.



Submitting Claims in iLinkBlue

Louisiana Blue Professional Claims Entry (1500) – follows the format of the HCFA 1500 form R (02-12).

If the claim entry contains errors, the edits will be listed under the “Error Messages” section at the top of the screen.

The screenshot shows a web form for entering claims. At the top left, there is a section labeled "Error Messages:" which is highlighted with a yellow box and pointed to by a yellow arrow. The form is divided into several sections:

- 1a. Insured's ID#**: A text input field.
- 2. Patient's Name**: Three text input fields for LAST, FIRST, and MI.
- 3. Patient's Birth Date**: A text input field for MM/DD/YYYY.
- Sex**: Two radio button options, Male and Female.
- 4. Insured's Name**: Three text input fields for LAST, FIRST, and MI.
- 5. Patient's Address**: A text input field for NO. STREET, a text input field for City, a dropdown menu for State (currently showing LA), a text input field for Zip Code, and a text input field for Phone.
- 6. Patient's Relationship to Insured**: A dropdown menu with "Select" as the current value.
- 7. Insured's Address**: A text input field for NO. STREET, a text input field for City, a dropdown menu for State (currently showing LA), a text input field for Zip Code, and a text input field for Phone.
- 8. Reserved for NUCC Use**: A text input field.

When the claim is submitted and accepted, the provider will receive a confirmation message.

Claim for 12345678901; DOE, JANE has been submitted

Submitting Claims in iLinkBlue

Claims Entry & Reports
Louisiana Blue Professional Claims Entry (1500)
Service Facility Location Information (1500)
Louisiana Blue Claims Confirmation Reports



If you click the **Submit Claim** button and are sent to the iLinkBlue login screen, you were logged out because of inactivity.

During claim entry, if you stop to research information like a diagnosis or procedure code, be aware that security features of iLinkBlue will log you out **after 15 minutes of inactivity**.

For complete instructions on using the 1500 Form claim entry application, view our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



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.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

3 Date Range *optional*
 From Date
 To Date 04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

Search

Search Results for Accepted Claims

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

Louisiana Blue Claims Confirmation Reports

- If you do not enter dates in the application's optional date range field, the returned results will list the last five reports by the date processed by Louisiana Blue. 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.

Blue Cross Claims Confirmation Reports

1 Select a Provider

1234567890 ▼

2 Report Type

Accepted

Not Accepted

3 Date Range *optional*

From Date 📅

To Date 📅

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

[Search](#)

Search Results for Accepted Claims

NPI 1234567890

View Report
04/13/2019
04/12/2019
04/11/2019
04/10/2019
04/09/2019

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
Professional Claims Report

SUBMITTER NUMBER: P0123456789 SUBMITTER: ABCTESTCO
 BC Red # 1234T5678Z NPI# 1234567891 PROVIDER: TEST REGIONAL HOSPITAL
 BC ID # T5678 RECEIVED DATE: 04-12-19 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
Professional Claims Report

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

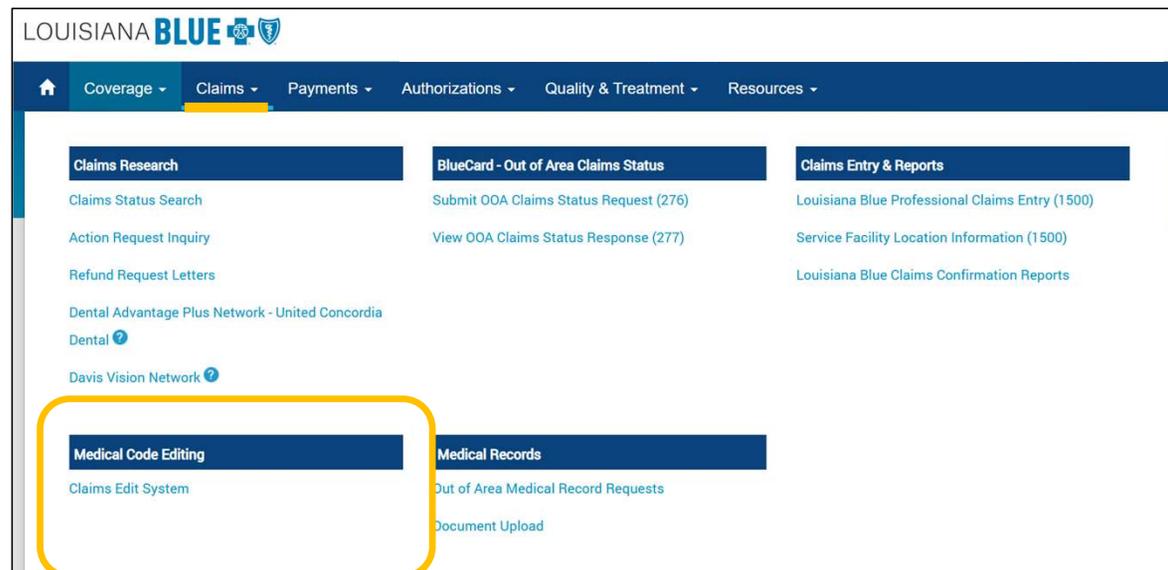
SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:
 TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00
 TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00
 GRAND TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

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.



Medical Code Editing

The first screen you encounter in the CES application is the Claim Entry screen. It includes a tab for both professional and outpatient facility claims. Please make sure to select the correct tab for the applicable claim entry, as the edits and modifiers are not the same.

LOUISIANA BLUE

Professional Claim Entry
Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Gender Male Date of Birth Claim Type Professional

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text"/>				
2	<input type="text"/>				
3	<input type="text"/>				

Medical Code Editing

When entering CPT®/HCPCS codes into the CES application, remember the following:

- The CES application does not guarantee claims payment.
- The results of the software do not consider all circumstances and factors that may affect payment including, but may not be limited to:

For Professional Claim Entry:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits

For Facility Claim Entry:

- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits

CES – Professional Claims

LOUISIANA BLUE CROSS

This tool is applicable for Professional edits or Facility Outpatient and Ambulatory Surgery Center edits. Please do not use this tool for Inpatient edits.

Gender: Male | Date of Birth: | Claim Type: Professional

Add Lines | Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	06/26/2019	06/26/2019	99201		1
2	06/26/2019	06/26/2019	81002		1
3	06/26/2019	06/26/2019	81003		1

Privacy Policy | Terms and Conditions

Our **Claims Editing System (CES)** calculates code-edit outcomes. On the **Professional Claim Entry** screen, you can enter codes for a professional claim. The available fields and accepted values include:

- Gender
- Date of Birth
- Claim type – Select professional
- Beginning date of service (DOS)
- End date of service (DOS)
- Procedure – Valid CPT code must be submitted
- Modifier – Appropriate modifier for this CPT code
- Units – Enter the number of units, this field defaults to a value of one

Click the “Add Lines” button if more than three codes are on your claim. After entering all applicable information, click “Submit” to generate CES system review results.

CES – Professional Claims

The claim line information entered by the user displays under **Original Lines**. The Louisiana Blue CES system review of the claim lines appear under the **Claims Analysis Results**.

- When the claim line is compatible, no edit results are generated. The Flag Status will indicate “CLEAN LINE.”
- When the claim line is not compatible, the Flag Status displays information on the potential claim edit.



Professional Claim Entry | Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Export to PDF | New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	06/26/2019	06/26/2019	99201		1	A
2	06/26/2019	06/26/2019	81002		1	A
3	06/26/2019	06/26/2019	81003		1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	99201	1	0.0	CLEAN LINE
2	81002	1	0.0	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0 390116, Ext/Int Line ID3.
3	81003	1	0.0	CLEAN LINE

Flag Description	Flag Status	Disclosure
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0 390116, Ext/Int Line ID3.	Deny	An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted.

CES – Professional Claims

In the example below, the Claim Analysis Results show that the Louisiana Blue CES system lets all procedure codes be entered on the claim. For example: CPT codes 99201, 81002 and 81003.

The results will show procedure code 81002 would deny because it has an exclusive relationship with code 81003.

LOUISIANA BLUE 

Professional Claim Entry Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Export to PDF New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	06/26/2019	06/26/2019	99201		1	A
2	06/26/2019	06/26/2019	81002		1	A
3	06/26/2019	06/26/2019	81003		1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	99201	1	0.0	CLEAN LINE
2	81002	1	0.0	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_O_390115, Ext/Int Line ID3.
3	81003	1	0.0	CLEAN LINE

Flag Description	Flag Status	Disclosure
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_O_390115, Ext/Int Line ID3.	Deny	An Unbundled Procedure Flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted.

CES – Professional Claims

What **edits** or **overrides** are included in our CES logic?

The CES application includes the following edits or overrides as they apply to a single code or code pairs:

- Modifier 25, 59 and 57 edit overrides
- Age edits
- Duplicate edits
- Mutually exclusive edits
- Incidental edits
- Visit processing edits
- Assist at surgery edits
- Pre/post op processing edits



CES – Facility Claims

LOUISIANA BLUE

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry **Facility Claim Entry** Submit

Type Inpatient Outpatient

Type of Bill Claim Type Statement From Through

Patient Information

Gender Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="06/26/2019"/>	<input type="text" value="1"/>

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.**

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 Undefined
- 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

CES – Facility Claims

LOUISIANA BLUE

Professional Claim Entry | Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Export to PDF | New Claim

Type: Outpatient

Type of Bill 131 | Claim Type Facility Outpatient | Statement From 06/26/2019 | Through 06/26/2019

Patient Information

Gender M | Birth Year | Patient Status

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags									
CLAIM CLEAN CLAIM													
				<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> <th>Disclosure</th> </tr> </thead> <tbody> <tr> <td>[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.</td> <td style="text-align: center;">Deny</td> <td>The 040000 edit identified the column 2 code of a Column 1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on</td> </tr> <tr> <td>[DDR BCLA9 FE] Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]</td> <td style="text-align: center;">Deny</td> <td></td> </tr> </tbody> </table>	Flag Description	Flag Status	Disclosure	[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny	The 040000 edit identified the column 2 code of a Column 1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on	[DDR BCLA9 FE] Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]	Deny	
Flag Description	Flag Status	Disclosure											
[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny	The 040000 edit identified the column 2 code of a Column 1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on											
[DDR BCLA9 FE] Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]	Deny												
1	36415	0	0.0										
2	83625	1	0.0	CLEAN LINE									

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis

Original Lines

Line	Rev Code	Modifier	Date	Units
1			06/26/2019	1
2			06/26/2019	1

Medical Records

Use this section to view medical record requests for your Out of Area (BlueCard®) patients. You can also securely upload documents to select Louisiana Blue departments.



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.

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.”

Medical Record Requests - Out of Area
 Make selections below to complete research and handling of Medical Requests for out of area BCBS patients. Claims pending for medical records cannot complete processing until we receive the information requested.

1 Request Status

- Outstanding Requests
- Requests Completed by Provider
- Requests Received by BCBSLA

2 Select Provider

This application is not for medical record requests for Louisiana Blue (including HMO Louisiana) members.



Document Upload

1 Select the Department
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

- Choose One
- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Provider Disputes - Non-Louisiana Members: Fax 225-297-2727
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7329
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150
- Population Health: Fax 1-800-267-6548

Tips for Successful Document Upload

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

[Document Upload FAQs](#)

Document Upload Frequently Asked Questions can be found here.

Document Upload - upload documents that would otherwise be faxed, emailed or mailed.

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."

Medical Records
Out of Area Medical Record Requests
Document Upload

Louisiana Blue accepts document uploads for:

- Provider Disputes – Louisiana Members
- Provider Disputes – Non-Louisiana Members
- 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

Payments

LOUISIANA BLUE 

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

Payment Information

- [Payment Registers](#)
- [EFT Notifications](#)

Allowables

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)
- [FEP Dental Allowables \(PDFs\)](#)

Payment Information



Use this section to access your Louisiana Blue payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. 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 Electronic Funds Transfer (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 last two years. This allows you to see past EFT notifications or payment registers.

Payment Information

[Payment Registers](#)

[EFT Notifications](#)

The screenshot shows the 'Payment Registers' web application interface. At the top, there is a search bar with fields for 'Select a provider', 'Select a line of business', and a date selector set to '07/06/2020'. A 'Search' button is located to the right. Below the search bar, it indicates 'Search results for 07/06/2020' and includes a red warning: '*** Some registers may take several minutes to generate a PDF due to the size of the register.' The main content area is divided into two sections, each for a different NPI. The first section is for NPI 1234567890 and lists various lines of business with corresponding 'Payment Register' links. The second section is for NPI 2234567890 and lists a subset of these lines of business.

NPI	Line of Business	View Reports
1234567890	Blue Cross Louisiana	Payment Register
	Blue Cross Louisiana	Payment Register
	Blue Cross Louisiana	Payment Register
	Federal Employees Program (FEP)	Payment Register
	Federal Employees Program (FEP)	Payment Register
	HMO Louisiana	Payment Register
	HMO Louisiana	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register
	OGB Magnolia Local	Payment Register
	OGB Pelican HRA 1000	Payment Register
	OGB PPO Magnolia Open Access	Payment Register
2234567890	Blue Cross Louisiana	Payment Register
	Federal Employees Program (FEP)	Payment Register
	HMO Louisiana	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register

Allowable Research



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

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

Allowables Research

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Professional Allowable Search

To begin an allowable charges search, enter a date and select a provider.

- 1 Select a Date**
- 2 Select a Provider**
- 3 Select a Network**
- 4 Enter a CPT Code***

* An asterisk (*) can be used as a wild card (ex 99*)

Professional Allowable Search

- 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.



Providers must use iLinkBlue for professional allowable charges. These services are no longer supported by our Customer Care Center.

Allowables Research

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Outpatient Facility Allowable Charges Search
To begin an outpatient facility allowable charges search, enter a date and select a facility.

If you participate in a network that is not found in the Select a Network drop box, please contact Network Administration at 800.716.2299 for assistance.

Search by Code **Fee Schedule Request**

1 Select a Date: 11/01/2022

2 Select a Facility: Select a facility

3 Select a Network: Select a Network

4 Enter a CPT/HCPCS Code*

Continue

* An asterisk (*) can be used as a wild card (ex 99*)

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

- Professional Provider Allowable Charges Search
- Outpatient Facility Allowable Charges Search
- FEP Dental Allowables (PDFs)

Allowables Research Outpatient Facility Allowable Charges

Example

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

Select a Date

Select a Facility

Select a Network

Enter a CPT/HCPCS Code*

[Continue](#)

[Reset](#)

[View Allowables](#)

* An asterisk (*) can be used as a wild card (ex 99*)

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: AB

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 entries Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
99214	D&T	AB	\$100.00	110.00%	\$110.00	---

Showing 1 to 1 of 1 entries Previous **1** Next

Allowables Research

Outpatient Facility Allowable Charges

Allowables

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)
- [FEP Dental Allowables \(PDFs\)](#)

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

- Professional Provider Allowable Charges Search
- Outpatient Facility Allowable Charges Search
- FEP Dental Allowables (PDFs)

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 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

Allowables

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)
- [FEP Dental Allowables \(PDFs\)](#)

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.

The screenshot shows a web interface for requesting a fee schedule. At the top, there are two tabs: "Search by Code" and "Fee Schedule Request". Below the tabs, there are three numbered steps: 1. "Select a Date" with a date input field showing "11/01/2022" and a calendar icon; 2. "Select a Facility" with a dropdown menu labeled "Select a facility"; 3. "Select a Network" with a dropdown menu labeled "Select a Network". A blue "Continue" button is positioned below the facility dropdown. A "Reset" button is located below the network dropdown. A yellow-bordered button labeled "Request Full Fee Schedule" is positioned to the right of the network dropdown. At the bottom of the form, there is a note: "Please allow up to 2 business days for a full fee schedule to be returned. Note, the fee schedule is effective as of the date requested."

Fee Schedule Request Example

Allowables

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)
- [FEP Dental Allowables \(PDFs\)](#)

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.

Full Fee Schedule Results

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 entries Search:

Requested By	Provider Name	Network	Effective Date	Request Date	Status	
Teri.Dactyl@hospital.com	Demo Regional Hospital	PCAREPPO	10/01/2022	10/25/2022	Completed	View
Teri.Dactyl@hospital.com	Demo Regional Hospital	HMOLA	10/01/2022	10/25/2022	Completed	View

Showing 1 to 2 of 2 entries Previous **1** Next

Authorizations

The screenshot shows the Louisiana Blue website's navigation and content structure. At the top left is the logo "LOUISIANA BLUE" with a shield icon. Below it is a dark blue navigation bar with a home icon and menu items: Coverage, Claims, Payments, Authorizations (highlighted with a yellow underline), Quality & Treatment, and Resources. The main content area is divided into three columns. The first column, titled "Authorizations Guidelines", contains the link "Do I need an authorization?". The second column, titled "Authorizations - Louisiana Blue Members", lists: Louisiana Blue Authorizations, Behavioral Health Authorizations, Carelon Authorizations, Authorization/Pre-certification Inquiry, Medical Policy Guidelines, Lab Reimbursement Policies, and FEP Medical Policy Guidelines. The third column, titled "Authorizations - Out of Area Members", lists: Out of Area (Pre Service Review - EPA) and Medical Policy Guidelines.

LOUISIANA BLUE

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

Authorizations Guidelines

[Do I need an authorization?](#)

Authorizations - Louisiana Blue Members

- [Louisiana Blue Authorizations](#)
- [Behavioral Health Authorizations](#)
- [Carelon Authorizations](#)
- [Authorization/Pre-certification Inquiry](#)
- [Medical Policy Guidelines](#)
- [Lab Reimbursement Policies](#)
- [FEP Medical Policy Guidelines](#)

Authorizations - Out of Area Members

- [Out of Area \(Pre Service Review - EPA\)](#)
- [Medical Policy Guidelines](#)

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?](#)

Authorizations Guidelines - Do I need an authorization? – This application lets you research and view authorization requirements based on the member ID prefix.

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

Pre-Authorization / Pre-Certification Information

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Alpha Prefix:

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

LOUISIANA BLUE Preferred Care PPO Network **FULLY INSURED**

Member Name	BLUE SUBSCRIBER	Grp/Subgroup:	AAA00000/PPO4
Member ID	XUP00000000	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

04BA0314 R01/24

Authorizations Louisiana Blue Members

Authorizations - Louisiana Blue Members
Louisiana Blue Authorizations
Behavioral Health Authorizations
Carelton Authorizations
Authorization/Pre-certification Inquiry
Medical Policy Guidelines
Lab Reimbursement Policies
FEP Medical Policy Guidelines

Louisiana Blue Authorizations* – submit and research authorizations for Louisiana Blue members. Upload clinical information.

Behavioral Health Authorizations* – behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically. This web-based application is facilitated by Lucet.

Carelton Authorizations – submit and research authorizations for outpatient high-tech radiology, diagnostic, cardiology services, sleep study, genetic testing, radiation oncology and musculoskeletal (MSK) joint surgery, spine surgery, spine pain management authorizations. This web-based application is facilitated by Carelon.



*Your organization's administrative representative must grant you user access to these applications.

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 organizations 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.



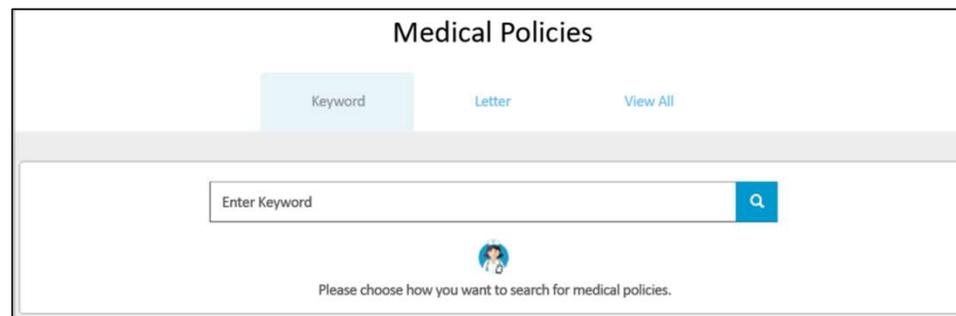
Provider Training for the new application is available by contacting the Provider Relations Department at provider.relations@lablue.com.

Authorizations Louisiana Blue Members

Authorizations - Louisiana Blue Members
Louisiana Blue Authorizations
Behavioral Health Authorizations
Carelton Authorizations
Authorization/Pre-certification Inquiry
Medical Policy Guidelines
Lab Reimbursement Policies
FEP Medical Policy Guidelines

Authorization/Pre-certification Inquiry – view a provider’s inpatient or outpatient authorizations on file with Louisiana Blue.

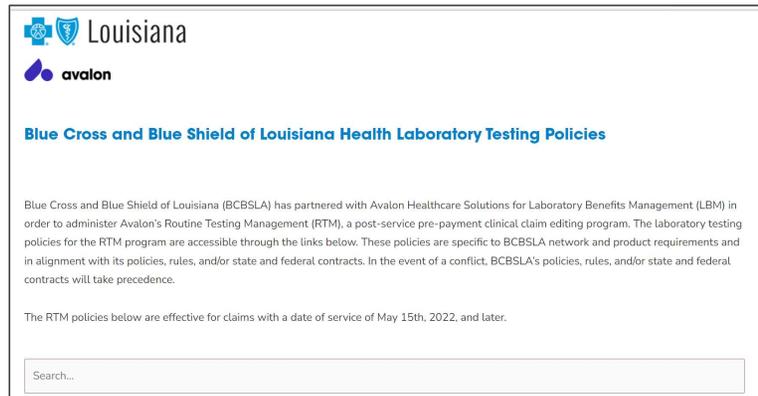
Medical Policy Guidelines* – access the Louisiana Blue medical policy index to research Louisiana Blue’s medical policies. Search for policies alphabetically by title or use the search bar to look by keywords or codes.



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

Authorizations Louisiana Blue Members

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



Search...

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 >Lab Management.

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.

Authorizations - Out of Area Members

[Out of Area \(Pre Service Review – EPA\)](#)

[Medical Policy Guidelines](#)

Home Coverage - Claims - Payments - Authorizations - Quality & Treatment - Resources -

Delegated Access -

Pre-Service Review for Out of Area Members

Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval

Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click *Submit*.

I have verified the pre-service requirements for this member

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

	BlueCross® BlueShield®	Blue Product	ALPHA Employer Group
Member Name		Dependents	
Member ID	XYZ 23456789	Dependent One	
Group No.	023457	Dependent Two	
BIN	987654	Dependent Three	
Benefit Plan	HIOPT	Plan	PPO
Effective Date	00/00/00	Office Visit	\$15
		Specialist Copay	\$15
		Emergency	\$75
		Deductible	\$50
			R

Authorizations Out of Area Members

Authorizations - Out of Area Members

Out of Area (Pre Service Review – EPA)

Medical Policy Guidelines

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.

Out of Area Medical Policy Coverage Guidelines

To view the out-of-area Blue Plan's medical policy information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "submit".

Prefix

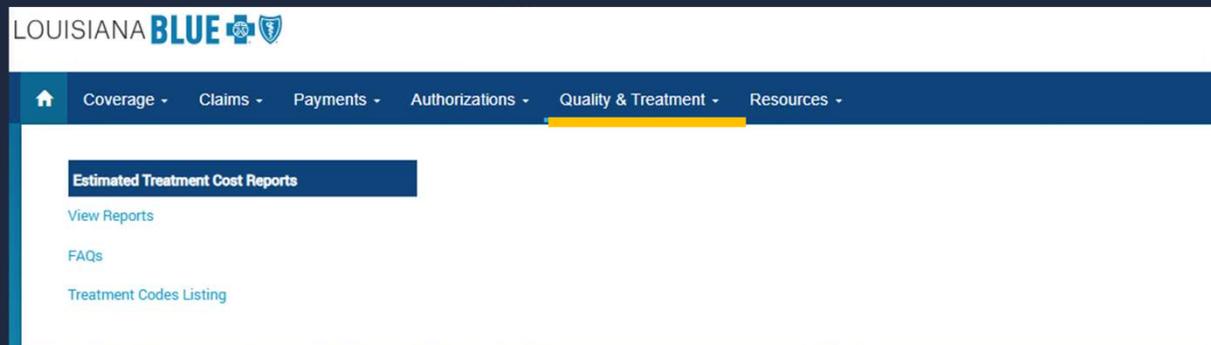
Changes to Authorizations Numbers Coming Soon

- Currently the Louisiana Blue Authorizations application uses the referral ID number assigned to a request as the authorization number. Referral ID numbers begin with the letter “B” and appear in the top left of the Referral Details screen.
- Later this summer the Referral Details screen will identify new authorization numbers in the Authorizations section. The new authorization numbers will begin with the letter “L.”
- Providers will need to begin using the new “L” authorization numbers for claims submission and processing. Only use the referral ID numbers as a reference number for the request.



This change will not alter the process for adding additional service requests or extension requests to an authorization. Continue to add these to the authorization via the Add Note/Attachment feature accessed on the Referral Details screen.

Quality & Treatment



LOUISIANA BLUE 

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Estimated Treatment Cost Reports

- [View Reports](#)
- [FAQs](#)
- [Treatment Codes Listing](#)

Estimated Treatment Costs

Estimated Treatment Cost Reports

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Louisiana Blue has an Estimated Treatment Cost Tool that allows our Preferred Care PPO members to view information about the value you bring to the healthcare community. What members see are PPO costs displayed on the national Blue Cross Blue Shield Association (BCBSA) Hospital & Doctor FinderSM website. Twice a year, we notify providers to review their refreshed cost data. Providers are asked to log into iLinkBlue during the 30-day review period. At the end of the period, the data is published to BCBSA.

View Cost Reports
Begin viewing cost reports by selecting a name from the listing.

Blue Cross and Blue Shield of Louisiana Estimated Treatment Cost Report

Provider Name: TEST PROVIDER
Provider Number: 12345
Provider NPI Number: 1234567890
Provider Address: 123 STREET ST BATON ROUGE, LA 708080000

Reporting Period: 01/01/9999 TO 12/31/9999
Data Type: Professional Office Visit

Estimates include but are not limited to allowed claims for Facility, Ancillary, Physician, Lab, Radiology, and Diagnostic services. [Cost Data Methodology](#)

To submit a reconsideration on a specific cost, select a Treatment Description below

Search:

Treatment Category	BCBSLA Procedure Volume	Low Allowable Estimate	High Allowable Estimate	Typical Allowable
Established patient, low complexity, 15 minutes	63	\$69	\$69	\$69
Established patient, moderate complexity, 25 minutes	10	\$103	\$103	\$103
Existing Patient Preventative Checkup for an Adult (Age 18-44)	5	\$306	\$112	\$110

Resources

LOUISIANA BLUE

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

Resources

- Manuals
- Speed Guides
- Tidbits
- Forms
- National Alliance Groups
- Chronic Condition Resources

Resources

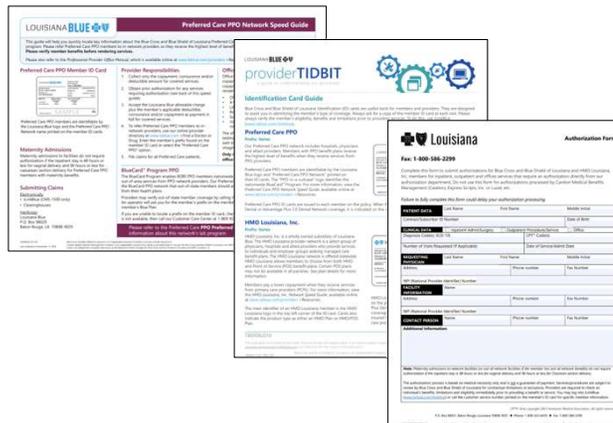
Manuals

Most provider manuals are available on the Provider page (www.lablue.com/providers). There are also a few manuals that are found on iLinkBlue only; such as the *Member Provider Policy & Procedures Manual* and the *iLinkBlue 1500 Claims Entry*



Speed Guides, Tidbits and Forms

These are quick reference guides and forms designed to help providers with their Louisiana Blue needs. They are available on the Provider page with quick links in iLinkBlue.



National Alliance Groups

This is a complete listing of our National Alliance self-funded groups. The listing includes member ID prefixes for these groups.

Group	Effective Date	Alpha Prefix
Adkins General Hospital	1/1/2018	ISA
Acadian Ambulance	1/1/2023	LAK
Assurance Group	1/1/2012	AJS
Bolinger Pharmacy	1/1/2018	SOJ
Carroll Parish Commission	1/1/2014	CRW
CCP	1/1/2014	SCS
City of Monroe	1/1/2016	BMQ
Coca	1/1/2013	ESJ
Convent Bank & Trust	4/1/2016	RNE
Diocese of Lafayette	1/1/2014	FJA
Enterprise Measurement of Our Life Health System (EMOHS)	1/1/2020	HEB
Galena Marine Service	1/1/2018	GOO
Grand Isle Shipyard	1/1/2018	IVJ
Grain Clinic	1/1/2013	GCL
Bank Bank	1/1/2010	MBJ
Jefferson Parish Sheriff's Office	1/1/2018	MAJ
Lafayette City Parish Government	1/1/2013	LFP
Life Shores	1/1/2015	LSP
Cluger Bank	1/1/2010	DKW
PIP Holdings	1/1/2013	SKA
Randa Corp	1/1/2019	RCW
Top O' Marine Services LLC	1/1/2013	RFC
Scott Equipment	10/1/2013	SOH
Thibodaux Regional Health System	1/1/2018	TRH
Tulare University	1/1/2010	TNA
WHC Energy Services	1/1/2018	ESU
Ever-nom	1/1/2014	ENR

iLinkBlue Support

iLinkBlue and EDI Support

The EDI Production Support team can assist you with iLinkBlue technical support. They also support system-to-system electronic transactions to Louisiana Blue. This team can assist you with the electronic clearinghouse submission of eligibility information, payment information and claims.

Phone:	1-800-716-2299, option 3
Email:	EDIservices@lablue.com
Business Hours:	Monday – Friday, 8:30 a.m. to 4:30 p.m. CT (except holidays)

Provider Identity Management (PIM) Team

The PIM Team can assist with the administrative representative setup process and managing system access to our secure electronic services.

Phone:	1-800-716-2299, option 5
Email:	PIMteam@lablue.com
Business Hours:	Monday – Friday, 7:30 a.m. to 4 p.m. CT (except holidays)

iLinkBlue Training

Our **Provider Relations Representatives** are available to provide iLinkBlue training to providers and their staff.

To request iLinkBlue training, please send an email to provider.relations@lblue.com. Put “iLinkBlue Training” in the subject line.

Please include your:

- Name
- Organization name
- Contact information
- Brief description of the training you are requesting





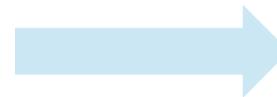
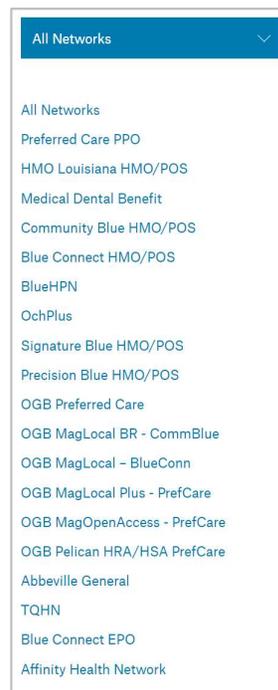
Questions?



Appendix

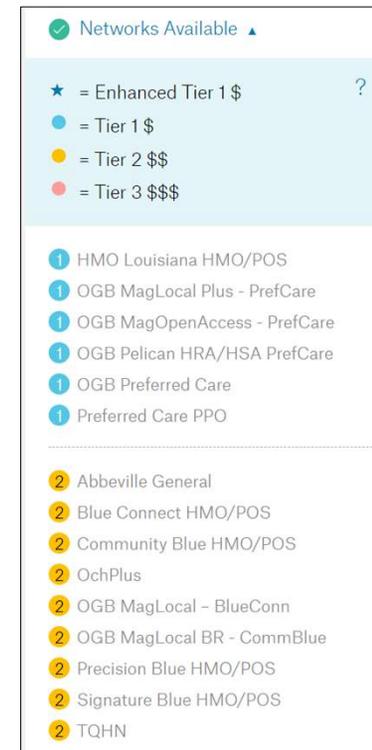
Knowing Your Networks

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 > Local Provider Directory.



Some of our networks have tiered benefits.

Indicators are included in our online directories.



What is the BlueCard Program?

- A national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain in-network healthcare services while traveling or living in another BCBS Plan service area.
- It links participating healthcare providers with other Blue Plans across the country, and in more than 200 countries and territories worldwide, through a single electronic network for professional, outpatient and inpatient claims processing and reimbursement.
- Members have access to participating doctors and hospitals worldwide.



LOUISIANA BLUE		Preferred Care PPO Network
Member Name BLUE SUBSCRIBER		FULLY INSURED
Member ID XUP000000000	Grp/Subgroup: AAA00000/PPO4	RxMbr ID: 200000000
	RxBIN: 000000 PCN-A4	RxGrp: BSLA
	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	\$5500	\$5500
Out of Network	\$5500	\$5500
04BA0314 R01/24		Advantage Plus Dental Network

CAA Surprise Billing Notice and Consent

The Consolidated Appropriations Act (CAA) 2021 includes the No Surprises Act, which governs how non-participating providers are allowed to bill patients. This Act prohibits non-participating providers from balance billing for non-emergency medical services performed at network facilities, with certain exceptions.

Under the law, the following providers are **not** permitted to ask patients to give up their balance-billing protections:

- Anesthesiologists
- Emergency room doctors
- Neonatologists
- Pathologists
- Radiologists
- And other ancillary providers as defined by the CAA 2021

CAA Surprise Billing Notice and Consent

Submitting Patient Notice and Consent

Providers can submit claims electronically or hardcopy. Providers must also submit a copy of the consent waiver to Louisiana Blue as documentation that the patient is waiving their protective rights for balance billing. To ensure that Louisiana Blue properly receives the consent documentation, please follow the claims filing guidelines below:

For Electronic Claims:

- Submit the claim electronically.
- Submit a copy of the signed consent waiver by mail, fax or email at the same time.
- Complete and include the Louisiana Blue CAA Consent Submission Form as a cover sheet. It is available at www.lablue.com/providers >Resources >Forms. Submission instructions are included on the form.

For Paper Claims:

- Submit the signed consent waiver as an attachment to your hardcopy claim form.

More Resources

Guide for Understanding APTC Grace Periods tidbit details how to research member APTC premium status information in iLinkBlue. The tidbit includes step-by-step instructions for researching an APTC Member's coverage status and claims. Find this tidbit online at www.lablue.com/providers >Resources.

Medical Record Guidelines for BlueCard tidbit explains how to access a provider's medical record requests for out-of-area members in iLinkBlue. The tidbit includes the steps for accessing and managing the medical record requests in iLinkBlue. Find this tidbit online at www.lablue.com/providers >Resources.

Submitting Corrected Claims tidbit includes the instructions for refiling a corrected CMS-1500 claim in iLinkBlue. Find this tidbit online at www.lablue.com/providers >Resources.

Provider Self-service Quick Reference Guide explains how to use iLinkBlue for member eligibility, claim status inquiries, professional allowable charge searches and medical policy searches. The guide also identifies the information our Customer Care Center will ask for if you have questions after using iLinkBlue. Find this guide online at www.lablue.com/providers >Resources.

Louisiana Blue Authorizations Application User Guide gives providers and facilities the instructions needed for submitting authorizations and clinical information through the Louisiana Blue Authorizations application. Find this guide under the Resources menu option in iLinkBlue.