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.

LOUISIANA BLUE

Let’s Use iLinkBlue

www.lablue.com/ilinkblue

August 2026

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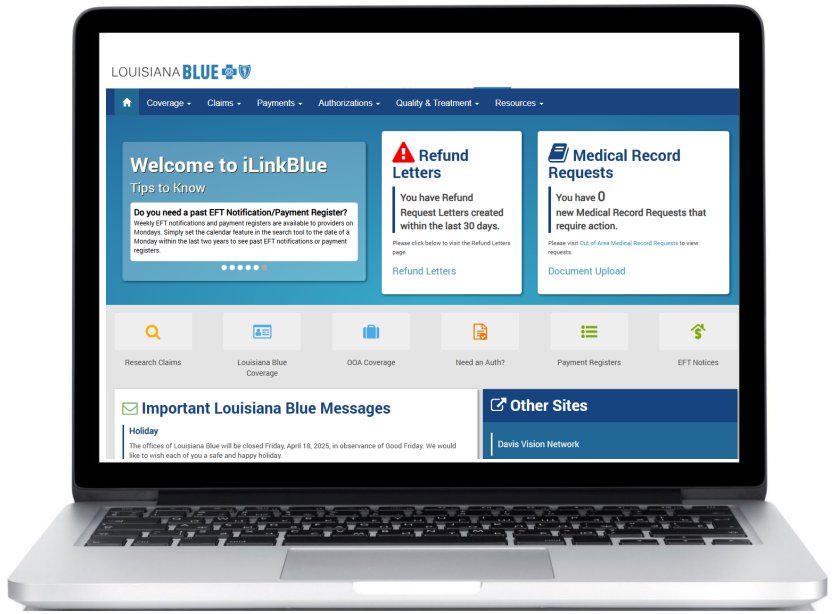
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Welcome

- Today's presentation will review the many features of iLinkBlue, including:
  - Blue Advantage Transition to iLinkBlue
  - 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.



Blue Advantage Provider Portal Transition to iLinkBlue

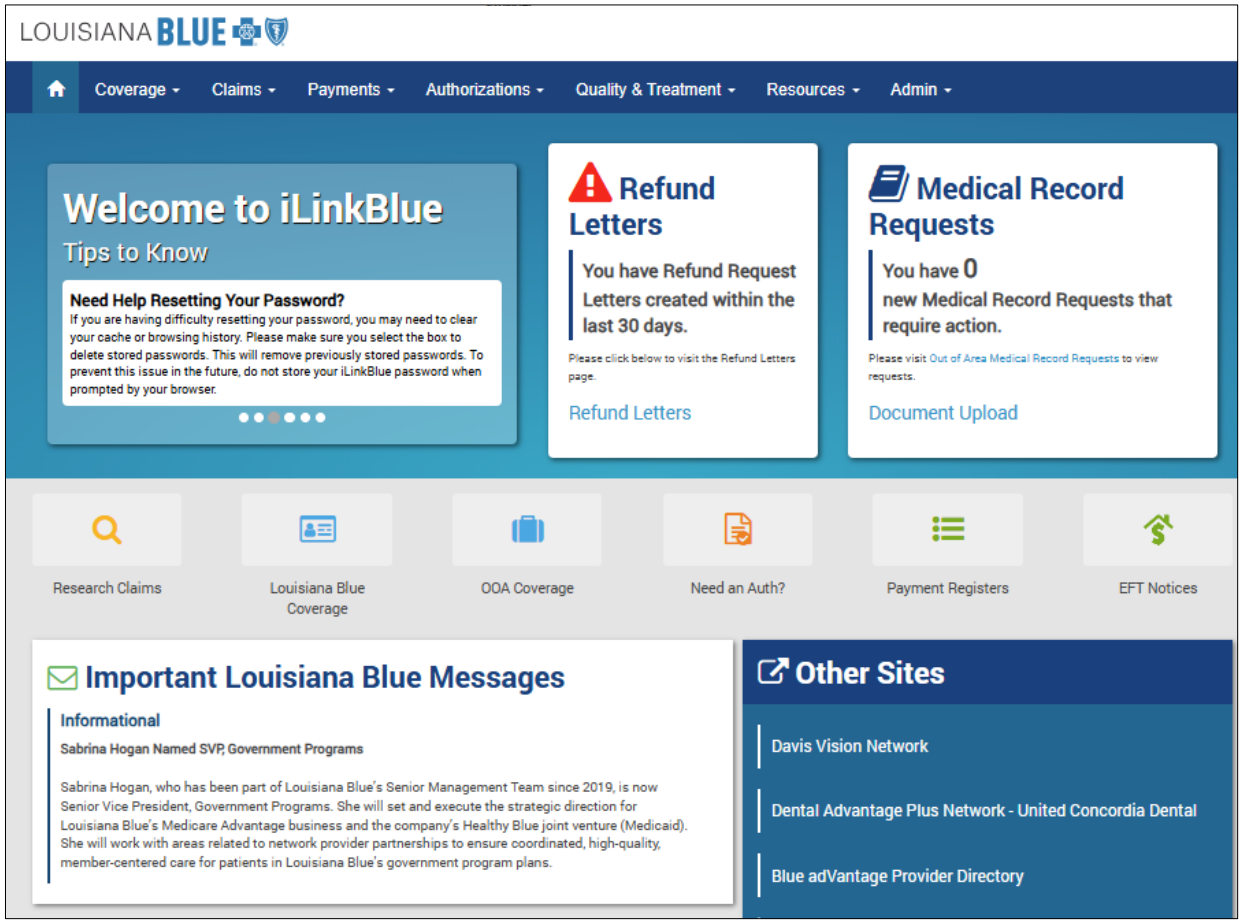
- Authorizations
- Claims Research
  - The previous two years of claims status information will be available in iLinkBlue. You will be able to access your 2026 Blue Advantage claims in iLinkBlue once they are processed.
- EFT Notifications
- Eligibility and Benefit Information
- Payment Registers
  - The previous 12 months of Blue Advantage payment registers will be added to iLinkBlue.
- Verification of Claims Acceptance
  - Claims Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. The provider is responsible for reviewing these reports and correcting claims appearing on the Not Accepted report.

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
- Action Requests
- Provider Network Roster

What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.



www.lablue.com/ilinkblue

Accessing iLinkBlue

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



LOUISIANA BLUE

Instructions for Accessing Our Secure Online Services

Louisiana Blue offers many online services that require secure access. Louisiana Blue requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)

To Report Your Administrative Representative to Louisiana Blue:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.

   Email: PIMteam@lablue.com
   Fax: 1-800-515-1128
   Attn. Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?

If you have questions regarding the administrative representative setup process, please contact our PIM Team.

Email: PIMteam@lablue.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Louisiana Blue's guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.

18NW2367 R10/24

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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?

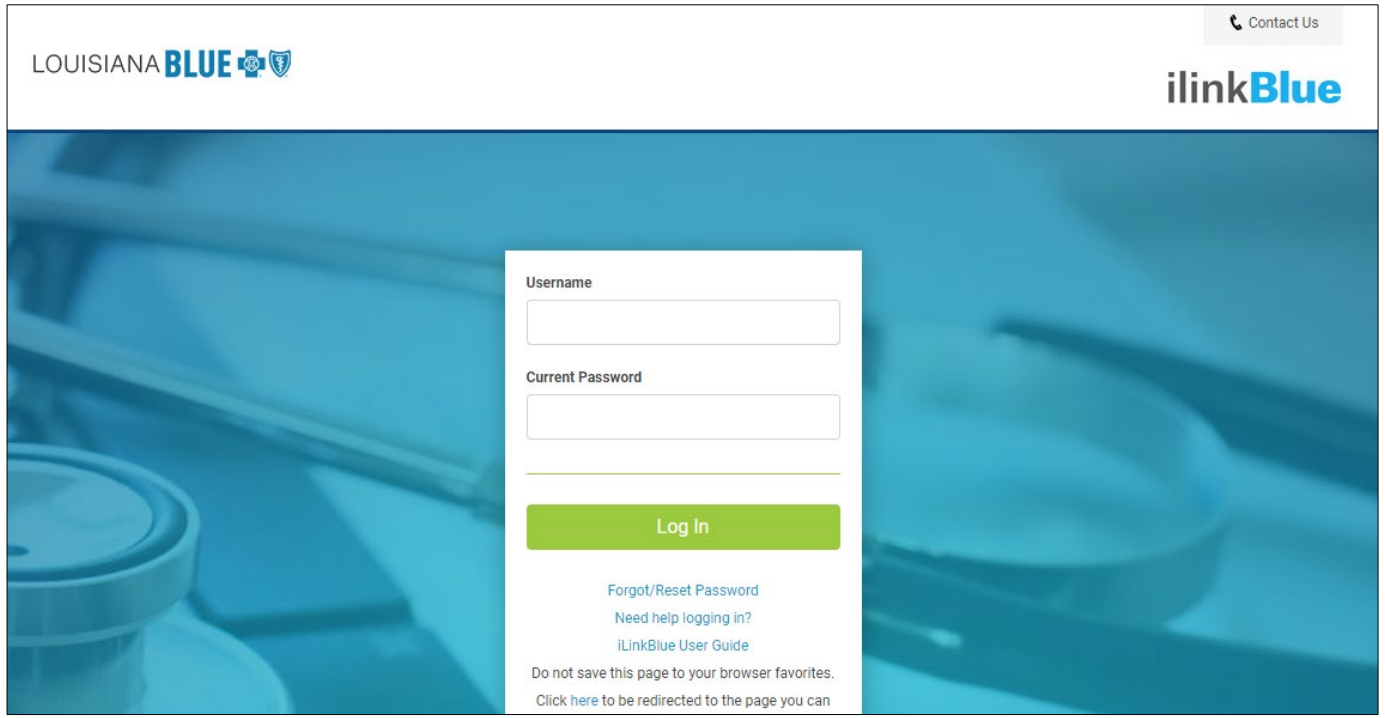
My organization has an administrative representative

- 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



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.

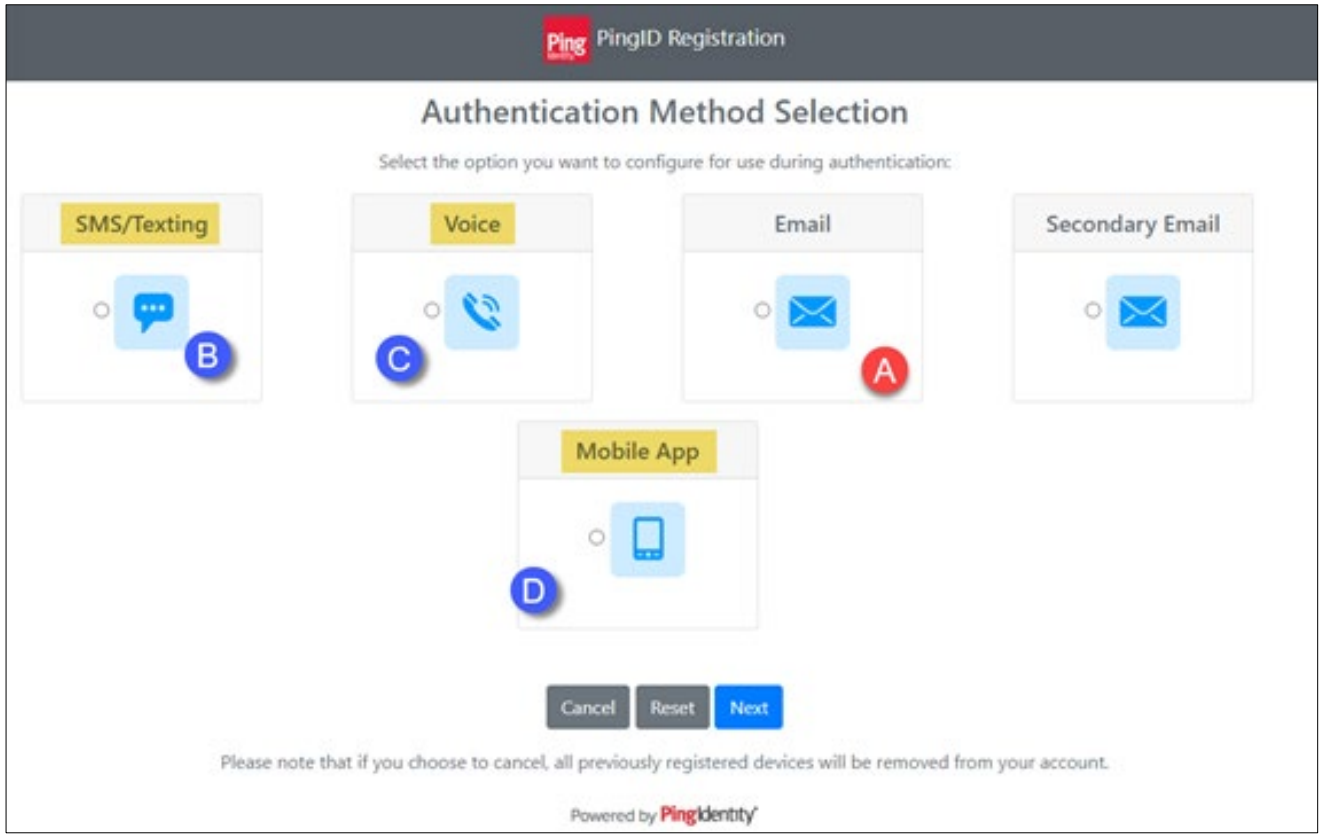
iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. **Reach out to your administrative representative to have your account reset**.

If you are the administrative representative and are locked out of your account, 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**

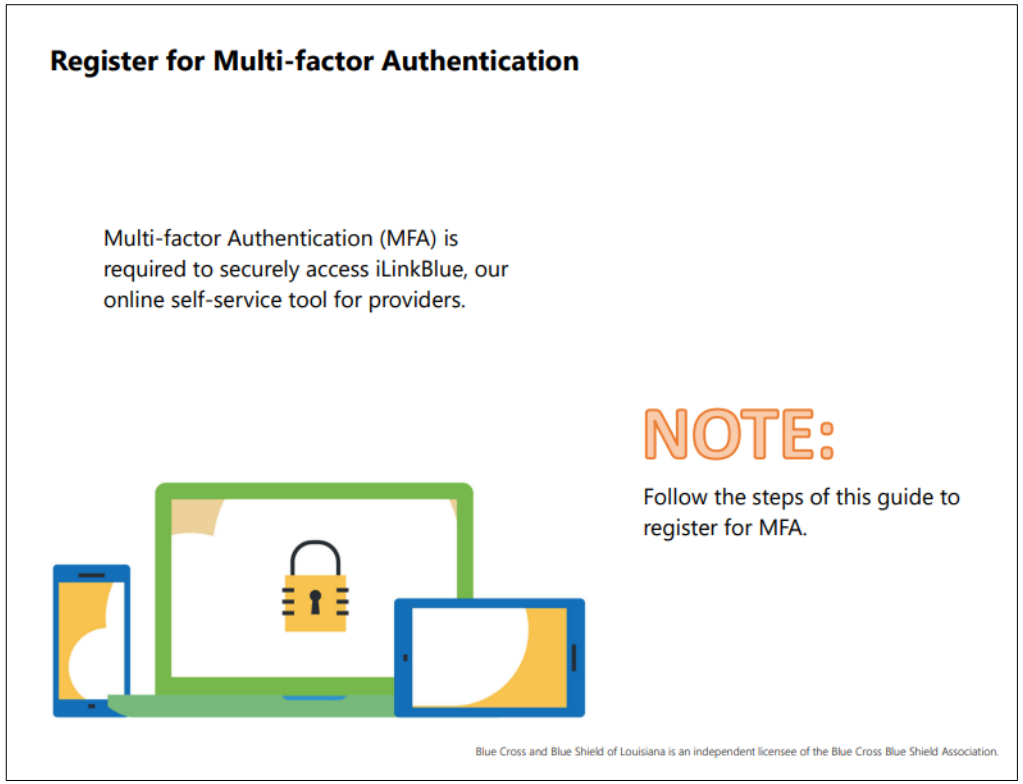
Multi-factor Authentication

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.



- 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 (**PIMteam@lablue.com**) to delete the old information and add the new.

MFA



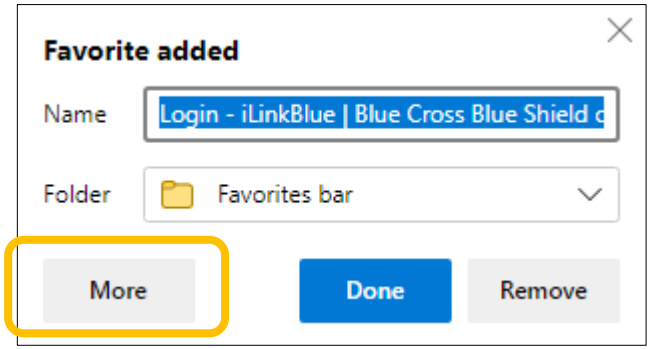
For step-by-step instructions on how to register for MFA, view our *MFA Registration Guide*. It is available at **www.lablue.com/providers** >Resources >Speed Guides.

Save to Your Favorites

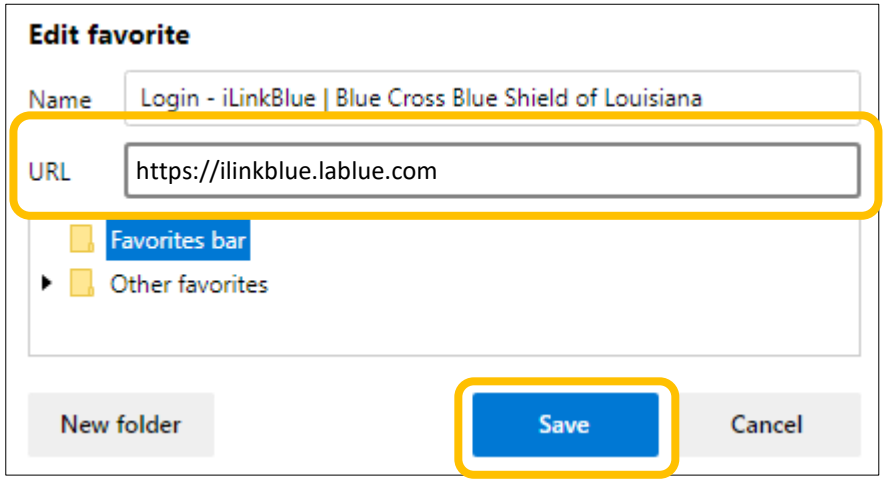
1. Open Microsoft Edge and access iLinkBlue at **www.lablue.com/ilinkblue**.
2. The “Login” screen will display. Click on the “Star Plus Sign” icon on the right of the address bar.



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.



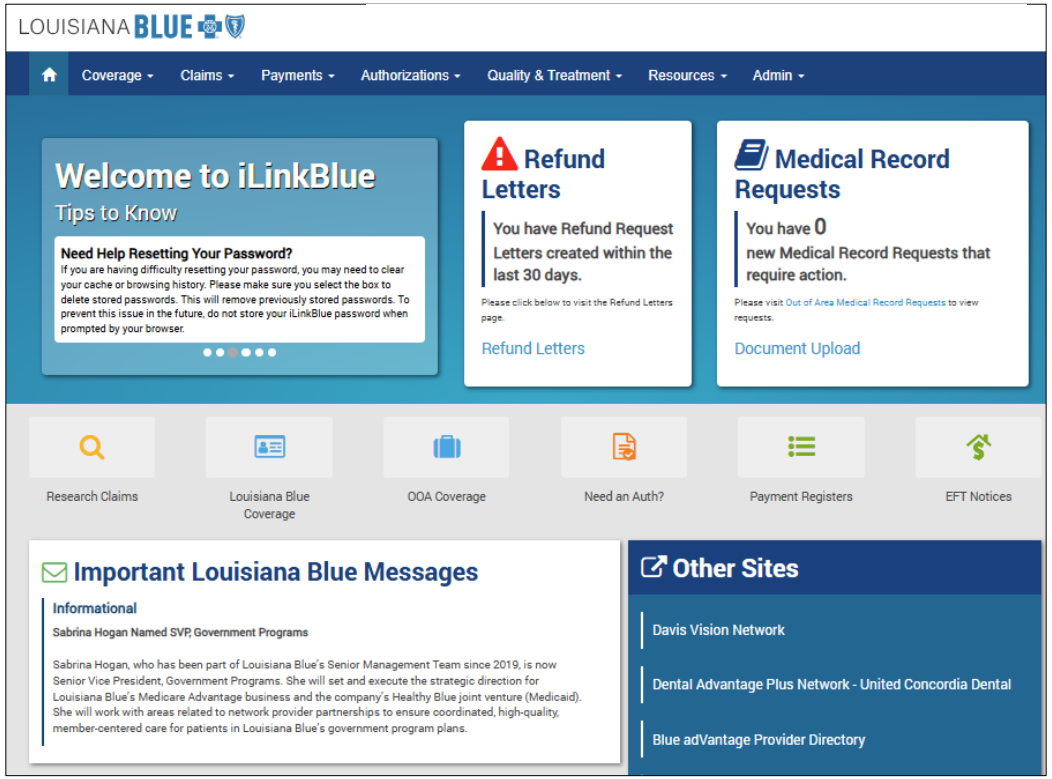
Navigating iLinkBlue

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

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.



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

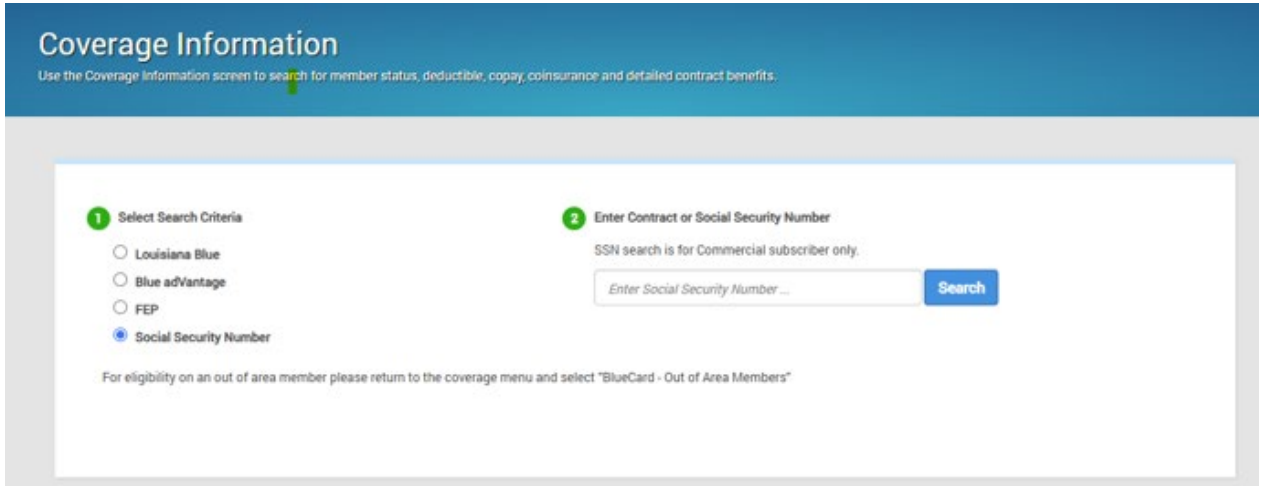

Coverage
Claims
Payments
Authorizations
Quality & Treatment
Resources
Admin
Louisiana Blue / Blue adVantage
Coverage Information
BlueCard - Out of Area Members
Submit Eligibility Request (270)
View Eligibility Response (271)



Coverage Information

Enter the member ID number to view coverage information for:

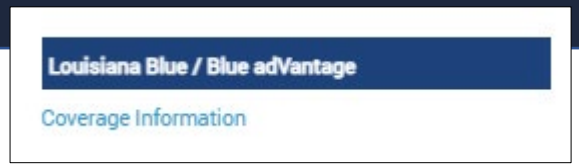
- Louisiana Blue members (including HMO Louisiana, Inc. members)
- Blue Advantage members
- Federal Employee Program (FEP) members. This section is not used for out-of-area members.



Tips

- Louisiana Blue/Blue Advantage – do not include the member's prefix
- FEP – must include the letter "R"

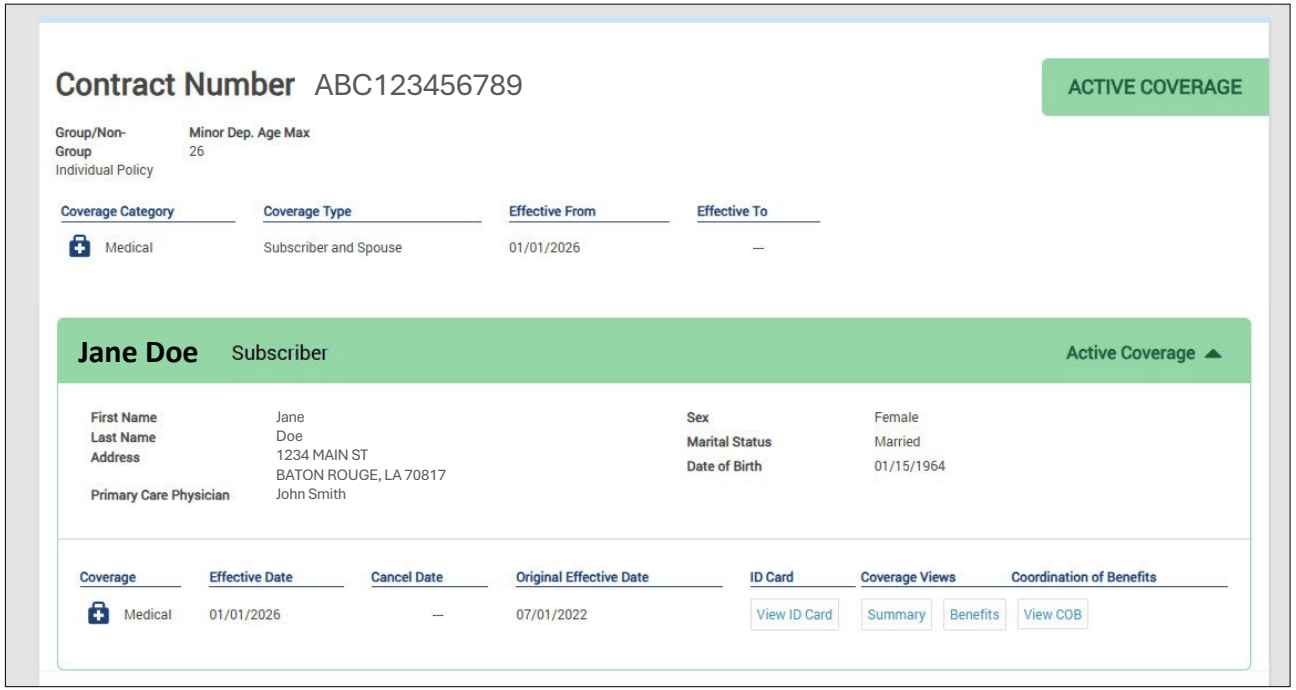
If you do not have the member ID number, search using the Louisiana Blue subscriber's Social Security number (SSN). iLinkBlue will return results with the member ID number. An error message will display if searching by a dependent's SSN. It must be the SSN of the policyholder.



Coverage Information

This screen identifies members covered on a policy, effective date and the status of the contract (active, pended, cancelled).

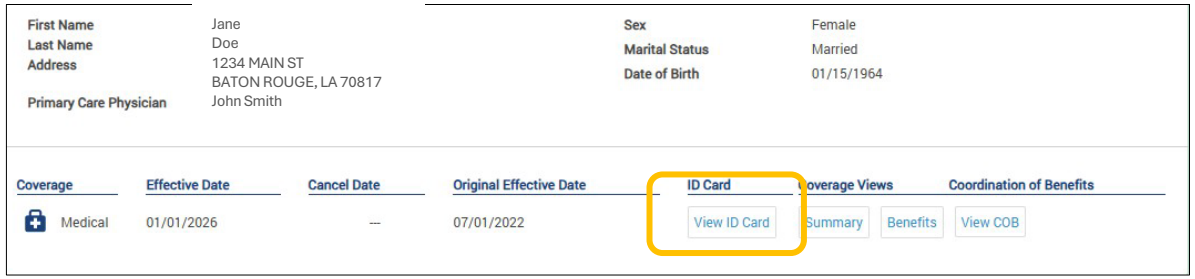
- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the coverage details of the member's benefits plan.
- The **View COB** button allows you to view coordination of benefits information.

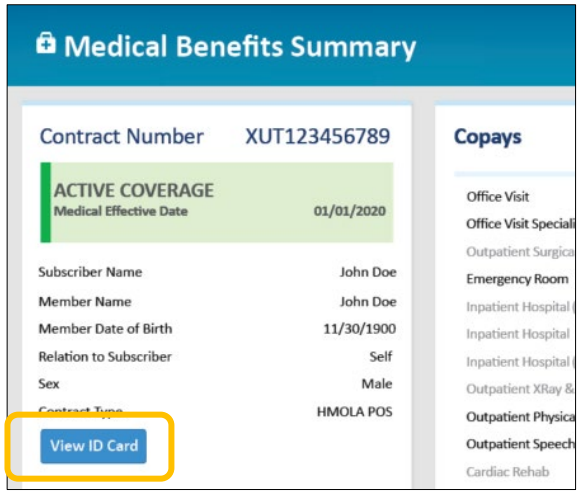


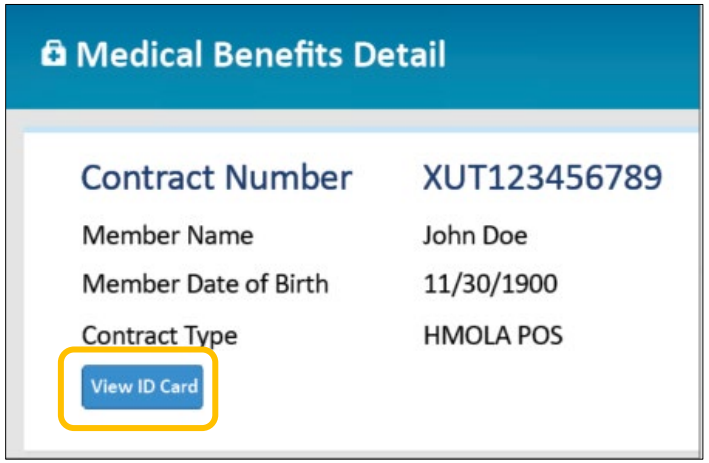


Digital ID Cards

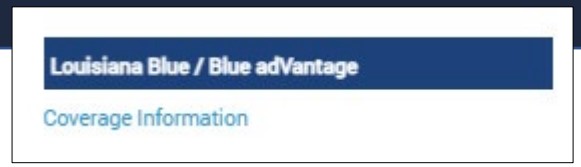
Providers can access member ID cards when researching a member's coverage information in iLinkBlue. To download a PDF of the card, click the **View ID Card** button on the coverage search results, the medical benefits summary page or the medical benefits detail page. Digital ID cards are available for medical policies only (not vision or dental).







Digital ID Cards



Our members can also access their digital ID cards through:

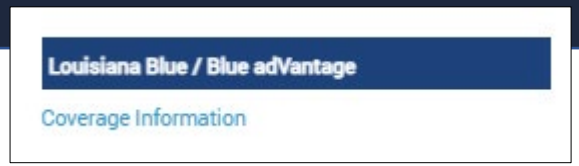
Smartphone or device

Louisiana Blue members can now use the MyLABlue mobile app and digital platform to view and access their digital ID cards. In the app, they will choose the “My ID Card” option (on the front page). Members 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.

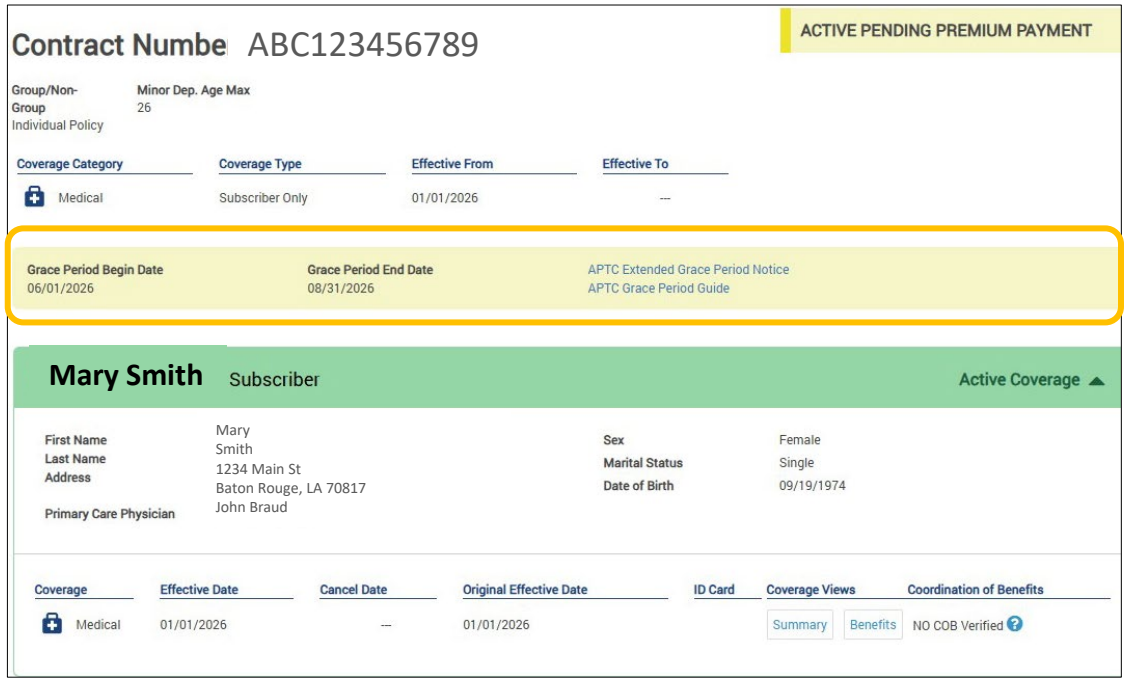




Coverage Information

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 30 days after being delinquent**.



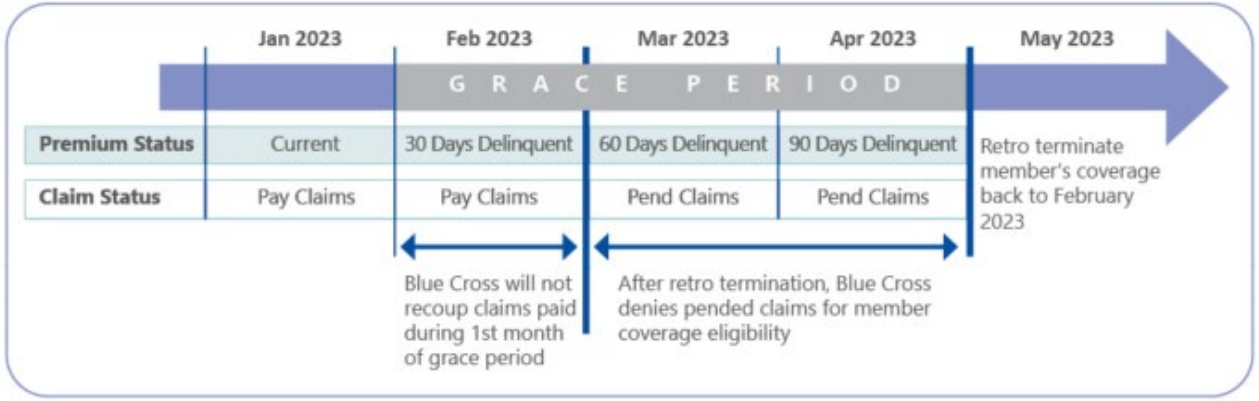
The APTC Extended Grace Period Notice is a PDF copy of the member's premium status notice that providers can print for their records.

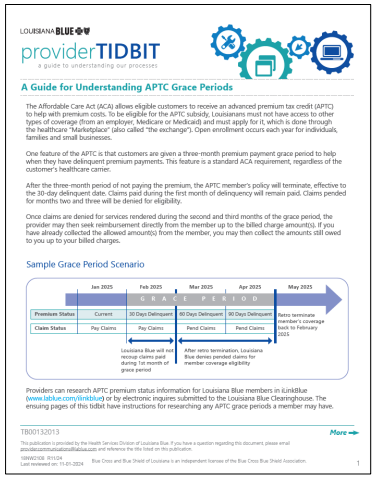
APTC Grace Periods

Louisiana Blue / Blue adVantage

Coverage Information

Sample Grace Period Scenario:





LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

A Guide for Understanding APTC Grace Periods

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs. To be eligible for the APTC subsidy, Louisianans must not have access to other types of coverage (from an employer, Medicare or Medicaid) and must apply for it, which is done through the healthcare "Marketplace" (also called "the exchange"). Open enrollment occurs each year for individuals, families and small businesses.

One feature of the APTC is that customers are given a three-month premium payment grace period to help when they have delinquent premium payments. This feature is a standard ACA requirement, regardless of the customer's healthcare carrier.

After the three-month period of not paying the premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pended for months two and three will be denied for eligibility.

Once claims are denied for services rendered during the second and third months of the grace period, the provider may then seek reimbursement directly from the member up to the billed charge amount(s). If you have already collected the allowed amount(s) from the member, you may then collect the amounts still owed to you up to your billed charges.

Sample Grace Period Scenario

Providers can research APTC premium status information for Louisiana Blue members in iLinkBlue (www.lablue.com/ilinkblue) or by electronic inquires submitted to the Louisiana Blue Clearinghouse. The ensuing pages of this tidbit have instructions for researching any APTC grace periods a member may have.

TB00132013

More

This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, please email providercommunications@lablue.com and reference the title listed on this publication.

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Last reviewed on: 11-01-2024

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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

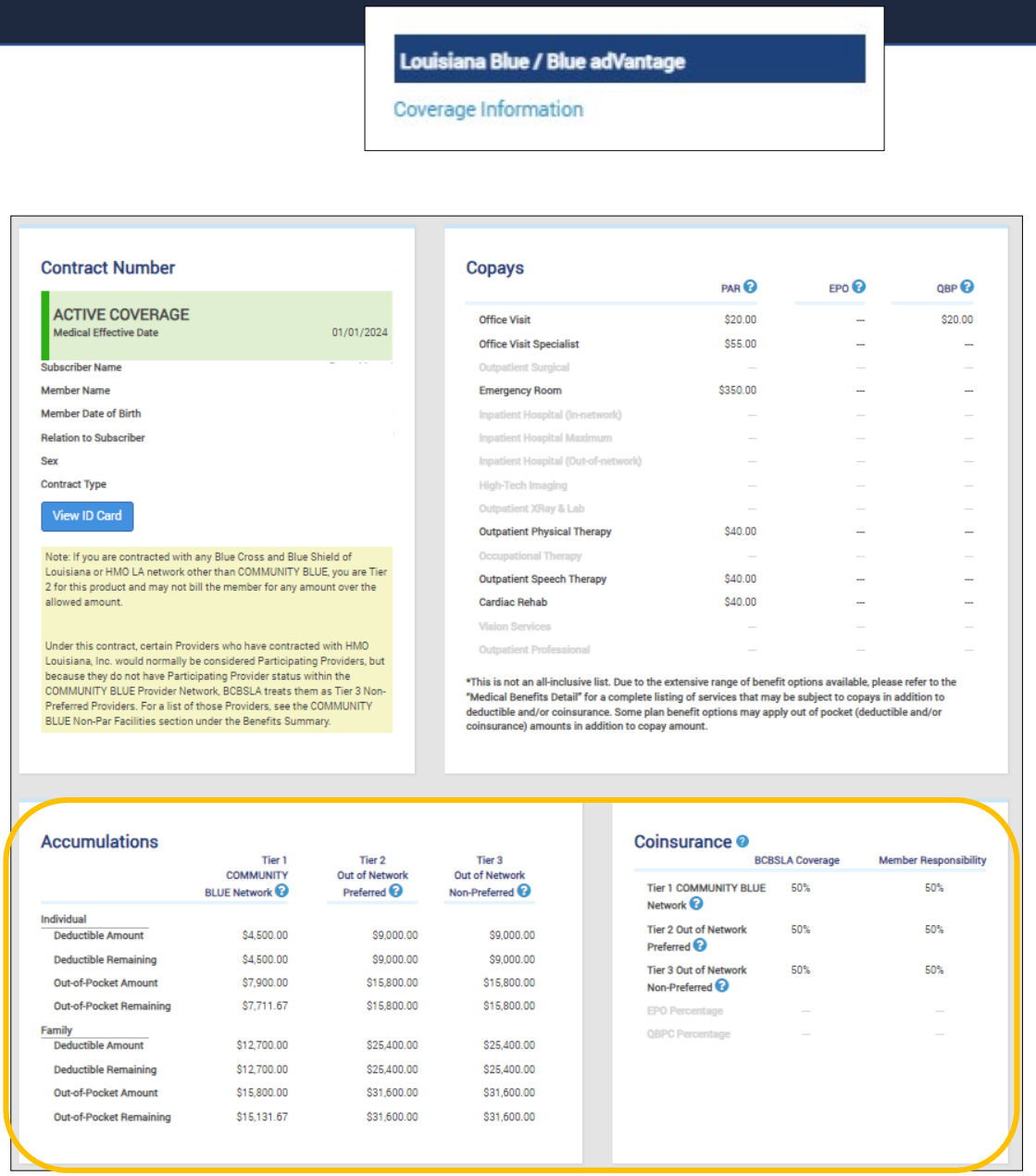
The APTC member is within the second or third month of being delinquent on their premium payments.

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.





Tiered Benefits

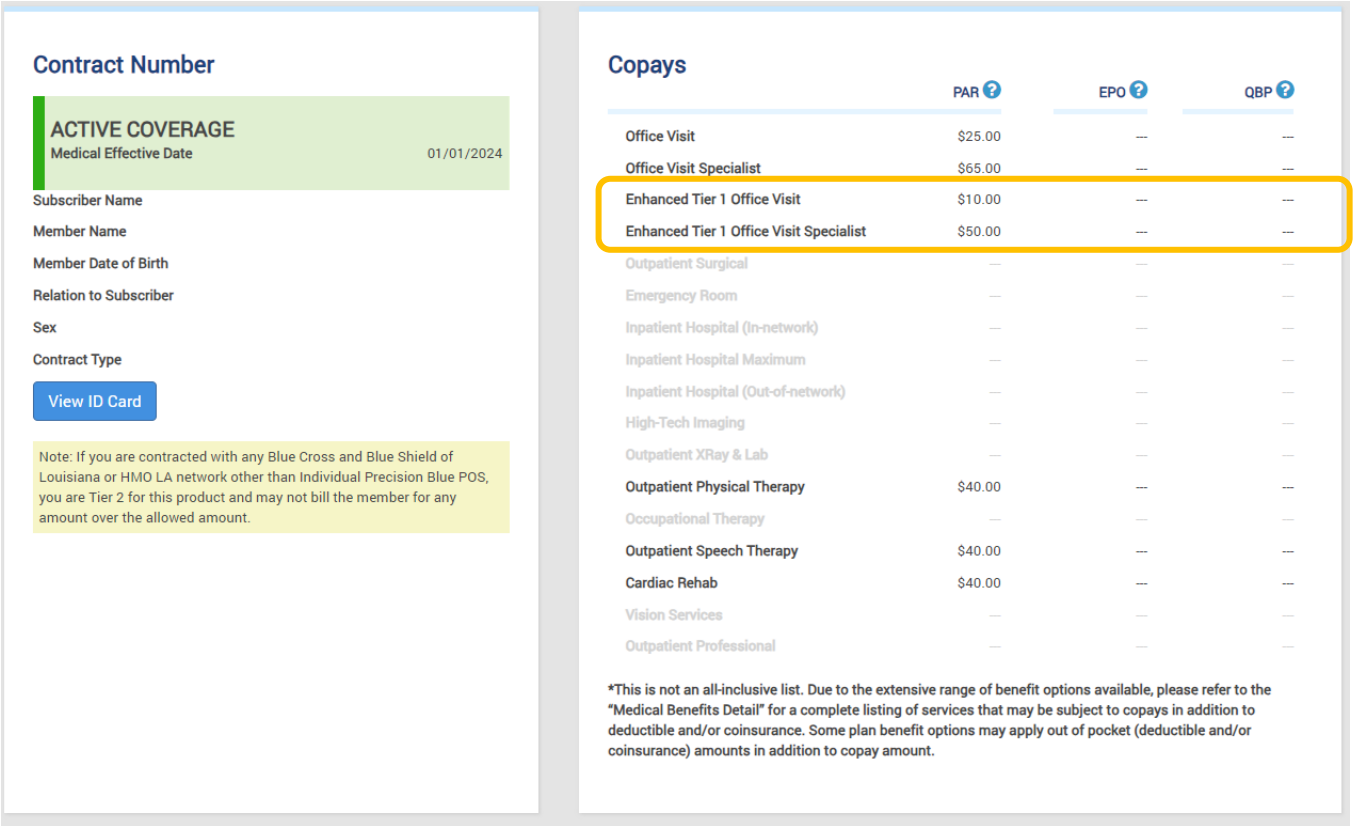
Enhanced Tier 1 In-network Preferred	Tier 1 In-network Preferred	Tier 2 Out-of-network Preferred	Tier 3 Out-of-network Non-Preferred
Applies to select providers in the Precision Blue network.	Providers in the member's network.	Providers participating with Louisiana Blue but NOT in the member's network.	Non-participating providers (do not participate in any Louisiana Blue network).
Example Scenarios:			
• 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.	• 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.	• A Community Blue member sees a participating provider who is not in the Community Blue network. • The accumulations, copayments and coinsurance identified as Tier 2 apply. • Provider may not bill the member for any amount over the allowed amount.	• 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.



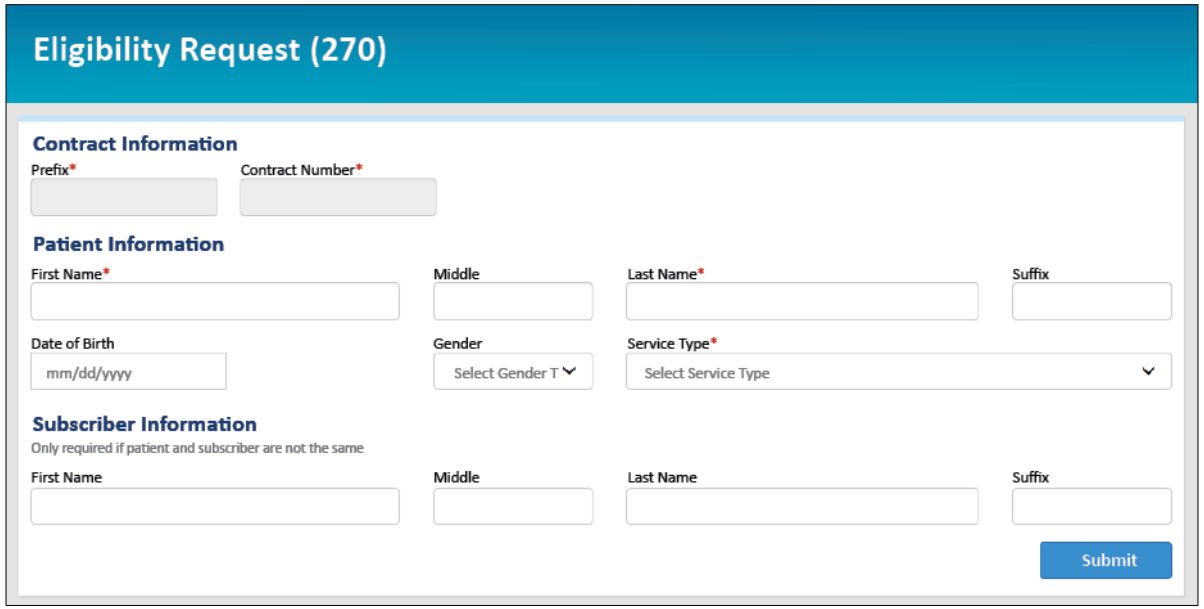




Coverage – Out of Area

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)

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
2 Surgical
3 Consultation
4 Diagnostic X-Ray
5 Diagnostic Lab
6 Radiation Therapy
7 Anesthesia
8 Surgical Assistance
9 Other Medical
10 Blood Charges
11 Used Durable Medical Equipment
12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility
14 Renal Supplies in the Home
15 Alternate Method Dialysis
16 Chronic Renal Disease (CRD) Equipment
17 Pre-Admission Testing
18 Durable Medical Equipment Rental
19 Pneumonia Vaccine
20 Second Surgical Opinion
21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontic
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions19
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology
67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A9 Rehabilitation
AA Rehabilitation - Room and Board
AB Rehabilitation - Inpatient
AC Rehabilitation - Outpatient
AD Occupational Therapy
AE Physical Medicine
AF Speech Therapy
AG Skilled Nursing Care
AH Skilled Nursing Care - Room and Board
AI Substance Abuse
AJ Alcoholism
AK Drug Addiction
AL Vision (Optometry)
AM Frames
AN Routine Exam
AO Lenses
AQ Nonmedically Necessary Physical
AR Experimental Drug Therapy
BA Independent Medical Evaluation
BB Partial Hospitalization (Psychiatric)
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures
BT Gynecological
BU Obstetrical
BV Obstetrical/Gynecological
BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well
CE MH Provider – Inpatient
CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient
CK Screening X-ray
CL Screening Laboratory
CM Mammogram, HR Patient
CN Mammogram, LR Patient
CO Flu Vaccination
DM Durable Medical Equipment
MH Mental Health
PT Physical Therapy
UC Urgent Care

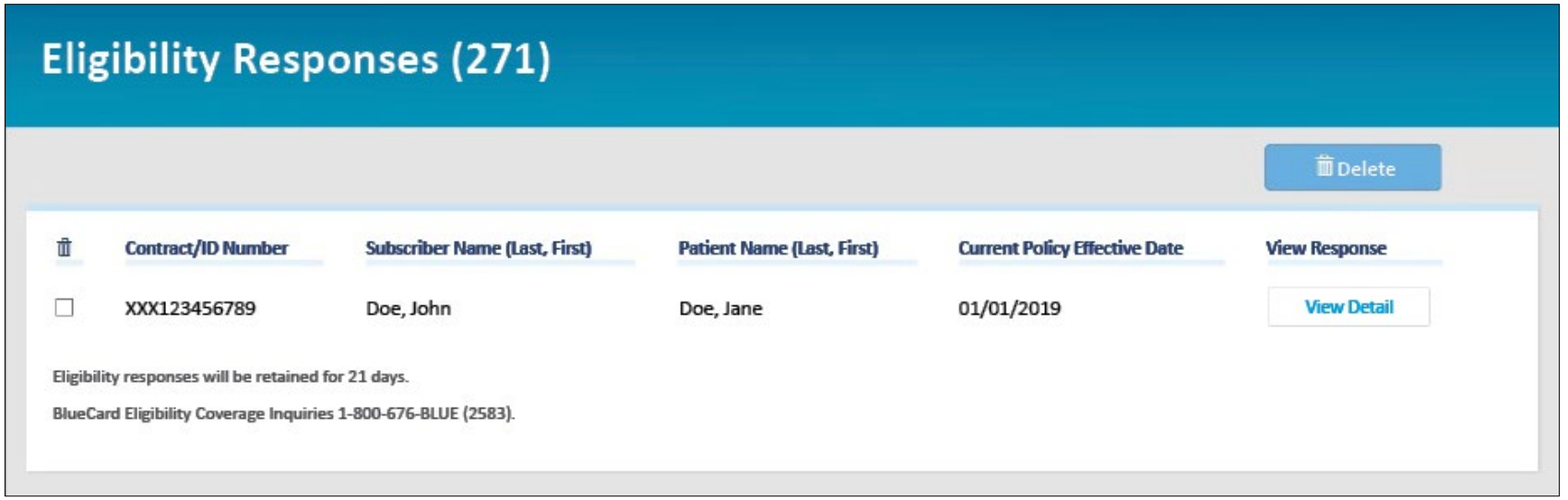


The full listing can also be found in the iLinkBlue User Guide on our Provider page at **www.lablue.com/providers** >Resources >Manuals.



Coverage – Out of Area

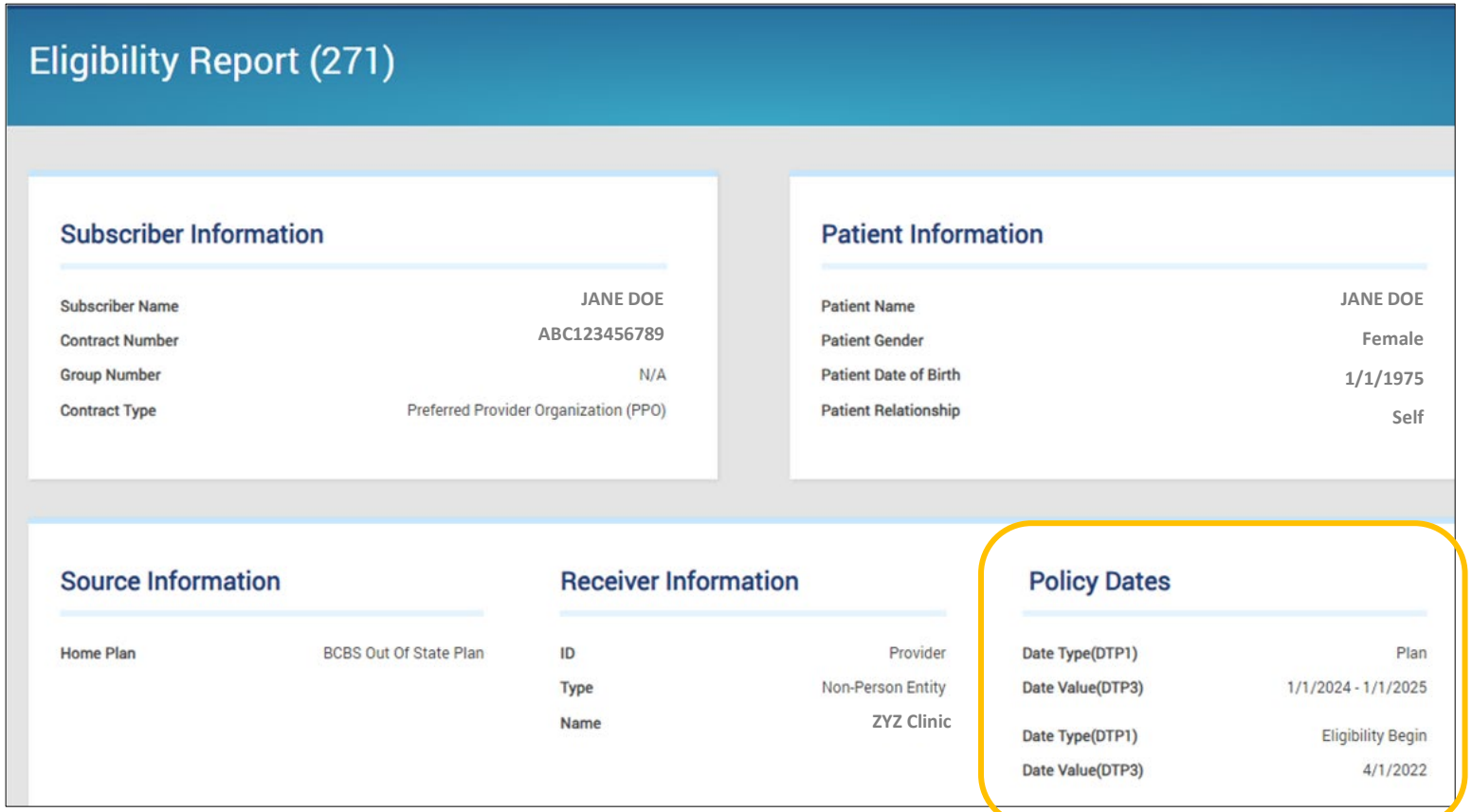
View Eligibility Response (271) – access the electronic response from the member's Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute if the Plan provides one. iLinkBlue retains eligibility responses for 21 days.





Coverage – Out of Area

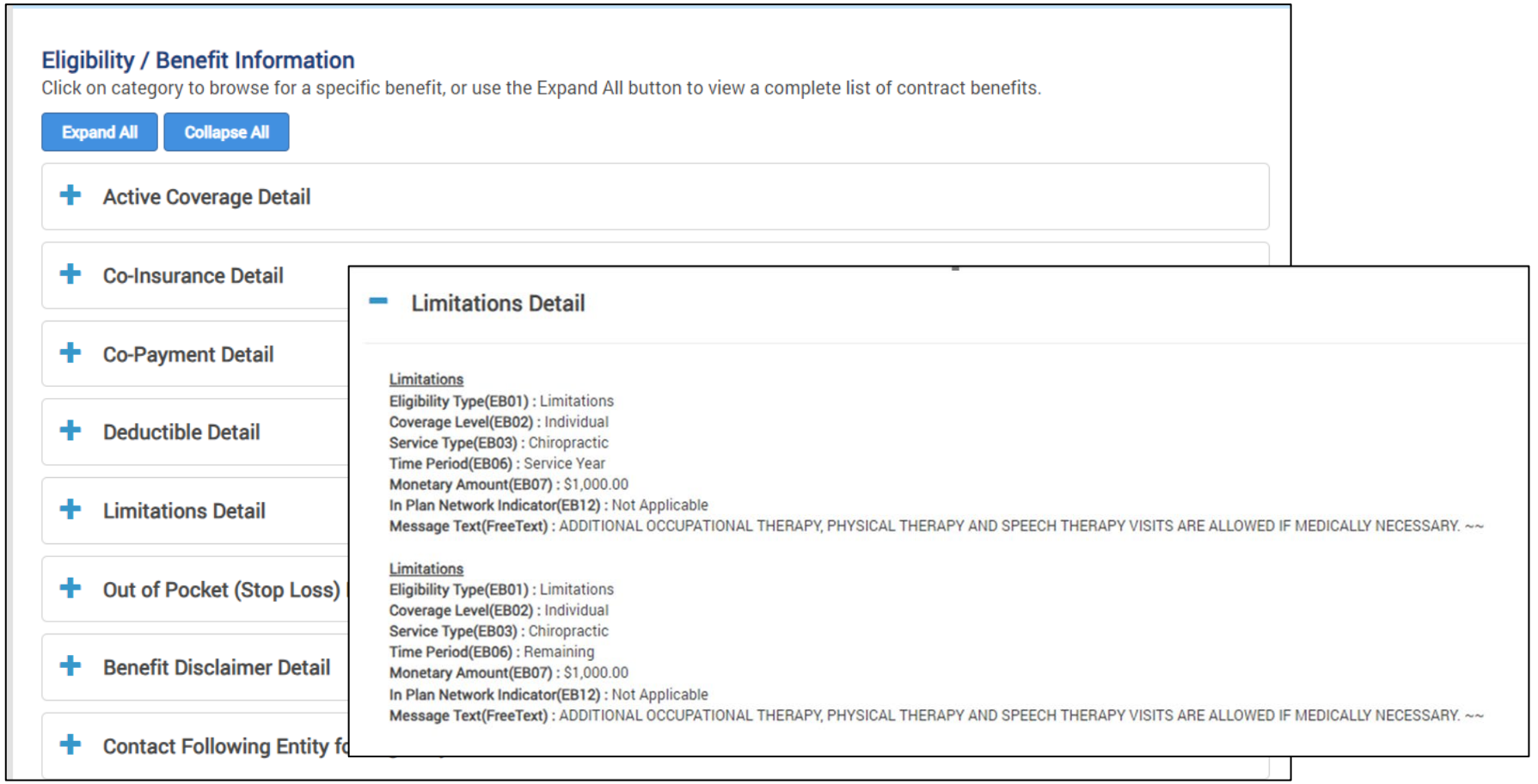
The Policy Dates can be found on the 271 Eligibility Report.





Coverage – Out of Area

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





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.


LOUISIANA BLUE
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

(Pause 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 a vision policy, you will be asked if your call is for routine eye coverage, such as an eye examine, prescription glasses, or contacts. Answer "yes" to route your call to an appropriate representative. Answer "no" to continue to the Provider Menu to reach the service needed.

Provider Menu

Provider menu. Which are you calling about?

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

More

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

Claims

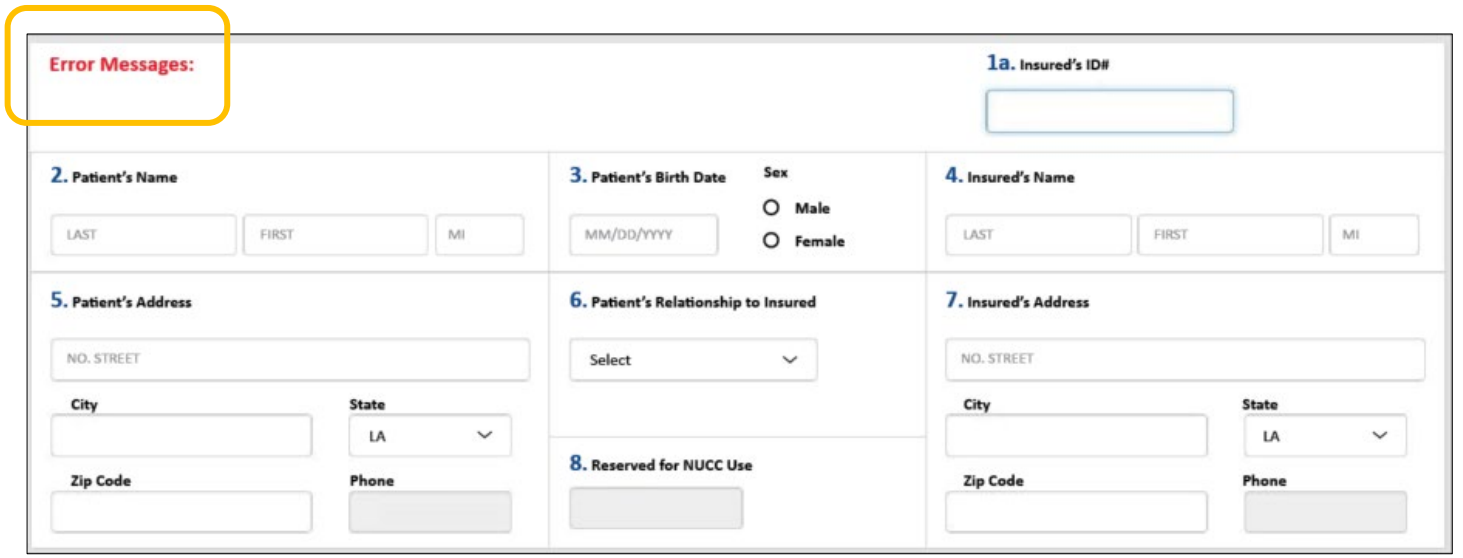

Coverage
Claims
Payments
Authorizations
Quality & Treatment
Resources
Admin
Claims Research
Claims Status Search
Action Request Inquiry
Refund Request Letters
Dental Advantage Plus Network - United Concordia Dental
Davis Vision Network
BlueCard - Out of Area Claims Status
Submit OOA Claims Status Request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



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.



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

Claim for 12345678901; DOE, JANE has been submitted

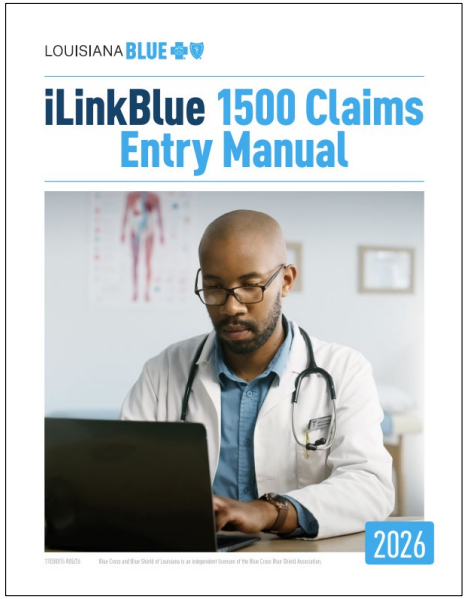


Submitting Claims in iLinkBlue

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.

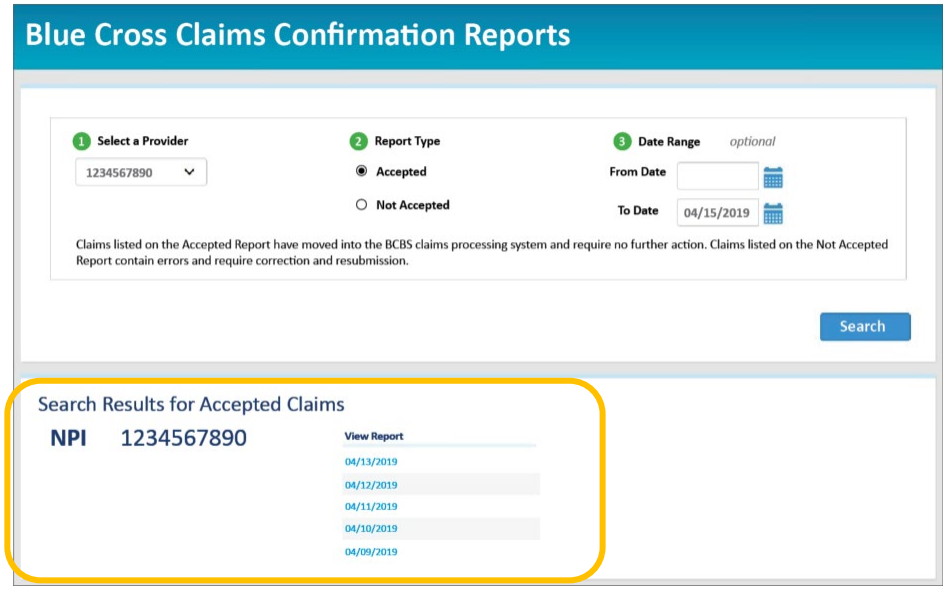




Louisiana Blue Claims Confirmation Reports

These reports allow providers to research Claims Confirmation for electronically submitted claims.

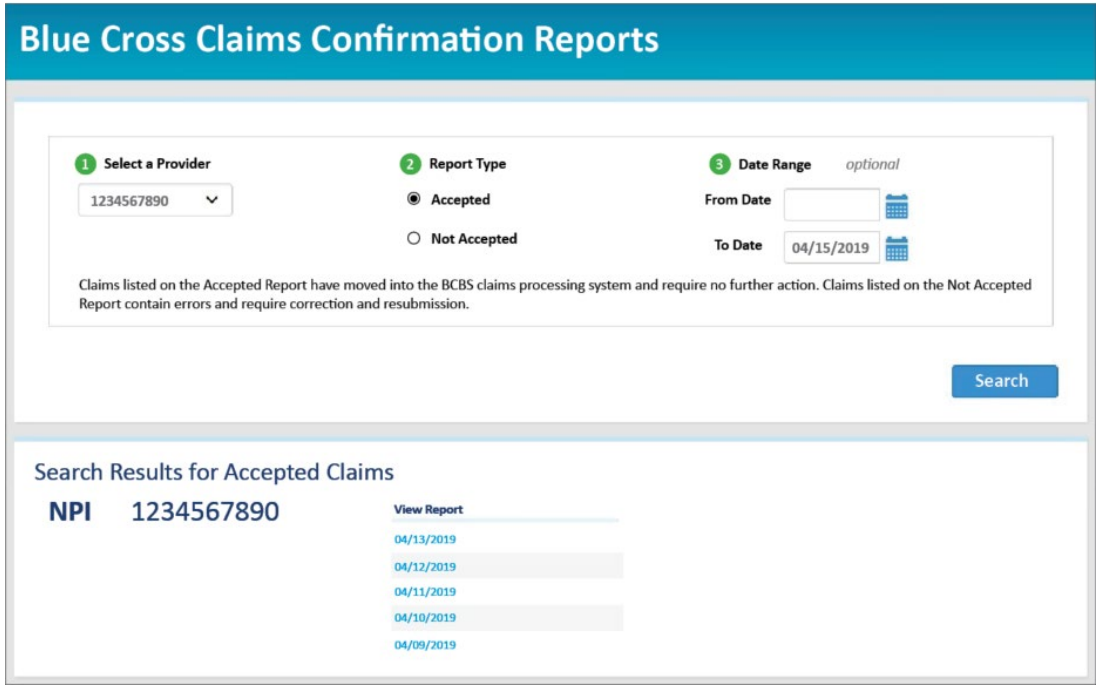
- Daily reports confirm if your claims submitted directly through iLinkBlue, billing agency or clearinghouse were accepted.
- Reports are available up to 120 days.
- The returned reports will display by date.





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.



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
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE: 04-12-19
PAGE 1

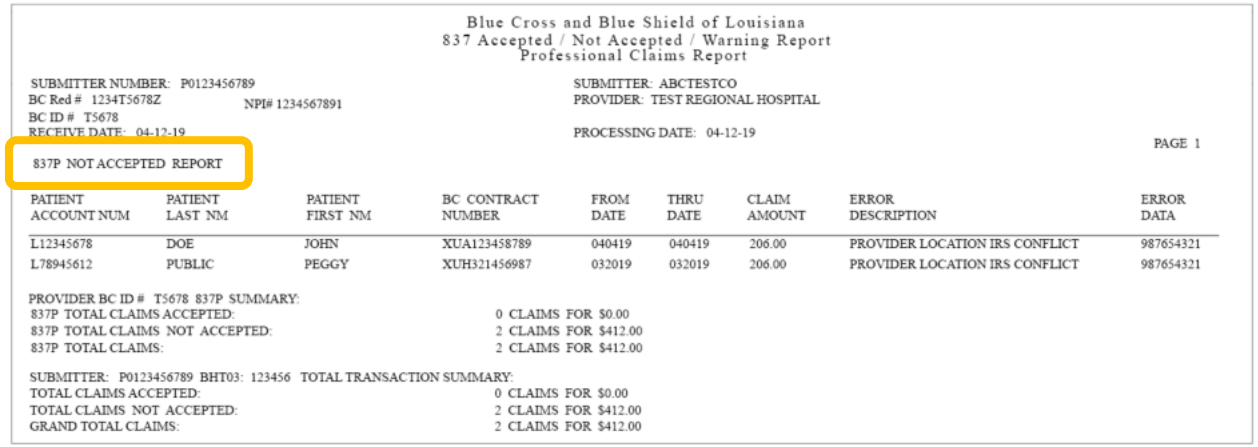
837P ACCEPTED REPORT

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
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE: 04-12-19
PAGE 1

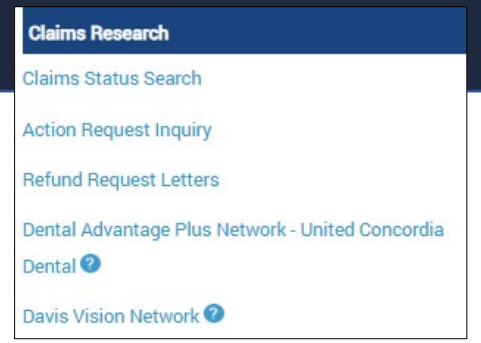
837P NOT ACCEPTED REPORT

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

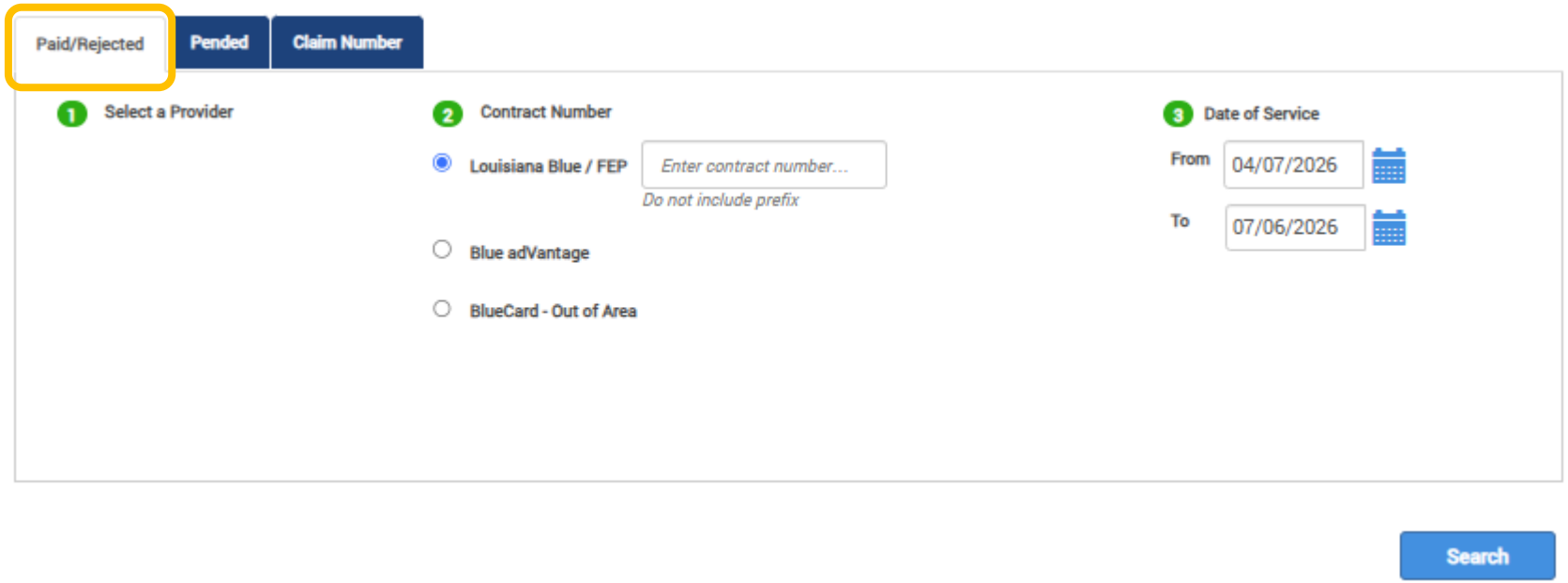
Claims Research



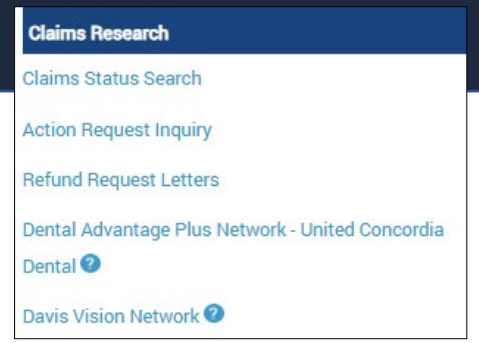
Claims Status Search – research paid/rejected or pended claims. You can also search by claim number.

Research Louisiana Blue/FEP, Blue Advantage and BlueCard - Out of Area claims.

Paid/Rejected Search



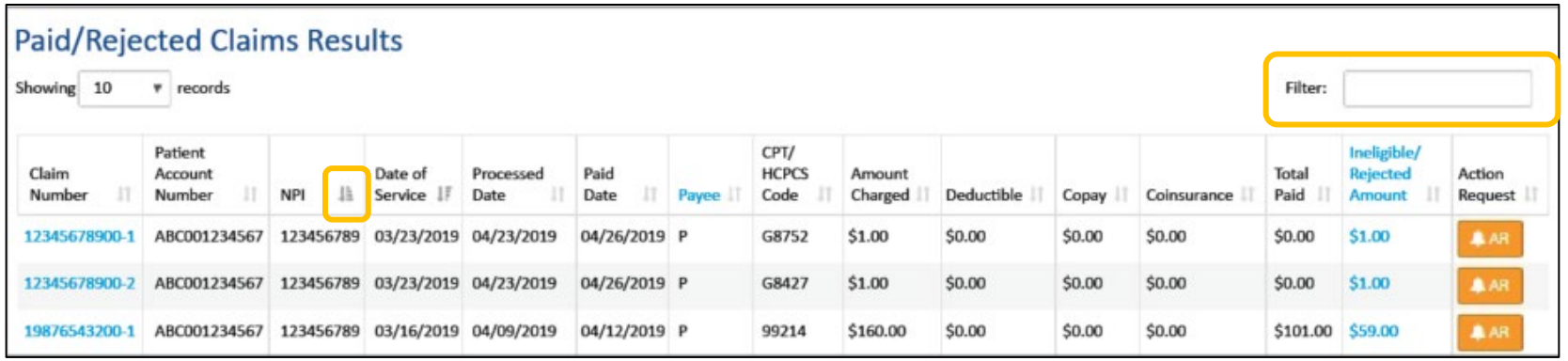
Claims Status Search

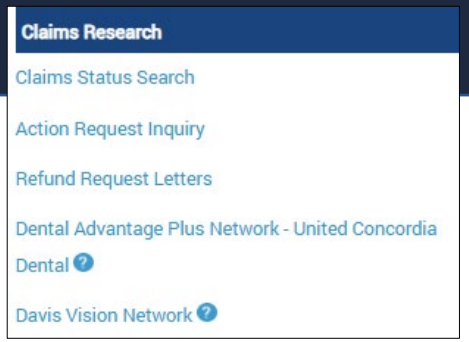


The **Paid/Rejected Claims** results screen provides information on paid or rejected claims. This includes amounts applied toward the deductible, copay, coinsurance or ineligible/rejected amounts.

For more information, click on:

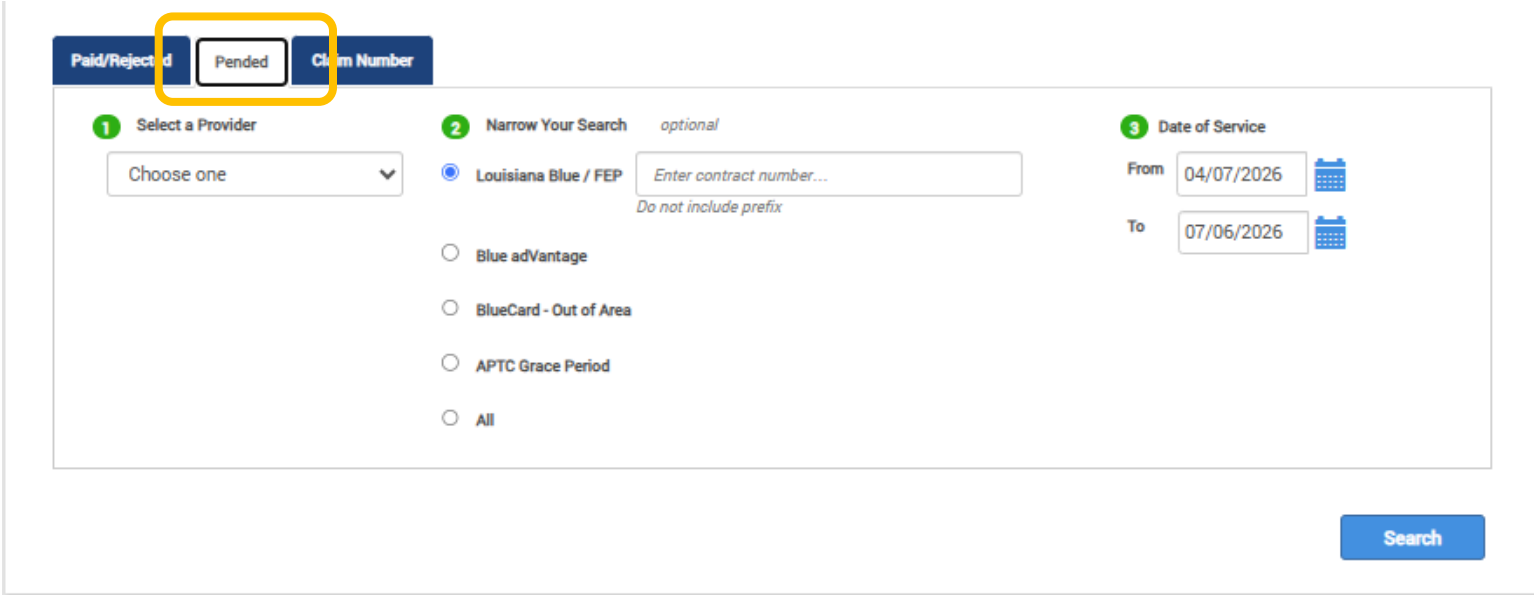
- **Claim Number** to open a Claims Detail summary page for that processed claim line.
- **Ineligible/Rejected Amount** to view a code and description of the reason the amount was not paid.





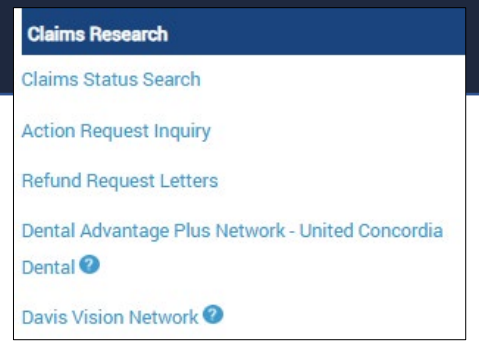
Claims Research

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



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

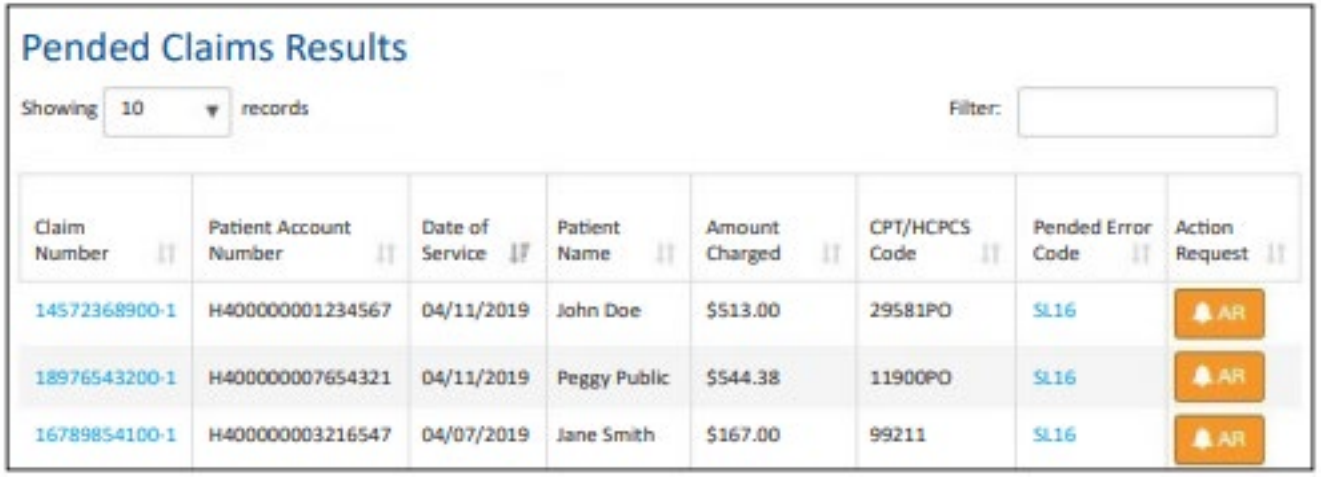
To view all pended claims, leave the “From” date of service field blank. The “To” date of service field will default to the current date.



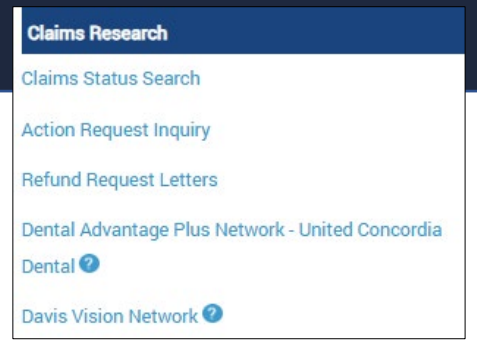
Claims Status Search

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:

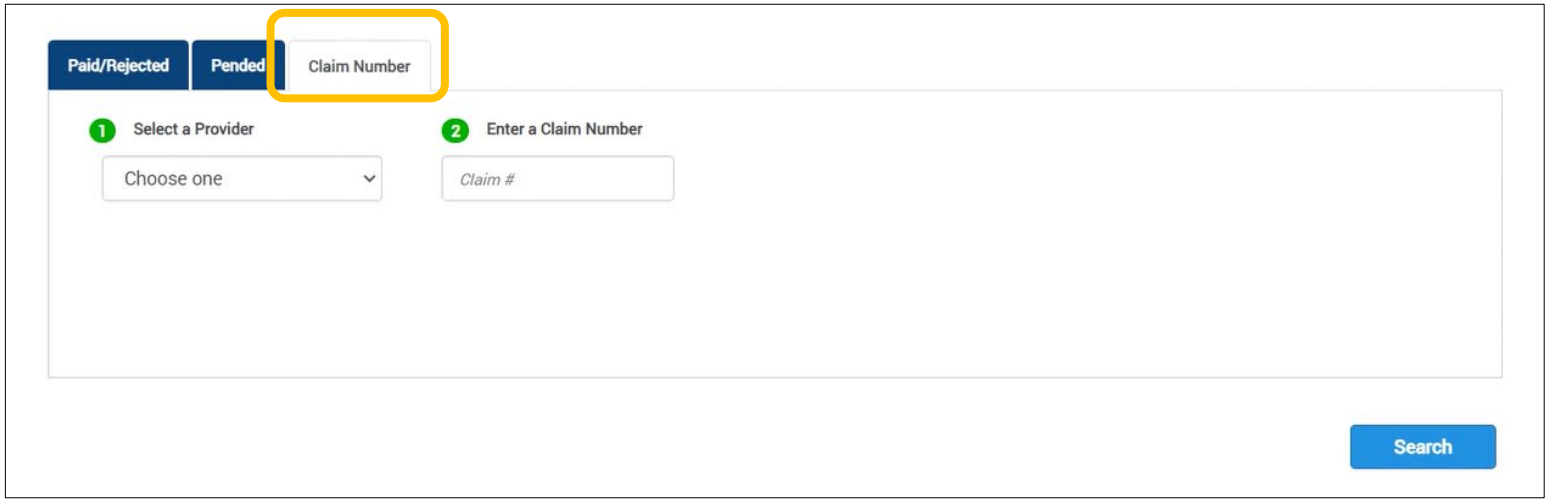
- **Claim Number** to open a Claims Detail summary page for that pended claim line.
- **Pended Error Code** to open a brief description of the reason the claim is pending.

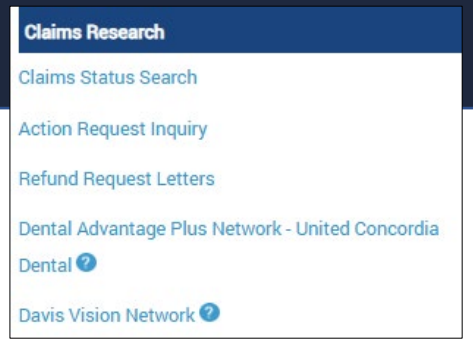


Claims Research



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



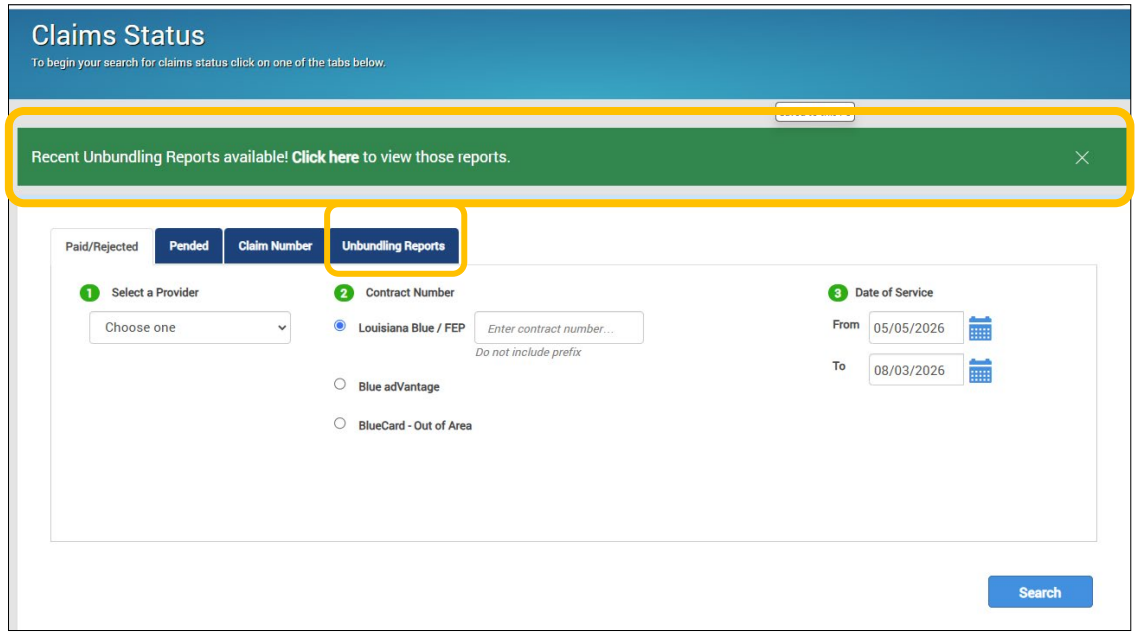


Claims Research

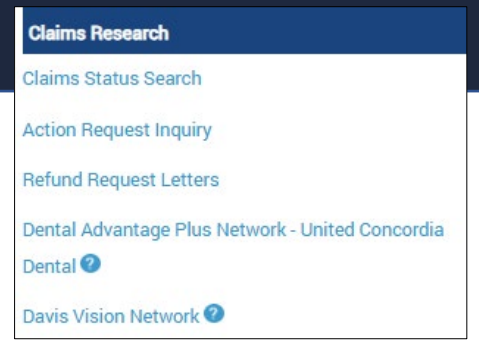
Inpatient Unbundling Reports

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.



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 Louisiana Blue 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/bl Coll	-1	21	-21	bun	Supplies or Services not Separately Reimbursable



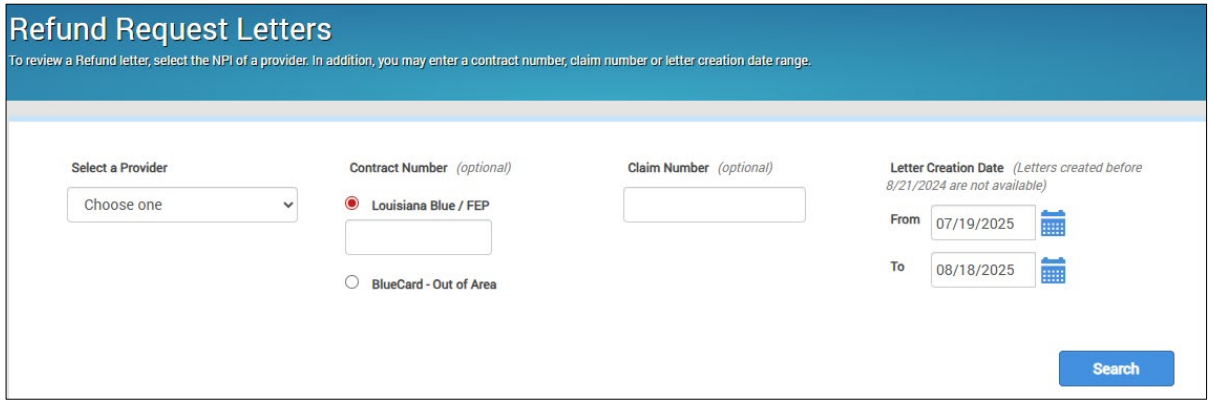
Refund Request Letters

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 Aug. 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.



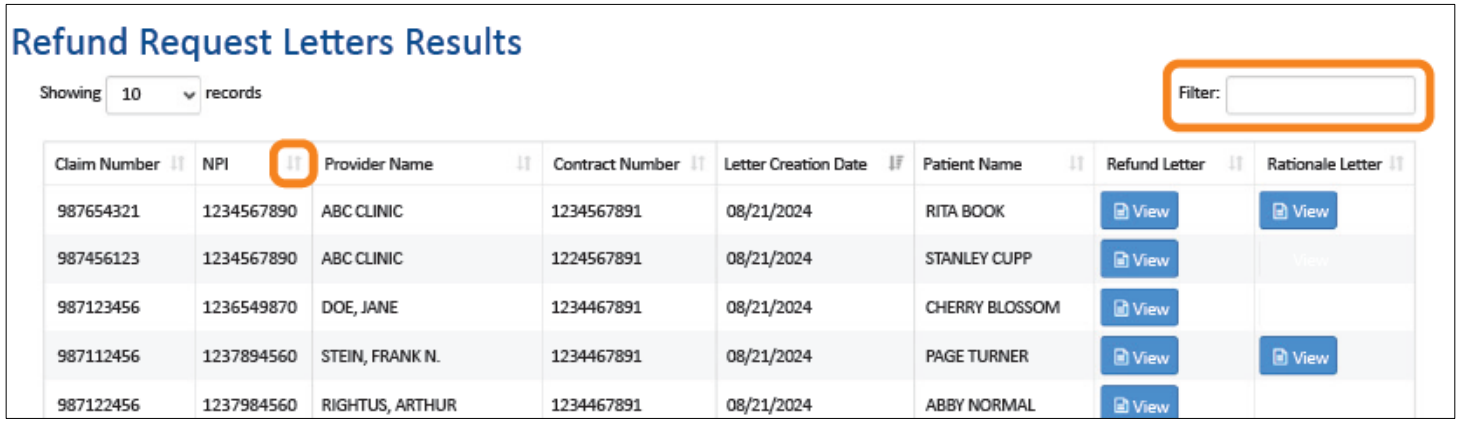


Refund Request Letters

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.

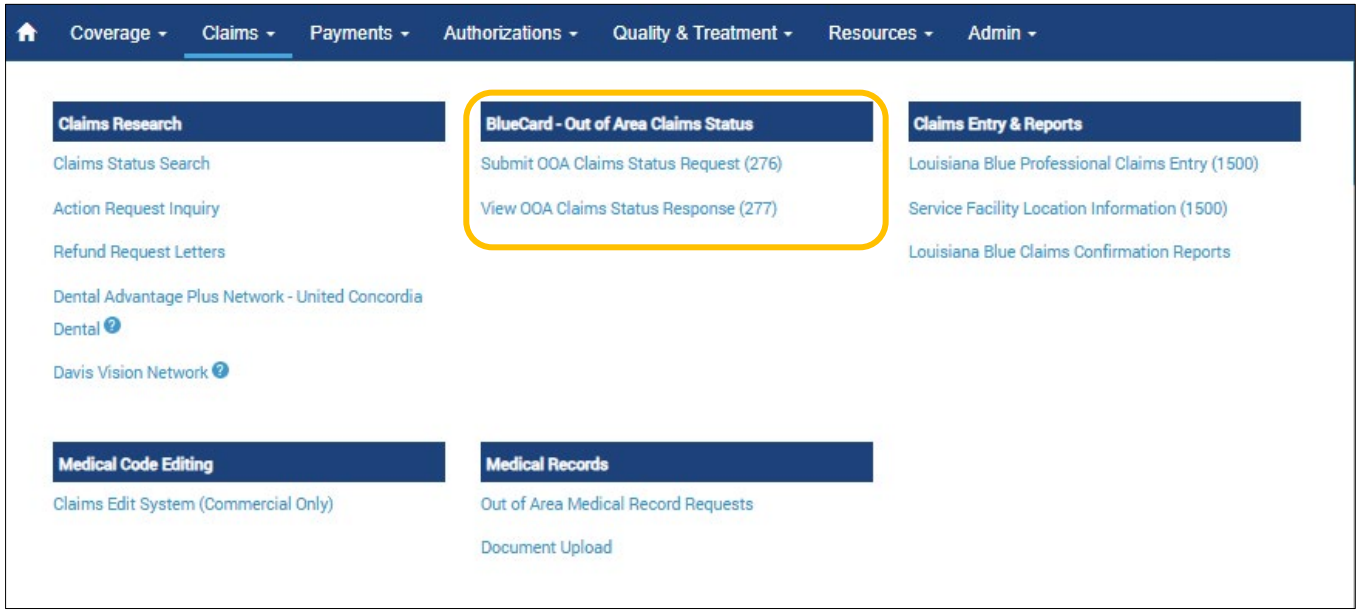


BlueCard – Out of Area Claims Status

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.

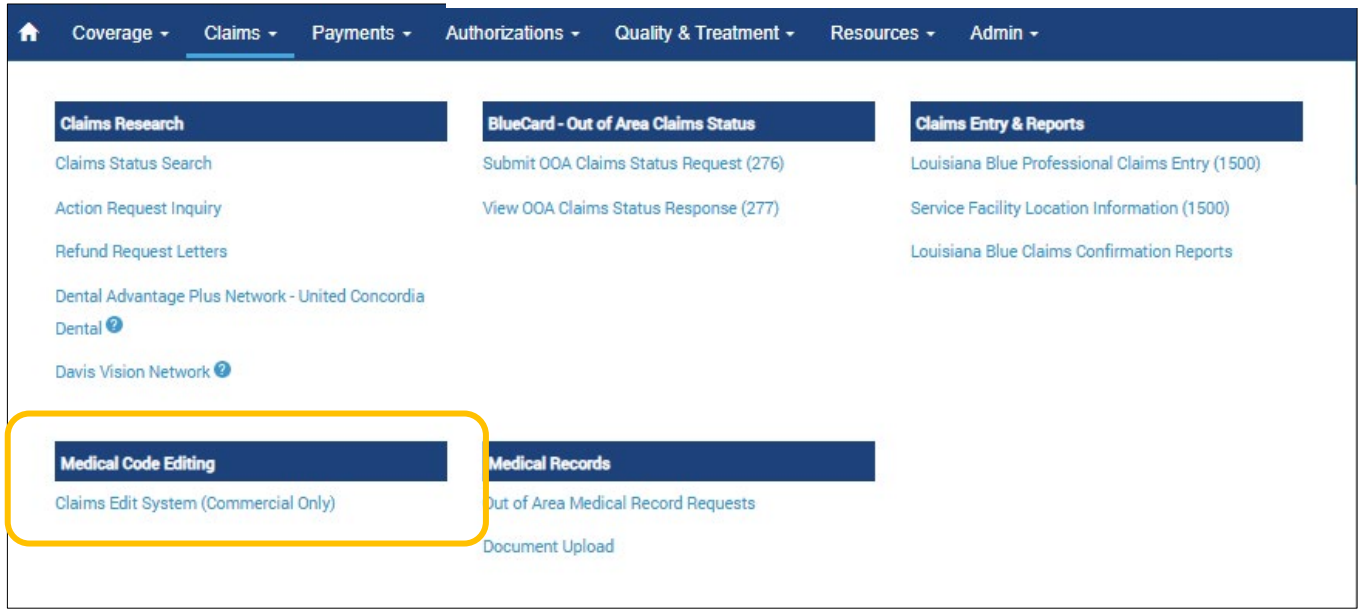


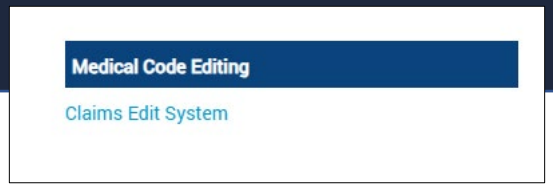
Medical Code Editing

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.

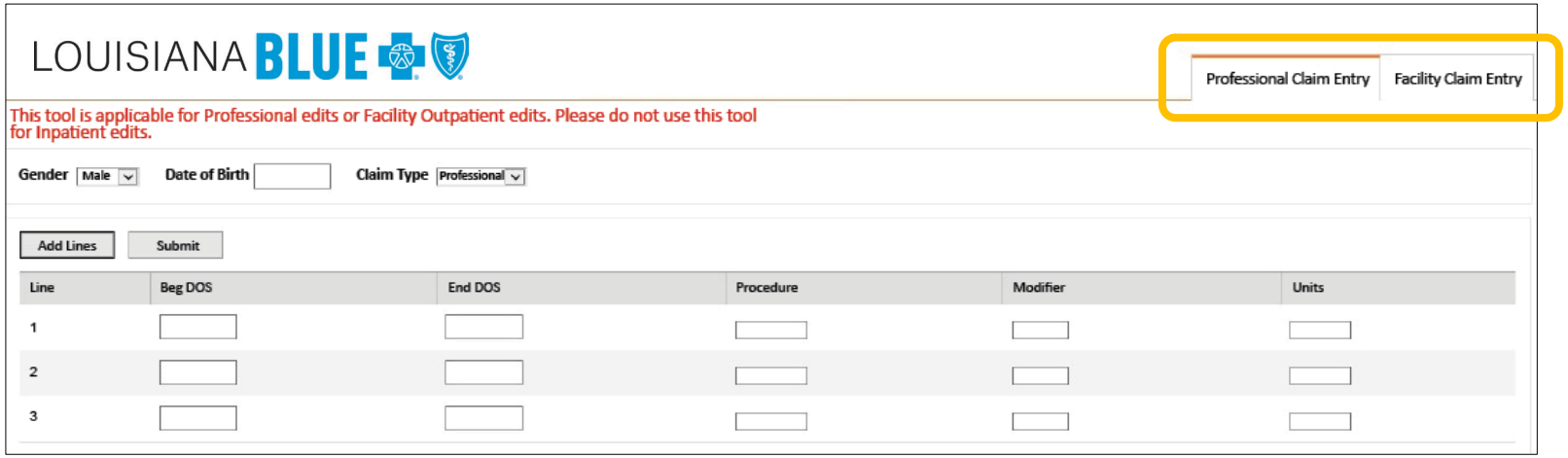
The CES application in iLinkBlue is not a pricing or a claims-processing application. It is a research application designed to evaluate code combinations in the Louisiana Blue claims-editing system.

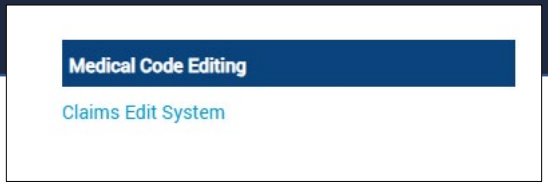




Medical Code Editing

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.





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 not 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

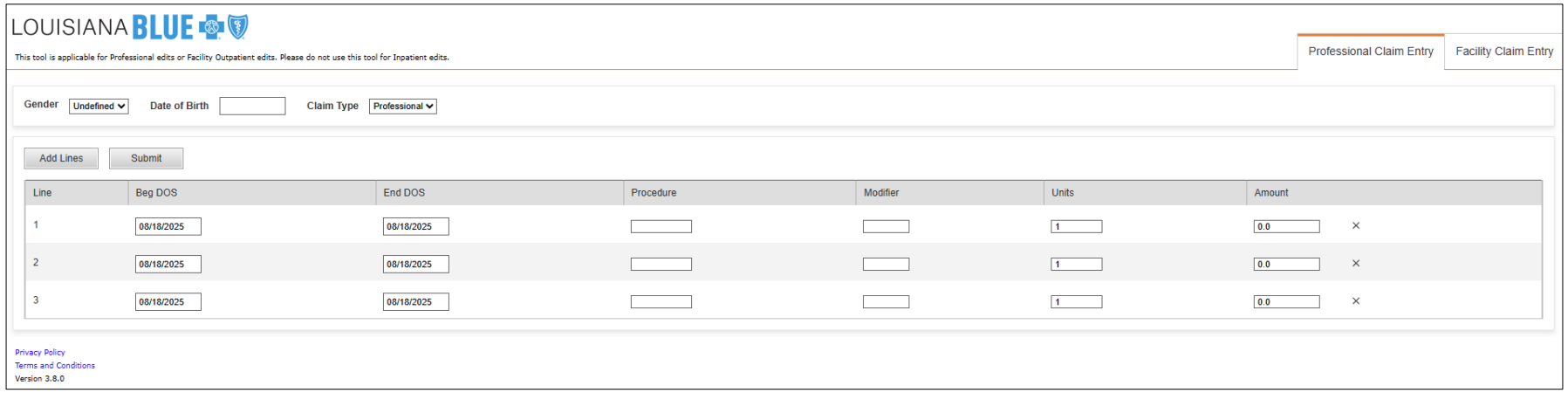
For Facility Claim Entry:

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

Medical Code Editing

Claims Edit System

CES – Professional Claims



Our **Claims Edit System** 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:

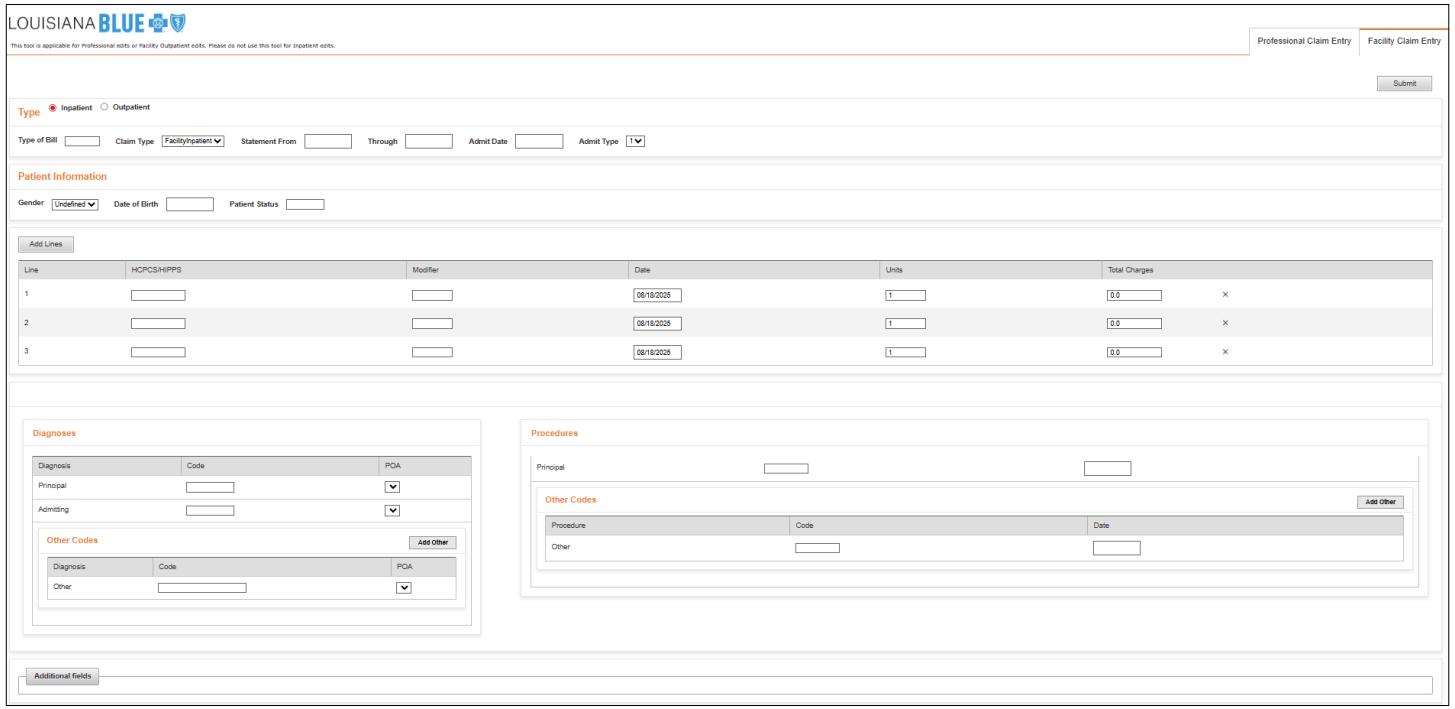
- Gender
- Date of birth
- Claim type – Select professional
- Beginning date of service (DOS)
- End date of service (DOS)
- Procedure – Valid CPT code must be submitted
- Modifier – Appropriate modifier for this CPT code
- Units – Enter the number of units; this field defaults to a value of one

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 review of the claim lines appears under the **Claims Analysis Results**.

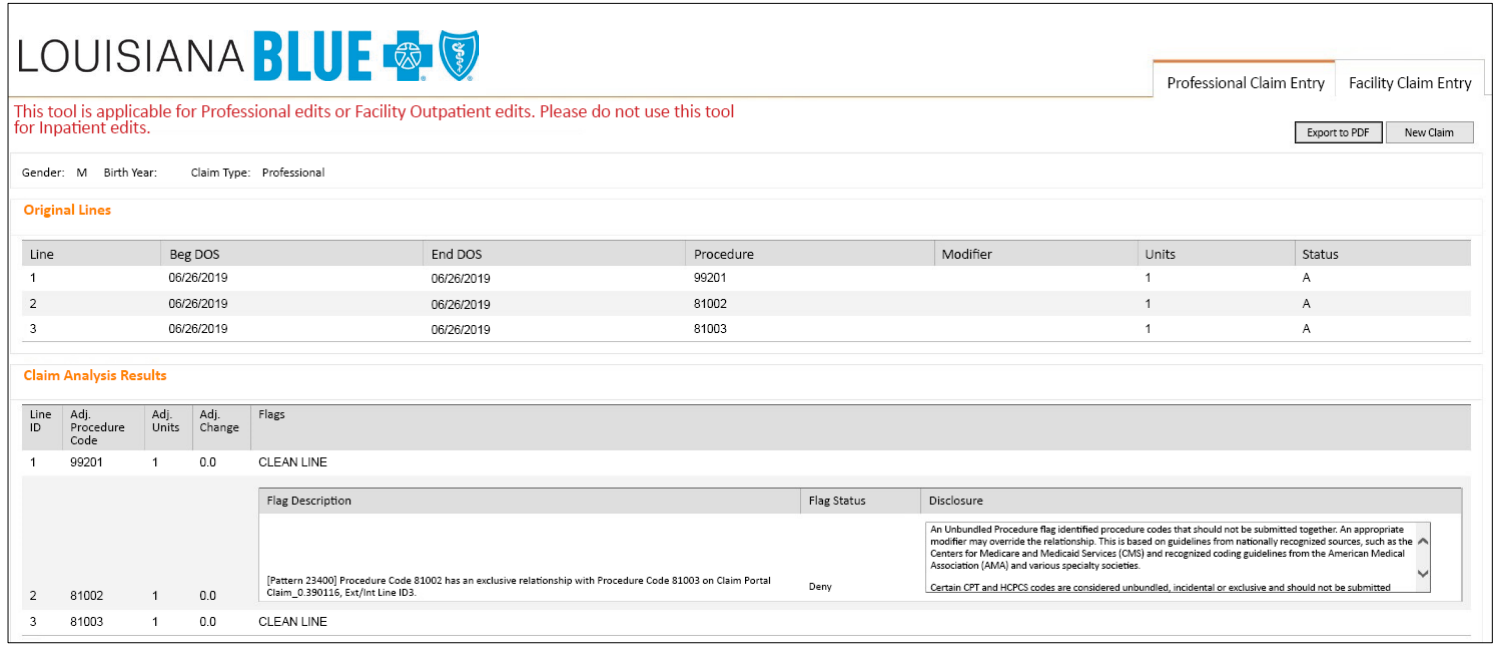
- When the claim line is compatible, no edit results are generated. The Flag Status will indicate “CLEAN LINE.”
- When the claim line is not compatible, the Flag Status displays information on the potential claim edit.



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_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

What edits or overrides are included in our CES logic?



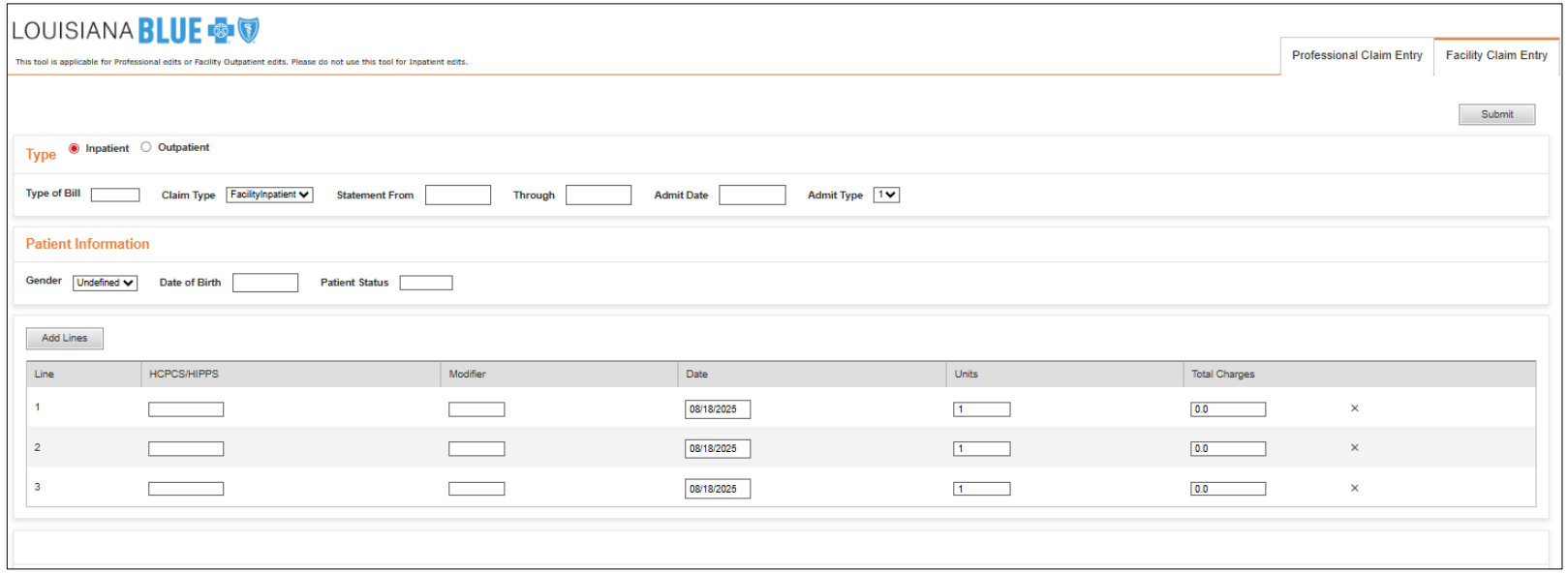
The CES application includes the following edits or overrides as they apply to a single code or code pairs:

- 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

Medical Code Editing

Claims Edit System

CES – Facility Claims

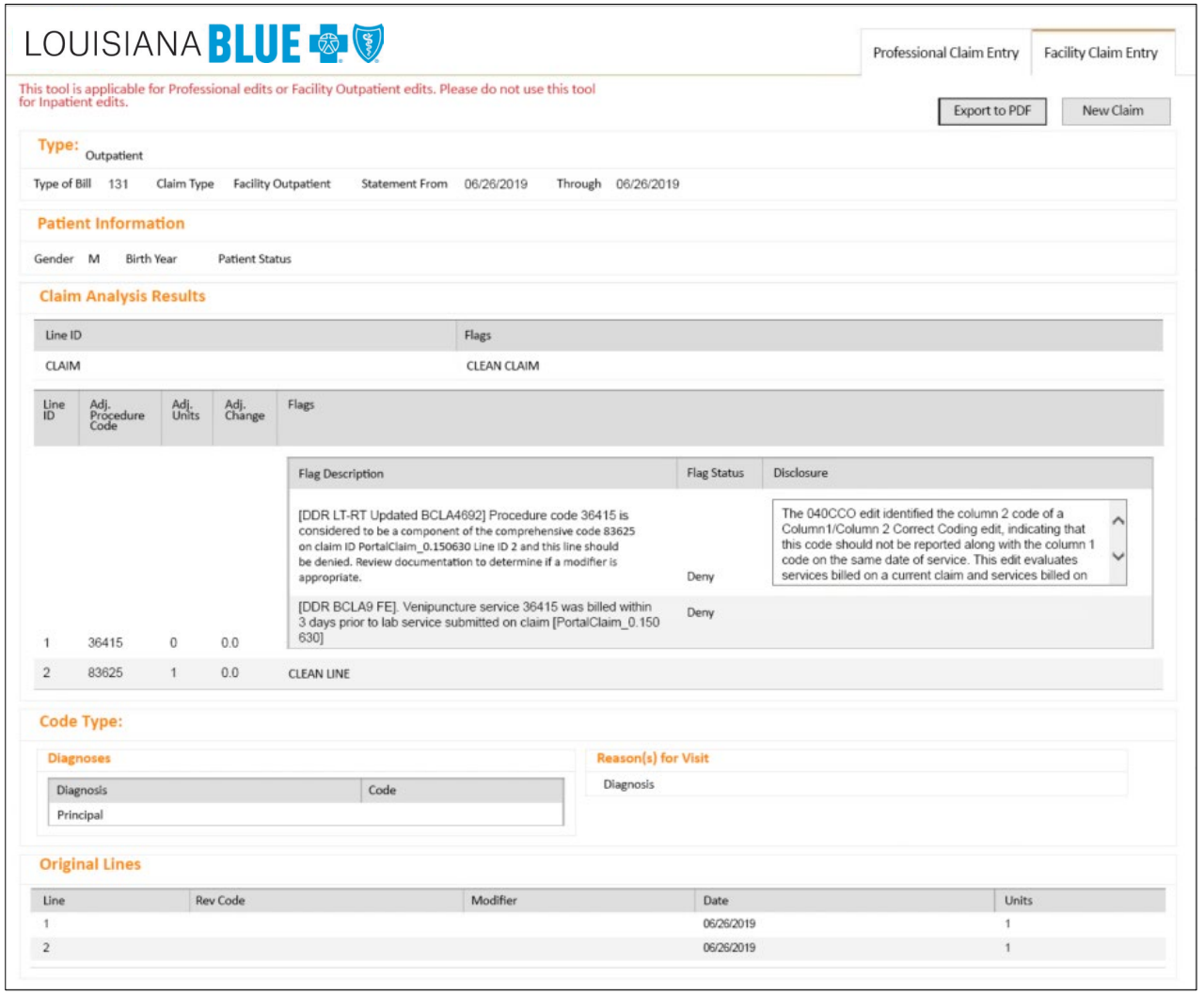


The **Facility Claim Entry** screen is for entering codes for hospital outpatient and ambulatory surgery center (ASC) claims. **Do not use for inpatient claim edits.**

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	Flags
CLAIM	CLEAN CLAIM

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	36415	0	0.0	
2	83625	1	0.0	CLEAN LINE

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 040CCO edit identified the column 2 code of a Column1/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	

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

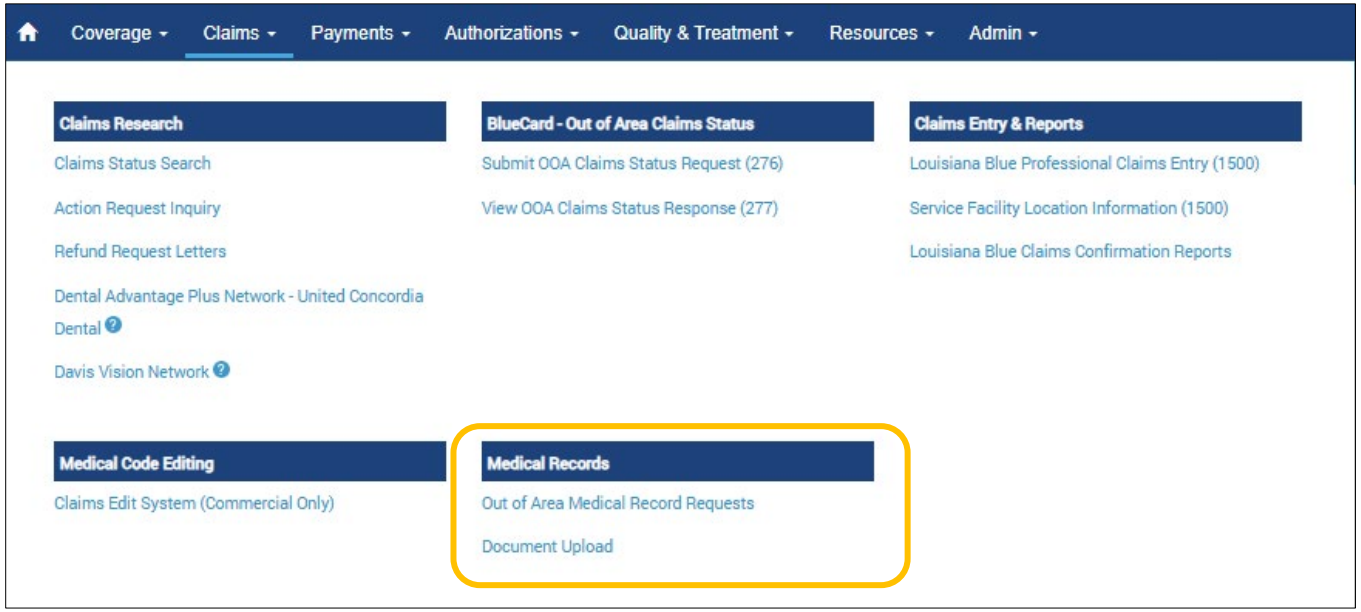
Diagnosis

Original Lines

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

Medical Records

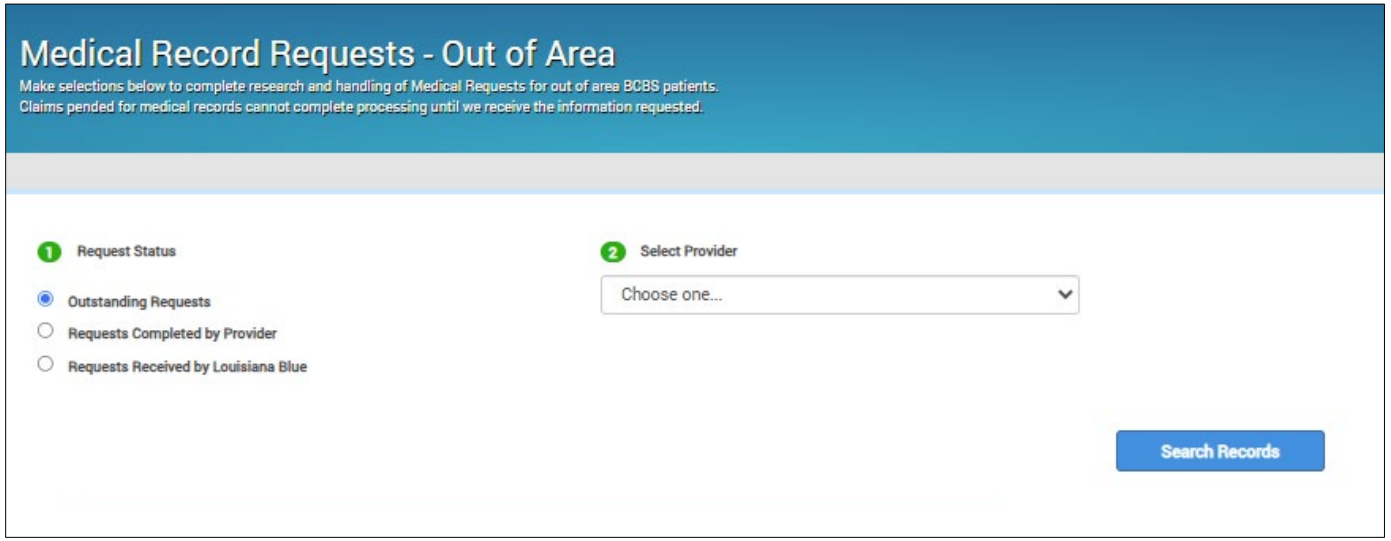
Use this section to view medical record requests for your Out of Area (BlueCard®) patients. You can also securely upload documents to select Louisiana Blue departments.





Medical Records

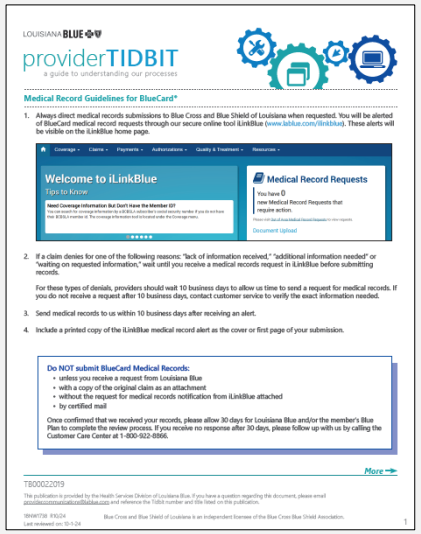
Use the **Out of Area Medical Record Requests** option to research requests for medical records for **BlueCard** (out-of-area) member claims. You can research completed requests and Louisiana Blue receipt confirmation.



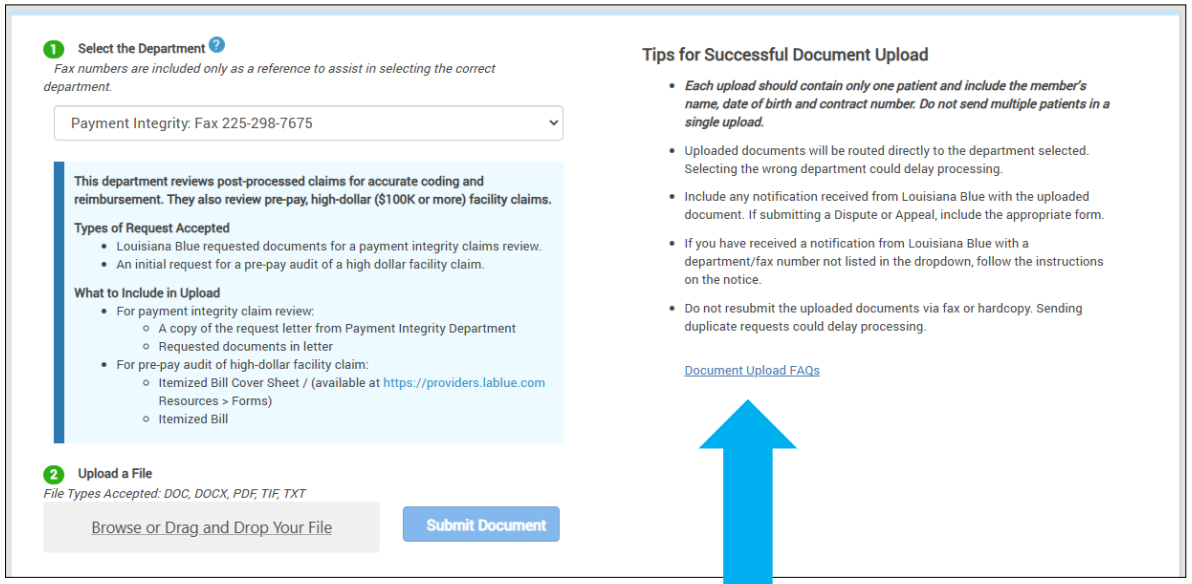
This application is not for medical record requests for Louisiana Blue (including HMO Louisiana) members.

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."



Document Upload



Document Upload Frequently Asked Questions can be found here.

Once a department is selected from the drop-down menu, additional details, including the documents required for submission, will be displayed.

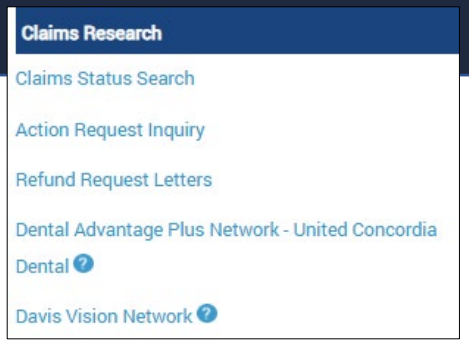
Once Louisiana Blue receives the uploaded document, a confirmation message will display, “The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY. The transaction ID is XXXXX.”

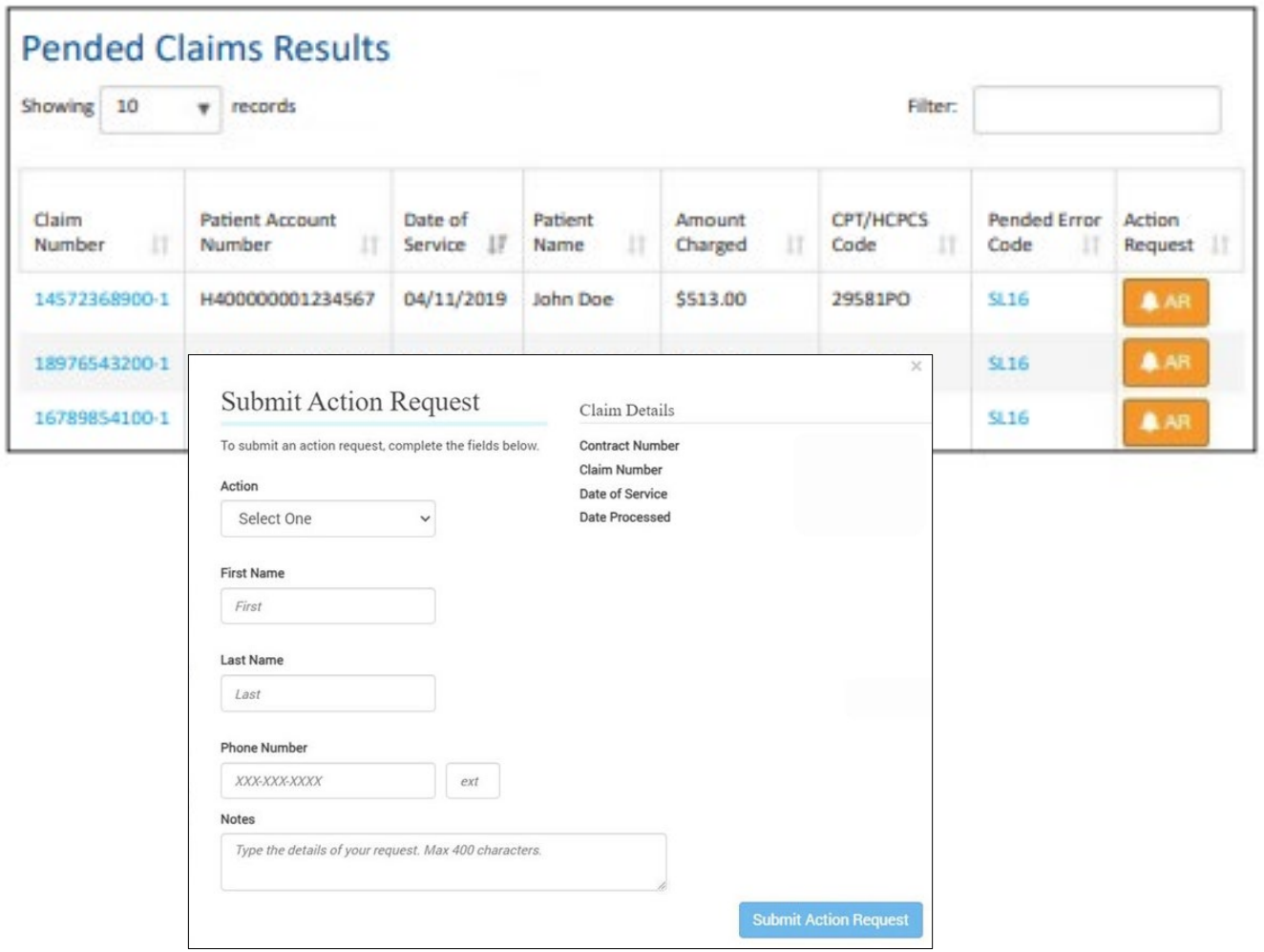


Louisiana Blue accepts document uploads for:

- Provider Appeals – Non-Louisiana
- 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
- Blue Advantage

Action Requests





When submitting an Action Request:

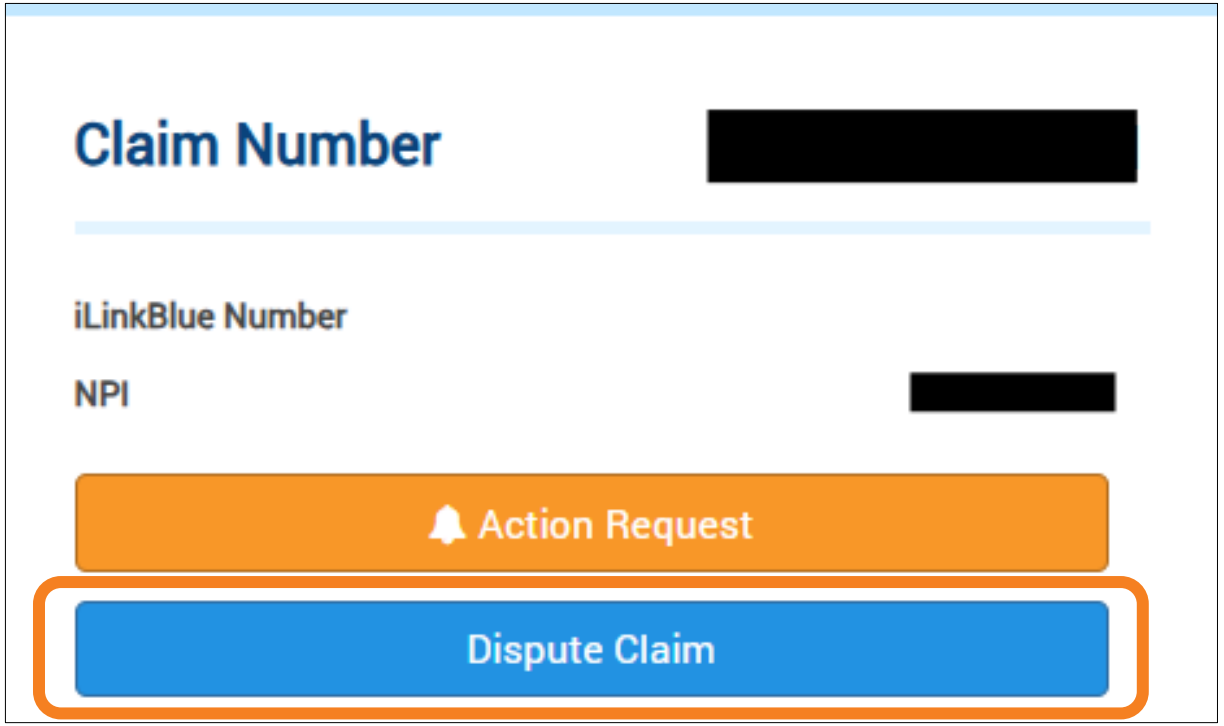
- Include your contact information.
- Be specific and detailed.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Only one Action Request can be open on the same claim at a time.

Provider Disputes Form Online

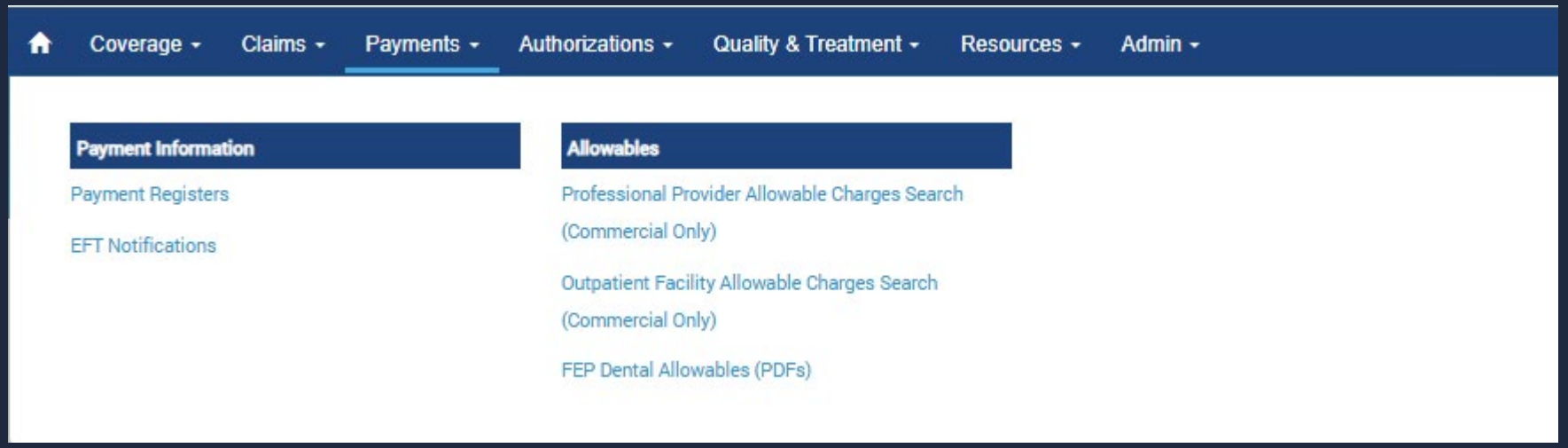
Louisiana Blue no longer accepts disputes via document upload or fax.

Clicking on a claim number in the Paid/Rejected Claims Search will open the Claim Detail summary page for that processed claim.

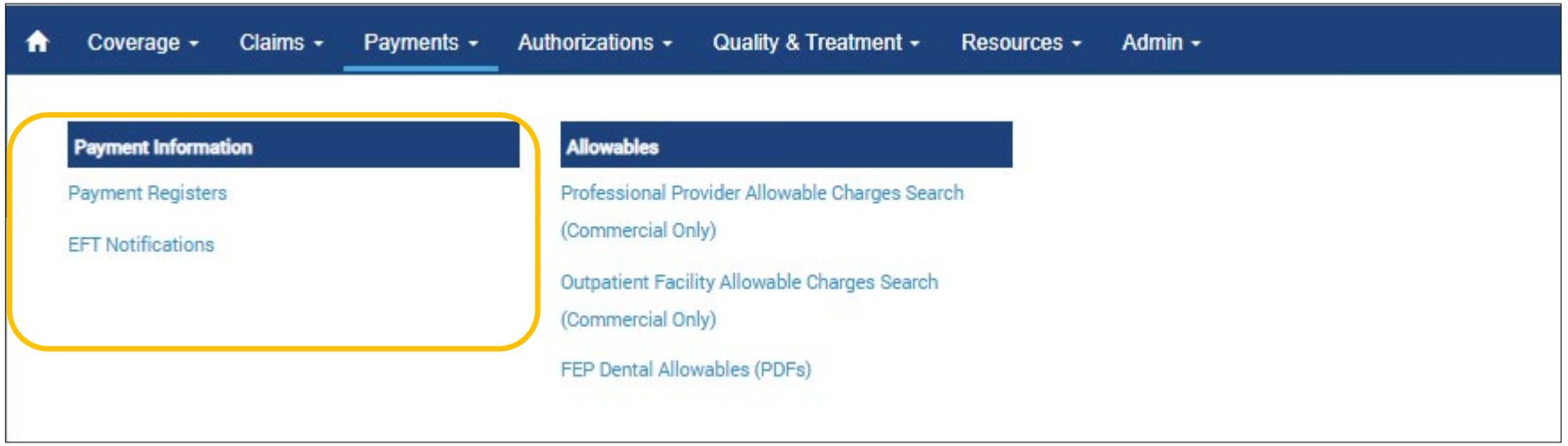
Click the “Dispute Claim” button to open the dispute form. The button will be on claims with a paid date within 2 years.



Payments


Coverage
Claims
Payments
Authorizations
Quality & Treatment
Resources
Admin
Payment Information
Payment Registers
EFT Notifications
Allowables
Professional Provider Allowable Charges Search
(Commercial Only)
Outpatient Facility Allowable Charges Search
(Commercial Only)
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. Electronic Funds Transfer (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 EFT Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.



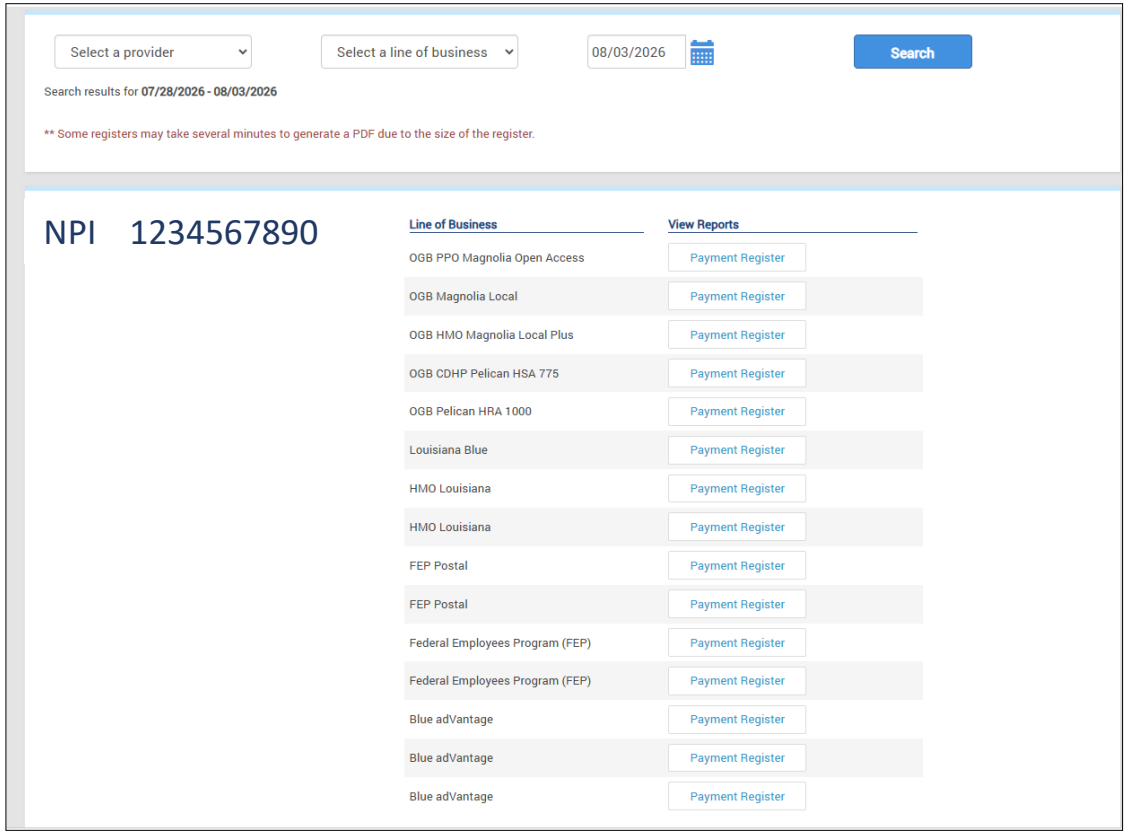
Payment Information

Need a past EFT Notification/Payment Register?

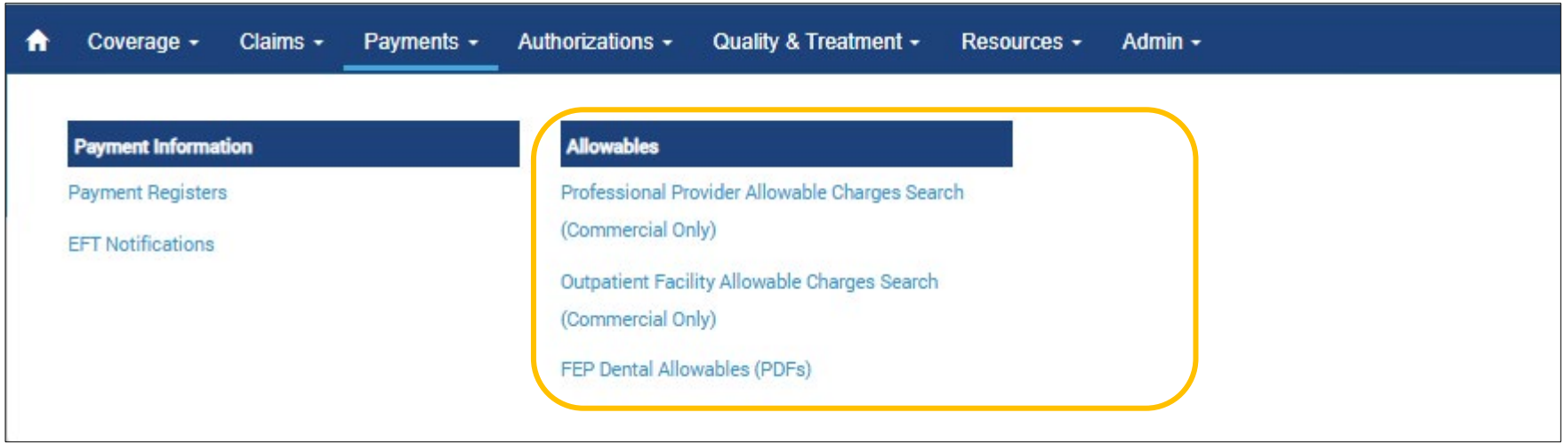
Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

Set the calendar feature in the search feature to the date of a Monday within the past two years. This allows you to see past EFT notifications or payment registers.

Historical Blue Advantage payment registers (generated for 2025 dates of service) are available in iLinkBlue.



Allowable Research

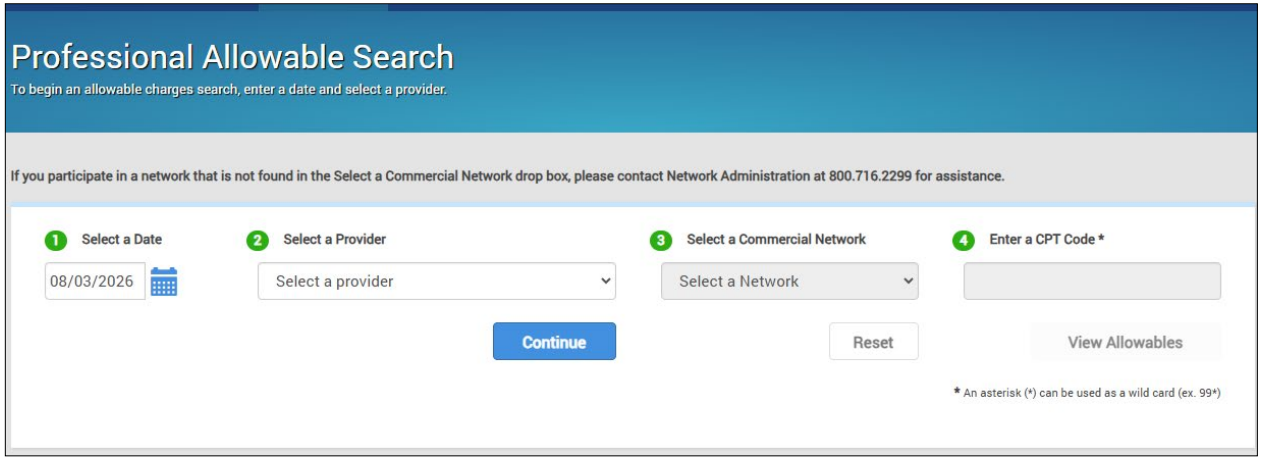


iLinkBlue includes two applications you can use to research Louisiana Blue allowables:

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

Allowables Research



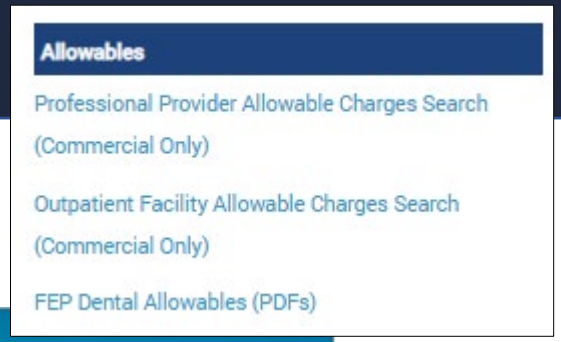


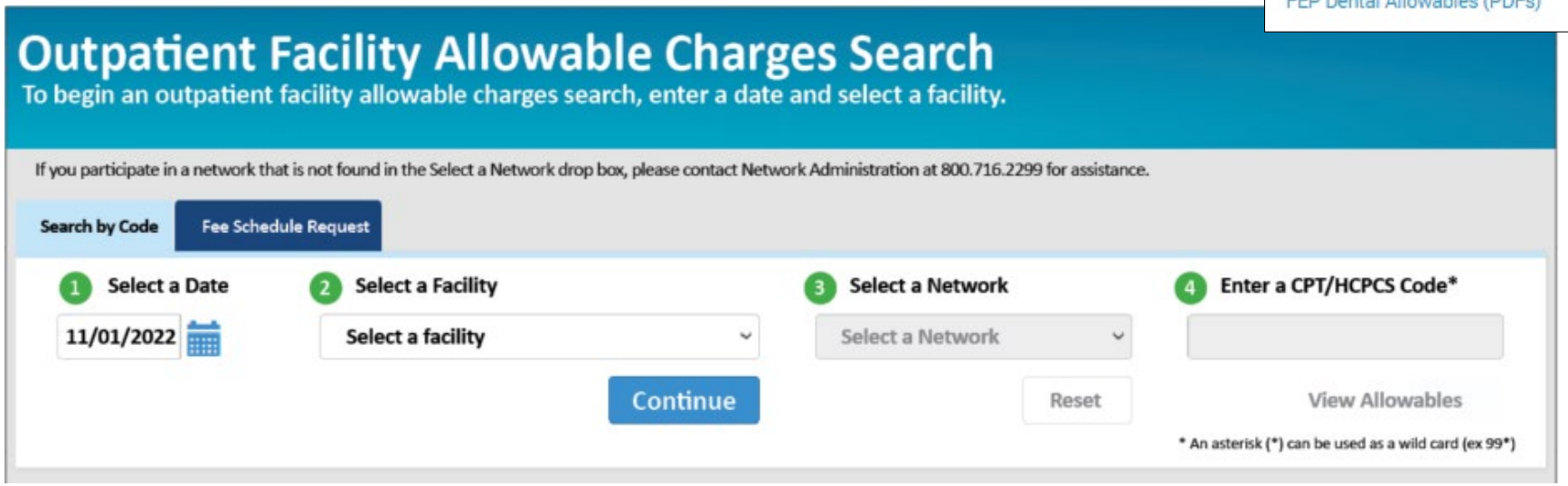
Professional Allowable Search

- 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

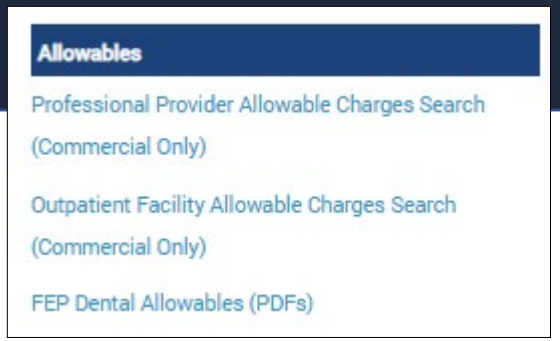




Outpatient Facility Allowable Charges Search

This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

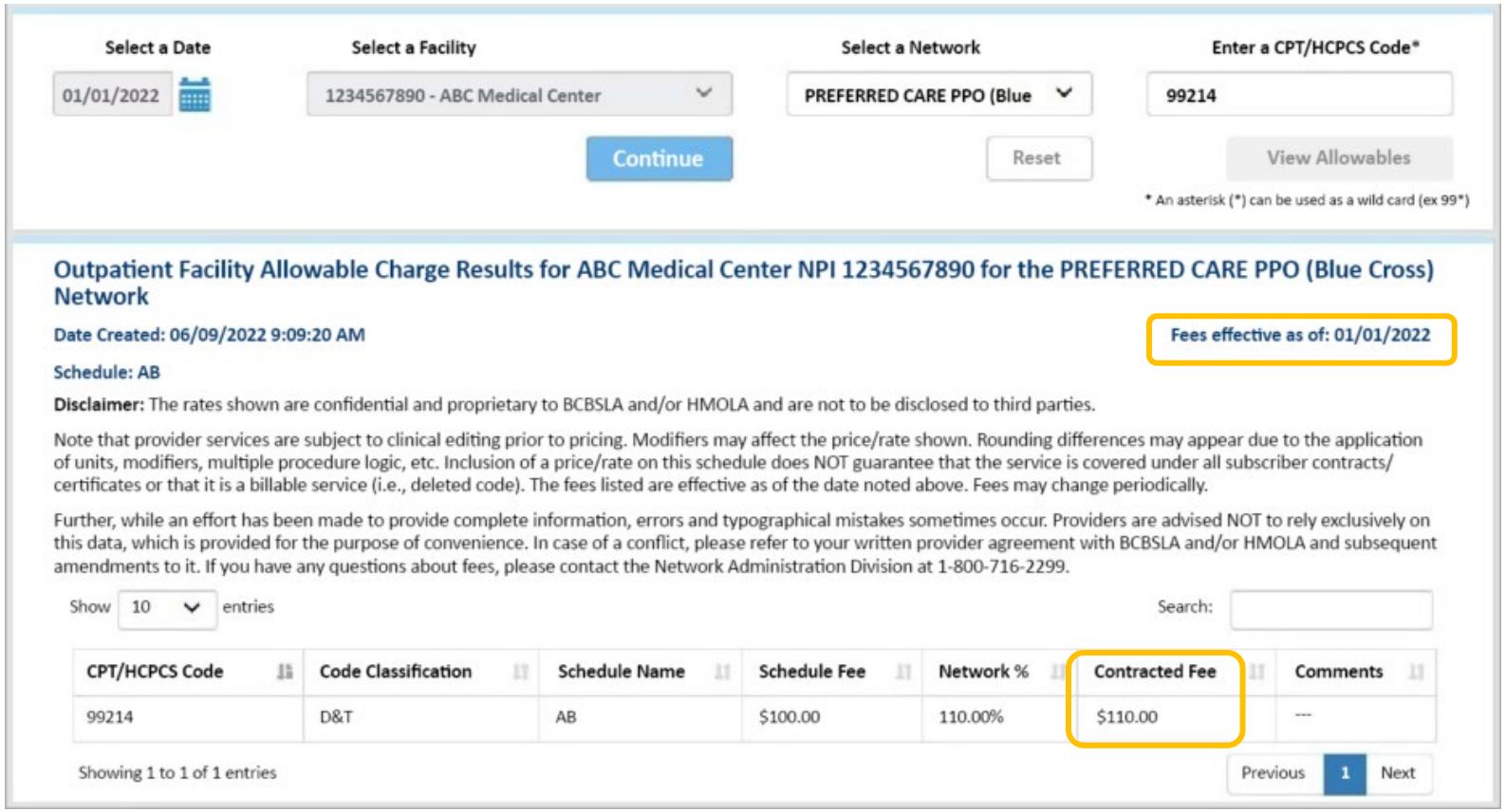
- When searching for an allowable charge, enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.



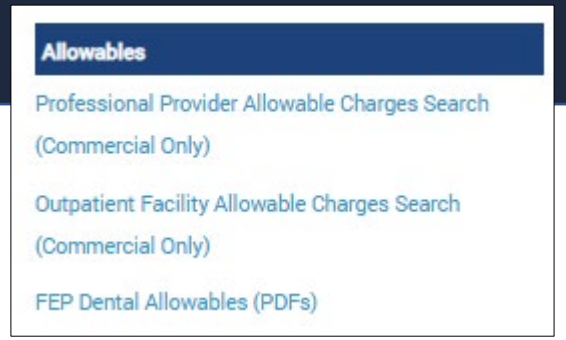
Allowables Research Outpatient Facility Allowable Charges

Example

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

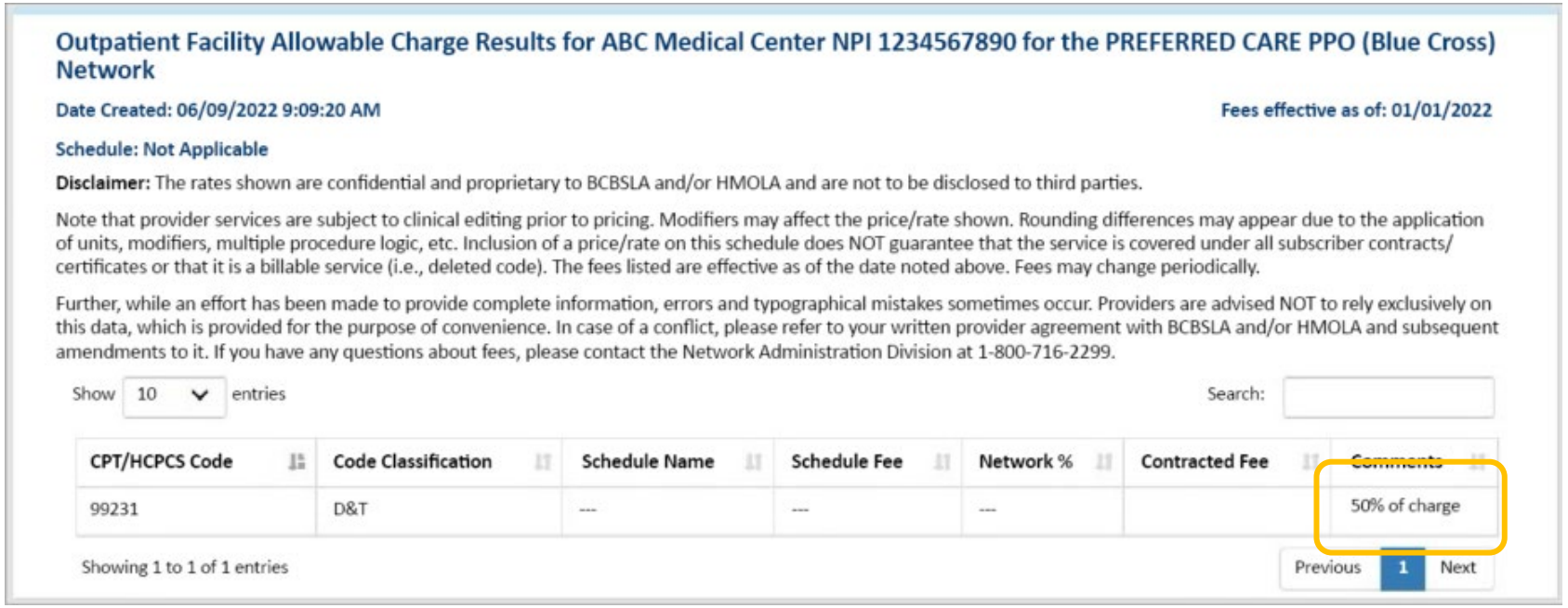


Allowables Research Outpatient Facility Allowable Charges



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

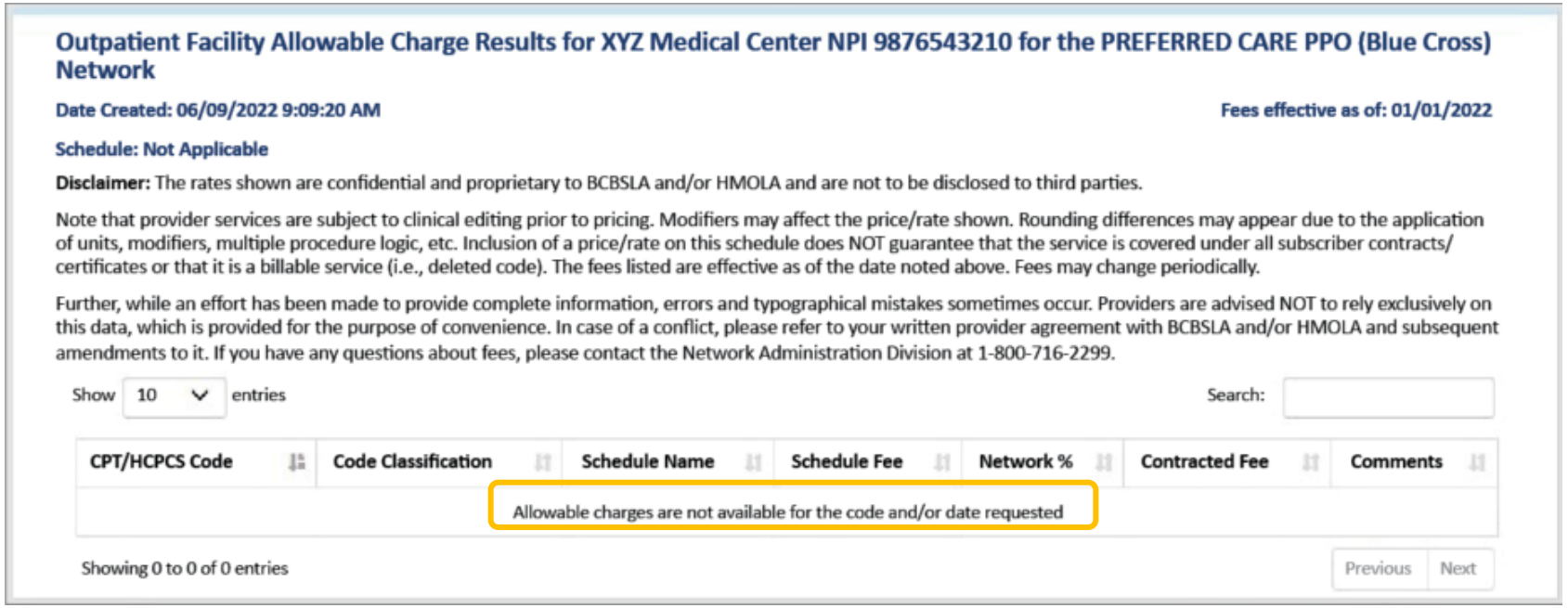
Showing 1 to 1 of 1 entries Previous 1 Next

Allowables 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.

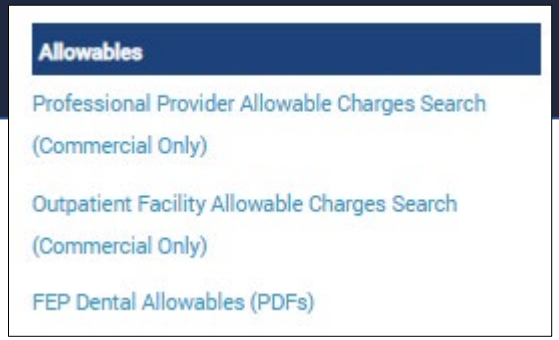
Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service 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 10 entries Search:

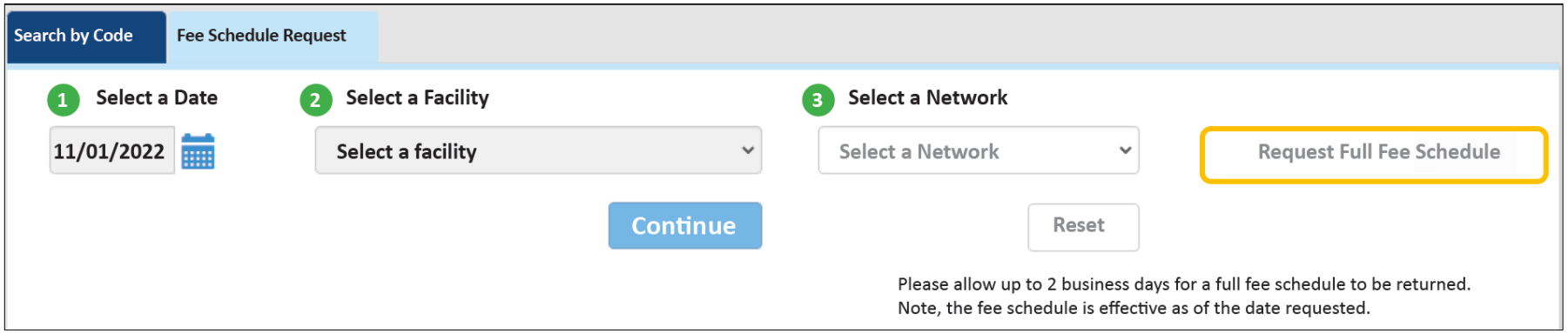
CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
Allowable charges are not available for the code and/or date requested						

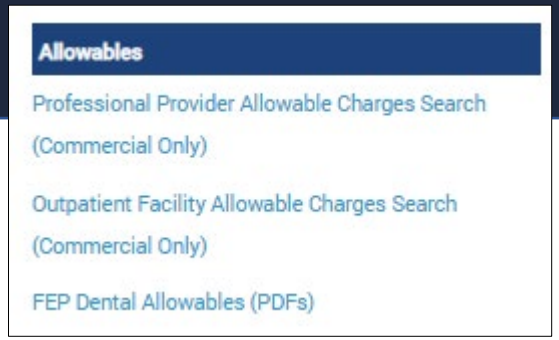
Showing 0 to 0 of 0 entries Previous Next



Fee Schedule Request

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.

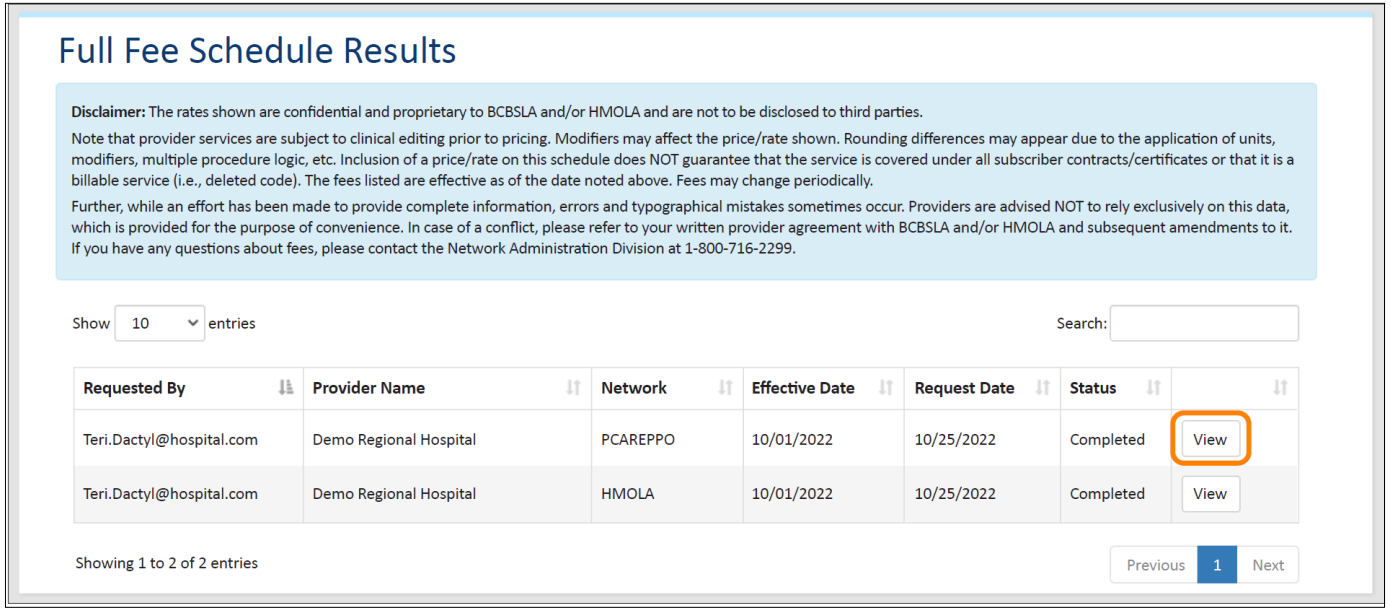




Fee Schedule Request Example

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.



Authorizations



Authorizations



Providers will use the Louisiana Blue Authorizations application in iLinkBlue to request services for Blue Advantage members. The application is available on iLinkBlue under the “Authorizations” menu option. U**se the Louisiana Blue Authorizations to submit prior authorization requests for dates of service on or after Jan. 1, 2026.**

Many of the applications in this section require a higher level of security access.

Authorizations Louisiana Blue Members



Louisiana Blue Authorizations* – submit and research authorizations for Louisiana Blue and Blue Advantage members, including behavioral health authorizations. Upload clinical information.

Carelon 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.

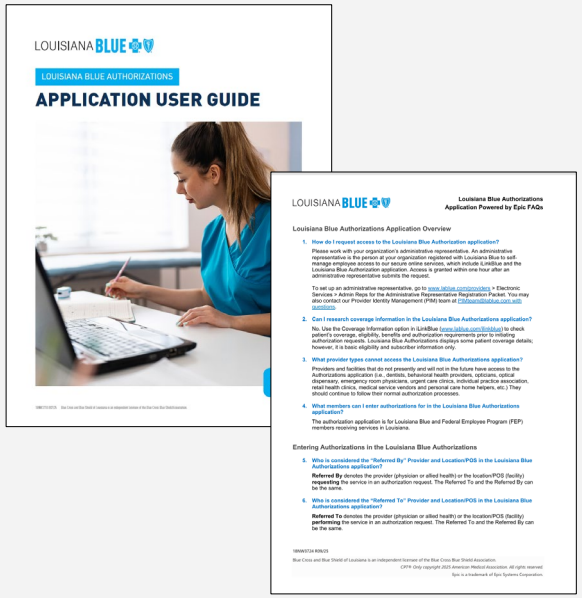
*Your organization's administrative representative must grant you user access to these applications.

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 organization's 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.com/ilinkblue**) under Resources.
- Video demonstrations for inpatient/outpatient authorizations are also available in iLinkBlue, under Resources.

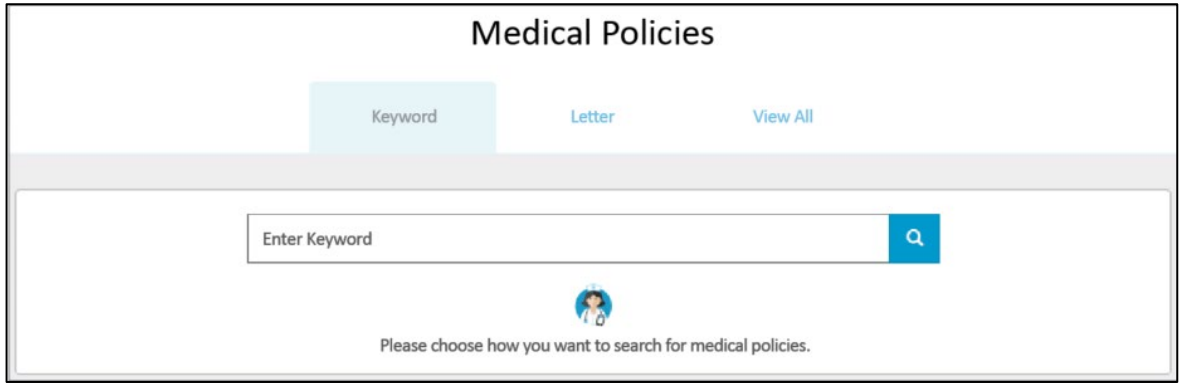


Provider Training for the new application is available by contacting the Provider Relations Department at **provider.relations@lablue.com**.

Authorizations Louisiana Blue Members



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.

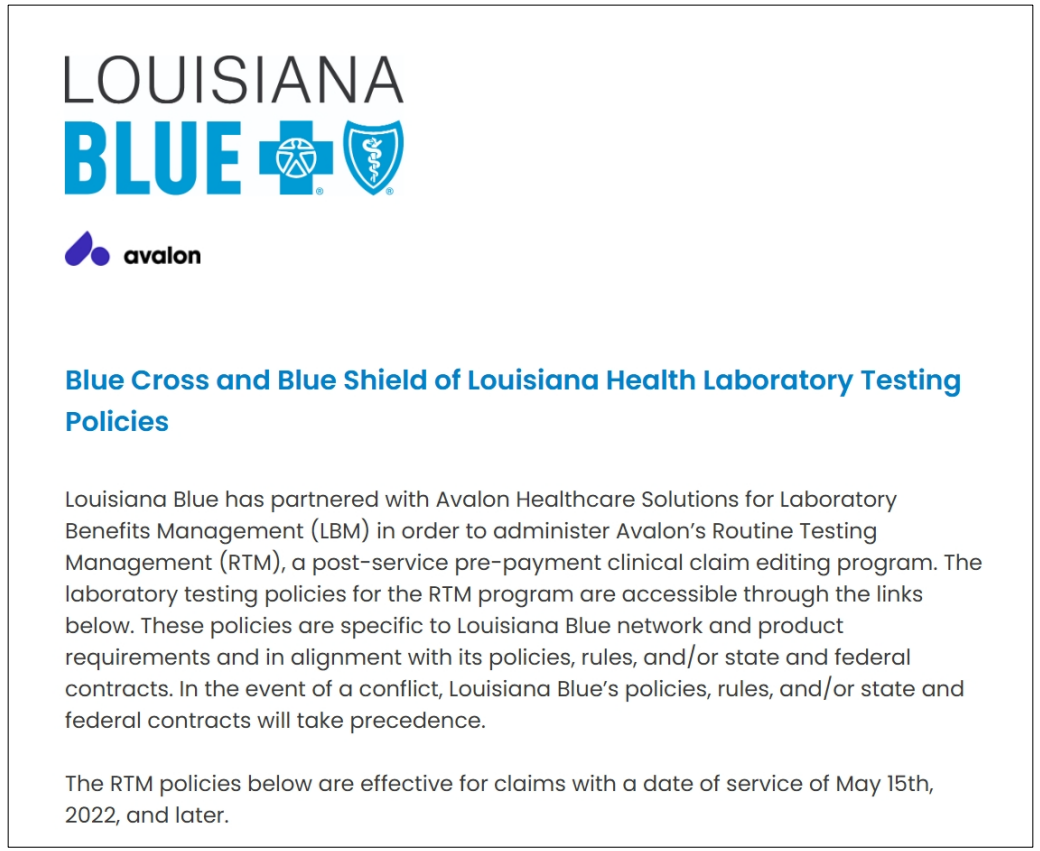


*This application is also available on the Provider page; **www.lablue.com/providers** >Medical Management >Medical Policies.

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.

FEP Medical Policy Guidelines – access medical policies that govern claims for Federal Employee Program members.


LOUISIANA BLUE

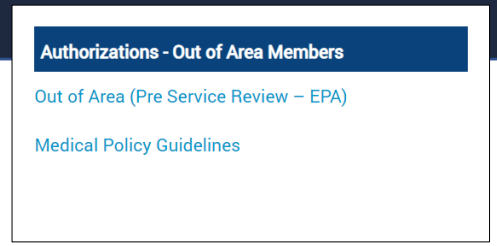
avalon

Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

Louisiana Blue has partnered with Avalon Healthcare Solutions for Laboratory Benefits Management (LBM) in order to administer Avalon's Routine Testing Management (RTM), a post-service pre-payment clinical claim editing program. The laboratory testing policies for the RTM program are accessible through the links below. These policies are specific to Louisiana Blue network and product requirements and in alignment with its policies, rules, and/or state and federal contracts. In the event of a conflict, Louisiana Blue's policies, rules, and/or state and federal contracts will take precedence.

The RTM policies below are effective for claims with a date of service of May 15th, 2022, and later.

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

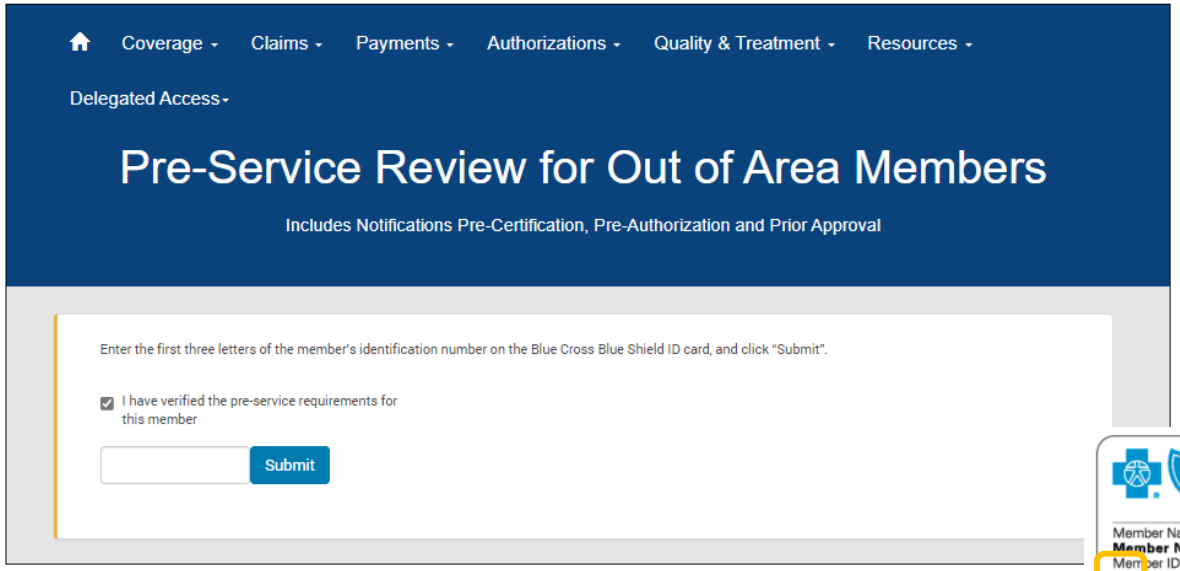


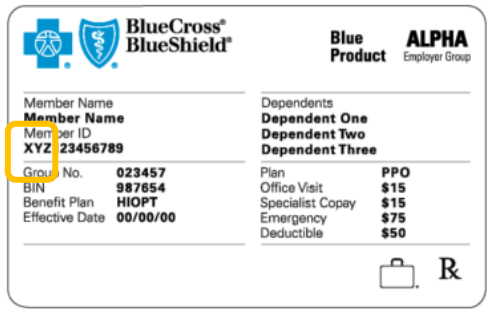
Authorizations Out of Area Members

Out of Area (Pre-Service Review – EPA)

This application routes you to the BlueCard member's Blue Plan.

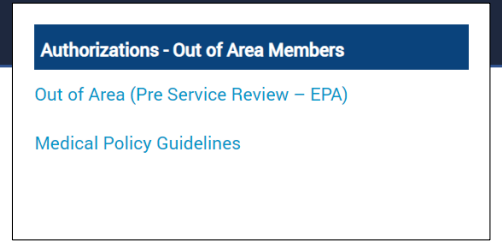
Enter the member ID prefix into the application to access preservice capabilities, processes and requirements for your BlueCard patients.





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

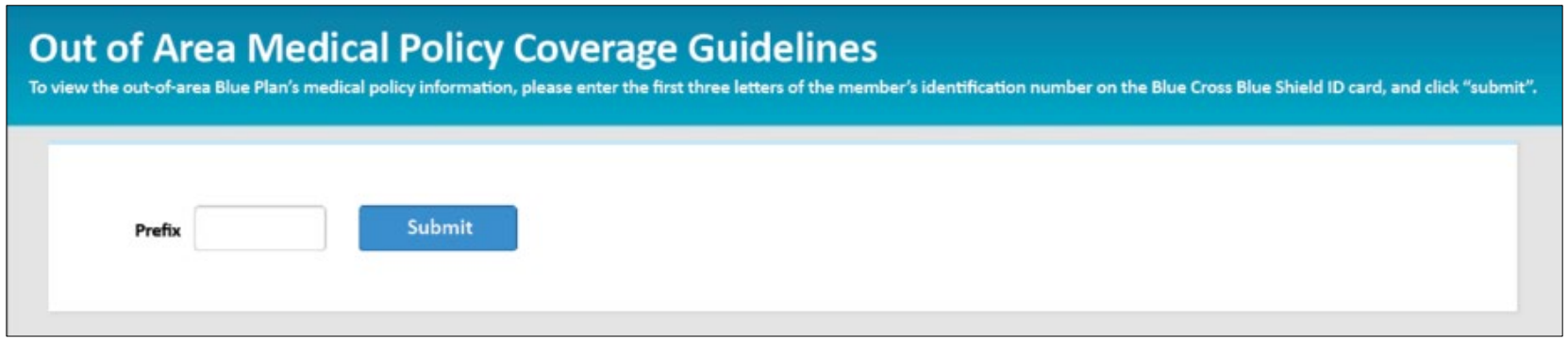
Authorizations Out of Area Members



Medical Policy Guidelines

Just as Louisiana Blue publishes medical policies for services provided to our members, other Blue Plans do the same. 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.

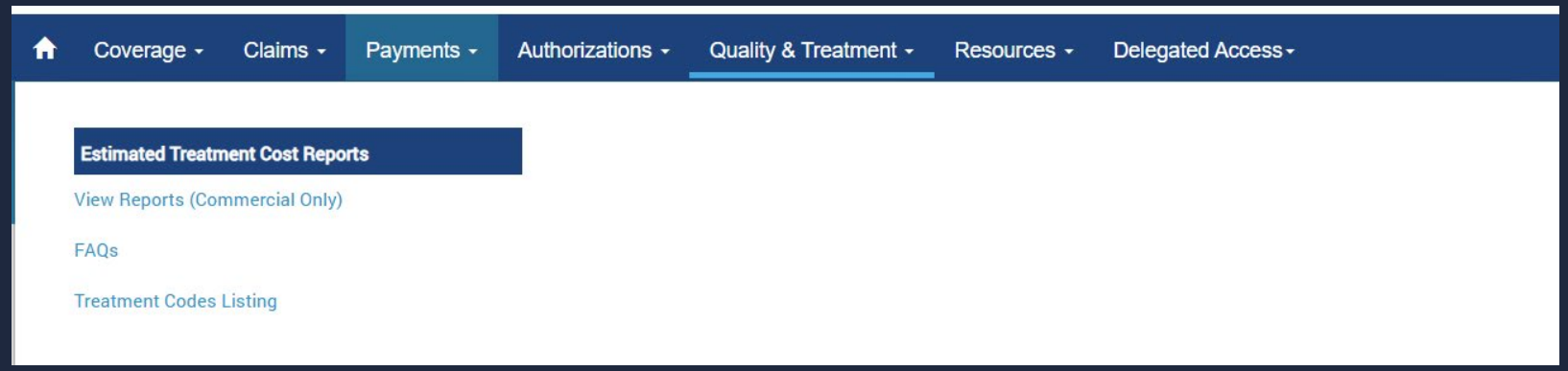


Changes to Authorization Numbers

- 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.
- The Referral Details screen will identify new authorization numbers in the Authorizations section. The new authorization numbers will begin with the letter “L.”
- Providers use the new “L” authorization numbers for claims submission and processing. Only use the referral ID numbers as a reference number for the request.

Add additional service requests or extension requests to the authorization via the Add Note/Attachment feature accessed on the Referral Details screen.

Quality & Treatment

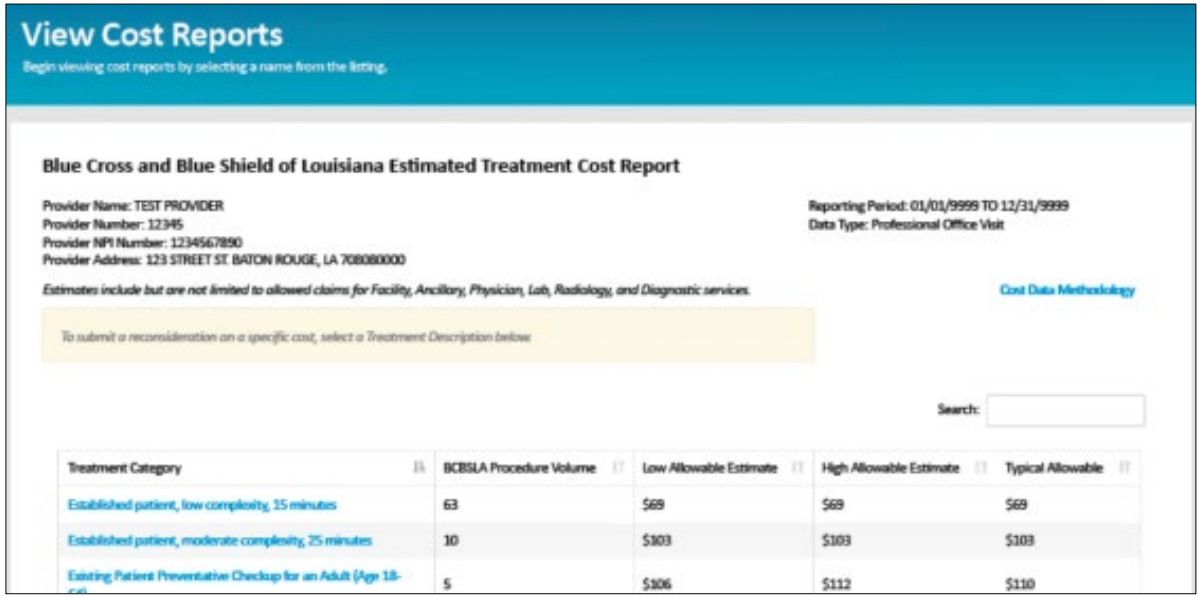




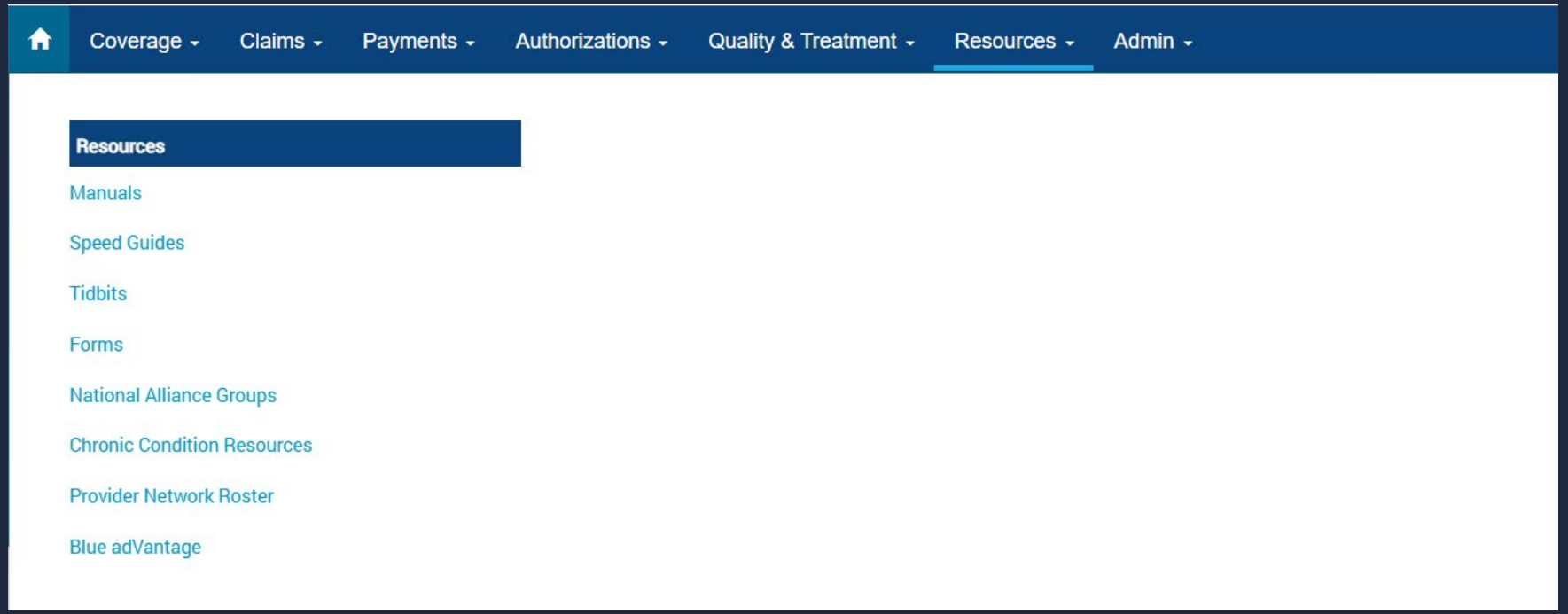
Estimated Treatment Costs

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 Hospital & Doctor Finder℠ 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 the Blue Cross Blue Shield Association.



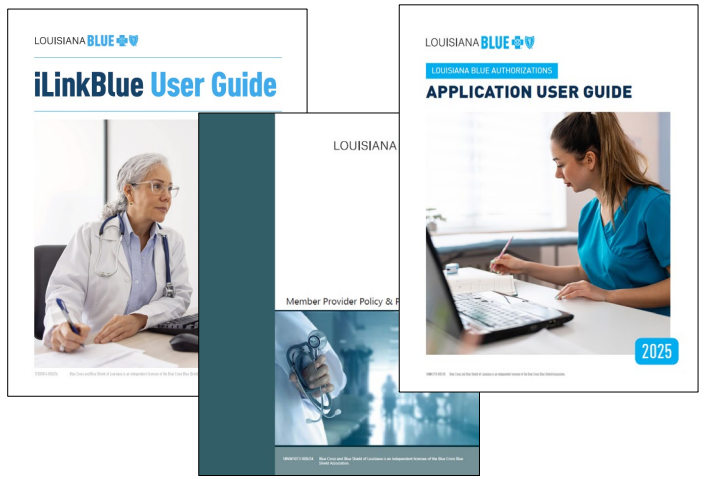
Resources


Coverage
Claims
Payments
Authorizations
Quality & Treatment
Resources
Admin
Resources
Manuals
Speed Guides
Tidbits
Forms
National Alliance Groups
Chronic Condition Resources
Provider Network Roster
Blue adVantage

Resources

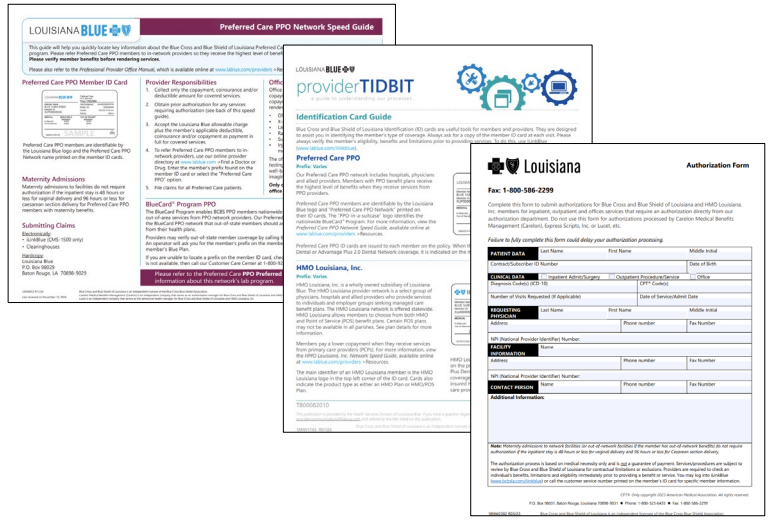
Manuals

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 *Louisiana Blue Authorizations Application User Guide* and the *iLinkBlue 1500 Claims Entry.*



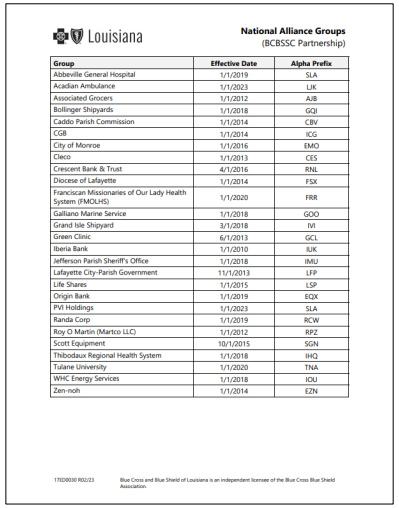
Speed Guides, Tidbits and Forms

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.



Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2019	SLA
Acadian Ambulance	1/1/2023	LJK
Associated Grocers	1/1/2012	AJB
Bollinger Shipyards	1/1/2018	GQJ
Caddo Parish Commission	1/1/2014	CBV
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cleco	1/1/2013	CES
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMOLHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyard	3/1/2018	IVI
Green Clinic	6/1/2013	GCL
Iberia Bank	1/1/2010	IUK
Jefferson Parish Sheriff's Office	1/1/2018	IMU
Lafayette City-Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EQX
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IHQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	IOU
Zen-noh	1/1/2014	EZN

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

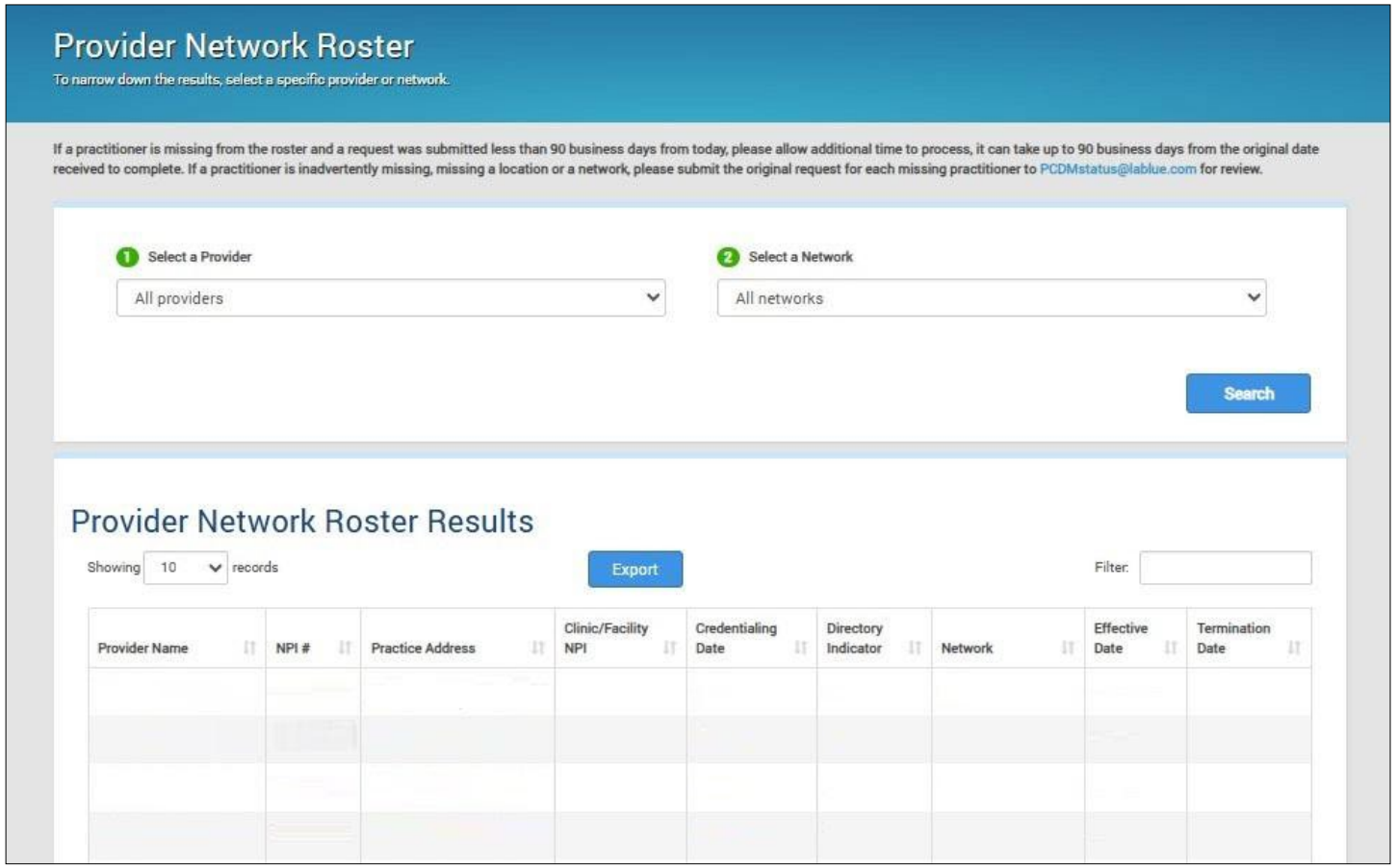
Provider Rosters

This self-service feature allows providers to view Network Rosters for in-network providers. You can find this under the “Resources” menu option, then click “Provider Network Roster.”

This allows providers to view:

- all practitioners tied to a group TIN,
- what networks they operate in,
- effective dates of their credentials in that network.

You may also narrow your searches by NPI and provider network.



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@lablue.com**. Put “iLinkBlue Training” in the subject line.

Please include your:

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



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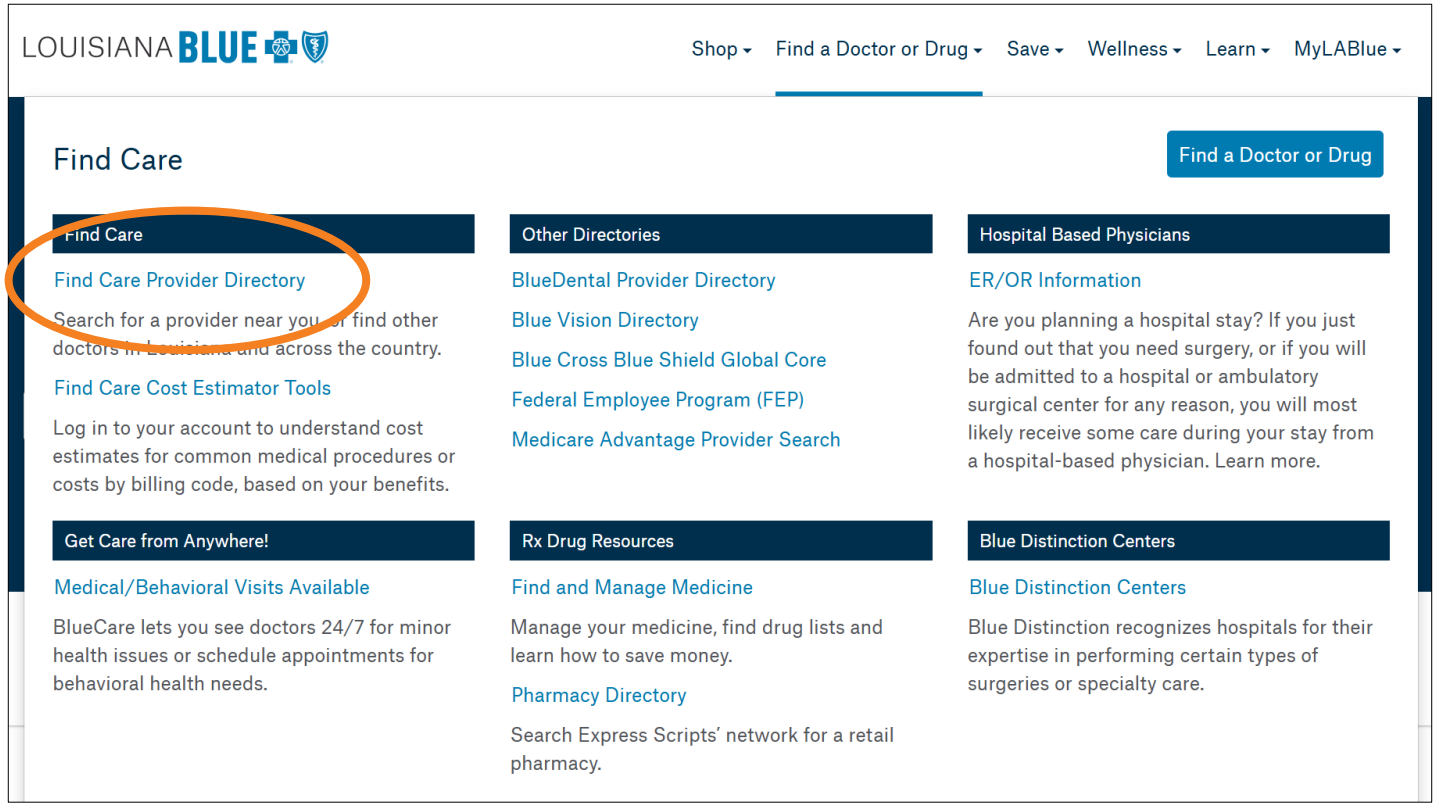
Questions?

LOUISIANA BLUE

Appendix

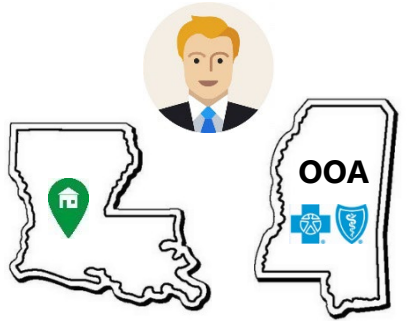
Knowing Your Networks

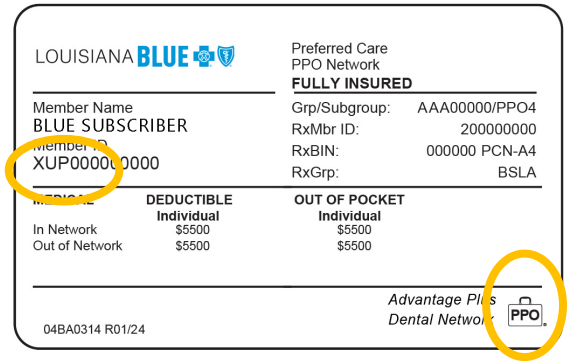
Louisiana Blue offers many networks. All providers do not participate in all networks. In order to maximize benefits for your patients, you need to know which networks you participate in. This information can be found online at **www.lablue.com** > Find a Doctor or Drug > Find Care Provider Directory.



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 Blue Plan's 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.





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 nonparticipating 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.