LOUISIANA **BLUE**

provider**TIDBIT**
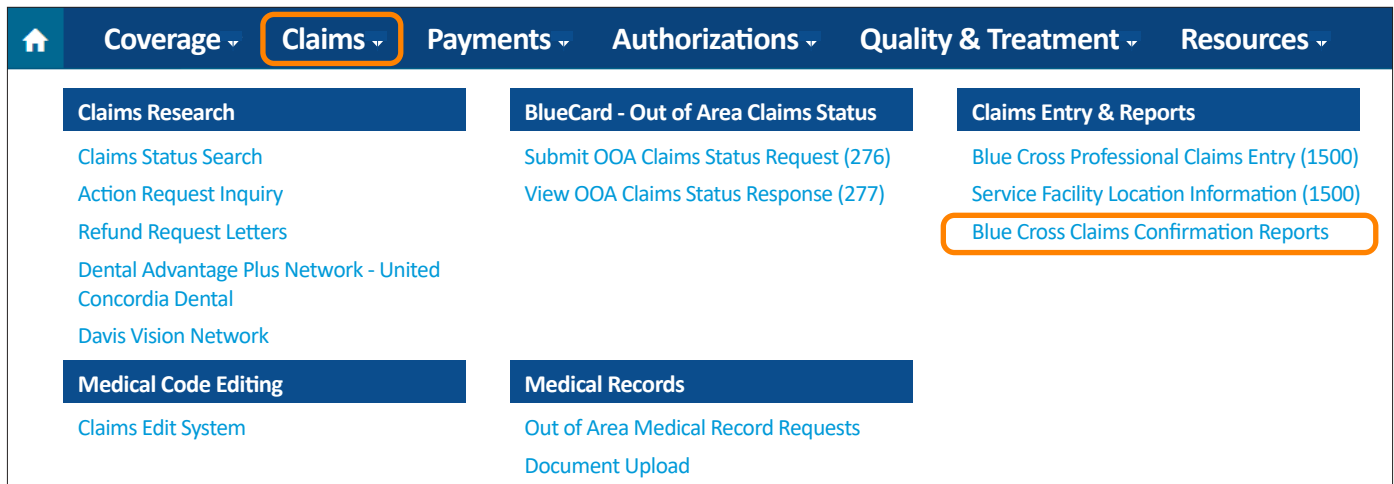a guide to understanding our processes

Claims Confirmation Reports

Did you know...

Blue Cross and Blue Shield of Louisiana's Claims Confirmation Reports are designed to help providers confirm if their claims were accepted or not accepted by our editing system. These reports can be accessed on iLinkBlue (www.lablue/iLinkBlue) under the "Claims" menu item.

| 🏠 | 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)	Blue Cross Professional Claims Entry (1500)
Action Request Inquiry	View OOA Claims Status Response (277)	Service Facility Location Information (1500)
Refund Request Letters		**Blue Cross 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	
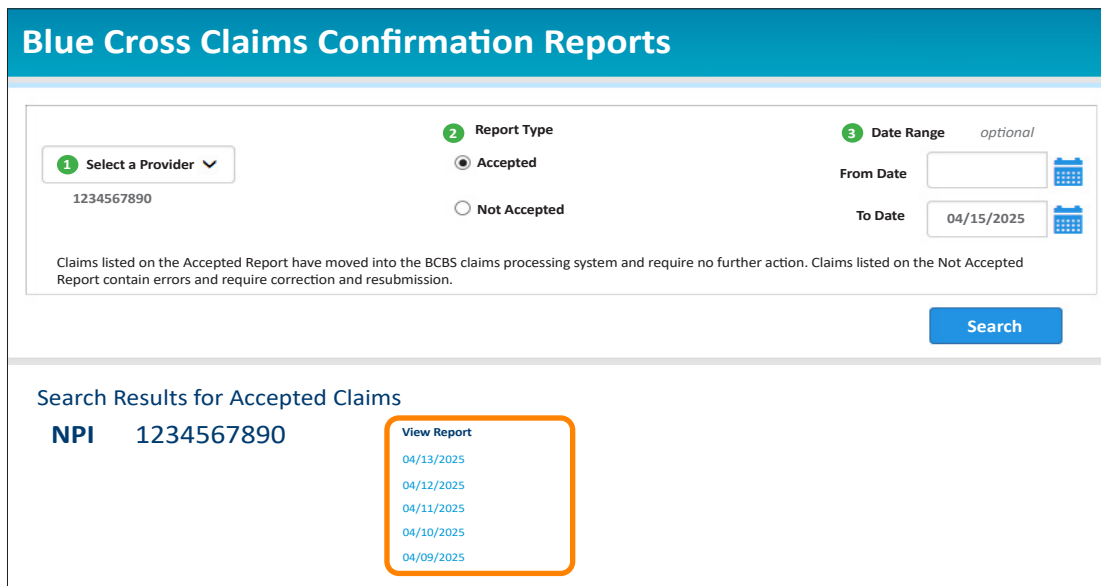
Providers must select an NPI and the type of report they wish to view (Accepted or Not Accepted). They may also select specific date ranges to narrow the search. The returned search results will display reports based on the date processed. Reports are available up to 120 days from the date a claim is submitted.

Blue Cross Claims Confirmation Reports

① Select a Provider ⌄	② Report Type	③ Date Range *optional*
1234567890	◉ Accepted	From Date [ ] 📅
	○ Not Accepted	To Date [04/15/2025] 📅

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
04/13/2025
04/12/2025
04/11/2025
04/10/2025
04/09/2025

If no dates are entered in the application's optional date range field, the returned results will list the five most recent reports by the date processed.

Click on the appropriate date to open that report.

More →

Claims Confirmation Reports (continued)

These reports indicate detailed claim information on transactions that have been accepted or not accepted for processing. Providers are responsible for reviewing these reports and taking corrective action on claims appearing on the "Not Accepted" report before resubmitting them.

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                        PROVIDER: TEST REGIONAL HOSPITAL
                        NPI# 1234567891
 BC ID #  T5678
 RECEIVE DATE:  04-12-25                      PROCESSING DATE:  04-12-25
                                                                                            PAGE  1

  837P  ACCEPTED  REPORT

 PATIENT          PATIENT          PATIENT          BC CONTRACT      FROM     THRU     CLAIM      CH TRACKING
 ACCOUNT NUM      LAST NM          FIRST NM         NUMBER           DATE     DATE     AMOUNT     NUMBER

 L12345678        DOE              JOHN             XUA123458789     040825   040825   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
```

Not 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                        PROVIDER: TEST REGIONAL HOSPITAL
                        NPI# 1234567891
 BC ID #  T5678
 RECEIVE DATE:  04-12-25                      PROCESSING DATE:  04-12-25
                                                                                            PAGE  1

  837P  NOT ACCEPTED  REPORT

 PATIENT          PATIENT          PATIENT          BC CONTRACT      FROM     THRU     CLAIM      ERROR                        ERROR
 ACCOUNT NUM      LAST NM          FIRST NM         NUMBER           DATE     DATE     AMOUNT     DESCRIPTION                  DATA

 L12345678        DOE              JOHN             XUA123458789     040425   040425   206.00     PROVIDER LOCATION IRS CONFLICT   987654321
 L78945612        PUBLIC           PEGGY            XUH321456987     032025   032025   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
```

Both report types indicate how many claims have been accepted and not accepted. On the Not Accepted Report, it lists the errors that must be corrected for each claim.

Do you use a billing agency or clearinghouse to submit your claims?

The **Claims Confirmation Reports** application is not just for providers who submit claims through iLinkBlue. If you use a billing agency or clearinghouse, please use this application to confirm your claims have been accepted or not accepted into the claims processing systems at Louisiana Blue.

End ⟶