LOUISIANA **BLUE**

iLinkBlue User Guide

Blue Cross and Blue Shield of Louisiana's

iLinkBlue User Guide

Louisiana Blue designed this guide to provide iLinkBlue users with information to access and use the secure online applications and features available in iLinkBlue (**www.lablue.com/ilinkblue**).

This guide is available online at **www.lablue.com/providers** >Resources >Manuals.

Send questions about the information in this guide to **EDIservices@lablue.com**.

Please Note:

This guide contains general instructions. Louisiana Blue provides the guide for informational purposes only. Every effort was made to print accurate, current information. Errors or omissions, if any, are inadvertent.

Table of Contents

What can iLinkBlue do for you?

www.lablue.com/ilinkblue

iLinkBlue is Louisiana Blue's secure online provider resource for eligibility and coverage verification, claims filing and review, payment queries and transactions, medical policies, and more. Use this guide to help you access the most commonly used applications and features.

iLinkBlue is your one-stop for:

- Allowable Charges
- Authorizations
- Benefits
- BlueCard® Medical Record Requests
- Claims Research
- Electronic Funds Transfer
- Eligibility

- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- And so much more!

How to sign up for iLinkBlue

iLinkBlue is available at no cost for healthcare providers. To gain access, your organization must:

1. Self designate at least one administrative representative at your organization *(more than one is recommended)*

2. Complete and return the iLinkBlue agreement packet (available online at **www.lablue.com/providers** >Electronic Services >iLinkBlue). This packet includes the following documents:

   - iLinkBlue Service Agreement

   - Business Associate Addendum to the iLinkBlue Service Agreement *(only required if the provider uses a billing agency or management company that will access iLinkBlue for the provider)*

   - EFT Enrollment Form

   - Guide to Completing EFT Enrollment Form

   - Administrative Representative Registration Packet *(this is where you report your organization's administrative representative)*

Admin Rep Access to iLinkBlue

What is an administrative representative?

An administrative representative is the person at your organization registered with Louisiana Blue to grant employees access to our secure online services. This includes iLinkBlue, BCBSLA Authorizations and Behavioral Health Authorizations. We require each provider organization have at least one administrative representative, although we recommend more than one.

The administrative representative will use the Delegated Access application in iLinkBlue to self-manage the user's security access. Delegated Access allows administrative representatives to set up and delegate who in an organization can access iLinkBlue and the Authorizations Portal applications. This includes who can use iLinkBlue to research member coverage and eligibility, file claims or submit authorization requests.

Only grant individual user access—to applications, Tax ID:NPI combinations, providers, etc.—to an employee based on their job duties and responsibilities. Delegated Access also allows the administrative representative to terminate the user's access when an employee terminates employment or is no longer required to perform a job function.

Once an administrative representative completes the Louisiana Blue registration process explained in the Administrative Representative Registration Packet, a welcome email is sent.

Administrative representatives can find step-by-step instructions on using Delegated Access at the end of this user guide. The Delegated Access section also includes more information about the responsibilities and role of an organization's administrative representative.

Contact our Provider Identity Management (PIM) Team at **PIMteam@lablue.com** or 1-800-716-2299, option 5 with questions about your administrative representative or how to set up your administrative representative.

Tips to Know

As an administrative representative, your duties include the following:

1. Identify users – You are responsible for identifying who at your organization will need access to our secure online services. This includes iLinkBlue, BCBSLA Authorizations and Behavioral Health Authorizations.

2. Assign user access to applications – You will assign individual user access to the appropriate users.

3. Manage users – You are responsible for terminating a user's access when it is no longer needed.

Users Access to iLinkBlue

We require a higher level of security for our online resources, including iLinkBlue. Only grant user access to employees at a provider organization who must access iLinkBlue to fulfill their job responsibilities.

The job duties of that employee also governs their user access to the applications and features in iLinkBlue, including the Authorization Portal. Administrative representatives only grant the minimum necessary access—to applications, Tax ID:NPI combinations, providers, etc.—as is needed for an employee to fulfill their job responsibilities.

For example, an employee who submits authorization requests would require their iLinkBlue access to include the BCBSLA Authorizations application. However, if that same employee's job duties never involve billing, their iLinkBlue access should not allow them to file claims through the Blue Cross Professional Claims Entry (1500) application.

Your organization's administrative representative creates and manages your iLinkBlue user access. If you need additional access to applications and features, make sure your administrative representative understands your job responsibilities.

Logging in to iLinkBlue

Access iLinkBlue at **www.lablue.com/ilinkblue**. You may use Safari, Google Chrome, Microsoft Edge and Firefox to view iLinkBlue. Be sure to save this URL to your favorites for easy access later.
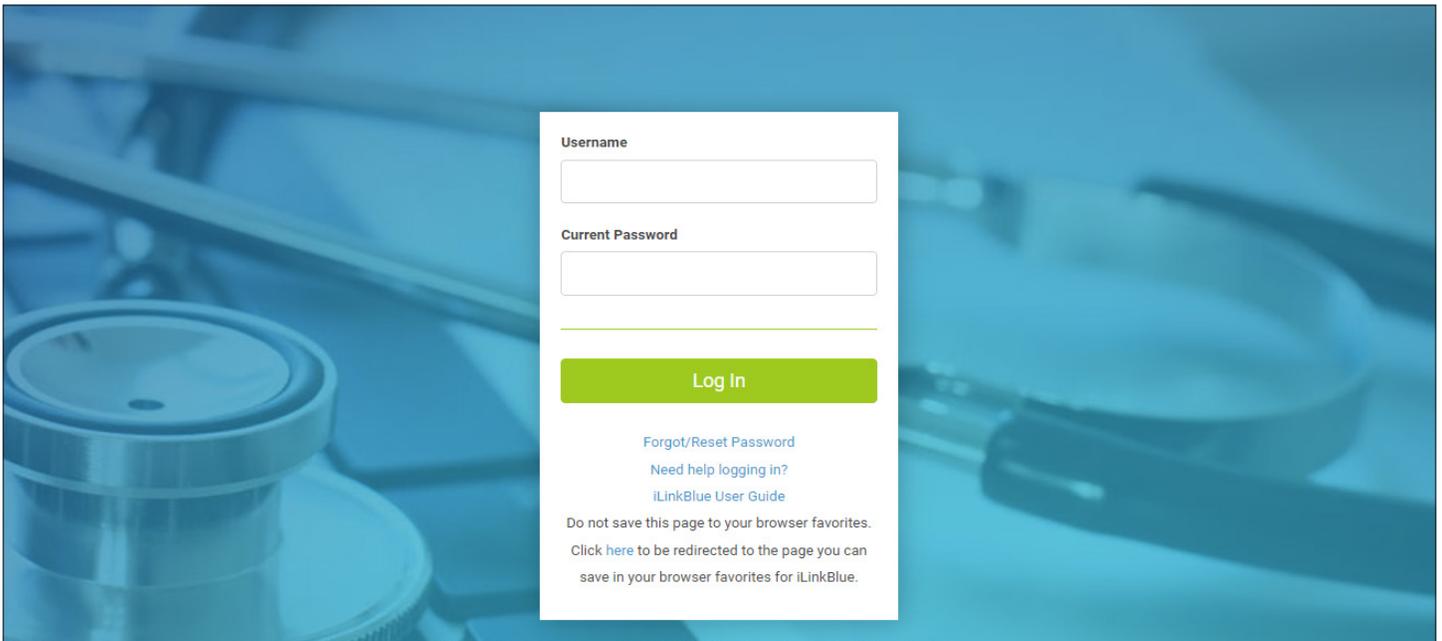
Logging in for the first time

When a new user logs into iLinkBlue for the first time, the password must be reset. On the iLinkBlue Login screen, click on the "**Forgot/Reset Password**" button. Follow the screen prompts to 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 to set up a new password.

User passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @#$%^&). User passwords expire every 180 days. 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.

Inactivity Policy

It is important to periodically log into iLinkBlue to keep your account active. iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. If an account is locked due to inactivity:

- iLinkBlue users will need to contact their administrative representative. The administrative representatives will need to deactivate the existing account for the user through the Delegated Access application. Then create the user a new account through Delegated Access.

- Administrative representatives will need to contact the PIM Team at **PIMteam@lablue.com** or 1-800-716-2299, option 5 to reactivate their administrative representative account. Note: iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your account, you will need to contact our PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet (available at **www.lablue.com/providers**).

Saving iLinkBlue to Your Favorites

If you bookmark the iLinkBlue login page to your browser favorites for the first time, you must edit the URL before saving. You may experience access issues with future login attempts if you bookmark the login page without editing the URL. Please save the URL as "https://ilinkblue.bcbsla.com" when bookmarking the login page to favorites.

If you use Microsoft Edge, please follow the below instructions to edit and save the URL to your favorites.

1. Open Microsoft Edge and access iLinkBlue at www.lablue.com/ilinkblue.

2. The "Login" screen will display. Click on the "Star Plus Sign" icon on the right of the address bar.

3. The "Favorite Added" option will display. Click on the "More" button.
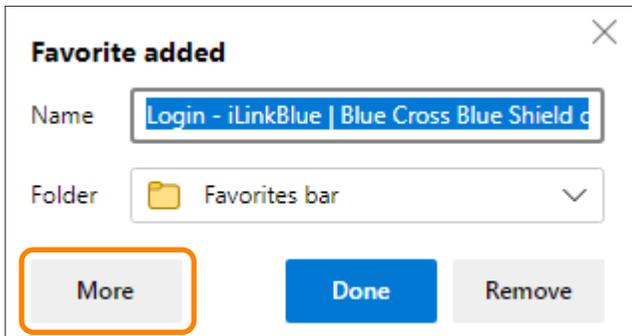
4. The "Edit favorite" box will display. In the "URL" field, type "https://ilinkblue.bcbsla.com" and then click the "Save" button.
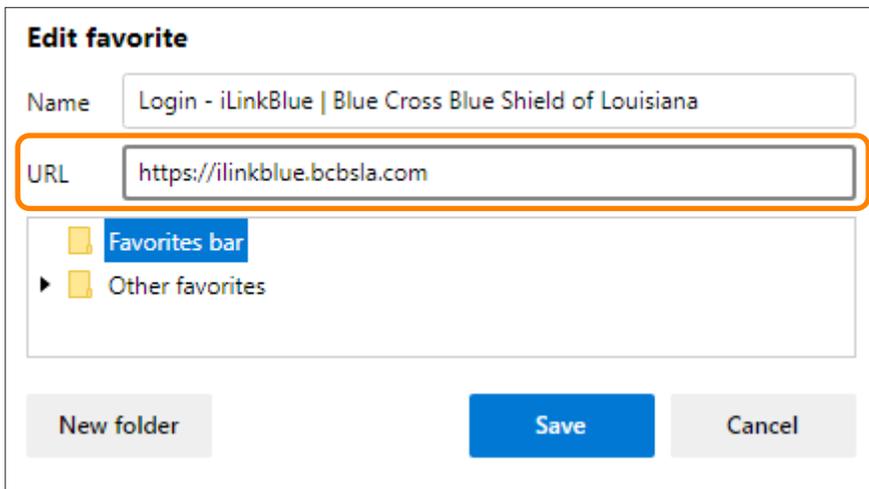
Multi-factor Authentication

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. You must enter the passcode to authenticate who you are when logging into iLinkBlue.

Register for Multi-factor Authentication

To set up MFA, you must register an authentication method with PingID. When you log into iLinkBlue, PingID will send your registered method a passcode and prompt you to enter the passcode on your computer.

To register a device with PingID for the first time:

- Access the iLinkBlue Login page at **www.lablue.com/ilinkblue**.

- Enter your iLinkBlue username and password. Click the "**Log In**" button. If you have not registered for MFA, you will be shown the PingID registration process.

- Click the "**Continue**" button. This will redirect you to complete the authentication process through PingID.

- The PingID screen (shown below) includes multiple options for receiving an authentication passcode. We recommend registering two or more options for account recovery. The best option is to select Email (A) plus at least one of the following three methods: SMS text message (B), voice call (C) or PingID mobile app (D).

Authentication Method Selection

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

SMS/Texting	Voice	(A) Email	Secondary Email
(B) 💬	(C) 📞	✉️	✉️

Mobile App
(D) 📱

[Cancel] [Reset] [Next]

Navigating iLinkBlue

On the following pages of this guide, we will take you through each section of iLinkBlue. The headers at the top of each page match the menu options found within iLinkBlue. Before we go through the menu options, let's start with the iLinkBlue home page (shown below). This page features a navigation menu, shortcuts and other features designed to help users find information. This guide will walk you through the menu and sub-menu options first accessed here.

Top Navigation

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

Refund Letters

You have a shortcut to check/search for Refund Request Letters in iLinkBlue. Letters will be accessible for 24 months from their issue date.

Coverage ▾   **Claims** ▾   **Payments** ▾   **Authorizations** ▾   **Quality & Treatment** ▾   **Resources** ▾

Welcome to iLinkBlue
Tips to Know

Need Coverage Information But Don't Have the Member ID?
You can search for coverage information by a subscriber's social security number if you do not have their member ID. The coverage information tool is located under the Coverage menu.

● ● ● ● ● ●

⚠ Refund Letters

Your provider location may have Refund Letters.

Please click below to visit the Refund Letters page.

Refund Letters

📘 Medical Record Requests

You have 10 new Medical Record Requests that require action.

Please visit Out of Area Medical Record Requests to view requests.

Document Upload

🔍 Research Claims	🪪 BCBSLA Coverage	💼 OOA Coverage	📄 Need an Auth?	☰ Payment Registers	💲 EFT Notices

✉ Important Blue Cross Messages

Holiday
Louisiana Blue will be closed Thursday and Friday, November 28 and 29, 2024, in observance of Thanksgiving. We would like to wish each of you a safe and happy holiday.

Informational
On October 17, 2024, the Estimated Treatment Cost Tool reports became available for providers to view cost data for fall 2024. There are a total of 1,778 treatment categories; however, the actual treatment categories you see in the tool are dependent on the claims data and volume you submitted. Please check your costs and submit any reconsiderations before the November 27 deadline. Choose "Quality & Treatment" on the menu bar.

Other Sites

Davis Vision Network

Dental Advantage Plus Network - United Concordia Dental

Blue adVantage

Healthy Blue

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.

Other Sites

We provide quick access to other sites a provider might need to access.

Medical Record Requests

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

Coverage

The **Coverage** menu option allows users to research current member eligibility and benefits through two sub-menus for **BCBSLA Members** and **BlueCard - Out of Area Members**.

🏠	**Coverage ▾**	**Claims ▾**	**Payments ▾**	**Authorizations ▾**	**Quality & Treatment ▾**	**Resources ▾**

1. **BCBSLA Members**

    Coverage Information

2. **BlueCard - Out of Area Members**

    Submit Eligibility Request (270)

    View Eligibility Response (271)
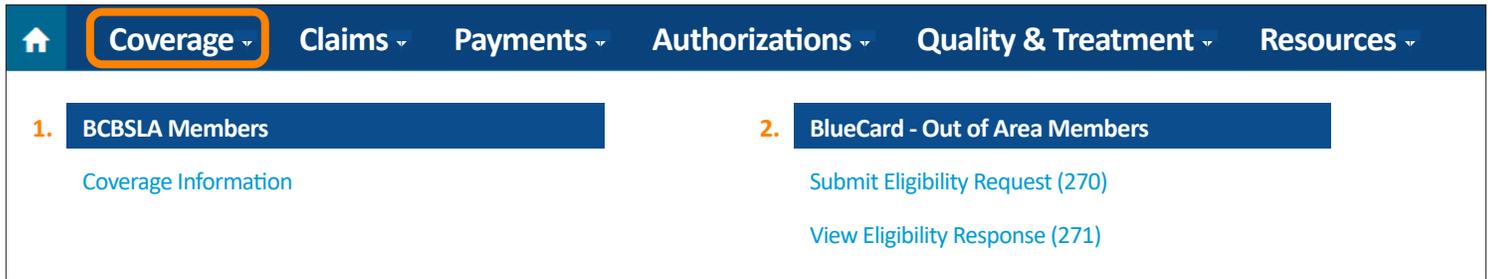
1. **BCBSLA Members**

Use this section to view current coverage information for Louisiana Blue and Federal Employee Program (FEP) members.

Coverage Information – Click on this link to access the Coverage Information search screen (shown below). You can search by entering a Louisiana Blue or FEP member ID number that appears on the member ID card. Do not include the member's prefix (the first three characters of the member ID number).

Coverage Information

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

1 Select Search Criteria

    ◉ BCBSLA

    ○ FEP

    ○ Social Security Number

2 Enter Contract or Social Security Number

[ ]   **Search**

Tips to Know

Don't have the member ID number?

If you do not have the member ID number, you may also search using the subscriber's Social Security number. iLinkBlue will return search results with the member ID number.

Coverage

1. **BCBSLA Members** (cont.)

After selecting a member from the search results, the Coverage Information screen will display (shown below). This screen identifies members covered on the policy, the effective date and the status of the contract (active, pended, cancelled).

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

Coverage Information

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

BCBSLA ▼	Enter BCBSLA contract number...		Search

Contract Number XUA123456789

ACTIVE COVERAGE

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

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

John Doe   Subscriber

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

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
🩺 Medical	01/01/2025	---	02/01/2000	View ID Card	Summary Benefits	View COB

Jane Doe   Spouse

	Sex	Female
	Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
🩺 Medical	01/01/2025	---	02/01/2000	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	02/01/2019	05/31/2019	02/01/2000	

Tips to Know

After searching iLinkBlue, if you still have member eligibility questions...

You may call our Customer Care Center at 1-800-922-8866. A representative will ask for the following information found on the Coverage Information screen:

- The member's effective date
- The member's cancel date

1. **BCBSLA Members** (cont.)

APTC Grace Periods

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs. The APTC gives customers a three-month premium payment grace period to help when they have delinquent premium payments.

After three months of non-payment of premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pended for the second and third months of delinquency are denied for eligibility.

When the Coverage Information search results indicate the "Active Pending Premium Payment" status (shown below), the APTC member is within the second or third months of being delinquent on their premium payments.

Coverage Information

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

BCBSLA ▾	Enter BCBSLA contract number...	Search

Contract Number XUA123456789

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

Coverage Category	Coverage Type	Effective From	Effective To
🏥 Medical	Family	01/01/2025	---

ACTIVE PENDING PREMIUM PAYMENT

Grace Period Begin Date
01/01/2025

Grace Period End Date
03/31/2025

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	01/01/2025	---	02/01/2000	View ID Card	Summary	Benefits	NO COB On File

The Active Pending Premium Payment status includes the beginning and ending dates of the APTC member's grace period. It also has links to following APTC provider resources:

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

• The APTC Grace Period Guide is a PDF of our provider tidbit *A Guide for Understanding APTC Grace Periods*. For more information, see the Educational Resources section of this manual.

1. BCBSLA Members (cont.)

Tiered Benefits for Select Networks

When researching coverage for a member with Blue Connect, Community Blue, Precision Blue or Signature Blue benefits, you will see tiered benefit requirements on the Medical Benefits Summary page. Tiered benefits do not display for members with Preferred Care PPO or HMO Louisiana benefits.

Contract Number	XUT123456789

ACTIVE COVERAGE
Medical Effective Date — 01/01/2025

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

View ID Card

Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than Community Blue, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.

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

	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

	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%

Note: Precision Blue will display Enhanced Tier 1 copayment information (shown below) for members. Precision Blue will only apply in-network benefits to Enhanced Tier 1 and Tier 1 providers. The other select networks do not have an Enhanced Tier 1 and will only apply in-network benefits to a Tier 1 provider.

Contract Number	FQA123456789

ACTIVE COVERAGE
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

View ID Card

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.

Copays

		EPO Copays	QBPC Copays
Office Visit	$15.00	---	---
Office Visit Specialist	$60.00	---	---
Enhanced Tier 1 Office Visit	$0.00	---	---
Enhanced Tier 1 Office Visit Specialist	$45.00	---	---
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	---	---	---

The accumulations, copayments and coinsurance used in the above examples are for illustration purposes only.

1. **BCBSLA Members** (cont.)

What tier benefits apply?

Identifying the applicable member accumulations, copayments and coinsurance that apply depends on network participation. The provider must participate in the member-patient's specific select network to be considered a Tier 1 provider for that member.

Enhanced Tier 1 In Network Preferred	Tier 1 In Network Preferred	Tier 2 Out of Network Preferred	Tier 3 Out of Network Non-Preferred
For Precision Blue only: Applies to select providers in the Precision Blue network	Applies to providers participating in the member's specific select network	Applies to providers participating in-network with Louisiana Blue but NOT in the member's specific select network	Applies to providers who do not participate in any Louisiana Blue network
Example Scenario: • A Precision Blue member sees an Enhanced Tier 1 Precision Blue network provider. • The member accumulations and copayments identified as Enhanced Tier 1 apply. • Provider may not bill the member for any amount over the allowed amount.	**Example Scenario:** • A Community Blue member sees a Community Blue network provider. • The member accumulations, copayments and coinsurance identified as Tier 1 apply. • Provider may not bill the member for any amount over the allowed amount.	**Example Scenario:** • A Community Blue member sees a Signature Blue network provider. • The member accumulations, copayments and coinsurance identified as Tier 2 apply. • Provider may not bill the member for any amount over the allowed amount.	**Example Scenario:** • A Community Blue member sees a non-participating provider. • The member accumulations, copayments and coinsurance identified as Tier 3 apply. • Provider can bill the member for any amount over the allowed amount.

1. **BCBSLA Members** (cont.)

Digital ID Cards

Providers can access member ID cards when researching a member's coverage information in iLinkBlue. To download a PDF of the card, click the "View ID Card" button on the Coverage Information search results, the Medical Benefits Summary page or the Medical Benefits Detail page. **Note**: Digital ID cards are available for medical policies only.

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

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views		Coordination of Benefits
🔒 Medical	01/01/2025	---	02/01/2000	View ID Card	Summary	Benefits	View COB

Medical Benefits Summary

Contract Number	XUT123456789

ACTIVE COVERAGE
Medical Effective Date   **01/01/2025**

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 Speciali
Outpatient Surgica
Emergency Room
Inpatient Hospital (
Inpatient Hospital
Inpatient Hospital (
Outpatient XRay &
Outpatient Physica
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

Tips to Know

Did you know that patients can access digital member ID cards too?

Our members may access their ID cards through their smartphone, via the Louisiana Blue mobile app or through our online member portal.

- To access through the Louisiana Blue mobile app, members can log on and choose the "My ID Card" option on the front page. There, use the dropdown menu to choose from the ID cards available. With an Apple phone, they can save the ID card to Apple Wallet. Android users can save the image to their photos.

- To access through the Louisiana Blue member portal, members can log into their online member account at www.lablue.com. There, click on "My ID Card" and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.

Coverage

2. | **BlueCard - Out of Area Members**

Use this section to research coverage information for a BlueCard member (insured through a Blue Plan other than Louisiana Blue).

Submit Eligibility Request (270) – Click on this link to submit an electronic eligibility inquiry to the out of area member's Blue Plan. Enter the member's prefix (the first three characters of the member ID number), the contract number and then click "**Submit**" to open the Eligibility Request (270) form (shown below). The red ***** indicates required fields.

Eligibility Request (270)

Contract Information

Prefix*

Contract Number*

Patient Information

First Name*

Middle

Last Name*

Suffix

Date of Birth

mm/dd/yyyy

Gender

Select Gender T ⌄

Service Type*

Select Service Type ⌄

Subscriber Information

Only required if patient and subscriber are not the same

First Name

Middle

Last Name

Suffix

[Submit]

To ensure proper benefits are returned, use the drop-down to select the most appropriate service type from the following code list:

1 Medical Care

2 Surgical

3 Consultation

4 Diagnostic X-Ray

5 Diagnostic Lab

6 Radiation Therapy

7 Anesthesia

8 Surgical Assistance

9 Other Medical

10 Blood Charges

11 Used Durable Medical Equipment

12 Durable Medical Equipment Purchase

13 Ambulatory Service Center Facility

14 Renal Supplies in the Home

15 Alternate Method Dialysis

16 Chronic Renal Disease (CRD) Equipment

17 Pre-Admission Testing

18 Durable Medical Equipment Rental

19 Pneumonia Vaccine

20 Second Surgical Opinion

21 Third Surgical Opinion

22 Social Work

23 Diagnostic Dental

24 Periodontics

25 Restorative

26 Endodontic

27 Maxillofacial Prosthetics

28 Adjunctive Dental Services

30 Health Benefit Plan Coverage

32 Plan Waiting Period

33 Chiropractic

34 Chiropractic Office Visits

35 Dental Care

36 Dental Crowns

37 Dental Accident

38 Orthodontics

39 Prosthodontics

40 Oral Surgery

41 Routine (Preventive) Dental

42 Home Health Care

43 Home Health Prescriptions

Coverage

BlueCard - Out of Area Members (cont.)

44 Home Health Visits

45 Hospice

46 Respite Care

47 Hospital

48 Hospital - Inpatient

49 Hospital - Room and Board

50 Hospital - Outpatient

51 Hospital - Emergency Accident

52 Hospital - Emergency Medical

53 Hospital - Ambulatory Surgical

54 Long Term Care

55 Major Medical

56 Medically Related Transportation

57 Air Transportation

58 Cabulance

59 Licensed Ambulance

60 General Benefits

61 In-vitro Fertilization

62 MRI/CAT Scan

63 Donor Procedures

64 Acupuncture

65 Newborn Care

66 Pathology

67 Smoking Cessation

68 Well Baby Care

69 Maternity

70 Transplants

71 Audiology Exam

72 Inhalation Therapy

73 Diagnostic Medical

74 Private Duty Nursing

75 Prosthetic Device

76 Dialysis

77 Otological Exam

78 Chemotherapy

79 Allergy Testing

80 Immunizations

81 Routine Physical

82 Family Planning

83 Infertility

84 Abortion

85 AIDS

86 Emergency Services

87 Cancer

88 Pharmacy

89 Free Standing Prescription Drug

90 Mail Order Prescription Drug

91 Brand Name Prescription Drug

92 Generic Prescription Drug

93 Podiatry

94 Podiatry - Office Visits

95 Podiatry - Nursing Home Visits

96 Professional (Physician)

97 Anesthesiologist

98 Professional (Physician) Visit - Office

99 Professional (Physician) Visit - Inpatient

A0 Professional (Physician) Visit - Outpatient

A1 Professional (Physician) Visit - Nursing Home

A2 Professional (Physician) Visit - Skilled Nursing Facility

A3 Professional (Physician) Visit - Home

A4 Psychiatric

A5 Psychiatric - Room and Board

A9 Rehabilitation

AA Rehabilitation - Room and Board

AB Rehabilitation - Inpatient

AC Rehabilitation - Outpatient

AD Occupational Therapy

AE Physical Medicine

AF Speech Therapy

AG Skilled Nursing Care

AH Skilled Nursing Care - Room and Board

AI Substance Abuse

AJ Alcoholism

AK Drug Addiction

AL Vision (Optometry)

AM Frames

AN Routine Exam

AO Lenses

AQ Nonmedically Necessary Physical

AR Experimental Drug Therapy

BA Independent Medical Evaluation

BB Partial Hospitalization (Psychiatric)

BC Day Care (Psychiatric)

BD Cognitive Therapy

BE Massage Therapy

BF Pulmonary Rehabilitation

BG Cardiac Rehabilitation

BH Pediatric

BI Nursery

BJ Skin

BK Orthopedic

BL Cardiac

BM Lymphatic

BN Gastrointestinal

BP Endocrine

BQ Neurology

BR Eye

BS Invasive Procedures

BT Gynecological

BU Obstetrical

BV Obstetrical/ Gynecological

BY Physician Visit – Office: Sick

BZ Physician Visit – Office: Well

CE MH Provider – Inpatient

CF MH Provider – Outpatient

CG MH Provider Facility – Inpatient

CH MH Provider Facility – Outpatient

CI Substance Abuse Facility – Inpatient

CJ Substance Abuse Facility – Outpatient

CK Screening X-ray

CL Screening Laboratory

CM Mammogram, HR Patient

CN Mammogram, LR Patient

CO Flu Vaccination

DM Durable Medical Equipment

MH Mental Health

PT Physical Therapy

UC Urgent Care

Coverage

BlueCard - Out of Area Members (cont.)

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

Eligibility Responses (271)

🗑 Delete

🗑	Contract/ID Number	Subscriber Name (Last, First)	Patient Name (Last, First)	Current Policy Effective Date	View Response
☐	XXX123456789	Doe, John	Doe, Jane	01/01/2019	View Detail

Eligibility responses will be retained for 21 days.

BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583).

Claims

Under the **Claims** menu option, there are five sub-menus containing multiple links categorized under **Claims Research**, **BlueCard - Out of Area Claims Status**, **Claims Entry & Reports**, **Medical Code Editing** and **Medical Records**.

🏠	**Coverage** ▾	**Claims** ▾	**Payments** ▾	**Authorizations** ▾	**Quality & Treatment** ▾	**Resources** ▾

1. Claims Research

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

2. BlueCard - Out of Area Claims Status

Submit OOA Claims Status Request (276)
View OOA Claims Status Response (277)

3. Claims Entry & Reports

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

4. Medical Code Editing

Claims Edit System

5. Medical Records

Out of Area Medical Record Requests
Document Upload

---

1. Claims Research

Use this section to research Louisiana Blue, FEP and Out of Area claims submitted to Louisiana Blue for processing.

Claims Status Search – Click on this link to access the Claims Status search screen (shown below) to research paid/rejected or pended claims. You can also search by claim number.

Action Request Inquiry – Click on this link to view Action Requests submitted on any pended, processed or rejected claims. Find more information on Action Requests on Page 26 of this guide.

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

Paid/Rejected	Pended	Claim Number

1 Select a Provider

Choose one ▾

2 Narrow Your Search

⦿ BCBSLA / FEP

◯ BlueCard - Out of Area

3 Date of Service *optional*

From
To   10/31/2022

Search

Tips to Know

To view all claims for a member...

On the selected status tab, leave the "From" date of service field blank. The "To" date of service field will default to the current date.

Claims

1. **Claims Research** (cont.)

Depending on the selections made on the Claims Status search screen, search results return on the Paid/Rejected Claims Results screen or the Pended Claims Results screen. If linked to a group, the NPI displayed for each claim is for the individual practitioner. Sort or filter provider NPIs using the functions identified below.

The Paid/Rejected Claims Results screen provides information on processed or rejected claims. This includes amounts applied toward the deductible, coinsurance or ineligible amounts. For more information, click on:

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

Paid/Rejected Claims Results

Showing 10 ▼ records   Filter:

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

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.

Pended Claims Results

Showing 10 ▼ records   Filter:

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

Tips to Know

After searching iLinkBlue, if you still have claims status questions...

You may call our Customer Care Center at 1-800-922-8866. A representative will ask for the following information found on the Claims Results screen:

- For paid/rejected claims - claim number, CPT/CHCPCS code and total paid or ineligible/rejected amount
- For pended claims - claim number and pended error code

1. **Claims Research** (cont.)

Inpatient Unbundling Reports

Louisiana Blue reviews inpatient acute care claims for billing accuracy based on the inpatient unbundling policy.* Facilities can use iLinkBlue to review automatically generated reports on how inpatient claims were unbundled and reprocessed.

This iLinkBlue feature is available for participating acute facilities only. Reports are available for claims we process as of April 18, 2023, and forward. If you have no reports, it simply means you have no unbundled claims.

To access the reports, visit the Claims Status Search application and click on:

- The "**Click here**" link in the green alert banner to view the previous 28 days of unbundling reports; or
- The blue "**Unbundling Reports**" tab to view all available reports. Reports will be retained within iLinkBlue for 16 months from the date of generation.

*The Louisiana Blue unbundling policy can be found in Section 5.14 of the *Member Provider Policy & Procedure Manual*. It is available under the "Resources" section of iLinkBlue. This policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting. The Louisiana Blue policy aligns with the Centers for Medicare & Medicaid Services (CMS) guidelines for billing routine supplies and services.

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

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

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

1 Select a Provider

Choose one ▾

2 Narrow Your Search

◉ BCBSLA/FEP

○ BlueCard - Out of Area

3 Date of Service *optional*

From 11/11/2022 📅

To 06/01/2023 📅

Search

Claims

1. Claims Research (cont.)

By selecting the "Click here" link in the green alert banner, the Claims with Unbundling Report results will display below the Claims Status Search application. Click the "Download" button on a claim line to download a spreadsheet of the inpatient unbundling report for that claim that you can print and save. **Note:** You may need to use the scrolling tool on the bottom right side of the screen to view the "Download" button.

Claims with Unbundling Report

Showing [2] 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	Unbundling Report
1234567891011	11122233311	123456789	10/02/2023	10/15/2023	10/30/2023			$2,219,725.69	$0.00	$0.00	$0.00	$707,774.75	$1,511,950.94	🔔 AR	Download ⬇
2223334442233	22233344422	123456789	10/01/2023	10/15/2023	10/30/2023	P		$2,000,725.15	$0.00	$0.00	$0.00	$500,655.25	$1,500,069.90	🔔 AR	Download ⬇

Showing 1 to 2 of 2 records   Previous | 1 | Next

By selecting the Unbundling Reports tab, the Claims Status Search application will display all available reports generated since April 18, 2023. Click the "Download" button on a claim line to download a spreadsheet of the inpatient unbundling report that you can print or save. Click the "Export" button to download a report containing all the claims listed on the "Unbundling Reports" tab.

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

Showing [10] records   Export   Filter: [ ]

Provider Name	Tax ID: NPI	Date Of Service	Processed Date	First Name	Last Name	Contract ID	Claim Number	Unbundling Report
DEMO REGIONAL HOSPITAL	12345678911:720123456789	10/02/2023	10/15/2023	STANELY	CUP	11122233311	1234567891011	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	10/01/2023	10/15/2023	RITA	BOOK	22233344422	2345678910112	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	09/23/2023	09/30/2023	STAN	DUPP	33344455533	3456789101112	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	09/24/2023	09/30/2023	ROSE	BUSH	44455566644	4567891011121	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	08/27/2023	09/15/2023	NEIL	DOWN	55566677755	5678910111213	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	06/26/2023	07/15/2023	BARRY	CUDA	66667778866	6789101112131	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	05/13/2023	06/25/2023	EILEEN	DOVER	77788899977	7891011121314	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/20/2023	04/30/2023	GENE	THERAPEE	88899910108	8910111213141	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/15/2023	04/30/2023	PERCY	VERE	99910101111	9101112131415	Download ⬇
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/15/2023	04/30/2022	DEE	END	10101111121	1011121314151	Download ⬇

Showing 1 to 10 of 10 entries   Previous | 1 | Next

Claims

1. Claims Research (cont.)

If researching paid/rejected claims or searching by claim number, inpatient claims that were unbundled and reprocessed will display a "Download" button to access the unbundling report from the Paid/Rejected Claims Results screen after the claim is finalized. Click the "Download" button on the claim line to download a spreadsheet of the report that you can print or save.

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	Unbundling Report
12345678900-1	ABC001234567	123456789	07/21/2023	08/23/2023	09/01/2023	P	G8752	$2,219,725.69	$0.00	$0.00	$0.00	$707,774.75	$1,511,950.94	🔔 AR	Download ⬇
12345678900-2	ABC007654321	123456789	07/21/2023	08/23/2023	09/01/2023	P	G8427	$500,655.25	$0.00	$0.00	$0.00	$500,655.25	$0.00	🔔 AR	
12345678900-3	XYZ001234567	123456789	05/30/2023	07/28/2023	08/15/2023	P	G8427	$400,556.75	$0.00	$0.00	$0.00	$400,556.75	$0.00	🔔 AR	

Unbundling Report Example

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

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

- **Disallowed Charges** – Indicates the dollar amount removed from the claim. Subtract this amount from the billed charges submitted on a claim from the facility DRG to calculate the allowed amount.

- **Revenue Code** – Identifies the revenue code of the disallowed charge.

- **Revenue Code Description** – Provides a description of the item or service for the revenue code of the disallowed charge.

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

Tips to Know

After downloading a report, you may need to format some columns...

To display the complete information. For the:

- NPI, Tax ID, Louisiana Blue Claim Number, Contract ID - Select the column and format the cells as a number.

- Disallowed Charges - Select the column and format the cells as a currency.

Claims

1. Claims Research (cont.)

Do you have a claims issue?

Action Requests allow you to electronically communicate claim questions or concerns to Louisiana Blue. On each claim, providers can submit an Action Request to request a review for correct processing. The electronic Action Request form will prepopulate with information on the specific claim.

To open an Action Request form for a claim line on the **Paid/Rejected Claims Results** or the **Pended Claims Results** screens, click on the "**AR**" button.

-or-

To open an Action Request form for a claim line on the **Claims Detail** screen, click on the "**Action Request**" button.

			Filter:		
Copay ↕	Coinsurance ↕	Total Paid ↕	Ineligible/ Rejected Amount ↕	Action Request ↕	
$0.00	$0.00	$0.00	$1.00	🔔 AR	
$0.00	$0.00	$101.00	$59.00	🔔 AR	

Claim Number	12345678900-1
iLinkBlue Number	12345
NPI	123456789
🔔 Action Request	
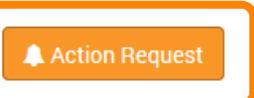
Tips to Know

When submitting an Action Request:

- Please 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

1. **Claims Research** (cont.)

Refund Request Letters – Click on this link to access an application to research and view electronic copies of refund request letters (shown below). Letters are accessible for 24 months from their issue date. Letters created before August 21, 2024, are not available.

To search for a refund letter, enter any or all of the following criteria:

- **Select a Provider** – Allows you to search by provider NPI. If no NPI is selected, search results will return letters for all the providers associated with your iLinkBlue access.

- **Contract Number** – Allows you to search by a member's contract number.

- **Claim Number** – Allows you to search by claim number. **Note:** Disregard letters are not generated with a claim number.

- **Letter Creation Date Range** – Allows you to search by the date span Louisiana Blue created the letter. If no date range is entered, the returned results will list letters created within the last 30 days.

The returned search results will display below this application. Click on a "**View**" button to access PDF copies of the refund or rationale letters. **Note:** Rationale letters, if applicable, may display a day after the refund letters.

Refund Request Letters

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

1 Select a Provider
Choose one ▾

2 Contract Number *(optional)*
◉ BCBSLA / FEP
[   ]
○ BlueCard - Out of Area

3 Claim Number *(optional)*
[   ]

4 Letter Creation Date *(Letters created before 8/21/2024 are not available)*
From 08/21/2024 📅
To 08/21/2024 📅

Search

Refund Request Letters Results

Showing 10 ▾ records   Filter: [   ]

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

Claims

1. Claims Research (cont.)

The Refund Request Letters Results grid displays key information that is extracted from letters.

- **Claim Number** – Identifies the claim the letter is associated with. This field will remain blank for refund letters created with multiple claim numbers.

- **NPI** – Lists the NPI number of the provider or clinic the letter is associated with.

- **Provider Name** – Identifies the provider addressed in the letter. **Note:** Letters are created in the practitioner, clinic or facility name.

- **Contract Number** – Identifies the member ID number the letter is associated with.

- **Letter Creation Date** – Lists the date Louisiana Blue created the letter.

- **Patient Name** – Identifies the patient the letter is associated with.

Use the Filter search function to narrow the displayed results. Use the Sort function by the column headers to display results in ascending or descending order.

Refund Request Letters Results

Showing 10 records   Filter: [ ]

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

2. BlueCard - Out of Area Claims Status

Use this section to submit claims status inquiries for out of area (OOA) BlueCard members. These applications are for inquiries that cannot be found using the Claims Status Search application outlined on Page 21 of this guide.

Submit OOA Claims Status Request (276) – Click on this link to submit an electronic claim status inquiry to the out-of-area member's Blue Plan.

View OOA Claims Status Response (277) – Click on this link to 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.

Claims

This section is where providers can electronically submit CMS-1500 claims through iLinkBlue.

Blue Cross Professional Claims Entry (1500) – Click on this link to access the 1500 Form claim entry screen (shown below). This allows applicable providers to submit HCFA 1500 claims into the claims processing systems at Louisiana Blue.

The 1500 Form claim entry screen follows the format of the HCFA 1500 form R (12-90). Required fields are highlighted; all fields not required are gray shadowed. If the claim entry contains errors, the edits will be listed under the "**Error Messages**" section at the top of the screen.

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

Error Messages:

1a. Insured's ID#

2. Patient's Name
LAST | FIRST | MI

3. Patient's Birth Date — MM/DD/YYYY
Sex — ○ 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 ⌄

8. Reserved for NUCC Use

7. Insured's Address
NO. STREET
City | State — LA
Zip Code | Phone

Tips to Know

Did you get a confirmation after submitting a claim?

When a claim is successfully submitted through iLinkBlue, a confirmation message appears under the status bar of the 1500 Form claim entry (shown below). The patient account number, patient last name and patient first name will display in the confirmation.

> Claim for 12345678901; DOE, JANE has been submitted

If you click the "**Submit Claim**" button and are sent to the iLinkBlue login screen, you were logged out because of inactivity. If you enter a claim and stop to research information like a diagnosis or procedure code, be aware that security features of iLinkBlue will log users out after 15 minutes of inactivity.

Claims

3. **Claims Entry & Reports** (cont.)

Blue Cross Claims Confirmation Reports – Click on this link to access an application designed to allow providers to research Claims Confirmation Reports (shown below). The daily reports confirm if the Louisiana Blue editing system accepted your claims. Reports are available up to 120 days. The returned search results will display below this application.

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

If you do not enter dates in the application's optional date range field, the returned results will list the last five reports by the date processed by Louisiana Blue. Click on a date under "**View Report**" to open that report. Confirmation Report examples are on the next page.

Tips to Know

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

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

3. Claims Entry & Reports (cont.)

Claims Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. The provider is responsible for reviewing these reports and correcting claims appearing on the Not Accepted report.

Accepted Report Example

```
                          Blue Cross and Blue Shield of Louisiana
                          837 Accepted / Not Accepted / Warning Report
                                Professional Claims Report

SUBMITTER NUMBER:  P0123456                        SUBMITTER: ABCTESTCO
BC Red #  1234T5678Z                               PROVIDER: TEST REGIONAL HOSPITAL
                        NPI# 1234567891
BC ID #  T5678
RECEIVE DATE:  04-12-24                             PROCESSING DATE:  04-12-24
                                                                                         PAGE  1

 837P ACCEPTED  REPORT


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

L12345678        DOE               JOHN              XUA123458789       040824    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:  P0123456 BHT03: 123456  TOTAL TRANSACTION SUMMARY:
TOTAL CLAIMS ACCEPTED:                     1 CLAIMS FOR $125.00
TOTAL CLAIMS  NOT  ACCEPTED:               0 CLAIMS FOR $0.00
GRAND TOTAL CLAIMS:                        1 CLAIMS FOR $125.00
```

Not Accepted Report Example

```
                          Blue Cross and Blue Shield of Louisiana
                          837 Accepted / Not Accepted / Warning Report
                                Professional Claims Report

SUBMITTER NUMBER:  P0123456                        SUBMITTER: ABCTESTCO
BC Red #  1234T5678Z                               PROVIDER: TEST REGIONAL HOSPITAL
                        NPI# 1234567891
BC ID #  T5678
RECEIVE DATE:  04-12-24                             PROCESSING DATE:  04-12-24
                                                                                         PAGE  1

 837P NOT ACCEPTED  REPORT


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

L12345678        DOE               JOHN              XUA123458789       040424    040424    206.00      PROVIDER LOCATION IRS CONFLICT  987654321
L78945612        PUBLIC            PEGGY             XUH321456987       032024    032024    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:  P0123456 BHT03: 123456  TOTAL TRANSACTION SUMMARY:
TOTAL CLAIMS ACCEPTED:                     0 CLAIMS FOR $0.00
TOTAL CLAIMS  NOT  ACCEPTED:               2 CLAIMS FOR $412.00
GRAND TOTAL CLAIMS:                        2 CLAIMS FOR $412.00
```

Claims

4. Medical Code Editing

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

Claims Edit System – Click on this link to access the claims-editing software (CES) system application. This is an easy-to-use code-auditing reference application designed to help providers calculate claim edit outcomes. The new CES application replaced the Clear Claim Connection application.

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

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 (shown below). Please make sure to select the correct tab for the applicable claim entry, as the edits and modifiers are not the same.

Tips to Know

When entering claim edits 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, the below examples.

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

4. Medical Code Editing (cont.)

The **Professional Claim Entry** screen allows you to enter coding for a professional claim and submit it to the Louisiana Blue CES system to calculate the code-edit outcomes. The available fields and accepted values include:

- **Gender** – Select the gender of the patient. This field defaults to male.

- **Date of Birth** – Enter the patient's date of birth in the MM/DD/YYYY format.

- **Claim Type*** – Select "Professional" to apply the appropriate edits.

- **Beg DOS** – Enter the beginning date of service in the MM/DD/YYYY format. This defaults to the current date.

- **End DOS** – Enter the ending date of service in the MM/DD/YYYY format. This defaults to the current date.

- **Procedure*** – Enter a valid CPT® code for this claim line.

- **Modifier** – Enter an appropriate modifier for this claim line.

- **Units** – Enter the number of units for this claim line. This field defaults to a value of one.

You may enter additional claim lines by clicking on the "**Add Lines**" button. Once you have entered all applicable information, click on the "**Submit**" button to generate CES system review results.

*This field is required for professional.

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

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

Privacy Policy
Terms and Conditions

Tips to Know

What edits or overrides are included?

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

4. Medical Code Editing (cont.)

On the **Professional Claim Results** screen, the claim line information entered by the user displays under **Original Lines**. The 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 for the user to review.

In the below example, Claim Analysis Results show that the CES system allows the claim lines entered for procedure codes 99201 and 81003. However, the claim line for procedure code 81002 shows it would deny. The review found that 81002 has an exclusive relationship with code 81003.

You may click the "**Export to PDF**" button to open and save the results in a printer-friendly format. You may click the "**New Claim**" button to enter a new claim entry.

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		
				Flag Description	**Flag Status**	**Disclosure**
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.	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
3	81003	1	0.0	CLEAN LINE		

Privacy Policy
Terms and Conditions

Claims

4. Medical Code Editing (cont.)

The Facility Claim Entry screen allows you to enter coding for hospital outpatient and ambulatory surgery center claims. This submits it to the CES system to calculate the code-edit outcomes. Do not use the CES application for inpatient claim edits. The available fields and accepted values include:

- **Type*** – Select "outpatient" to apply the appropriate edits.

- **Type of Bill*** – Enter an appropriate three-digit type of bill code.

- **Claim Type*** – Select "Facility Outpatient" to apply the appropriate edits.

- **Statement From*/Through*** – Enter the date range of the procedure in the MM/DD/YYYY format. Traditional billing forms also refer to this as the "Statement Covers Period." **Note**: You must enter dates to apply the appropriate edits.

- **Gender** – Select the gender of the patient. This field defaults to male.

- **Date of Birth** – Enter the patient's date of birth in the MM/DD/YYYY format.

- **Patient Status** – Enter an appropriate two-digit patient status code.

- **HCPCS/HIPPS*** – Enter a valid CPT/HCPCS code for this claim line.

- **Modifier** – Enter an appropriate modifier for this claim line.

- **Date*** – Enter the date of service for this claim line in the MM/DD/YYYY format. This defaults to the current date.

- **Units*** – Enter the number of units for this claim line. This field defaults to a value of one.

You may enter additional claim lines by clicking on the "Add Lines" button. Once you have entered all applicable information, click on the "Submit" button to generate CES system review results.

*This field is required for facility.

4. Medical Code Editing (cont.)

On the Facility Claim Results screen, the 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 indicates "CLEAN LINE."

- When the claim line is not compatible, the Flag Status displays information on the potential claim edit for the user to review.

In the below example, Claim Analysis Results show that the CES system allows the claim line entered for procedure code 83625. However, the claim line for procedure code 36415 shows it would deny. The review found that 36415 bundles with code 83625.

You may click the "Export to PDF" button to open and save the results in a printer-friendly format. You may click the "New Claim" button to enter a new claim entry.

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**
				[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.		Deny	The 040CCO edit identified the column 2 code of a Column1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on
				[DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150 630]		Deny	
1	36415	0	0.0				
2	83625	1	0.0	CLEAN LINE			

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis

Original Lines

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

Claims

5. **Medical Records**

Use this section to view out of area medical record requests for your BlueCard patients. You can also securely upload documents to select Louisiana Blue departments.

Out of Area Medical Record Requests – Click on this link to research a provider's outstanding requests, requests completed by provider and requests received by Louisiana Blue. This application does not allow for medical record requests for Louisiana Blue members. For more information on out of area medical record requests, see our *Medical Record Guidelines for BlueCard* provider tidbit. It is available online at **www.lablue.com/providers** > Resources.

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**

2 **Select Provider**

○ **Outstanding Requests**
○ **Requests Completed by Provider**
○ **Requests Received by BCBSLA**

[Search Records]

Document Upload - Click on this link to access an application designed to allow providers to upload documents that would be faxed, emailed or mailed to select Louisiana Blue departments. While the link to the application is under the medical records section of iLinkBlue, the application allows for other document uploads, based on the department selected.

Document Upload
Upload Medical Records and other documents securely to various departments within Blue Cross and Blue Shield of Louisiana

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

[Choose One ⌄]

2 **Upload a File**
File Types Accepted: DOC, DOCX, PDF, TIF, TXT

Browse or Drag and Drop Your File

[Submit Document]

Tips for Successful Document Upload

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

Document Upload FAQs

Use the drop-down menu to select a Louisiana Blue department. At this time, Louisiana Blue does not accept documents for departments other than those listed in the drop-down. If the specific department needed is not listed, do not upload the document.

Document Upload
Upload Medical Records and other documents securely to various departments within Blue Cross and Blue Shield of Louisiana

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
Health and Quality Management (HEDIS): Fax 225-298-7411
Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150
Population Health: Fax 1-800-267-6548

Tips for Successful Document Upload

- *Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.*

- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.

- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.

- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.

- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

Document Upload FAQs

Departments currently accepting document uploads through iLinkBlue include:

- **Provider Disputes Louisiana** – This department reviews provider disputes for claims processed by Louisiana Blue for contracted providers and Louisiana Blue members only.

- **Provider Disputes Non-Louisiana Members** – This department reviews provider disputes for contracted providers with claims for members insured through a Blue Plan other than Louisiana Blue.

- **Payment Integrity** – This department reviews post-processed claims for accurate coding and reimbursement. They also review pre-pay, high-dollar ($100K or more) facility claims.

- **ACA Risk Optimization** – This department requests medical records to support the Affordable Care Act (ACA) Risk Optimization.

- **ITS Host Medical Records** – This department handles medical record requests for claims for BlueCard® (out-of-area) members.

- **Health and Quality Management (HEDIS)** – This department requests, reviews and reports HEDIS data to NCQA, URAC and CMS. Also, the department performs quality measurement reviews as needed.

- **Federal Employee Program (FEP) Appeals** – This department reviews provider disputes for claims processed by Louisiana Blue for FEP members.

- **Medical Necessity & Investigational Appeals Only** – This department reviews appeals for services denied as not medically necessary or investigational.

- **Medical Records for Retrospective or Post Claim Review** – This department handles retrospective authorization requests and medical record requests for claims review for Louisiana Blue, HMOLA, OGB and FEP members when services are rendered in Louisiana. **Note:** This department accepts document uploads Monday-Friday from 8 a.m. to 4:30 p.m. CST

- **Population Health** – This department operates member care management programs to help our mutual customers—your patients, our members—achieve their health and wellness goals.

Once Louisiana Blue receives the uploaded document, a confirmation message displays indicating the file uploaded with a date/time stamp and unique identifier number.

The following confirmation message will display, "The uploaded file was successfully received and sent to XXX Department at hhmmss am/pm, mm/dd/yyyy. The transaction ID is XXXXX."

Tips to Know

Why are fax numbers next to the department name in the drop-down box?

The drop-down includes fax numbers as a reference to ensure that you are choosing the correct department when uploading documents. The fax numbers are also listed on your request letter or appropriate form.

Do not send a fax or hardcopy request in addition to requests submitted through the document upload application. Also sending your request via fax, email or mail will result in a duplicate request. This could delay the processing of your uploaded request.

Payments

The **Payments** menu option has two sub-menus containing links for **Payment Information** and **Allowables**.

| 🏠 | **Coverage** ⌄ | **Claims** ⌄ | **Payments** ⌄ | **Authorizations** ⌄ | **Quality & Treatment** ⌄ | **Resources** ⌄ |

1. Payment Information

Payment Registers

EFT Notifications

2. Allowables

Professional Provider Allowable Charges Search

Outpatient Facility Allowable Charges Search

FEP Dental Allowables (PDFs)

1. Payment Information

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

Payment Registers – Click on this link to access your payment registers. You may view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.

Louisiana Blue publishes separate reports for each applicable line of business: Louisiana Blue, HMO, OGB and FEP, etc.

EFT Notifications – Click on this link to access your Electronic Funds Transfer (EFT) Notifications. EFT is a free service where Louisiana Blue deposits your payment into your checking account. The EFT notifications screen looks similar to the payment registers screen.

If you have access to multiple NPIs, EFT notifications will be available for each.

Payment Registers

View payment registers for all lines of business. Use the filters below to refine your search.

| Select a provider ⌄ | Select a line of business ⌄ | 07/06/2020 📅 | Search |

Search results for **07/06/2020**

** Some registers may take several minutes to generate a PDF due to the size of the register.

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

NPI	**2234567890**	Line of Business	View Reports
		Blue Cross Louisiana	Payment Register
		Federal Employees Program (FEP)	Payment Register
		HMO Louisiana	Payment Register
		OGB HMO Magnolia Local Plus	Payment Register

Tips to Know

Do you need a past EFT Notification/Payment Register?

Weekly EFT notifications and payment registers are available to providers on Mondays. 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.

2. **Allowables**

Use this section to research Louisiana Blue allowable amounts.

Professional Provider Allowable Charges Search – Click on this link to access an application designed to research professional allowable charges (shown below). Search by network, date of service, individual code or code ranges.

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 researching professional allowable charges. Our Customer Care Center no longer assists with this service.

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*)

Tips to Know

Did you know that you can research multiple codes at one time?

Research multiple codes at once in the **Professional Provider Allowable Charges Search** application and the **Outpatient Facility Allowable Charges Search** application by entering the first few numbers of the code followed by an asterisk. The example chart (at right) shows how to search for multiple codes.

Allowable Charges Research Examples	
99214	only shows the allowable for 99214
992*	generates a list of all codes starting with 992
99*	generates a list of all codes starting with 99
9*	generates a list of all codes starting with 9

---

2. | **Allowables** (cont.)

Outpatient Facility Allowable Charges Search – Click on this link to access an application designed to allow facilities to research outpatient allowable charges (shown below). This application is for acute-care hospitals and ambulatory surgical centers on a contracted fee schedule only.

- The **Search by Code** tab allows you to research allowable charges by CPT/HCPCS codes.

- The **Fee Schedule Request** tab allows you to request a full fee schedule.

Search by Code

To search for an outpatient facility allowable charge, enter the date and select the facility provider by name and NPI. Click the "**Continue**" button. Select the appropriate Louisiana Blue network and enter the CPT/HCPCS code. Then click on the "**View Allowables**" button. The returned allowable charge results will display below this application. Examples are shown on Pages 43 and 44.

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   **2** Select a Facility   **3** Select a Network   **4** Enter a CPT/HCPCS Code*

11/01/2022 📅	Select a facility ⌄	Select a Network ⌄	
	Continue	Reset	**View Allowables**

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

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.

Search results will include the facility, network and effective date of the allowable charges. Providers can search for current, past or future (when available) allowable charges. Returned allowable charge results include the following information on CPT/HCPCS code(s):

- **Code Classification** – Indicates if the CPT/HCPCS code is a surgery or a diagnostic and therapeutic (D&T) code. Drug codes are included in the D&T category.

- **Schedule Name** – Indicates the name of the Louisiana Blue fee schedule being applied to the code.

- **Schedule Fee** – Is the base fee for the code in the Louisiana Blue fee schedule.

- **Network %** – Is the percentage from the provider's Louisiana Blue network contract.

- **Contracted Fee** – Is the allowable charge calculated by multiplying the schedule fee by the network percentage.

- **Comments** – Will display a percentage, if applicable to the code researched.

2. **Allowables** (cont.)

Allowable Charge Example

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

Select a Date	Select a Facility	Select a Network	Enter a CPT/HCPCS Code*
① 01/01/2022 📅	② 1234567890 - ABC Medical Center ⌄	③ PREFERRED CARE PPO (Blue ⌄	④ 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 10 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

The fees displayed in the example above are for illustrative purposes only.

Percent of Charge Example

Search results for an active code not on the outpatient reimbursement fee schedule will display a percent of billed charges in the Comments section.

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

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

Schedule: Not Applicable

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

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

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

Show 10 entries   Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
99231	D&T	---	---	---		50% of charge

Showing 1 to 1 of 1 entries   Previous   1   Next

2. **Allowables** (cont.)

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 10 entries   Search: [   ]

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

Showing 0 to 0 of 0 entries   Previous   Next

Fee Schedule Request

To request a full outpatient fee schedule for a facility, enter a date up to two years prior to the current date. Select the facility provider by name and NPI. Click the "Continue" button. Select the appropriate Louisiana Blue network. Then click on "Request Full Fee Schedule" to submit your request. Allow up to two business days for a full fee schedule response to be returned.

Returned fee schedule results will display below this application. An example is shown on the next page.

Search by Code	Fee Schedule Request

1 Select a Date   **2** Select a Facility   **3** Select a Network

11/01/2022 📅   Select a facility ▾   Select a Network ▾   Request Full Fee Schedule

                                   Continue   Reset

                                                          Please allow up to 2 business days for a full fee schedule to be returned.
                                                          Note, the fee schedule is effective as of the date requested.

2.	**Allowables** (cont.)

Full Fee Schedule Results Example

Returned fee schedule results will include the following information:

- **Requested By** – Indicates the email address of the individual who submitted the fee schedule request.
- **Provider Name** – Is the facility the fee schedule was generated for.
- **Network** – Identifies the Louisiana Blue network of the fee schedule.
- **Effective Date** – Indicates the date the fees are effective.
- **Request Date** – Is the date the fee schedule request was submitted.
- **Status** – Will display "Completed" when the full fee schedule request is returned and ready for viewing.

Click the "**View**" button to download an Excel spreadsheet with the full outpatient fee schedule results.

Fee schedule results are retained in iLinkBlue for 10 business days. The data elements included on a full fee schedule are the same as those that appear in the search by code examples. For a description of the elements, see Page 42.

Full Fee Schedule Results

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

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

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

Show 10 entries   Search:

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

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

2.	**Allowables** (cont.)

FEP Dental Allowables (PDFs) – FEP Preferred Dentists may click on this link to access the most recent PDF listings of maximum allowable charges (MACs) for FEP Basic and Standard Options.

Authorizations

Under the **Authorizations** menu option, there are two sub-menus with links for **Authorizations for BCBSLA Members** and **Authorizations for Out of Area Members**.

⌂	Coverage ▾	Claims ▾	Payments ▾	**Authorizations ▾**	Quality & Treatment ▾	Resources ▾

1. Authorizations Guidelines	**2.** Authorizations - BCBSLA Members	**3.** Authorizations - Out of Area Members
Do I need an authorization?	BCBSLA Authorizations	Out of Area (Pre Service Review - EPA)
	Behavioral Health Authorizations	Medical Policy Guidelines
	Carelon Authorizations	
	Authorizations/Pre-Certification Inquiry	
	Medical Policy Guidelines	
	Lab Reimbursement Policies	
	FEP Medical Policy Guidelines	

1. Authorizations Guidelines

Use the application in this section to research authorization guidelines.

Do I need an authorization? – Click on this link to access the authorization guidelines application (shown below). The application allows providers to research and view authorization requirements for Louisiana Blue and out-of-area members. Enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

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".

Prefix [   ]   **Submit**

If you are unsure if a patient is a Louisiana Blue or out-of-area member, enter the member prefix in the authorizations guideline application. The application will identify the member's Blue Plan.

Authorizations

Authorizations - BCBSLA Members

Use the applications in this section to submit authorizations for Louisiana Blue member.

BCBSLA Authorizations* – Click on this link to access an application that allows you to submit and research authorizations. It also allows you to upload clinical information for Louisiana Blue members. For complete instructions, view the user guides available under the **Resources** menu option of iLinkBlue.

Behavioral Health Authorizations* – Click on this link to access WebPass, a web-based portal offered by Lucet. Behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically.

Carelon Authorizations – Click on this link to access Carelon Medical Benefits Management's Carelon MBM Provider Portal. It is a web-based application for outpatient high-tech diagnostic, cardiology services, genetic testing, musculoskeletal (MSK) joint surgery, sleep study, spine surgery, spine pain management and radiation oncology authorizations.

Authorization/Pre-certification Inquiry – Click on this link to view a provider's inpatient or outpatient authorizations on file with Louisiana Blue.

Medical Policy Guidelines – Click on this link to access the Louisiana Blue medical policy index (shown below).

Medical Policies

Keyword	Letter	View All

Enter Keyword 🔍

Please choose how you want to search for medical policies.
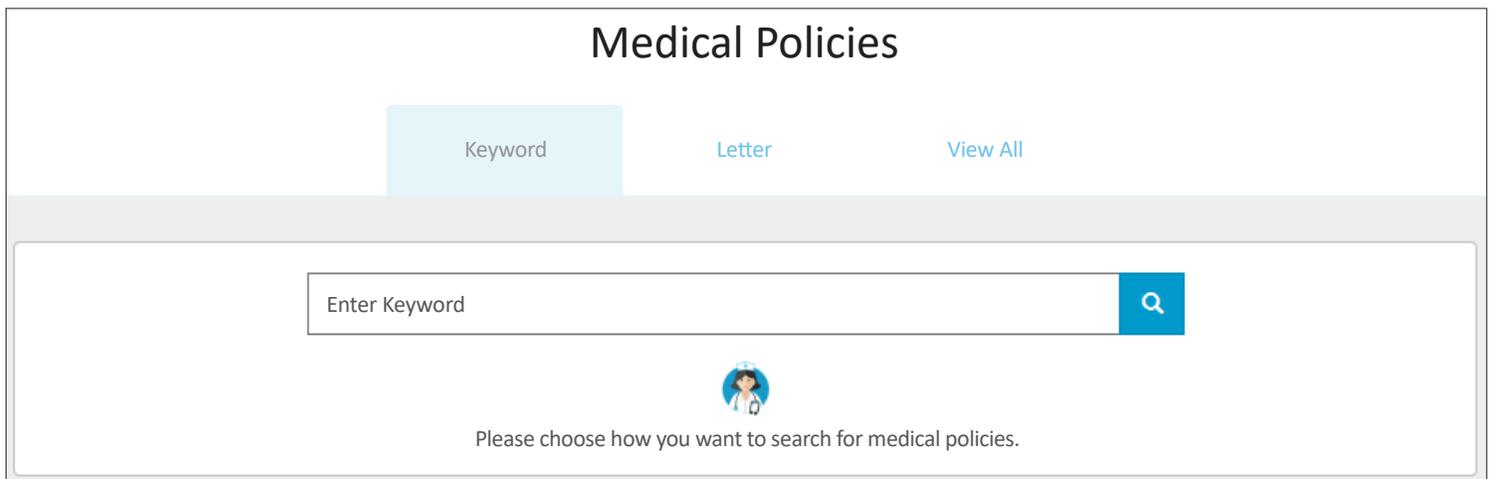
Our medical policy index offers the following search features:

- On the "**Keyword**" tab, enter a policy number or title in the search feature to research current Louisiana Blue medical policies. You can also enter a procedure code to find policies that include that code.

- Use the "**Letter**" tab to open an alpha-index list of all policies. This allows you to alphabetically search for a Louisiana Blue medical policy.

- The "**View All**" tab opens a complete list of all current Louisiana Blue medical policies.

Each month, we add new and/or revised medical policies to iLinkBlue. Because medical technology is evolving, our medical policies are regularly reviewed, often resulting in updates or revisions. Check iLinkBlue for the latest and most current policies.

Note: iLinkBlue is the only provider self-service tool available for accessing medical policies. Our Customer Care Center no longer assists with this service.

*Your organization's administrative representative must grant you user access to this application.

Authorizations

Authorizations - BCBSLA Members (cont.)

Lab Reimbursement Policies – Click on this link to access Louisiana Blue laboratory testing policies.

FEP Medical Policy Guidelines – Click on this link to access medical policies for Federal Employee Program members.

Authorizations - Out of Area Members

Use the applications in this section to research authorizations for out-of-area BlueCard members (insured through a Blue Plan other than Louisiana Blue).

Out of Area (Pre-Service Review EPA)* – Click on this link to access an application that allows Louisiana Blue providers access to pre-service information offered by other Blue Plans. The application uses the BlueCard member's prefix (the first three characters of the member ID) to route you to the member's Blue Plan. Each Blue Plan uses its landing page to communicate its pre-service capabilities, processes and requirements.

Medical Policy Guidelines – Click on this link to access medical policies for out-of-area BlueCard members. The format for researching medical policies varies from Blue Plan to Blue Plan. Enter the member's prefix (the first three characters of the member ID number) in the Out of Area Medical Policy Coverage Guidelines application (shown below). This routes you to the applicable Blue Plan to access their medical policy information.

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

Prefix [   ]   **Submit**

*Your organization's administrative representative must grant you user access to this application.

48

Quality & Treatment

The **Quality & Treatment** menu option contains the **Estimated Treatment Cost Reports** and reference materials needed to understand the reports.

🏠	**Coverage** ▾	**Claims** ▾	**Payments** ▾	**Authorizations** ▾	**Quality & Treatment** ▾	**Resources** ▾

Estimated Treatment Cost Reports

View Reports

Cost Data Methodology

FAQs

Treatment Codes Listing

Estimated Treatment Cost Reports

The Blue Cross Blue Shield Association offers an estimated treatment cost application. It allows members to view information about the value you bring to the health care community. This enables them to be more active in managing their health care choices.

Twice a year (spring and fall), we update your provider cost data. When this occurs, we give you 30 days from the date of notice to review your cost data and request any reconsiderations as needed.

The **View Reports** option is where you go to view the most recent report that contains the cost ranges calculated for your facility or practicing location, as well as an overview of the methodology used to develop these cost ranges.

To submit a reconsideration, click on the specific treatment description in question. The Electronic Reconsideration Form is available during the reconsideration period. The link to the form will be inactive outside of the reconsideration timeframe.
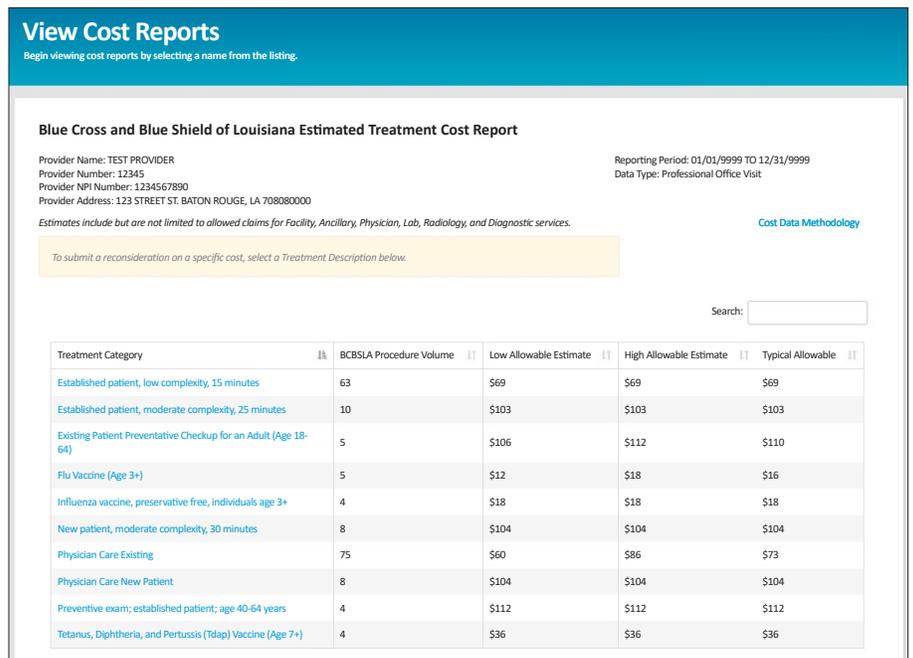
View Cost Reports
Begin viewing cost reports by selecting a name from the listing.

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
Flu Vaccine (Age 3+)	5	$12	$18	$16
Influenza vaccine, preservative free, individuals age 3+	4	$18	$18	$18
New patient, moderate complexity, 30 minutes	8	$104	$104	$104
Physician Care Existing	75	$60	$86	$73
Physician Care New Patient	8	$104	$104	$104
Preventive exam; established patient; age 40-64 years	4	$112	$112	$112
Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine (Age 7+)	4	$36	$36	$36

Resources

Under the Resources menu option, there is a sub-menu of links to various provider resources.

| 🏠 | **Coverage** ▾ | **Claims** ▾ | **Payments** ▾ | **Authorizations** ▾ | **Quality & Treatment** ▾ | **Resources** ▾ |

Resources

Manuals

Speed Guides

Tidbits

Tutorials

Forms

National Alliance Groups

Resources

Use this section to access various resources designed to support you as a provider.

Manuals

These manuals include detailed information about our networks, policies and procedures. This includes authorization requirements, billing guidelines, claims submission, medical management and much more.
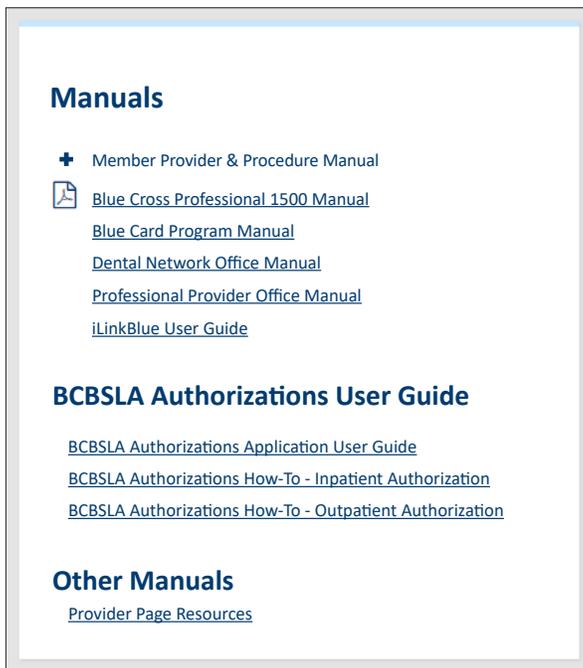
Speed Guides

These are quick reference guides designed to help you find information about our networks or special programs. The speed guides include authorization requirements, policies and billing guidelines.

Tidbits

These guides help you stay informed of current Louisiana Blue business processes and practices. Each provider tidbit focuses on a single topic to help better serve you.

Tutorials

These are step-by-step tutorials designed to walk you through submitting requests through our Authorization Portals.

Forms

These are our most used provider forms. We require certain forms to make changes to your provider record.

National Alliance Groups

This is a complete listing of our National Alliance self-funded groups and their prefixes.

Manuals

➕ Member Provider & Procedure Manual

📄 Blue Cross Professional 1500 Manual

Blue Card Program Manual

Dental Network Office Manual

Professional Provider Office Manual

iLinkBlue User Guide

BCBSLA Authorizations User Guide

BCBSLA Authorizations Application User Guide

BCBSLA Authorizations How-To - Inpatient Authorization

BCBSLA Authorizations How-To - Outpatient Authorization

Other Manuals

Provider Page Resources

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 Louisiana Blue. This team can assist you with the electronic clearinghouse submission of eligibility information, payment information and claims.

Phone: 1-800-716-2299, option 3

Email: **EDIservices@lablue.com**

Business Hours: Monday – Friday, 8:30 a.m. to 4:30 p.m. CT (except holidays)

Provider Identity Management (PIM) Team

The PIM team can assist with the administrative representative setup process and managing system access to our secure electronic services. This includes iLinkBlue and our online authorization applications.

Phone: 1-800-716-2299, option 5

Email: **PIMteam@lablue.com**

Business Hours: Monday – Friday, 8 a.m. to 4 p.m. CT (except holidays)

Need iLinkBlue Training?

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

To request iLinkBlue training, please send an email to **provider.relations@lablue.com**. Please include your:

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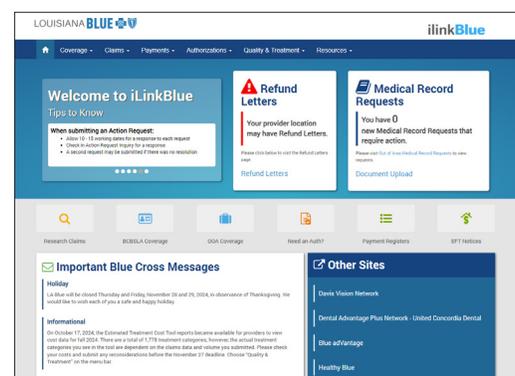
Educational Resources

This user guide was designed to help you access the most used functions of iLinkBlue. We also have provider tidbits and manuals. These explain in greater detail how to use iLinkBlue to complete less common processes.

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

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

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

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

- **BCBSLA Authorizations User Guide** gives facilities and 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.

Delegated Access

Delegated Access is a security setup application available through iLinkBlue only. Administrative representatives use Delegated Access to manage who in your organization can access iLinkBlue and our authorization applications. This includes who can use iLinkBlue to research member coverage and eligibility, file claims or submit authorization requests. Administrative representatives should only grant the minimum necessary access—to applications, Tax ID:NPI combinations, providers, etc.—as is needed for the user to fulfill their job responsibilities.

We designed this section of the *iLinkBlue User Guide* for administrative representatives. On the following pages, we will walk you through using Delegated Access. Use this application to add a new user, edit an existing user or deactivate a user.

Administrative representatives will find the **Delegated Access** menu option on the top navigation menu bar of the iLinkBlue dashboard. This menu option will only display for those employees at your organization who registered with Louisiana Blue as an administrative representative. It will not appear for other iLinkBlue users.

Click on the **Delegated Access** menu option and then on the **Manage Users** link to open the application.

🏠	**Coverage** ▾	**Claims** ▾	**Payments** ▾	**Authorizations** ▾	**Quality & Treatment** ▾	**Resources** ▾	**Delegated Access** ▾

Delegated Access

Manage Users

Tips to Know

Need to designate an administrative representative?

Once a provider has selected the appropriate employee(s) for the administrative representative role, complete the Administrative Representative Registration Packet. The packet is available on our website at **www.lablue.com/providers**. Email the completed packet to **PIMteam@lablue.com**.

Note: Report each provider Tax ID:NPI combination the administrative representative is responsible for delegating user access. Facility or provider group administrative representatives should include the facility or group level Tax ID and corresponding NPI. Only if not part of a group or facility, report the provider's individual Tax ID and NPI.

Delegated Access

Delegated Access Main Page Features

The application will open to the Delegated Access main page. It displays the following information and features:

1. Your name – Click the **View My Account** link to see your administrative representative account information.

2. Location Filter – This list identifies the Tax ID:NPI combinations you are authorized to assign a user to. Click on the Tax ID:NPI combination name to display only the users assigned to that location. **Note:** If the you want to find a specific user, type their name into the Search feature in the top right corner.

3. Delegated Users – This list identifies the users from your organization whose security access you manage. To view or manage a user's access, click on the "**View Access**" button on that individual's user card. **Note:** Your list will include users who were setup by a different administrative representative if you both have access to those Tax ID:NPI combinations.

4. Create a new user – Click the "**Add a new user**" button to set up new user accounts.

ILINKBLUE

Delegated Access

1 SS **Simon Sais**
View My Account

Search
Search

2 Location Filter

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789

Demo Medical Facility
TaxID:12345678911   NPI:720123456789

Demo Medical Center
TaxID:12345678911   NPI:720123456789

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789

3 Delegated Users   **4** ⊕ Add a new user

Rita Book	Stanely Cupp
rita.book@hospital.com	stanely.cupp@hospital.com
View Access	View Access

Teri Dactyl	Art Decco
teri.dactyl@hospital.com	art.decco@hospital.com
View Access	View Access

Jane Doe	John Doe
jane.doe@hospital.com	john.doe@hospital.com
View Access	View Access

Stan Dupp	Dee End
stan.dupp@hospital.com	dee.end@hospital.com
View Access	View Access

Add a New User: User Details

After clicking the "**Add a new user**" button on the Delegated Access main page, the **User Details** screen will display. This is Step 1 of the new account setup process.

Complete the fields under "Enter User Details" with the user's data. All fields are required.

- **Email** – Enter the user's work email address. This will act as their username for logging into iLinkBlue. It must be a valid and unique email address. It cannot be a shared email address. If the email address is already registered to a user, you will not be able to create another user account.

- **Date of Birth** – Enter the user's full date of birth. Use the MM/DD/YYYY format.

- **First Name** – Enter the user's first name.

- **Last Name** – Enter the user's last name.

- **Phone Number** – Enter the user's most direct work phone number, including area code.

Once all user data is entered, click the "**Continue to Applications**" button.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 1 of 5
User Details

Enter the new user's information including their Email address (which will be their username they will use to login to the iLinkBlue application), Date of Birth, First Name, Last Name, and Phone Number.

NOTE: If the email address is not registered to any other user, you will be able to continue creating the new user account. If the email address is already registered to another user, you will be notified/alerted and will not be able to create a new user account with that email address.

ENTER USER DETAILS

Email *

Email

First Name *

First Name

Phone Number *

Phone Number

Date of Birth *

mm/dd/yy

Last Name *

Last Name

Cancel

Continue to Applications →

Delegated Access

Add a New User: Applications

The Applications screen will display as Step 2 of the new account setup process. Use this screen to assign appropriate application(s) to the user.

The page includes a description of the applications you can grant the user access to. Grant the appropriate application access to a user based on their job duties. Only grant the minimum necessary access to applications for that employee to fulfill their job responsibilities.

Add a New User

Details	**Applications**	**Associations**	**Providers**	**Review**
1	2	3	4	5

Step 2 of 5

Applications

Select the appropriate application(s) the user will be authorized to access and the applicable role(s) to assign to the user for the iLinkBlue application and the BCBSLA Authorizations application (if selected).

NOTE: By default, the iLinkBlue application and "iLB Research Only" role will be granted to all new users to allow access to the normal iLinkBlue functions. To grant the user access to the claims feature in iLinkBlue, select the "iLB Research Claims/Entry" role instead.

iLinkBlue
This application is a secure online provider resource for eligibility and coverage verification, claims filing and review, payment queries and transactions, medical policies and more. For complete instructions, view the iLinkBlue user guide available under the Resources menu option of iLinkBlue.

BCBSLA Authorizations
This application allows access to submit and research authorizations as well as upload clinical information for BCBSLA members. For compete instructions, view the user guides available under the Resources menu option of iLinkBlue.

Behavioral Health Authorizations
This application allows access to WebPass, a Web-based portal offered by Lucet. Behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically.

Out of Area (Pre-Service Review - EPA)
This application allows Louisiana Blue providers access to pre-service information offered by other Blue Plans for out of area members. The application uses the BlueCard member's prefix (the first three characters of the member ID) to route you to the member's Blue Plan. Each Plan uses its landing page to communicate its pre-service capabilities, processes and requirements.

APPLICATION SELECTION

Select the Application(s) and Role(s) to assign to the user.

iLinkBlue ☑

iLB Research Only
Allows an iLinkBlue user to access coverage information for local and out of state members.

iLB Research Claims/Entry
Allows an iLinkBlue user to access coverage information for local and out of state members and access to all of the claims feature.

BCBSLA Authorizations ☐

Behavioral Health Authorizations ☐

Out of Area (Pre-Service Review - EPA) ☐

← Back   Cancel   Continue to Associations →

Delegated Access

Add a New User: Applications (cont.)

Select the application(s) the user can access by marking the corresponding checkbox.

A dropdown will open on the iLinkBlue application to offer role assignment options. The role assignments include descriptions of the functions you can authorize the user to complete in iLinkBlue.

iLinkBlue Roles
By default, the iLinkBlue application and "iLB Research Only" role is granted to all new users. This allows the user access to the normal iLinkBlue functions, such as research a member's coverage information.

To also grant the user access to the claims features in iLinkBlue, select the "iLB Research Claims/Entry" role instead.

Once all application and role selections are made, click the "**Continue to Associations**" button.

APPLICATION SELECTION

Select the Application(s) and Role(s) to assign to the user.

iLinkBlue ☑

iLB Research Only
Allows an iLinkBlue user to access coverage information for local and out of state members.

iLB Research Claims/Entry
Allows an iLinkBlue user to access coverage information for local and out of state members and access to all of the claims feature.

BCBSLA Authorizations ☐

Behavioral Health Authorizations ☐

Out of Area (Pre-Service Review - EPA) ☐

← Back   Cancel   Continue to Associations →

Add a New User: Associations

The Associations screen will display as Step 3 of the new account setup process. Use this screen to assign location Tax ID:NPI combinations to a user. Only assign the minimum necessary Tax ID:NPI combinations needed for that employee to fulfill their job responsibilities.

Select the Tax ID:NPI associations to assign the user by marking the checkbox by that location. At least one Tax ID:NPI combination must be assigned to a user. The "Select All Locations" option allows you to assign all listed Tax ID:NPI combinations to the user.

Once you complete assigning Tax ID:NPI combinations to the user, click the "Continue to Providers" button.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 3 of 5

Associations

Select at least 1 Tax ID:NPI combination(s) to assign to the user to provide access for that location within iLinkBlue.

NOTE: You are only allowed to assign or remove a Tax ID:NPI combination to a user for your authorized locations.

ASSOCIATIONS SELECTION   Select All Locations ☐

Select at least one Tax ID:NPI combination to assign to the user. *

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789   ☐

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789   ☐

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789   ☐

Demo Medical Facility
TaxID:12345678911   NPI:720123456789   ☐

Demo Medical Center
TaxID:12345678911   NPI:720123456789   ☐

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789   ☐

← Back   Cancel   Continue to Providers →

Tips to Know

What if I don't see a Tax ID:NPI combination I need to assign?

The Associations screen includes all the location Tax ID:NPI combinations you are authorized to assign a user to. If you do not see a Tax ID:NPI combination that you need to assign, contact our PIM Team for assistance. **Note:** There may also be another administrative representative at your organization who manages access to those other Tax ID:NPI combinations within your organization.

Add a New User: Providers

The Providers screen will display as Step 4 of the new account setup process. If you granted the user access to the BCBSLA Authorizations application in Step 2 Applications, use this screen to assign provider IDs to the user. The listed providers will also be based on the Tax ID:NPI combinations selected in Step 3 Associations.

You may authorize access for any or all providers listed. Only assign the minimum necessary providers for the employee to fulfill their job responsibilities. **Note:** It is not required to assign a provider to the user to continue creating the new user account.

Select the individual providers to assign to the user by marking the associated checkboxes. Once you complete assigning providers to the user, click the "Continue to Review" button.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 4 of 5

Providers

If the user has been granted access to BCBSLA Authorizations, you may select a provider(s) for each of your authorized Tax ID:NPI location(s) to allow the user to view and submit authorizations through the BCBSLA Authorizations application.

NOTE: You will only see a list of providers available for your Tax ID:NPI location(s) assigned to the user.

PROVIDER SELECTION

Select the Tax ID:NPI combination(s) for each provider you wish to grant BCBSLA authorization access to.
*By selecting the physician group, you are granting this user permission to view and submit authorizations for all providers that currently belong to this physician group, as well as any future providers added to this physician group.

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Provider	NPI	
Dee Allysis	NPI:720123456789	☐
Maureen Biologist	NPI:720123456789	☐
Rose Bush	NPI:720123456789	☐
Ryan Cure	NPI:720123456789	☐
Neil Down	NPI:720123456789	☐
Stan Dupp	NPI:720123456789	☐
Reeve Ewer	NPI:720123456789	☐

Demo Medical Center
TaxID:12345678911   NPI:7201234567

Provider	NPI	
Barry Cuda	NPI:720123456789	☐
Eileen Dover	NPI:720123456789	☐
Gene Therapee	NPI:720123456789	☐

← Back   Cancel   Continue to Review →

Add a New User: Providers (cont.)

Some organizations have large provider groups associated with a Tax ID:NPI combination. They display in this step by the provider group name.

Click the ellipsis by Options on a provider group name to open a menu with the following:

1. Select this group – Choose this option to assign all current and future providers in this group to the user. With this option, the user will automatically be assigned any new providers that join the group in the future. If you choose this option, that provider group will become marked in green to denote it was selected.

2. Select individual providers in this group – Choose this option to select individual providers from a listing of providers in that group. If you choose this option, a list of providers will display. Select individual providers to assign to the user by marking the associated checkboxes. **Note**: This option should be used if you do not want to assign the entire group to a user. If you use this option, any future providers that join the group will need to be added to the user manually.

3. Deselect – Choose this option to unassign the group to the user and close the menu.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 4 of 5

Providers

If the user has been granted access to BCBSLA Authorizations, you may select a provider(s) for each of your authorized Tax ID:NPI location(s) to allow the user to view and submit authorizations through the BCBSLA Authorizations application.

NOTE: You will only see a list of providers available for your Tax ID:NPI location(s) assigned to the user.

PROVIDER SELECTION

Select the Tax ID:NPI combination(s) for each provider you wish to grant BCBSLA authorization access to.
*By selecting the physician group, you are granting this user permission to view and submit authorizations for all providers that currently belong to this physician group, as well as any future providers added to this physician group.

Demo Medical Facility
TaxID:12345678911   NPI:720123456789

Demo EMS Physicians
NPI:720123456789   Options ···

Demo Pediatrics Group
NPI:720123456789   Options ···

Demo Physician Oncology Group
NPI:720123456789   Options ···

Demo Radiology Consultants
NPI:720123456789   Options ···

1. Select this group
   Recommended - Selects all current and future providers

2. Select individual providers in this group

3. Deselect

← Back   Cancel   Continue to Review →

Add a New User: Providers (cont.)

Instead of a provider ID list, you will receive the below message in Step 4 Providers if you did not assign BCBSLA Authorizations to the user in Step 2 Applications.

In order for a list of providers to display in this step, the message directs you to assign the user access to the BCBSLA Authorizations application. Use the "Back" button to return to Step 2 to assign BCBSLA Authorizations, if the user needs that access.

If the user does not need to submit authorizations through BCBSLA Authorizations, you can click the "Continue to the Review" button.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 4 of 5

Providers

If the user has been granted access to BCBSLA Authorizations, you may select a provider(s) for each of your authorized Tax ID:NPI location(s) to allow the user to view and submit authorizations through the BCBSLA Authorizations application.

NOTE: You will only see a list of providers available for your Tax ID:NPI location(s) assigned to the user.

PROVIDER SELECTION

You must grant this user BCBSLA Authorization Portal access on the Applications step before proceeding with adding providers on the Providers step.

← Back   Cancel   Continue to Review →

Add a New User: Review

The Review screen will display as Step 5 of the new account setup process. The screen displays the information you entered for the user at each step.

- Use the Back button to return to a previous step to change any selection or correct information. You will not have to reenter information if you return to a previous step.

- If everything is correct, click the "Create New User" button.

Add a New User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 5 of 5

Review

Check to make sure all information entered and selected for the user is correct. If any information is incorrect or missing, click the Back option to go back to the step where the change is needed.

NOTE: After you submit the new user, they will receive an email to let them know a new iLinkBlue account has been created for them.

USER DETAILS

First Name:	Jane
Last Name:	Doe
Email:	jane.doe@hospital.com
Date of Birth:	3/11/1990
Phone Number:	225-123-4567

APPLICATIONS

- ✓ **iLinkBlue:** iLB Research Only
- ✓ **BCBSLA Authorizations**
- ❗ **Behavioral Health Authorizations**
- ❗ **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS

Demo Hand Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

PROVIDERS

7 providers selected.

[← Back] [Cancel] [Create New User]

Add a New User: Success

You will return to the Delegated Access main page.

1. A "Success" message will appear above your delegated users list. The added user's name will display in the confirmation message.

2. A new user card will also display in your Delegated Users list for that individual.

The iLinkBlue system will send an email to the user informing them their new account was created. Remind your users to check their spam or junk folders for this email.

Delegated Access

Edit an Existing User

To manage an existing user's access, click the "View Access" button on their user card from the Delegated Access main page. The Account Information screen will open. The page displays the following information for that user:

1. **User Details** – Lists the user's demographic information.

2. **Application Access** – Identifies the applications the user is currently authorized to access. Green check marks indicate they are authorized to access an application. Red exclamation marks indicate they not assigned access.

3. **Associations Access** – Lists location Tax ID:NPI combinations the user is currently associated with. Only the Tax ID:NPI combinations the administrative representative manages will display.

4. **Provider Access** – Identifies the total number of providers currently assigned to the user. Only the providers associated with Tax ID:NPI combinations the administrative representative manages are counted.

Click the "Edit User" button to begin making changes to this information.

ILINKBLUE

Delegated Access

SS   **Simon Sais**
View My Account

Search
Search

Account Information

① USER DETAILS

First Name:	Teri
Last Name:	Dactyl
Email:	teri.dactyl@hospital.com
Date of Birth:	4/22/1989
Phone Number:	225-123-4567

② APPLICATION ACCESS

✓ **iLinkBlue:** iLB Research Only
❗ **BCBSLA Authorizations**
❗ **Behavioral Health Authorizations**
❗ **Out of Area (Pre-Service Review - EPA)**

③ ASSOCIATIONS ACCESS

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Demo Medical Center
TaxID:12345678911   NPI:7201234567

④ PROVIDER ACCESS

87 providers assigned.

Cancel   Remove Access   Edit User

Edit an Existing User: User Details

The User Details screen will display as Step 1 of the edit user process. The "Enter Users Details" fields will prepopulate with the user's existing data.

- **Email** – The user's email address acts as their username for logging into iLinkBlue. For security purposes, it cannot be updated. If a user's email address changes, you must deactivate the existing account for the user. Then set up a new account using the new email address.

- **Date of Birth** – The user's date of birth in the MM/DD/YYYY format. For security purposes, it cannot be updated. If the date of birth is incorrect, you must deactivate the existing account for the user. Then set up a new account using the correct date of birth.

- **First Name** – The user's first name.

- **Last Name** – The user's last name.

- **Phone Number** – The user's direct work phone number.

Once all user data is entered, click the "**Continue to Applications**" button.

Edit User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 1 of 5

User Details

Update the user's information including their First Name, Last Name, and Phone Number.

NOTE: The user's email address and date of birth cannot be updated. If their email address or date of birth are incorrect, their account will need to be deactivated and a new account will need to be created.

ENTER USER DETAILS

Email *
teri.dactyl@hospital.com

Date of Birth *
4/22/1989

First Name *
Teri

Last Name *
Dactyl

Phone Number *
225-123-4567

Cancel   Continue to Applications →

Edit an Existing User: Applications

The Applications screen will display as Step 2 of the edit user account process. The applications the user is currently granted access to will be checked. The toggle for their assigned role(s) will be set to the on position.

Uncheck or toggle off any application or role access that needs to be removed. Check or toggle on any application or role access that needs to be added. **Note:** The iLinkBlue application cannot be deselected. Only the role can be changed. If you need to remove iLinkBlue access from a user, you will need to deactivate their account.

Once all needed application changes are made, click the "Continue to Associations" button.

Edit User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 2 of 5

Applications

Select the appropriate application(s) the user will be authorized to access and the applicable role(s) to assign to the user for the iLinkBlue application and the BCBSLA Authorizations application (if selected).

NOTE: By default, the iLinkBlue application and "iLB Research Only" role will be granted to all new users to allow access to the normal iLinkBlue functions. To grant the user access to the claims feature in iLinkBlue, select the "iLB Research Claims/Entry" role instead.

iLinkBlue

This application is a secure online provider resource for eligibility and coverage verification, claims filing and review, payment queries and transactions, medical policies and more. For complete instructions, view the iLinkBlue user guide available under the Resources menu option of iLinkBlue.

BCBSLA Authorizations

This application allows access to submit and research authorizations as well as upload clinical information for BCBSLA members. For compete instructions, view the user guides available under the Resources menu option of iLinkBlue.

Behavioral Health Authorizations

This application allows access to WebPass, a Web-based portal offered by Lucet. Behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically.

Out of Area (Pre-Service Review - EPA)

This application allows Louisiana Blue providers access to pre-service information offered by other Blue Plans for out of area members. The application uses the BlueCard member's prefix (the first three characters of the member ID) to route you to the member's Blue Plan. Each Plan uses its landing page to communicate its pre-service capabilities, processes and requirements.

APPLICATION SELECTION

Select the Application(s) and Role(s) to assign to the user.

iLinkBlue   ☑

iLB Research Only   (toggle on)
Allows an iLinkBlue user to access coverage information for local and out of state members.

iLB Research Claims/Entry   (toggle off)
Allows an iLinkBlue user to access coverage information for local and out of state members and access to all of the claims feature.

BCBSLA Authorizations   ☐

Behavioral Health Authorizations   ☐

Out of Area (Pre-Service Review - EPA)   ☐

← Back   Cancel   Continue to Associations →

Edit an Existing User: Associations

The Associations screen will display as Step 3 of the edit user account process. The Tax ID:NPI combinations the user is currently associated with will be checked.

Uncheck any Tax ID:NPI combinations that need to be removed from the user. Check any Tax ID:NPI combinations that need to be assigned to the user. The "Select All Location" option allows you to assign all listed Tax ID:NPI combinations to the user.

The Associations screen includes all the location Tax ID:NPI combinations you are authorized to assign a user to. If you do not see a Tax ID:NPI combination that you need to assign, contact our PIM Team for assistance. **Note:** There may also be another administrative representative at your organization who manages access to those other Tax ID:NPI combinations within your organization.

Once all needed Tax ID:NPI combination changes are made, click the "Continue to Providers" button.

Edit User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 3 of 5

Associations

Select the Tax ID:NPI combination(s) to assign to the user to provide access for that location within iLinkBlue.

NOTE: You are only allowed to assign or remove a Tax ID:NPI combination to a user for your authorized locations.

ASSOCIATIONS SELECTION

Select All Locations ☐

Select the **Tax ID:NPI** combination(s) to assign to the user.

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789 ☐

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789 ☑

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789 ☐

Demo Medical Facility
TaxID:12345678911   NPI:720123456789 ☐

Demo Medical Center
TaxID:12345678911   NPI:720123456789 ☑

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789 ☐

← Back   Cancel   Continue to Providers →

Delegated Access

Edit an Existing User: Providers

The Providers screen will display as Step 4 of the edit user account process. If you granted the user access to the BCBSLA Authorizations application in Step 2 Applications, use this screen to assign provider IDs to the user. The listed providers will also be based on the Tax ID:NPI combinations selected in Step 3 Associations.

The providers the user is currently associated with will be checked. Uncheck any who need to be removed. Check any who need to be assigned. You may authorize access for any or all providers listed. Only assign the minimum necessary providers for the employee to fulfill their job responsibilities.

Once all needed changes are made, click the "Continue to Review" button.

Edit User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 4 of 5

Providers

If the user has been granted access to BCBSLA Authorizations, you may select a provider(s) for each of your authorized Tax ID:NPI location(s) to allow the user to view and submit authorizations through the BCBSLA Authorizations application.

NOTE: You will only see a list of providers available for your Tax ID:NPI location(s) assigned to the user.

PROVIDER SELECTION

Select the Tax ID:NPI combination(s) for each provider you wish to grant BCBSLA authorization access to.
*By selecting the physician group, you are granting this user permission to view and submit authorizations for all providers that currently belong to this physician group, as well as any future providers added to this physician group.

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Provider	NPI	
Dee Allysis	NPI:720123456789	☐
Maureen Biologist	NPI:720123456789	☑
Rose Bush	NPI:720123456789	☐
Ryan Cure	NPI:720123456789	☑
Neil Down	NPI:720123456789	☑
Stan Dupp	NPI:720123456789	☐
Reeve Ewer	NPI:720123456789	☐

Demo Medical Center
TaxID:12345678911   NPI:7201234567

Provider	NPI	
Barry Cuda	NPI:720123456789	☐
Eileen Dover	NPI:720123456789	☑
Gene Therapee	NPI:720123456789	☐

← Back   Cancel   Continue to Review →

Edit an Existing User: Providers (cont.)

Some organizations have large provider groups associated with a Tax ID:NPI combination. They display in this step by the provider group name.

Click the ellipsis by **Options** on a provider group name to open a menu with the following:

1. Select this group – Choose this option to assign all current and future providers in this group to the user. With this option, the user will automatically be assigned any new providers that join the group in the future. If you choose this option, that provider group will become marked in green to denote it was selected.

2. Select individual providers in this group – Choose this option to select individual providers from a listing of providers in that group. If you choose this option, a list of providers will display. Select individual providers to assign to the user by marking the associated checkboxes. **Note**: This option should be used if you do not want to assign the entire group to a user. If you use this option, any future providers that join the group will need to be added to the user manually.

3. Deselect – Choose this option to unassign the group to the user and close the menu.

Edit an Existing User: Providers (cont.)

Instead of a provider ID list, you will receive the below message in Step 4 Providers if you removed or did not assign this user:

- Access to the BCBSLA Authorizations application in Step 2 Applications.

- At least one Tax ID:NPI location combination in Step 3 Associations.

The message will give instruction on granting access in the Applications and/or Associations steps for the user to be assigned providers in this step. Use the "Back" button to return to previous steps, if the user needs that access.

If the user does not need to submit authorizations through BCBSLA Authorizations, you can click the "Continue to Review" button.

Edit User

Details — Applications — Associations — Providers — Review
1 — 2 — 3 — 4 — 5

Step 4 of 5

Providers

If the user has been granted access to BCBSLA Authorizations and at least 1 Tax ID:NPI location, you may select a provider(s) for each of your authorized Tax ID:NPI location(s) to allow the user to view and submit authorizations through the BCBSLA Authorizations application.

NOTE: You will only see a list of providers available for your Tax ID:NPI location(s) assigned to the user.

PROVIDER SELECTION

You must grant this user BCBSLA Authorization Portal access on the Applications tab and associate this user with a Tax ID:NPI location on the Associations tab before proceeding with adding providers on the Providers tab.

← Back   Cancel   Continue to Review →

Edit an Existing User: Review

The Review screen will display as Step 5 of the edit user account process. The screen previews the information for the user entered at each step. It will not display a comparison of what you changed.

- Use the Back button to return to a previous step to change any selection or update information. You will not have to reenter information if you return to a previous step.

- If all edits are correct, click the "Submit Edits" button to update this user's account.

Edit User

Details	Applications	Associations	Providers	Review
1	2	3	4	5

Step 5 of 5

Review

Check to make sure all information entered and selected for the user is correct. If any information is incorrect or missing, click the Back option to go back to the step where the change is needed.

NOTE: The system will not notify the user that their account has been updated. You will need to let the user know when any changes are made to their account.

USER DETAILS

First Name:	Teri
Last Name:	Dactyl
Email:	teri.dactyl@hospital.com
Date of Birth:	4/22/1989
Phone Number:	225-123-4567

APPLICATIONS

- ✅ **iLinkBlue:** iLB Research Only
- ✅ **BCBSLA Authorizations**
- ❗ **Behavioral Health Authorizations**
- ❗ **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS

Demo Hand Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

PROVIDERS

87 providers selected.

← Back   Cancel   **Submit Edits**

Edit an Existing User: Success

You will return to the Delegated Access main page. A "Success" message will appear above your delegated users list. The updated user's name will display in the confirmation message.

Note: When you edit a user's access, iLinkBlue will not send an email to the user. You will need to communicate any changes you made to that user.

ILINKBLUE
Delegated Access

SS Simon Sais
View My Account

Search
Search

Location Filter

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789

Demo Medical Facility
TaxID:12345678911   NPI:720123456789

Demo Medical Center
TaxID:12345678911   NPI:720123456789

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789

Delegated Users

⊕ Add a new user

✓ You have successfully edited Teri Dactyl.   ✕

Rita Book
rita.book@hospital.com

View Access

Stanely Cupp
stanely.cupp@hospital.com

View Access

Teri Dactyl
teri.dactyl@hospital.com

View Access

Art Decco
art.decco@hospital.com

View Access

Jane Doe
jane.doe@hospital.com

View Access

John Doe
john.doe@hospital.com

View Access

Stan Dupp
stan.dupp@hospital.com

View Access

Dee End
dee.end@hospital.com

View Access

Delegated Access

Deactivating a User

You should deactivate a user's access when that employee terminates employment or no longer requires iLinkBlue access to perform job duties. To start the process of deactivating a user, click the "**View Access**" button on their user card from the Delegated Access main page. The **Account Information** screen will open for the selected user. Click the "**Remove Access**" button to deactivate all the user's access to the Tax ID:NPI combinations you manage.

ILINKBLUE

Delegated Access

SS Simon Sais
View My Account

Search

Account Information

USER DETAILS

First Name:	Teri
Last Name:	Dactyl
Email:	teri.dactyl@hospital.com
Date of Birth:	4/22/1989
Phone Number:	225-123-4567

APPLICATION ACCESS

- ✅ **iLinkBlue:** iLB Research Only
- ❗ **BCBSLA Authorizations**
- ❗ **Behavioral Health Authorizations**
- ❗ **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS ACCESS

Demo Hand Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

PROVIDER ACCESS

87 providers assigned.

Cancel   Remove Access   Edit User

Tips to Know

What if I need to remove the access from an administrative representative?

You cannot remove the access from an administrative representative in Delegated Access. If the user is an administrative representative, the **Remove Access** button will not display on this screen. If their access needs to be removed, contact the PIM Team for assistance.

Deactivating a User: Confirming the Deactivation

You will receive a message asking you to confirm the deactivation.

The below message displays if the user's access is only linked to Tax ID: NPI combinations you manage. Click "**Yes**" to deactivate the user's account.

The user will no longer be able to log into iLinkBlue. You would need to create a new account for the user to access iLinkBlue again in the future.

Remove Access ✕

Are you sure you want to remove Allie Grater's access to the iLinkBlue application? Note: User accounts can not be reactivated. A new account must be created to provide Allie Grater access to iLinkBlue again.

       [No] [Yes]

The below message displays if the user is also linked to Tax ID:NPI combinations you do not manage. In these cases, another administrative representative at your organization manages access to those Tax ID:NPI combinations. Click "**Yes**" to only remove the user's access to iLinkBlue for the combinations that you manage.

They will still be able to log into iLinkBlue for any other Tax ID:NPI combinations managed by another administrative representative. If their access needs to be completely removed, you will need to coordinate the deactivation with the other administrative representative.

Remove Access ✕

Are you sure you want to remove all access to your Tax ID(s):NPI(s) location(s) from Allie Grater? Note: This user's account will remain active within iLinkBlue.

       [No] [Yes]

Deactivating a User: Successful Deactivation

You will return to the Delegated Access main page. A successfully deactivated message will appear above your user list. The deactivated user's name will display in the confirmation message. The user will no longer display in your Delegated Users list.

Delegated Access

SS **Simon Sais**
View My Account

Search

Search

Location Filter

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789

Demo Medical Facility
TaxID:12345678911   NPI:720123456789

Demo Medical Center
TaxID:12345678911   NPI:720123456789

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789

Delegated Users

⊕ Add a new user

✓ You have successfully deactivated Allie Grater.   ✕

Rita Book
rita.book@hospital.com

View Access

Stanely Cupp
stanely.cupp@hospital.com

View Access

Teri Dactyl
teri.dactyl@hospital.com

View Access

Art Decco
art.decco@hospital.com

View Access

Jane Doe
jane.doe@hospital.com

View Access

John Doe
john.doe@hospital.com

View Access

Tips to Know

What if the user was linked to a Tax ID:NPI combination I do not manage?

If the user is also linked to Tax ID:NPI combinations you do not manage, a successfully edited message will appear on this screen instead of the deactivated message. The user will also no longer display in your Delegated Users list.

✓ You have successfully edited Allie Grater.   ✕

The user will still be able to log into iLinkBlue for any other Tax ID:NPI combinations managed by another administrative representative. If the user's access needs to be completely removed, you will need to coordinate the deactivation with the other administrative representative.

Delegated Access

Viewing Your Own Account Information

To view your administrative representative account information, click the "**View My Account**" link under your name. This link appears under your name on every screen in Delegated Access.

ILINKBLUE

Delegated Access

SS **Simon Sais**
View My Account

Search

Search

Location Filter

Demo Rehabilitation Hospital
TaxID:12345678911   NPI:720123456789

Demo Hand Clinic
TaxID:12345678911   NPI:720123456789

Demo General Surgery Hospital
TaxID:12345678911   NPI:720123456789

Demo Medical Facility
TaxID:12345678911   NPI:720123456789

Demo Medical Center
TaxID:12345678911   NPI:720123456789

Demo Regional Hospital
TaxID:12345678911   NPI:720123456789

Delegated Users

⊕ Add a new user

Rita Book
rita.book@hospital.com

View Access

Stanely Cupp
stanely.cupp@hospital.com

View Access

Teri Dactyl
teri.dactyl@hospital.com

View Access

Art Decco
art.decco@hospital.com

View Access

Jane Doe
jane.doe@hospital.com

View Access

John Doe
john.doe@hospital.com

View Access

Stan Dupp
stan.dupp@hospital.com

View Access

Dee End
dee.end@hospital.com

View Access

Delegated Access

My Administrative Representative Account Information

The Account Information page will display with your administrative representative account details. You cannot modify this information in Delegated Access. Please contact our PIM Team to manage changes to your information.

ILINKBLUE

Delegated Access

SS Simon Sais
View My Account

Search

`Search`

Account Information

Please contact PIM team at PIMTeam@bcbsla.com or 1-800-716-2299, option 5 to request any changes to your account information. Please note changes made to your account information will not update your multi-factor authentication (MFA) settings. You must update your MFA credentials in the multi-factor authentication tool.

USER DETAILS

First Name:	Simon
Last Name:	Sais
Email:	simon.sais@hospital.com
Date of Birth:	5/14/1985
Phone Number:	225-123-4567

APPLICATION ACCESS

✅ **iLinkBlue:** iLB Research Only
✅ **BCBSLA Authorizations**
❗ **Behavioral Health Authorizations**
❗ **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS ACCESS

Demo Hand Clinic
TaxID:12345678911   NPI:7201234567

Demo Medical Facility
TaxID:12345678911   NPI:7201234567

Demo Medical Center
TaxID:12345678911   NPI:7201234567

Demo Regional Hospital
TaxID:12345678911   NPI:7201234567

PROVIDERS ACCESS

As the Administrative Representative, you have access to all current and future providers that are associated to your Tax ID: NPI location(s).

Cancel

Delegated Access

Troubleshooting Tips for Administrative Representatives

Delegated Access includes easy ways to solve issues on your own. Below are solutions to common scenarios an administrative representative may encounter with Delegated Access.

Scenario No. 1: My administrative representative iLinkBlue account is locked after entering the wrong password.

This can happen after three successive incorrect password entries on the iLinkBlue login screen. The administrative representative will need to reset their password when this occurs. Simply follow the iLinkBlue password reset steps below to unlock your account.

Scenario No. 2: My administrative representative iLinkBlue account is active, but my password is expired.

iLinkBlue passwords expire every 180 days. Administrative representatives can reset their own password if it has expired. Follow the iLinkBlue password reset steps below.

Scenario No. 3: My administrative representative iLinkBlue account is locked due to inactivity.

Delegated Access is available in iLinkBlue only. As an administrative representative, it is important to periodically log into iLinkBlue to keep your account active.

iLinkBlue locks your administrative representative account upon 180 days of inactivity. Once locked due to inactivity, administrative representatives will need to contact the PIM Team at **PIMteam@lablue.com** or 1-800-716-2299, option 5 to reactivate the account.

Note: iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your account, the administrative representative will need to contact our PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet (available on our website at **www.lablue.com/providers**).

Scenario No. 4: One of my user's iLinkBlue accounts is locked due to inactivity.

iLinkBlue also locks the accounts of the iLinkBlue users that you manage upon 180 days of inactivity. Once locked due to inactivity, the administrative representatives will need to deactivate the existing account for that user through the Delegated Access application. Then create the user a new account through Delegated Access.

Tips to Know

How do I reset my iLinkBlue account password?

1. On the iLinkBlue login screen, click on "**Forgot/Reset Password**."
2. Enter your Username.
3. Click on "**Send Request**."
4. The system will send you an email to reset your password. If the email does not appear in your inbox, please check your email junk and spam folders.
5. Click on the link in the email. Follow the prompts to set up a new password.

SUMMARY OF CHANGES

Below is a summary of changes to the *iLinkBlue User Guide*. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

January 2025

What can iLinkBlue do for you?
- Updated laptop image of home screen.

Logging in to iLinkBlue
- Updated image of log in screen.

Navigating iLinkBlue
- Updated image of home page; added description for Refund letters alert feature.

Coverage
- Submit Eligibility Request (270) – Added list of service type codes and descriptions.
- View Eligibility Response (271) – Updated transmission description of 271 response.

Claims
- Updated Claims menu screen to add Refund Request Letters option
- Claims Research – Added instructions and screenshot images for refund request letters application.
- Blue Cross Claims Confirmation Reports – Updated example images of confirmation reports.
- Medical Records – Updated screenshot image of Document Upload feature; added department descriptions for Provider Disputes Non-Louisiana Members, ACA Risk Optimization, Health and Quality Management, and Population Health.

Authorizations
- Updated Authorizations menu screenshot image to add Authorization Guidelines submenu.
- Authorization Guidelines – Added section and introduction description; moved description for "Do I need an authorization?" application to this section; updated Louisiana Blue PPO sample ID card image.
- Authorizations BCBSLA Members – moved description for "Do I need an authorization?" application; added genetic testing and sleep study to program list of Carelon Authorizations.
- Authorizations Out of Area Members – moved description for "Do I need an authorization?" application.

Resources
- Manuals – Updated screenshot image of Manuals page options.

Educational Resources
- Added description for BCBSLA Authorizations User Guide; removed descriptions for BCBSLA Authorizations Professional User Guide and BCBSLA Authorizations Facility User Guide.

Delegated Access
- Add a New User: Applications – Updated screenshot image of Application selection; removed descriptions of Episode Only and Supervisor BCBSLA Authorization Roles.
- Add a New User Review – Updated screenshot image to remove role options from BCBSLA Authorizations.
- Edit an Existing User – Updated screenshot image of Account Information to remove role options from BCBSLA Authorizations.
- Edit User Review – Updated screenshot image to remove role options from BCBSLA Authorizations.
- Deactivating a User – Updated Account Information screenshot to remove role options from BCBSLA Authorizations.
- My Administrative Representative Account Information – Updated screenshot image to remove role options from BCBSLA Authorizations.