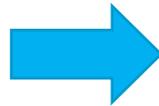


# iLinkBlue Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.



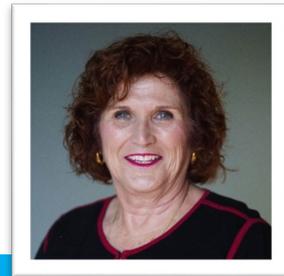
## How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.

Let's use  
**ilinkBlue**

2023

**Presented by Anna Granen**  
Senior Provider Relations Representative



[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)



Louisiana

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

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

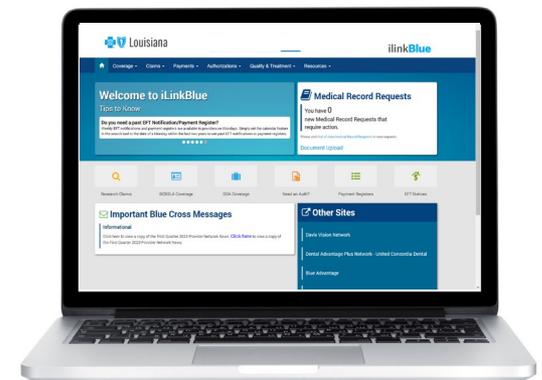
# WELCOME!

✓ Today's presentation will review the many features of iLinkBlue including:

- Coverage & Eligibility
- Benefits
- Claims Status
- Medical Code Editing
- Payment Registers/EFT Notifications
- Authorizations

✓ We will explain the BlueCard<sup>®</sup> Program (Out of Area) and show how to submit and research those claims.

✓ We will show you how to easily navigate iLinkBlue.



# What is iLinkBlue?

iLinkBlue is Blue Cross and Blue Shield of Louisiana's secure online provider portal.

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission

no cost to providers

user-friendly navigation

secure auth applications

The screenshot shows the iLinkBlue provider portal interface. At the top, there is a navigation bar with the Louisiana logo and the text 'Louisiana' and 'iLinkBlue'. Below the navigation bar, there are several tabs: Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources, and Delegated Access. The main content area features a 'Welcome to iLinkBlue' section with 'Tips to Know' and a 'Medical Record Requests' alert indicating 72 new requests. Below this, there is a search bar and a navigation menu with icons for Research Claims, SCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The main content area is divided into two columns: 'Important Blue Cross Messages' and 'Other Sites'. The 'Important Blue Cross Messages' section contains several informational messages, including one about the Document Upload menu and another about ten departments accepting documents. The 'Other Sites' section lists links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue.

[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

# Accessing iLinkBlue

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

## Administrative representative duties include:

- ✓ Identify users at your organization who will need access to our secure online services.
- ✓ Assign individual user access to the appropriate applications.
- ✓ Manage users and terminate user access when it is no longer needed.



**Instructions for Accessing Our Secure Online Services**

Blue Cross offers many online services that require secure access. Blue Cross 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 Blue Cross:**

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@bcbsla.com](mailto:PIMTeam@bcbsla.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@bcbsla.com](mailto:PIMTeam@bcbsla.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 Blue Cross' 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 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at [www.bcbsla.com/provider](http://www.bcbsla.com/provider) >Electronic Services >Admin Reps.

# Accessing iLinkBlue

Need access to iLinkBlue?

**Does your organization have 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 may include member eligibility and coverage research, submitting claims, and/or access to secure authorization applications.



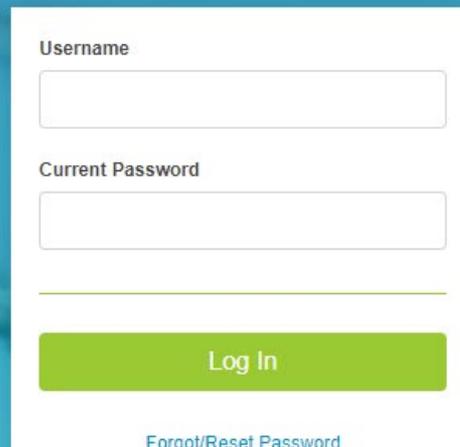
- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at [www.bcbsla.com/provider](http://www.bcbsla.com/provider) >Electronic Services >Admin Reps.
- Contact our Provider Identity Management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

# Accessing iLinkBlue



Contact Us

**ilinkBlue**

A screenshot of the iLinkBlue login interface. It features a white login box centered on a blue background with a blurred image of a medical instrument. The form contains two input fields: "Username" and "Current Password". Below the fields is a green "Log In" button and a blue "Forgot/Reset Password" link.

Username

Current Password

Log In

[Forgot/Reset Password](#)

## 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. Follow the prompts.

# Passwords

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



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



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

**Phone:** 1-800-716-2299, option 5  
Monday – Friday 7:30 a.m. to 4 p.m.

**Email:** [PIMteam@bcbsla.com](mailto:PIMteam@bcbsla.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.

PingID Registration

### Authentication Method Selection

Select the option you want to configure for use during authentication:

- SMS/Texting (B)
- Voice (C)
- Email (A)
- Secondary Email
- Mobile App (D)

Cancel Reset Next

Please note that if you choose to cancel, all previously registered devices will be removed from your account.

Powered by PingIdentity

We recommend registering **two or more** options for account recovery.

When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

# Multi-factor Authentication

**Register for Multi-factor Authentication** 

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

**NOTE:**  
Follow the steps of this guide to register for MFA.



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

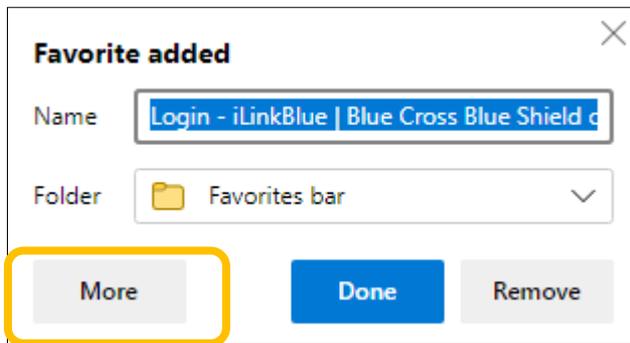
For step-by-step instructions on how to register for MFA, view our *MFA Registration Guide*. It is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Speed Guides.

# Save to Your Favorites

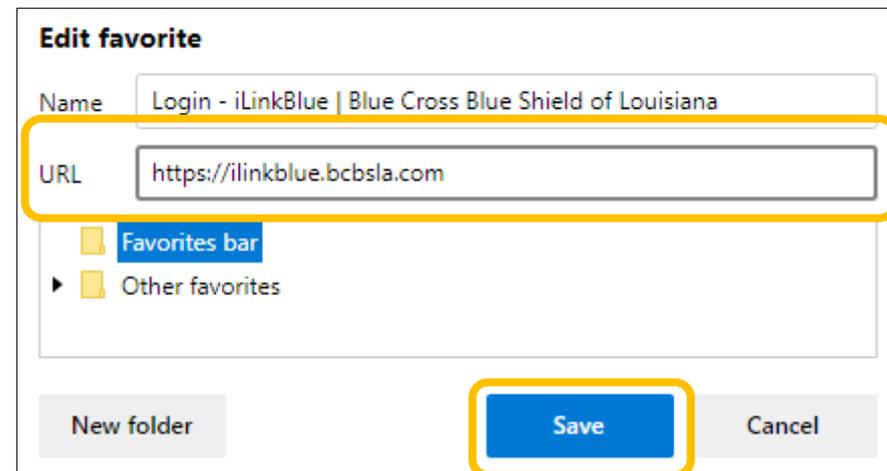
1. Open Microsoft Edge and access iLinkBlue at [www.bcbsla.com/ilinkblue](https://www.bcbsla.com/ilinkblue).
2. The "Login" screen will display. Click on the "Star Plus Sign" icon on the right of the address bar.



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.bcbsla.com"](https://ilinkblue.bcbsla.com) and then click the "Save" button.



# Navigating iLinkBlue

## Top Navigation

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

The screenshot shows the iLinkBlue website interface. At the top, there is a header with the Louisiana logo and the iLinkBlue logo. Below the header is a navigation bar with six menu items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, there is a 'Welcome to iLinkBlue' section with 'Tips to Know' and a 'Need Coverage Information But Don't Have the Member ID?' alert. On the right, there is a 'Medical Record Requests' section showing 'You have 10 new Medical record Requests that require action.' Below these sections is a row of six quick links: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. At the bottom, there is a 'Message Board' section with an 'Important Blue Cross Messages' alert and an 'Other Sites' section listing Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue. Yellow arrows point from the text descriptions to the corresponding sections in the screenshot.

## 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 BCBSLA 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.

**BCBSLA Members**

[Coverage Information](#)

**BlueCard - Out of Area Members**

[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

# Coverage

# Coverage Information

BCBSLA Members

Coverage Information

Enter the member ID number to view coverage information for:

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

The screenshot shows the iLinkBlue web application interface. At the top, there is a navigation bar with a home icon and menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar is a teal header for 'Coverage Information' with a subtitle: 'Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.' The main content area is a search form with two steps: 1. 'Select Search Criteria' with radio buttons for 'BCBSLA' (selected), 'FEP', and 'Social Security Number'. 2. 'Enter Contract or Social Security Number' with a text input field containing 'Enter BCBSLA contract number...' and a blue 'Search' button.

- Tips**
- BCBSLA – do not include the member’s prefix
  - FEP – must include the letter “R”



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

# Coverage Information

BCBSLA Members

Coverage Information

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

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

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

BCBSLA

**Contract Number XUA123456789** **ACTIVE COVERAGE**

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

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

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

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	--	02/01/2000

ID Card, Coverage Views, Coordination of Benefits  
[View ID Card](#) [Summary](#) [Benefits](#) [View COB](#)

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

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	--	02/01/2000

ID Card, Coverage Views, Coordination of Benefits  
[View ID Card](#) [Summary](#) [Benefits](#) [View COB](#)

**Hide Terminated Dependents**

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

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

# Digital ID Cards

BCBSLA Members

Coverage Information

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 Information 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).

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

### Medical Benefits Summary

Contract Number	XUT123456789
<b>ACTIVE COVERAGE</b>	
Medical Effective Date	01/01/2020
Subscriber Name	John Doe
Member Name	John Doe
Member Date of Birth	11/30/1900
Relation to Subscriber	Self
Sex	Male
Contract Type	HMOLA POS

[View ID Card](#)

#### Copays

- Office Visit
- Office Visit Special
- Outpatient Surgical
- Emergency Room
- Inpatient Hospital
- Inpatient Hospital
- Inpatient Hospital
- Outpatient XRay &
- Outpatient Physical
- Outpatient Speech
- Cardiac Rehab

### Medical Benefits Detail

Contract Number	XUT123456789
Member Name	John Doe
Member Date of Birth	11/30/1900
Contract Type	HMOLA POS

[View ID Card](#)

# Digital ID Cards

BCBSLA Members

Coverage Information

Our members can also access their digital ID cards through:

## Smartphone or device

Blue Cross and Blue Shield of Louisiana has a mobile app that members can use. In the app, they will choose the “My ID Card” option (on the front page).

## Blue Cross member portal

Our members can log into their online member account at [www.bcbsla.com](http://www.bcbsla.com), then choose the “My ID Card” menu option.



# Coverage Information

BCBSLA Members

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

### Coverage Information

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

BCBSLA

## Contract Number XUA123456789

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

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

**ACTIVE PENDING PREMIUM PAYMENT**

**Grace Period Begin Date**  
01/01/2020

**Grace Period End Date**  
03/31/2020

[APTC Extended Grace Period Notice](#)

[APTC Grace Period Guide](#)

### John Doe Subscriber

Address	123 STREET ST. CITY, LA 70000	Sex	Male
		Marriage Status	Married
		Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2019	---	02/01/2000	<input type="button" value="View ID Card"/>	<input type="button" value="Summary"/> <input type="button" value="Benefits"/>	NO COB On File

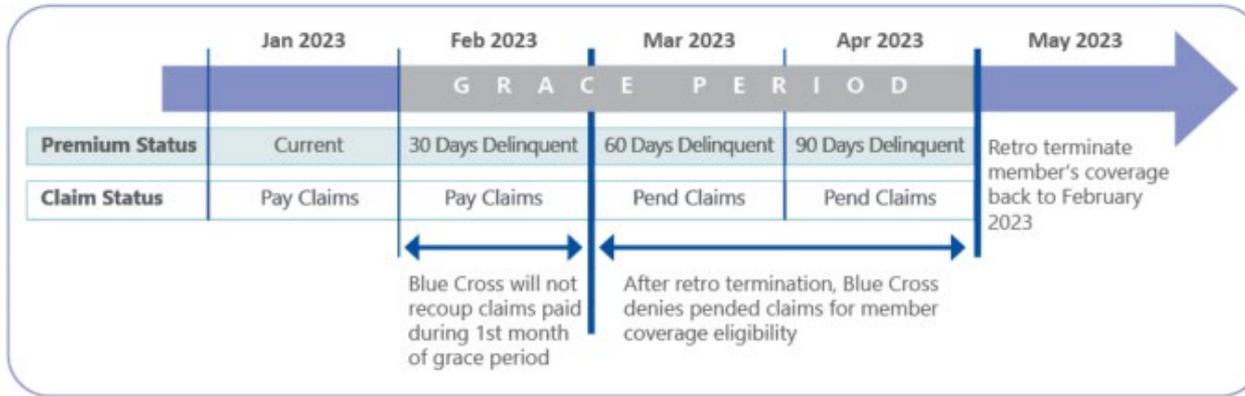
The APTC Extended Grace Period Notice is a PDF copy of the member's premium status notice that providers can print for their records.

# APTC Grace Periods

BCBSLA Members

Coverage Information

## Sample Grace Period Scenario:



### ACTIVE COVERAGE

The APTC member is NOT delinquent or within the first month of being delinquent on their premium payment.

### ACTIVE PENDING PREMIUM PAYMENT

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

### INACTIVE COVERAGE

The APTC member has been terminated effective the delinquent date.

**Louisiana 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, delinquent Louisiana members 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 health care "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 subsequent premium payments. The feature is a standard ACA requirement, regardless of the customer's health care 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 pending 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 amount(s) owed to you up to your billed charges.

**Sample Grace Period Scenario**

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
<b>Premium Status</b>	Current	30 Days Delinquent	60 Days Delinquent	90 Days Delinquent	Retro terminate member's coverage back to February 2023
<b>Claim Status</b>	Pay Claims	Pay Claims	Pend Claims	Pend Claims	

Blue Cross will not recoup claims paid during 1st month of grace period

After retro termination, Blue Cross denies pended claims for member coverage eligibility

Providers can research APTC premium status information for Blue Cross and Blue Shield of Louisiana members in [LinxBlue \(www.bcbsla.com/tidbit\)](https://www.bcbsla.com/tidbit) or by electronic inquiry submitted to the Blue Cross Clearinghouse. The resulting pages of this tidbit have instructions for researching any APTC grace period a member may have.

TIDBIT 12013

This tidbit is controlled by the Health Services Division of Blue Cross and Blue Shield of Louisiana. For the complete updated version of this document, please visit [www.bcbsla.com/tidbit](https://www.bcbsla.com/tidbit) and enter in the tidbit number and the line on the publication.

ISSUED: 01/2023

Last reviewed on: 01/2023

A Guide for Understanding APTC Grace Periods tidbit is available online at [www.bcbsla.com/providers](https://www.bcbsla.com/providers) >Resources >Tidbits.

# Tiered Benefits

BCBSLA Members

Coverage Information

Some members' benefits include **tiered benefit levels**. Accumulations will show deductibles and coinsurance depending on the provider's network participation. The provider must participate in the member specific select network to be considered a Tier 1 provider.

Contract Number		XUT123456789	
<b>ACTIVE COVERAGE</b>			
Medical Effective Date	01/01/2021		
Subscriber Name	Jane Doe		
Member Name	Jane Doe		
Member Date of Birth	12/30/1900		
Relation to Subscriber	Self		
Sex	Female		
Contract Type	Community Blue		
<a href="#">View ID Card</a>			
<p>Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than Community Blue, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.</p>			

Copays			
		EPO Copays	QBPC Copays
Office Visit	\$15.00	---	---
Office Visit Specialist	\$60.00	---	---
Outpatient Surgical	---	---	---
Emergency Room	\$350.00	---	---
Inpatient Hospital (In-network)	---	---	---
Inpatient Hospital Maximum	---	---	---
Inpatient Hospital (Out-of-network)	---	---	---
Outpatient XRay & Lab	---	---	---
Outpatient Physical Therapy	\$40.00	---	---
Outpatient Speech Therapy	\$40.00	---	---
Cardiac Rehab	\$40.00	---	---
Vision Services	---	---	---
Outpatient Professional	---	---	---

\*For a complete listing of services that are subject to copays, please view the "Contract Benefits" section of iLinkBlue.

Accumulations	Tiered Benefit Levels		
	Tier 1 Community Blue Network	Tier 2 Out of Network Preferred	Tier 3 Out of Network Non-Preferred
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00
Out-of-Pocket Remaining	\$7,350.00	\$14,700.00	\$14,700.00

Coinsurance	Coinsurance	
	BCBSLA Coverage	Member Responsibility
Tier 1 Community Blue Network	80%	20%
Tier 2 Out of Network Preferred	60%	40%
Tier 3 Out of Network Non-Preferred	60%	40%

Medical Benefits Summary page shown above.

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

# Tiered Benefits

BCBSLA Members

Coverage Information

**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.

<b>Contract Number</b> FQA123456789			
<b>ACTIVE COVERAGE</b>			
Medical Effective Date	01/01/2021		
Subscriber Name	Peggy Public		
Member Name	Peggy Public		
Member Date of Birth	1/15/1900		
Relation to Subscriber	Self		
Sex	Female		
Contract Type	Group Precision Blue		
<a href="#">View ID Card</a>			
<small>Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than Precision Blue, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.</small>			

Copays	EPO Copays		QBPC Copays	
Office Visit	\$15.00	---	---	---
Office Visit Specialist	\$60.00	---	---	---
<b>Enhanced Tier 1 Office Visit</b>	<b>\$0.00</b>	---	---	---
<b>Enhanced Tier 1 Office Visit Specialist</b>	<b>\$45.00</b>	---	---	---
Outpatient Surgical	---	---	---	---
<b>Emergency Room</b>	<b>\$350.00</b>	---	---	---
Inpatient Hospital (In-network)	---	---	---	---
Inpatient Hospital Maximum	---	---	---	---
Inpatient Hospital (Out-of-network)	---	---	---	---
Outpatient XRay & Lab	---	---	---	---
<b>Outpatient Physical Therapy</b>	<b>\$40.00</b>	---	---	---
<b>Outpatient Speech Therapy</b>	<b>\$40.00</b>	---	---	---
<b>Cardiac Rehab</b>	<b>\$40.00</b>	---	---	---
Vision Services	---	---	---	---
Outpatient Professional	---	---	---	---

Note: 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

## BlueCard - Out of Area Members

[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

Use this section to research coverage information for a **BlueCard®** (out-of-area) member. This is someone insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana.

**Submit Eligibility Request (270)** – submit an electronic eligibility inquiry to the BlueCard member's Blue Plan. Enter the member's prefix (first three characters of the member ID number) and contract number.

### Eligibility Request (270)

#### Contract Information

Prefix\*  Contract Number\*

#### Patient Information

First Name\*  Middle  Last Name\*  Suffix

Date of Birth  Gender  Service Type\*

#### Subscriber Information

Only required if patient and subscriber are not the same

First Name  Middle  Last Name  Suffix

# Coverage – Out of Area

## BlueCard - Out of Area Members

[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

**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. iLinkBlue retains eligibility responses for 21 days.

### Eligibility Responses (271)

[Delete](#)

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

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

**Claims Research**

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

**Medical Code Editing**

- [Claims Edit System](#)

**BlueCard - Out of Area Claims Status**

- [Submit OOA Claims Status Request \(276\)](#)
- [View OOA Claims Status Response \(277\)](#)

**Medical Records**

- [Out of Area Medical Record Requests](#)
- [Document Upload](#)

**Claims Entry & Reports**

- [Blue Cross Professional Claims Entry \(1500\)](#)
- [Service Facility Location Information \(1500\)](#)
- [Blue Cross Claims Confirmation Reports](#)

# Claims

# Claims Research

**Claims Research**

- Claims Status Search
- Action Request Inquiry
- Dental Advantage Plus Network - United Concordia Dental <sup>?</sup>
- Davis Vision Network <sup>?</sup>

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

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

## Paid/Reject Search

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

**Paid/Rejected** | Pended | Claim Number | Unbundling Reports

**1** Select a Provider  
Choose one

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

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

**Search**

# Claims Status Search

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#)

[Davis Vision Network](#)

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

For more information, click on:

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

**Paid/Rejected Claims Results**

Showing 10 records Filter:

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

# Claims Research

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#) <sup>?</sup>

[Davis Vision Network](#) <sup>?</sup>

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

The screenshot shows the 'Claims Research' interface with the 'Pended' tab selected. The search form is divided into three numbered sections:

- 1 Select a Provider**: A dropdown menu with 'Choose one' selected.
- 2 Narrow Your Search**: Radio buttons for 'BCBSLA / FEP' (selected), 'BlueCard - Out of Area', 'APTC Grace Period', and 'All'. An 'optional' label is next to the 'BCBSLA / FEP' option.
- 3 Date of Service optional**: 'From' and 'To' date fields. The 'To' field is populated with '06/28/2023'. Both fields have calendar icons.

A blue 'Search' button is located at the bottom right of the form.

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

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

# Claims Status Search

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#)

[Davis Vision Network](#)

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

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

The screenshot shows the 'Pended Claims Results' interface. At the top, it indicates 'Showing 10 records' and a 'Filter:' input field. Below this is a table with the following columns: Claim Number, Patient Account Number, Date of Service, Patient Name, Amount Charged, CPT/HCPCS Code, Pended Error Code, and Action Request. Three rows of data are visible, each with an 'AR' button in the Action Request column.

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

# Claims Research

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#) <sup>?</sup>

[Davis Vision Network](#) <sup>?</sup>

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

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

# Action Requests

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#)

[Davis Vision Network](#)

## Have a claims issue?

Action requests allow you to electronically send questions or concerns about a claim to Blue Cross. On each claim, providers can submit an action request. The electronic form will prepopulate with information on the specific claim. There are multiple places within iLinkBlue that include the action request option.

Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

on the [Paid/Rejected Claims Results](#) screen

and

on the [Pended Claims Results](#) screen

<b>Claim Number</b>	<b>12345678900-1</b>
<hr/>	
iLinkBlue Number	12345
NPI	123456789
	

on the [Claims Detail](#) screen

# Action Requests

## Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#) <sup>?</sup>

[Davis Vision Network](#) <sup>?</sup>

### Submit Action Request

To submit an action request, complete the fields below.

**Action**  
Select One ▾

**First Name**  
First

**Last Name**  
Last

**Phone Number**  
XXX-XXX-XXXX ext

**Notes**  
Type the details of your request. Max 400 characters.

**Submit Action Request**

**Claim Details**  
Contract Number  
Claim Number  
Date of Service  
Date Processed

## 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.
- Submit a second request if there was no resolution.

# 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 can not 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.

The screenshot shows the top navigation bar of the BlueCard website with the following menu items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are four main sections: 'Claims Research', 'BlueCard - Out of Area Claims Status', 'Claims Entry & Reports', 'Medical Code Editing', and 'Medical Records'. The 'BlueCard - Out of Area Claims Status' section is highlighted with a yellow box and contains two links: 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)'. Other links in the 'Claims Research' section include 'Claims Status Search', 'Action Request Inquiry', 'Dental Advantage Plus Network - United Concordia Dental', and 'Davis Vision Network'. The 'Claims Entry & Reports' section includes 'Blue Cross Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Blue Cross Claims Confirmation Reports'. The 'Medical Code Editing' section includes 'Claims Edit System'. The 'Medical Records' section includes 'Out of Area Medical Record Requests' and 'Document Upload'.

# Submitting Claims in iLinkBlue

The screenshot shows the iLinkBlue navigation menu with the 'Claims' tab selected. The 'Claims' menu is expanded, showing several sub-sections. The 'Claims Entry & Reports' section is highlighted with a yellow border. The sub-sections and their items are:

- Claims Research**
  - Claims Status Search
  - Action Request Inquiry
  - 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**
  - Blue Cross Professional Claims Entry (1500)
  - Service Facility Location Information (1500)
  - Blue Cross Claims Confirmation Reports
- Medical Code Editing**
  - Claims Edit System
- Medical Records**
  - Out of Area Medical Record Requests
  - Document Upload

- Only providers who bill on a **HCFA 1500 form (02-12)** can submit claims through iLinkBlue. There is no fee attached for this service.
- On the electronic iLinkBlue claim form, required fields are highlighted. If the claim entry contains errors, an Error Message advises that corrections can be made prior to submission.

# Submitting Claims in iLinkBlue

## Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

**Blue Cross 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.

**Error Messages:**

**1a. Insured's ID#**

**2. Patient's Name**

LAST FIRST MI

**3. Patient's Birth Date** Sex

MM/DD/YYYY  Male  Female

**4. Insured's Name**

LAST FIRST MI

**5. Patient's Address**

NO. STREET

City State

LA

Zip Code Phone

**6. Patient's Relationship to Insured**

Select

**7. Insured's Address**

NO. STREET

City State

LA

Zip Code Phone

**8. Reserved for NUCC Use**

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

Claim for 12345678901; DOE, JANE has been submitted

# Submitting Claims in iLinkBlue

## Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

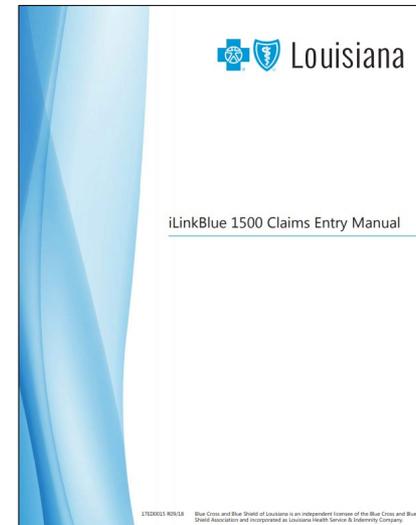


If you click the **Submit Claim** button and are sent to the iLinkBlue login screen, you were logged out because of inactivity.



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

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.



# Blue Cross Confirmation Reports

## Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

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

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

### Blue Cross Claims Confirmation Reports

**1 Select a Provider**  
1234567890

**2 Report Type**  
 Accepted  
 Not Accepted

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

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

[Search](#)

Search Results for Accepted Claims

**NPI** 1234567890

**View Report**

- 04/13/2019
- 04/12/2019
- 04/11/2019
- 04/10/2019
- 04/09/2019

# Blue Cross Confirmation Reports

## Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross 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 Blue Cross. 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 Blue Cross accepted your claims.

The screenshot shows the 'Blue Cross Claims Confirmation Reports' application. It features a search form with three main sections: '1 Select a Provider' with a dropdown menu showing '1234567890'; '2 Report Type' with radio buttons for 'Accepted' (selected) and 'Not Accepted'; and '3 Date Range optional' with 'From Date' and 'To Date' fields, the latter containing '04/15/2019'. Below the form is a 'Search' button. A note states: '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.' The search results section is titled 'Search Results for Accepted Claims' and shows the NPI '1234567890' with a 'View Report' link and a list of dates: 04/13/2019, 04/12/2019, 04/11/2019, 04/10/2019, and 04/09/2019.

Reports are available within 24 hours of submitting claims prior to 3 p.m. CT and are available for up to 120 days.

# Blue Cross Confirmation Reports

Claims Entry & Reports	
Blue Cross Professional Claims Entry (1500)	
Service Facility Location Information (1500)	
Blue Cross 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 NPI# 1234567891 BC ID # T5678 RECEIVE DATE: 04-12-19				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-19			
PAGE 1							
<b>837P ACCEPTED REPORT</b>							
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 NPI# 1234567891 BC ID # T5678 RECEIVE DATE: 04-12-19				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-19				
PAGE 1								
<b>837P NOT ACCEPTED REPORT</b>								
PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
PROVIDER BC ID # T5678 837P SUMMARY:								
837P TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
837P TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
837P TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				
SUBMITTER: P0123456789 BHT03: 123456				TOTAL TRANSACTION SUMMARY:				
TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
GRAND TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				

# Medical Code Editing

Use this section to evaluate code combinations to help reduce time-consuming disputes.

**Claims Edit System** – 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 Blue Cross claims-editing system.

The screenshot displays the iLinkBlue web application interface. The top navigation bar includes a home icon and dropdown menus for Coverage, Claims (highlighted), Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are four main content areas:

- Claims Research**: Includes links for Claims Status Search, Action Request Inquiry, Dental Advantage Plus Network - United Concordia Dental (with a help icon), and Davis Vision Network (with a help icon).
- BlueCard - Out of Area Claims Status**: Includes links for Submit OOA Claims Status Request (276) and View OOA Claims Status Response (277).
- Claims Entry & Reports**: Includes links for Blue Cross Professional Claims Entry (1500), Service Facility Location Information (1500), and Blue Cross Claims Confirmation Reports.
- Medical Code Editing** (highlighted with a yellow border): Includes the link for Claims Edit System.
- Medical Records**: Includes links for Out of Area Medical Record Requests and Document Upload.

# Medical Code Editing

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

**Louisiana**

Professional Claim Entry | Facility Claim Entry

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

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

Add Lines | Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1					
2					
3					

# Medical Code Editing

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

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

## For Professional Claim Entry:

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

## For Facility Claim Entry:

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

# CES - Professional Claims

Medical Code Editing

Claims Edit System

**Louisiana**

Professional Claim Entry | Facility Claim Entry

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

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

Add Lines | Submit

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

[Privacy Policy](#)  
[Terms and Conditions](#)

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

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

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

# CES - Professional Claims

## The Results

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

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

**Louisiana**

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_0390116, 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_0390116, 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

## The Results

In the example below, the Claim Analysis Results show that the Blue Cross 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**

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



# CES - Facility Claims

**Louisiana**

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

Type  Inpatient  Outpatient

Type of Bill  Claim Type  Statement From  Through

**Patient Information**

Gender  Date of Birth  Patient Status

Add Lines

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

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

## Required Fields:

- Type – select outpatient
- Type of Bill – enter an appropriate 3-digit type of bill
- Claim Type – select Facility Outpatient
- Statement From/Through – date range of the procedure
- Gender – this field defaults to Male
- Date of Birth
- Patient Status – enter appropriate 2-digit patient status
- 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

Medical Code Editing

Claims Edit System



Louisiana

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	Flag Description	Flag Status	Disclosure
1	36415	0	0.0		[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
2	83625	1	0.0	CLEAN LINE	[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 Blue Cross departments.

The screenshot displays a web application interface with a dark blue navigation bar at the top. The navigation bar contains a home icon and several dropdown menus: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Claims' menu is highlighted with a yellow underline. Below the navigation bar, the main content area is organized into a grid of menu items. The 'Medical Records' section is highlighted with a yellow border. The 'Medical Records' section includes the following items:

- Out of Area Medical Record Requests
- Document Upload

Other visible menu items include:

- Claims Research**
  - Claims Status Search
  - Action Request Inquiry
  - 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**
  - Blue Cross Professional Claims Entry (1500)
  - Service Facility Location Information (1500)
  - Blue Cross Claims Confirmation Reports
- Medical Code Editing**
  - Claims Edit System

# Medical Records

Medical Records

Out of Area Medical Record Requests

Document Upload

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 Blue Cross receipt confirmation.

## Medical Record Requests - Out of Area

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

### 1 Request Status

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

### 2 Select Provider

Search Records

This application is not for medical record requests for Blue Cross and Blue Shield of Louisiana (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.bcbsla.com/providers](http://www.bcbsla.com/providers), click on “Resources” and look under “Tidbits.”

The screenshot shows the Louisiana providerTIDBIT website. At the top, there is a navigation bar with the Louisiana logo and the text "providerTIDBIT a guide to understanding our process". Below this, there are several icons representing different services. The main content area is titled "Medical Record Guidelines for BlueCard®" and contains a list of instructions for providers. The instructions include: 1. Always direct medical records submissions to Blue Cross and Blue Shield of Louisiana when requested. 2. If a claim denies for one of the following reasons: "lack of information received," "additional information needed" or "waiting on requested information," wait until you receive a medical records request in iLinkBlue before submitting records. 3. Send medical records to us within 10 business days after receiving an alert. 4. Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission. There is also a section titled "Do NOT submit BlueCard Medical Records:" which lists: - unless you receive a request from Blue Cross and Blue Shield of Louisiana - with a copy of the original claim as an attachment - without the request for medical records notification from iLinkBlue attached - by certified mail. At the bottom of the page, there is a footer with the text "1800002019" and "This application is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. For more information, please visit www.bcbsla.com/providerTIDBIT or call 1-800-922-8888. © 2019 Blue Cross and Blue Shield of Louisiana. All rights reserved. 1800002019. Last reviewed on 01-08-2019. Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association." There is also a small "More" link with a right-pointing arrow.

# Document Upload

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

Choose One 

Choose One

- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Provider Disputes - Non-Louisiana Members: Fax 225-297-2727
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7529
- BA Risk Optimization & STARS: Fax 318-812-6364
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150

**Tips for Successful Document Upload**

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

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

Once Blue Cross 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."

## Blue Cross accepts document uploads for:

- Provider Disputes
- Payment Integrity
- ACA Risk Optimization
- ITS Host Medical Records
- Health and Quality Management (HEDIS®)
- Federal Employee Program (FEP) Appeals
- Medical Necessity & Investigational Appeals Only
- Medical Records for Retrospective or Post Claim Review

**Payment Information**

[Payment Registers](#)

[EFT Notifications](#)

**Allowables**

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

# Payments

# Payment Information



Use this section to access your Blue Cross payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

# Payment Information

## Payment Information

Payment Registers

EFT Notifications

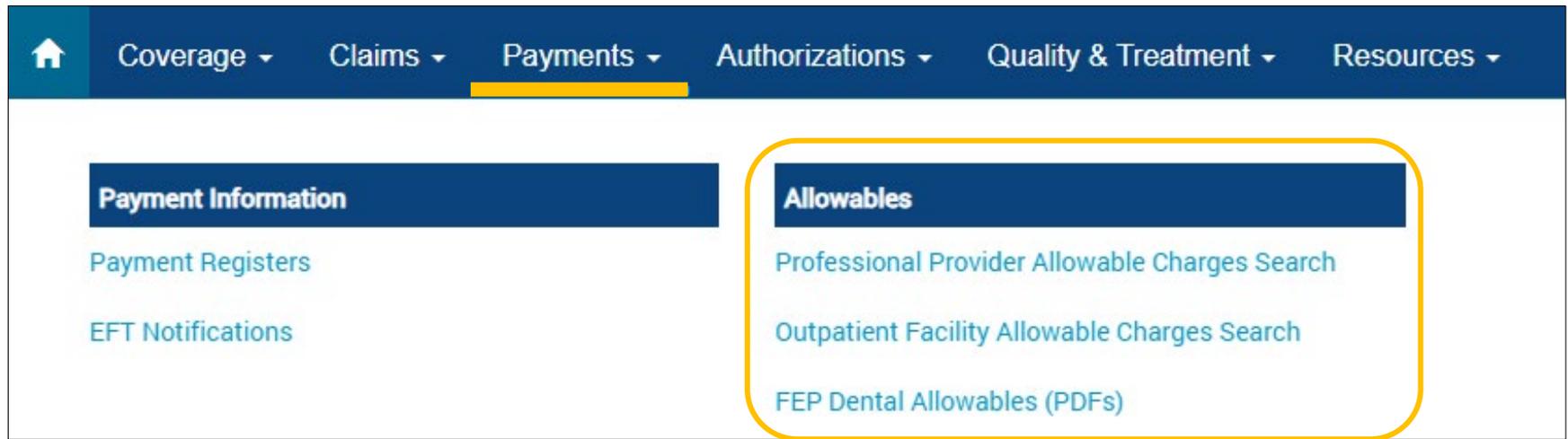
## Need a past EFT Notification/Payment Register?

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

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

The screenshot displays the 'Payment Registers' web application interface. At the top, there is a header with the title 'Payment Registers' and a subtitle 'View payment registers for all lines of business. Use the filters below to refine your search.' Below the header, there is a search bar with three filters: 'Select a provider' (a dropdown menu), 'Select a line of business' (a dropdown menu), and a date selector set to '07/06/2020' with a calendar icon. A 'Search' button is located to the right of the date selector. Below the search bar, the text 'Search results for 07/06/2020' is displayed, followed by a red warning message: '\*\* Some registers may take several minutes to generate a PDF due to the size of the registers.' The main content area is divided into two sections, each representing a different NPI. The first section is for NPI 1234567890 and lists 13 lines of business, each with a 'Payment Register' button. The second section is for NPI 2234567890 and lists 4 lines of business, each with a 'Payment Register' button. The lines of business listed include Blue Cross Louisiana, Federal Employees Program (FEP), HMO Louisiana, OGB HMO Magnolia Local Plus, OGB Magnolia Local, OGB Pelican HRA 1000, and OGB PPO Magnolia Open Access.

# Allowables Research



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

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#) – this section includes printable PDFs for FEP Preferred Network dentists.

# Allowables Research

## Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

## Professional Allowable Search

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

1 Select a Date



2 Select a Provider

3 Select a Network

4 Enter a CPT Code\*

Continue

Reset

View Allowables

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

## Professional Allowable Search

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



Providers must use iLinkBlue for professional allowable charges. Our Customer Care Center cannot assist with this service.

# Allowables Research

## Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

## Outpatient Facility Allowable Charges Search

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

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

Search by Code

Fee Schedule Request

1 Select a Date

11/01/2022



2 Select a Facility

Select a facility

3 Select a Network

Select a Network

4 Enter a CPT/HCPCS Code\*

Continue

Reset

View Allowables

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

## Outpatient Facility Allowable Charges Search

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

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

# Allowables Research

## Outpatient Facility Allowable Charges

### Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

### Example

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

Select a Date: 01/01/2022

Select a Facility: 1234567890 - ABC Medical Center

Select a Network: PREFERRED CARE PPO (Blue

Enter a CPT/HCPCS Code\*: 99214

[Continue](#) [Reset](#) [View Allowables](#)

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

### Outpatient Facility Allowable Charge Results for ABC Medical Center NPI 1234567890 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM Fees effective as of: 01/01/2022

Schedule: AB

**Disclaimer:** The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show  entries Search:

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

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

# Allowables Research

## Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

## 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  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

## Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

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

## 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.

### Outpatient Facility Allowable Charge Results for XYZ Medical Center NPI 9876543210 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM Fees effective as of: 01/01/2022

Schedule: Not Applicable

**Disclaimer:** The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show  entries Search:

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

Showing 0 to 0 of 0 entries

**Authorizations - BCBSLA Members**

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)

**Authorizations - Out of Area Members**

[Authorization Guidelines – Do I need an authorization?](#)

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

[Medical Policy Guidelines](#)

# Authorizations

# Authorizations

The screenshot shows a navigation menu for the 'Authorizations' section. The menu is dark blue with white text. The 'Authorizations' tab is highlighted with a yellow underline. Below the menu, there are two columns of links. The left column is titled 'Authorizations - BCBSLA Members' and the right column is titled 'Authorizations - Out of Area Members'. Both columns list various resources and applications related to authorizations.

Authorizations - BCBSLA Members	Authorizations - Out of Area Members
<a href="#">Authorization Guidelines – Do I need an authorization?</a>	<a href="#">Authorization Guidelines – Do I need an authorization?</a>
<a href="#">BCBSLA Authorizations</a>	<a href="#">Out of Area (Pre Service Review – EPA)</a>
<a href="#">Behavioral Health Authorizations</a>	<a href="#">Medical Policy Guidelines</a>
<a href="#">Carelton Authorizations</a>	
<a href="#">Authorization/Pre-certification Inquiry</a>	
<a href="#">Medical Policy Guidelines</a>	
<a href="#">Lab Reimbursement Policies</a>	
<a href="#">FEP Medical Policy Guidelines</a>	

The Authorizations section of iLinkBlue includes resources and applications for both **BCBSLA Members** and **Out of Area Members**.

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

# Authorizations

## BCBSLA Members

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

### Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

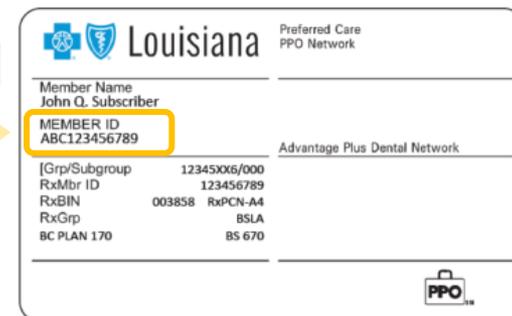
[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)

The screenshot shows the top navigation bar with a home icon and dropdown menus for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation is a blue header for "Pre-Authorization / Pre-Certification Information" with a sub-header "Pre-Authorization / Pre-Certification Information". The text below the header reads: "To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click 'Submit'". Below this is a form with a label "Alpha Prefix:" followed by an empty text input box and a blue "Submit" button.

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



# Authorizations

## BCBSLA Members

**BCBSLA Authorizations\*** – submit and research authorizations for BCBSLA members. Upload clinical information.

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

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

### Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelon Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)



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

# Authorizations

## BCBSLA Members

[Authorization/Pre-certification Inquiry](#) – view a provider’s inpatient or outpatient authorizations on file with Blue Cross.

[Medical Policy Guidelines\\*](#) – access the BCBSLA medical policy index to research Blue Cross’ medical policies. Search for policies alphabetically by title or use the search bar to look by keywords or codes.

### Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

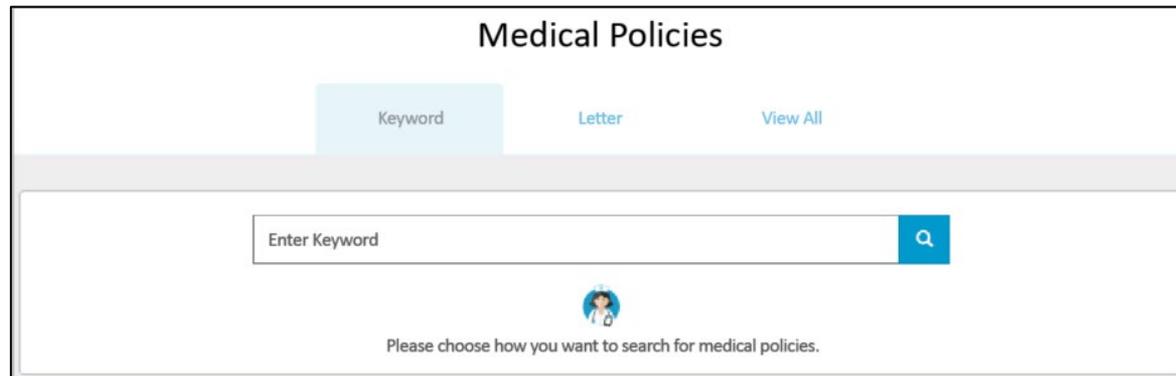
[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)



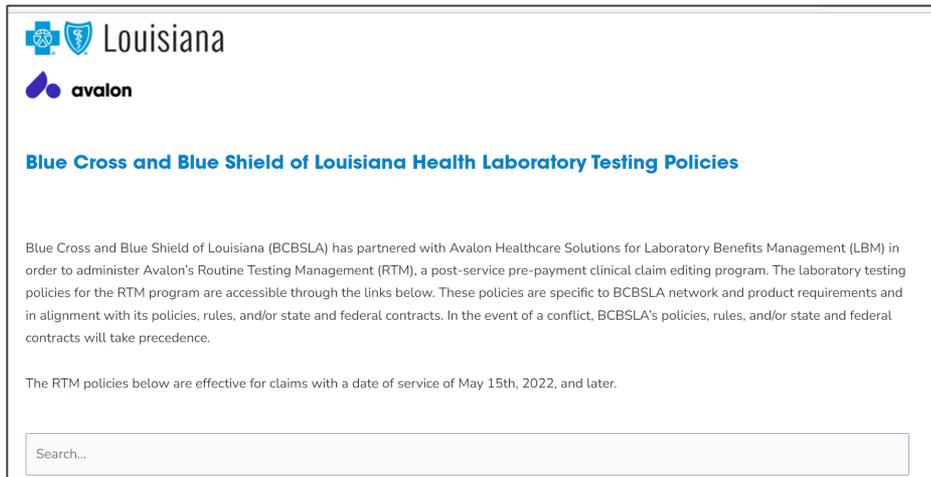
The screenshot shows the 'Medical Policies' search interface. At the top, there are three tabs: 'Keyword' (selected), 'Letter', and 'View All'. Below the tabs is a search bar with the placeholder text 'Enter Keyword' and a magnifying glass icon. Below the search bar is a small icon of a doctor and the text 'Please choose how you want to search for medical policies.'

\*This application is also available on the Provider Page; [www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
>Medical Management >Medical Policies.

# Authorizations

## BCBSLA Members

**Lab Reimbursement Policies\*** – access the policies used as part of Blue Cross' Lab Benefit Management Program. These policies are managed by Avalon.



The screenshot shows the top of a web page for Louisiana. It features the Blue Cross and Blue Shield of Louisiana logo and the Avalon logo. The main heading is "Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies". Below this is a paragraph of text explaining the partnership with Avalon for Laboratory Benefits Management (LBM) and the Routine Testing Management (RTM) program. At the bottom of the screenshot is a search bar with the placeholder text "Search...".

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

### Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)

\*This application is also available on the Provider Page; [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Medical Management >Lab Management.

# Authorizations

## Out of Area Members

**Authorizations - Out of Area Members**

- [Authorization Guidelines – Do I need an authorization?](#)
- [Out of Area \(Pre Service Review – EPA\)](#)
- [Medical Policy Guidelines](#)

### Authorizations Guidelines - Do I need an authorization?

This application lets you research and view authorization requirements based on the member ID prefix.

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

### Pre-Authorization / Pre-Certification Information

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

Alpha Prefix :

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



**Blue Cross BlueShield**

**Blue Product ALPHA**  
Employer Group

Member Name	Dependents
<b>Member Name</b>	<b>Dependent One</b>
Member ID	<b>Dependent Two</b>
<b>XYZ123456789</b>	<b>Dependent Three</b>
Group No. 023457	Plan PPO
BIN 987654	Office Visit \$15
Benefit Plan HIOPT	Specialist Copay \$15
Effective Date 00/00/00	Emergency \$75
	Deductible \$50

# Authorizations

## Out of Area Members

### Authorizations - Out of Area Members

[Authorization Guidelines – Do I need an authorization?](#)

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

[Medical Policy Guidelines](#)

## Out of Area (Pre-Service Review – EPA)

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

Enter the member ID prefix into the application to access pre-service capabilities, processes and requirements for your BlueCard patient.

The screenshot shows a web application interface with a dark blue header. The header contains a navigation menu with the following items: Home (house icon), Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation menu is a 'Delegated Access' link. The main heading is 'Pre-Service Review for Out of Area Members' in white text. Below the heading is a sub-heading: 'Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval'. The main content area is white and contains the following text: 'Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".' Below this text is a checkbox labeled 'I have verified the pre-service requirements for this member' which is checked. At the bottom of the form is a text input field and a blue 'Submit' button.

# Authorizations

## Out of Area Members

### Medical Policy Guidelines

Just as BCBSLA publishes medical policies for services provided to our members, it is the same for other Blue Plans. Use this application to access medical policies for BlueCard (out-of-area) members.

Enter the member ID prefix to be routed to the member's Blue Plan to research applicable medical policy information.

**Authorizations - Out of Area Members**

- [Authorization Guidelines – Do I need an authorization?](#)
- [Out of Area \(Pre Service Review – EPA\)](#)
- [Medical Policy Guidelines](#)

**Out of Area Medical Policy Coverage Guidelines**

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

Prefix



Coverage ▾

Claims ▾

Payments ▾

Authorizations ▾

Quality & Treatment ▾

Resources ▾

**Estimated Treatment Cost Reports**

[View Reports](#)

[FAQs](#)

[Treatment Codes Listing](#)

# Quality & Treatment

# Estimated Treatment Costs

## Estimated Treatment Cost Reports

[View Reports](#)

[FAQs](#)

[Treatment Codes Listing](#)

Blue Cross has an Estimated Treatment Cost Tool that allows our Preferred Care PPO members to view information about the value you bring to the health care community. What members see are PPO costs displayed on the national Blue Cross Blue Shield Association (BCBSA) Hospital & Doctor Finder<sup>SM</sup> website.

Twice a year, we notify providers to review their refreshed cost data. Providers are asked to log into iLinkBlue during the 30-day review period. At the end of the period, the data is published to BCBSA.

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

**Blue Cross and Blue Shield of Louisiana Estimated Treatment Cost Report**

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

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

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

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

Search:

Treatment Category	BCBSLA Procedure Volume	Low Allowable Estimate	High Allowable Estimate	Typical Allowable
Established patient, low complexity, 15 minutes	63	\$69	\$69	\$69
Established patient, moderate complexity, 25 minutes	10	\$103	\$103	\$103
Existing Patient Preventative Checkup for an Adult (Age 18-64)	5	\$106	\$112	\$110

**Resources**

[Manuals](#)

[Speed Guides](#)

[Tidbits](#)

[Tutorials](#)

[Forms](#)

[National Alliance Groups](#)

# Resources

# Resources

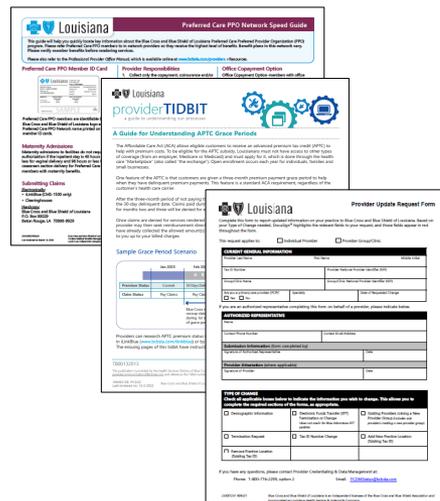
## Manuals

Most provider manuals are available on the Provider Page ([www.bcbsla.com/providers](http://www.bcbsla.com/providers)). There are also a few manuals that are found on iLinkBlue only; such as the Member Provider Policy & Procedures Manual, iLinkBlue 1500 Claims Entry manuals and our authorization application guides.



## Speed Guides, Tidbits and Forms

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



## National Alliance Groups

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

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2019	SLA
Azadian Ambulance	1/1/2023	LIR
Associated Grocers	1/1/2012	AIB
Bullinger Shipyard	1/1/2018	GGI
Caldie Parish Commission	1/1/2014	CRV
CCB	1/1/2014	ICG
City of Monroe	1/1/2016	EMD
Cleco	1/1/2013	CEC
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMCHS)	1/1/2020	FRR
Giuliano Marine Service	1/1/2018	GGO
Grand Isle Shipyard	3/1/2018	IVI
Green Clinic	6/1/2013	GCL
Home Bank	1/1/2010	SLR
Jefferson Parish Sheriff's Office	1/1/2018	IMJ
Lafayette City-Parish Government	1/1/2013	LFP
Life Shores	1/1/2015	LSP
Orion Bank	1/1/2019	EQK
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	SGE
Thibodaux Regional Health System	1/1/2018	HRQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	ISU
Zen-rex	1/1/2014	EDN

# iLinkBlue Support

## iLinkBlue & EDI Support

The EDI Production Support team can assist you with iLinkBlue technical support. They also support system-to-system electronic transactions to Blue Cross. 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@bcbsla.com](mailto:EDIservices@bcbsla.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. This includes iLinkBlue and our online authorization applications.

Phone: 1-800-716-2299, option 5  
Email: [PIMteam@bcbsla.com](mailto:PIMteam@bcbsla.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@bcbsla.com](mailto:provider.relations@bcbsla.com). Put “iLinkBlue Training” in the subject line.

Please include your:

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



Questions?

# Appendix

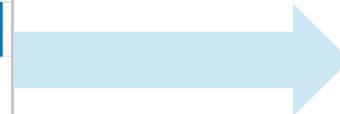
# Knowing Your Networks

Blue Cross 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.bcbsla.com](http://www.bcbsla.com) > Find a Doctor or Drug > Local Provider Directory.



All Networks ▾

- All Networks
- Preferred Care PPO
- HMO Louisiana HMO/POS
- Medical Dental Benefit
- Community Blue HMO/POS
- Blue Connect HMO/POS
- BlueHPN
- OchPlus
- Signature Blue HMO/POS
- Precision Blue HMO/POS
- OGB Preferred Care
- OGB MagLocal BR - CommBlue
- OGB MagLocal - BlueConn
- OGB MagLocal Plus - PrefCare
- OGB MagOpenAccess - PrefCare
- OGB Pelican HRA/HSA PrefCare
- Abbeville General
- TQHN
- Blue Connect EPO
- Affinity Health Network



Some of our networks have tiered benefits.

Indicators are included in our online directories.

✓ Networks Available ▲

★ = Enhanced Tier 1 \$ ?  
● = Tier 1 \$  
● = Tier 2 \$\$  
● = Tier 3 \$\$\$

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- 1 HMO Louisiana HMO/POS
- 1 OGB MagLocal Plus - PrefCare
- 1 OGB MagOpenAccess - PrefCare
- 1 OGB Pelican HRA/HSA PrefCare
- 1 OGB Preferred Care
- 1 Preferred Care PPO

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- 2 Abbeville General
- 2 Blue Connect HMO/POS
- 2 Community Blue HMO/POS
- 2 OchPlus
- 2 OGB MagLocal - BlueConn
- 2 OGB MagLocal BR - CommBlue
- 2 Precision Blue HMO/POS
- 2 Signature Blue HMO/POS
- 2 TQHN

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# What is the BlueCard Program?

- A national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain in-network health care services while traveling or living in another BCBS Plan service area.
- It links participating health care 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.



MEDICAL		DEDUCTIBLE	OUT OF POCKET	
In Network	Individual	\$5500	Individual	\$5500
Out of Network		\$5500	Individual	\$5500

04BA0314 R01/22

PPO

Member Name: BLUE SUBSCRIBER  
Member ID: XUP000000000

Preferred Care: PPO Network  
FULLY INSURED  
Grp/Subgroup: AAA00000/PPO4  
RxMbr ID: 200000000  
RxBIN: 000000 PCN-A4  
RxGrp: BSLA

# CAA Surprise Billing Notice and Consent

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

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

- anesthesiologists
- emergency room doctors
- neonatologists
- pathologists
- radiologists
- and other ancillary providers as defined by the CAA 2021

# CAA Surprise Billing Notice and Consent

## Submitting Patient Notice & Consent

Providers can submit claims electronically or hardcopy. Providers must also submit a copy of the consent waiver to Blue Cross as documentation that the patient is waiving their protective rights for balance billing. To ensure that Blue Cross 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 Blue Cross CAA Consent Submission Form as a cover sheet. It is available at [www.bcbsla.com/providers](http://www.bcbsla.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

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[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.bcbsla.com/providers](http://www.bcbsla.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.bcbsla.com/providers](http://www.bcbsla.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.bcbsla.com/providers](http://www.bcbsla.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.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

[BCBSLA Authorizations Application Professional User Guide](#) gives professional providers the instructions needed for submitting authorizations and clinical information through the BCBSLA Authorizations Application. Find this guide under the Resources menu option in iLinkBlue.

[BCBSLA Authorizations Application Facility User Guide](#) gives facility providers the instructions needed for submitting authorizations and clinical information through the BCBSLA Authorizations Application. Find this guide under the Resources menu option in iLinkBlue.