

iLinkBlue User Guide



2026

iLinkBlue User Guide

Blue Cross and Blue Shield of Louisiana (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.

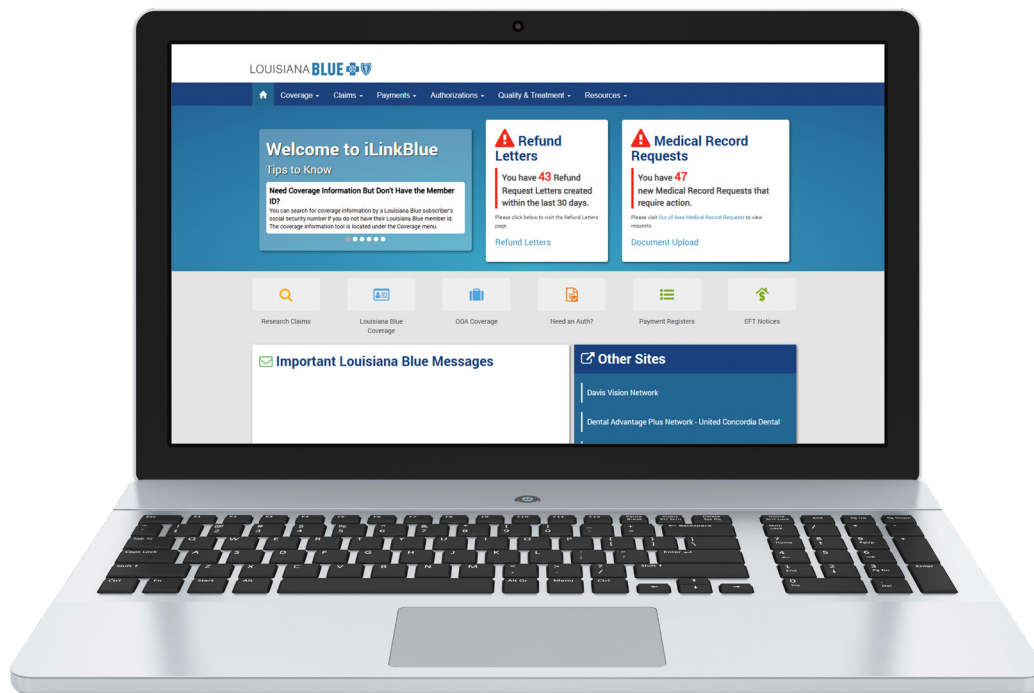
Please Note:

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.

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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
- Provider Network Rosters

How to sign up for iLinkBlue

iLinkBlue is available at no cost to healthcare providers. To enroll your organization with iLinkBlue, you must:

1. Designate at least one administrative representative at your organization (*more than one is recommended*). This will be the person at your organization who grants your staff individual user access to our secure online services.
2. Complete and return the iLinkBlue agreement packet. It is available online at www.lablue.com/providers >Electronic Services >iLinkBlue. The 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*)
 - Administrative Representative Registration Packet (*use this to report who at your organization has been designated as an administrative representative*)
3. If your organization is **not already enrolled** to receive Louisiana Blue payments via electronic funds transfer (EFT), submit an EFT Enrollment Form to the Provider Credentialing & Data Management Department. That form is available at www.lablue.com/providers >Resources >Forms.

Use the iLinkBlue agreement packet only for new iLinkBlue enrollments. If your organization already has access to iLinkBlue, there are other forms and methods available to make changes.

- **To add or update your organization's administrative representative**, complete the Administrative Representative Registration Packet. A standalone version of that packet is available at www.lablue.com/providers >Designate Your Rep
- **To obtain access to additional iLinkBlue applications or Tax ID/NPI combinations**, contact your organization's administrative representative. They are responsible for creating and managing user access.

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 and the Louisiana Blue Authorizations application. 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 our authorizations application. 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 and the Louisiana Blue Authorizations application.
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 govern their user access to the applications and features in iLinkBlue, including the Louisiana Blue Authorizations application. 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.

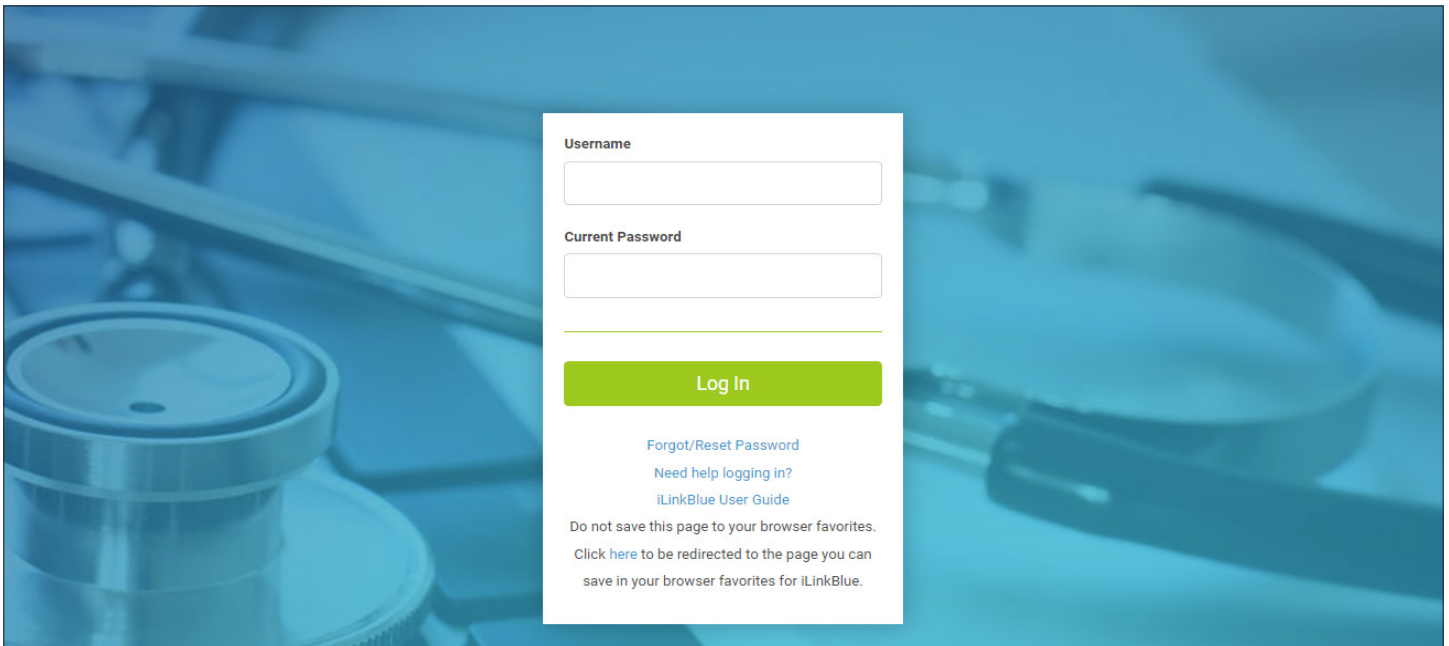
For example, an employee who submits authorization requests would require their iLinkBlue access to include the Louisiana Blue Authorizations application. However, if that same employee's job duties never involve billing, their iLinkBlue access should not allow them to file claims through the Louisiana Blue 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 set. 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 set your password. Click on the link in the email. Follow the prompts to set up a new password.

User passwords

Passwords must be eight characters 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 user 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

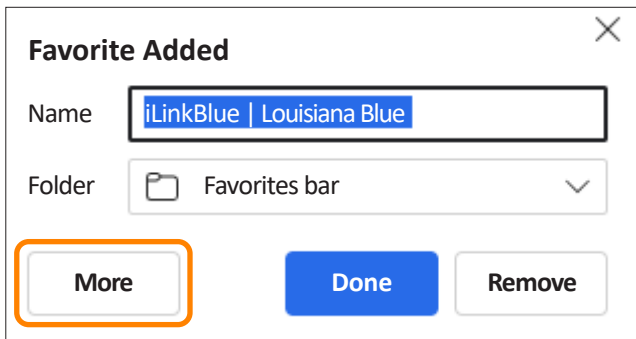
If you bookmark the iLinkBlue login page to your browser favorites for the first time, you must edit the URL before saving. You may experience access issues with future login attempts if you bookmark the login page without editing the URL. Please save the URL as "https://ilinkblue.lablue.com" when bookmarking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

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

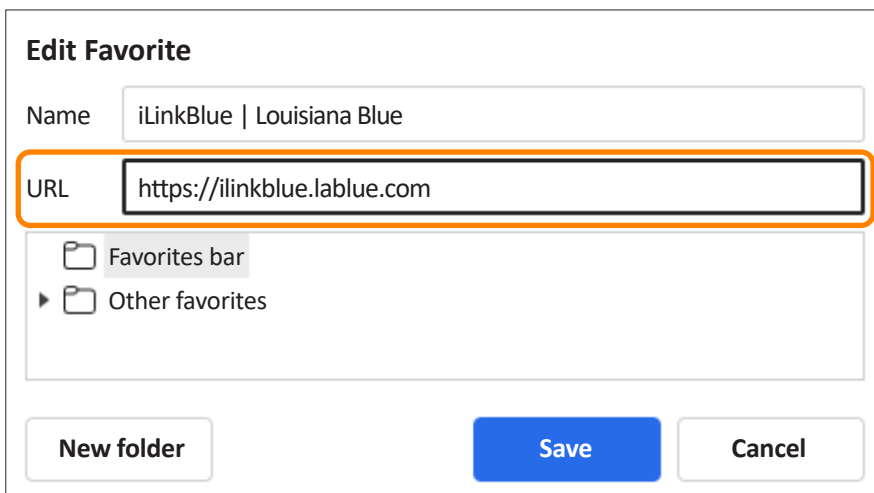
1. Open Microsoft Edge and access iLinkBlue at www.lablue.com/ilinkblue.
2. The "Login" screen will display. Click on the "Star" icon on the right of the address bar.



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



4. The "Edit Favorite" box will display. In the "URL" field, type "https://ilinkblue.lablue.com" and 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).

The screenshot shows the 'Authentication Method Selection' screen. The title is 'Authentication Method Selection' and the instruction is 'Select the option you want to configure for use during authentication:'. There are five selection cards arranged in two rows. The top row contains four cards: 'SMS/Texting' (labeled B), 'Voice' (labeled C), 'Email' (labeled A), and 'Secondary Email'. The bottom row contains one card: 'Mobile App' (labeled D). Each card has a radio button next to an icon representing the method. At the bottom, there are three buttons: 'Cancel', 'Reset', and 'Next'.

Tips to Know

Do you need more information on MFA registration?

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

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 homepage (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.

The screenshot shows the iLinkBlue homepage with several key elements: a top navigation bar with a home icon and six dropdown menus (Coverage, Claims, Payments, Authorizations, Quality & Treatment, Resources); a 'Welcome to iLinkBlue' section with a 'Need Coverage Information But Don't Have the Member ID?' alert; two prominent alert boxes: 'Refund Letters' (10 created in the last 30 days) and 'Medical Record Requests' (10 new requiring action); a 'Quick Links' row with six icons for Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices; an 'Important Louisiana Blue Messages' section with holiday and informational notices; and an 'Other Sites' section with links to Davis Vision Network, Dental Advantage Plus Network, and Blue adVantage. Orange arrows point from the text blocks to these specific features on the page.

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 **Louisiana Blue Members** and **BlueCard - Out of Area Members**.

The screenshot shows a navigation bar with a home icon and several menu items: Coverage (highlighted with an orange box), Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are two main menu items: 1. Louisiana Blue Members with a sub-link for Coverage Information, and 2. BlueCard - Out of Area Members with sub-links for Submit Eligibility Request (270) and View Eligibility Response (271).

1. Louisiana Blue Members

Use this section to view current coverage information for Louisiana Blue, Blue Advantage and Federal Employee Program (FEP) members. **Note:** To research coverage information for a BlueCard member (insured through a Blue Plan other than Louisiana Blue), use the [Submit Eligibility Request \(270\)](#) application described on Page 19 of this guide.

Coverage Information – Click on this link to access the Coverage Information search screen (shown below). You can search by entering a Louisiana Blue, Blue Advantage 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).

The screenshot shows the 'Coverage Information' search screen. It has a blue header with the title and a subtitle: 'Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.' Below the header, there are two main sections: 1. Select Search Criteria, which includes radio buttons for Louisiana Blue (selected), Blue adVantage, FEP, and Social Security Number; and 2. Enter Contract or Social Security Number, which includes a text input field with the placeholder 'Enter contract number...', a 'Search' button, and a note: 'Do not include prefix'. At the bottom, there is a note: 'For eligibility on an out of area member please return to the coverage menu and select "BlueCard Out of Area Member".'

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. **Note:** In most instances, searching by Social Security number is for commercial (non-Medicare) subscribers only.

1. Louisiana Blue 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 (i.e., active, pending, cancelled).

- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (i.e., 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.

Contract Number XUA123456789

ACTIVE COVERAGE

Group/Non-Group Policy	Group Name TEST GROUP	Group Number 123456789-0000	Group OED 02/01/2010	Minor Dep. Age Max 26
------------------------	--------------------------	--------------------------------	-------------------------	--------------------------

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2026	---

Jane Doe Subscriber
Active Coverage ▲

Address 123 STREET ST. CITY, LA 70000	Sex Female
	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	01/01/2026	---	02/01/2000	View ID Card	Summary Benefits	View COB

John Doe Spouse
Active Coverage ▲

Sex Male	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

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. Louisiana Blue Members (cont.)

Future Coverage of Blue Advantage Members

Future coverage information is available when searching for a Blue Advantage member. The results returned on a Blue Advantage coverage search will indicate when the member's coverage will become active. However, member ID cards will only display once the Blue Advantage contract becomes active upon the effective date.

Coverage Information

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

1 Select Search Criteria

- Louisiana Blue
- Blue adVantage
- FEP
- Social Security Number

2 Enter Contract or Social Security Number

Do not include prefix

For eligibility on an out of area member please return to the coverage menu and select "BlueCard Out of Area Member"

Contract Number MDV123456789

FUTURE ACTIVE COVERAGE

Group/Non-Group
Individual Policy

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber Only	01/01/2026	---

John Doe

Subscriber

Future Active Coverage ▲

Address	1234 SOMEPLACE DR ANYWHERE, LA 70123	Sex	Male
		Marriage Status	
		Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2026	---	01/01/2024		<input type="button" value="Summary"/> <input type="button" value="Benefits"/>	

1. Louisiana Blue Members (cont.)

APTC Grace Periods

The Affordable Care Act (ACA) allows eligible [HealthCare.gov](#) 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 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 member is within the second or third months of being delinquent on their premium payments.

Contract Number XUA123456789

ACTIVE PENDING PREMIUM PAYMENT

Group/Non-Group	Minor Dep. Age Max		
Individual Policy	26		

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber Only	01/01/2026	---

Grace Period Begin Date	Grace Period End Date	APTC Extended Grace Period Notice APTC Grace Period Guide
01/01/2026	03/31/2026	

Jane Doe	Subscriber	Active Coverage ▲
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Address	123 STREET ST. CITY, LA 70000	Sex	Female
Primary Care Physician	Teri Dactyl	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	01/01/2026	---	02/01/2024		Summary Benefits	NO COB Verified ?

The Active Pending Premium Payment status includes the beginning and ending dates of the member's grace period. It also has links to the following 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. Louisiana Blue 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 XUD123456789		Copays			
ACTIVE COVERAGE Medical Effective Date 01/01/2026			PAR ?	EPO ?	QBP ?
Subscriber Name	Jane Doe	Office Visit	\$20.00	---	\$20.00
Member Name	Jane Doe	Office Visit Specialist	\$60.00	---	---
Member Date of Birth	12/30/1900	Outpatient Surgical	---	---	---
Relation to Subscriber	Self	Emergency Room	---	---	---
Sex	Female	Inpatient Hospital (In-network)	---	---	---
Contract Type	Community Blue	Inpatient Hospital Maximum	---	---	---
View ID Card		Inpatient Hospital (Out-of-network)	---	---	---
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.		High-Tech Imaging	---	---	---
Under this contract, certain Providers who have contracted with HMO Louisiana, Inc. would normally be considered Participating Providers, but because they do not have Participating Provider status within the COMMUNITY BLUE Provider Network, Louisiana Blue treats them as Tier 3 Non-Preferred Providers. For a list of those providers, see the COMMUNITY BLUE Non-Par Facilities section under the Benefits Summary.		Outpatient XRay & Lab	---	---	---
		Outpatient Physical Therapy	\$40.00	---	---
		Outpatient Therapy	\$40.00	---	---
		Outpatient Speech Therapy	\$40.00	---	---
		Cardiac Rehab	\$40.00	---	---
		Vision Services	---	---	---
		Outpatient Professional	---	---	---
		*This is not an all-inclusive list. Due to the extensive range of benefit options available, please refer to the "Medical Benefits Detail" for a complete listing of services that may be subject to copays in addition to deductible and/or coinsurance. Some plan benefit options may apply out of pocket (deductible and/or coinsurance) amounts in addition to copay amount.			

Accumulations				Coinsurance ?		
	Tier 1 Community Blue Network ?	Tier 2 Out of Network Preferred ?	Tier 3 Out of Network Non-Preferred ?	Louisiana Blue Coverage		Member Responsibility
Individual				Tier 1 Community Blue Network	70%	30%
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00	Tier 2 Out of Network Preferred	60%	40%
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00	Tier 3 Out of Network Non-Preferred ?	50%	50%
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00	EPO Percentage	---	---
Out-of-Pocket Remaining	\$7,350.00	\$14,700.00	\$14,700.00	QBPC Percentage	---	---

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		Copays			
ACTIVE COVERAGE Medical Effective Date 01/01/2026			PAR ?	EPO ?	QBP ?
Subscriber Name	Peggy Public	Office Visit	\$15.00	---	---
Member Name	Peggy Public	Enhanced Tier 1 Office Visit	\$0.00	---	---
		Enhanced Tier 1 Office Visit Specialist	\$45.00	---	---
		Office Visit Specialist	\$60.00	---	---

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

1. Louisiana Blue 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
<p>For Precision Blue only: Applies to select providers in the Precision Blue network.</p>	<p>Applies to providers participating in the member’s specific select network.</p>	<p>Applies to providers participating in-network with Louisiana Blue but NOT in the member’s specific select network.</p>	<p>Applies to providers who do not participate in any Louisiana Blue network.</p>
<p>Example Scenario:</p> <ul style="list-style-type: none"> • 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. 	<p>Example Scenario:</p> <ul style="list-style-type: none"> • 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. 	<p>Example Scenario:</p> <ul style="list-style-type: none"> • 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. 	<p>Example Scenario:</p> <ul style="list-style-type: none"> • 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. Louisiana Blue 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.

Jane Doe Subscriber Active Coverage ▲

Address	123 STREET ST. CITY, LA 70000	Sex	Female
		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	01/01/2026	---	02/01/2000	View ID Card	Summary	Benefits
					View COB	

Medical Benefits Summary

Contract Number XUT123456789

ACTIVE COVERAGE
 Medical Effective Date 01/01/2026

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

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?

Louisiana Blue commercial members may download their digital ID cards via the MyLABLue digital platform powered by Epic's MyChart:

- To access through the MyLaBlue mobile app, members can log into their account, click the menu icon and choose the "ID Cards" option. Smartphone users can save the ID card image to their photos.
- To access online at <https://my.lablue.com>, members can log into their account, click the menu icon and choose the "ID Cards" option. The ID card image can be downloaded as PDFs and saved.

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). **Note:** To research coverage information for a Louisiana Blue, Blue Advantage or FEP member, use the [Coverage Information](#) application described on Page 12 of this guide.

[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 Gender 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:

- | | | | | |
|---|--|---|---|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |
|---|--|---|---|--|

2. BlueCard - Out of Area Members (cont.)


44 Home Health Visits	71 Audiology Exam	98 Professional (Physician) Visit - Office	AL Vision (Optometry)	BY Physician Visit – Office: Sick
45 Hospice	72 Inhalation Therapy		AM Frames	BZ Physician Visit – Office: Well
46 Respite Care	73 Diagnostic Medical	99 Professional (Physician) Visit - Inpatient	AN Routine Exam	CE MH Provider – Inpatient
47 Hospital	74 Private Duty Nursing	A0 Professional (Physician) Visit - Outpatient	AO Lenses	CF MH Provider – Outpatient
48 Hospital - Inpatient	75 Prosthetic Device	A1 Professional (Physician) Visit - Nursing Home	AQ Nonmedically Necessary Physical	CG MH Provider Facility – Inpatient
49 Hospital - Room and Board	76 Dialysis	A2 Professional (Physician) Visit - Skilled Nursing Facility	AR Experimental Drug Therapy	CH MH Provider Facility – Outpatient
50 Hospital - Outpatient	77 Otological Exam	A3 Professional (Physician) Visit - Home	BA Independent Medical Evaluation	CI Substance Abuse Facility – Inpatient
51 Hospital - Emergency Accident	78 Chemotherapy	A4 Psychiatric	BB Partial Hospitalization (Psychiatric)	CJ Substance Abuse Facility – Outpatient
52 Hospital - Emergency Medical	79 Allergy Testing	A5 Psychiatric - Room and Board	BC Day Care (Psychiatric)	CK Screening X-ray
53 Hospital - Ambulatory Surgical	80 Immunizations	A9 Rehabilitation	BD Cognitive Therapy	CL Screening Laboratory
54 Long Term Care	81 Routine Physical	AA Rehabilitation - Room and Board	BE Massage Therapy	CM Mammogram, HR Patient
55 Major Medical	82 Family Planning	AB Rehabilitation - Inpatient	BF Pulmonary Rehabilitation	CN Mammogram, LR Patient
56 Medically Related Transportation	83 Infertility	AC Rehabilitation - Outpatient	BG Cardiac Rehabilitation	CO Flu Vaccination
57 Air Transportation	84 Abortion	AD Occupational Therapy	BH Pediatric	DM Durable Medical Equipment
58 Cabulance	85 AIDS	AE Physical Medicine	BI Nursery	MH Mental Health
59 Licensed Ambulance	86 Emergency Services	AF Speech Therapy	BJ Skin	PT Physical Therapy
60 General Benefits	87 Cancer	AG Skilled Nursing Care	BK Orthopedic	UC Urgent Care
61 In-vitro Fertilization	88 Pharmacy	AH Skilled Nursing Care - Room and Board	BL Cardiac	
62 MRI/CAT Scan	89 Free Standing Prescription Drug	AI Substance Abuse	BM Lymphatic	
63 Donor Procedures	90 Mail Order Prescription Drug	AJ Alcoholism	BN Gastrointestinal	
64 Acupuncture	91 Brand Name Prescription Drug	AK Drug Addiction	BP Endocrine	
65 Newborn Care	92 Generic Prescription Drug		BQ Neurology	
66 Pathology	93 Podiatry		BR Eye	
67 Smoking Cessation	94 Podiatry - Office Visits		BS Invasive Procedures	
68 Well Baby Care	95 Podiatry - Nursing Home Visits		BT Gynecological	
69 Maternity	96 Professional (Physician)		BU Obstetrical	
70 Transplants	97 Anesthesiologist		BV Obstetrical/ Gynecological	

2. BlueCard - Out of Area Members (cont.)

[View Eligibility Response \(271\)](#) – Click 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
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2019	View Detail

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

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**.

The screenshot shows a navigation bar with the following items: Home, Coverage, **Claims** (highlighted with an orange box), Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are five sub-menu categories:

- 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**
 - Louisiana Blue Professional Claims Entry (1500)
 - Service Facility Location Information (1500)
 - Louisiana Blue Claims Confirmation Reports
- 4. Medical Code Editing**
 - Claims Edit System (Commercial Only)
- 5. Medical Records**
 - Out of Area Medical Record Requests
 - Document Upload

1. Claims Research

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

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

The screenshot shows the **Claims Status** search application interface. At the top, it says "To begin your search for claims status click on one of the tabs below." There are three tabs: **Paid/Rejected**, **Pending**, and **Claim Number**. The **Paid/Rejected** tab is selected.

The search form includes the following fields:

- 1 Select a Provider**: A dropdown menu with "Choose one" selected.
- 2 Narrow Your Search**: Three radio button options: **Louisiana Blue / FEP** (selected), **Blue adVantage**, and **BlueCard - Out of Area**. A text input field for "Enter contract number..." is next to the first option, with a note "Do not include prefix" below it.
- 3 Date of Service**: Two date pickers labeled "From" and "To", both set to "01/09/2026".

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

1. Claims Research (cont.)

Paid/Rejected Claims Research

When using the [Paid/Rejected](#) tab on the Claims Status search application, search results will return in the [Paid/Rejected Claims Results](#) grid that appears below the application. This grid provides details on processed or rejected claims, including 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.

Note: 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.

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

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.)

Pended Claims Research

Use the **Pended** tab on the Claims Status search application to research claims pended for Louisiana Blue, FEP, Blue Advantage and BlueCard members. You can also search claims pended as a result of a [HealthCare.gov](#) member being within the second or third months of being delinquent on their premium payments (APTC Grace Period).

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 *optional*

Louisiana Blue / FEP
 Blue adVantage
 BlueCard - Out of Area
 APTC Grace Period
 All

Enter contract number...
Do not include prefix

3 Date of Service

From

To

Search

Search results will return on the **Pended Claims Results** grid that displays below the application. 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	
18976543200-1	H400000007654321	04/11/2019	Peggy Public	\$544.38	11900PO	SL16	
16789854100-1	H400000003216547	04/07/2019	Jane Smith	\$167.00	99211	SL16	

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. 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 on our Provider page at www.lablue.com/providers >Resources. 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.

The screenshot shows the 'Claims Status' search interface. At the top, there is a blue header with the text 'Claims Status' and 'To begin your search for claims status click on one of the tabs below.' Below this is a green alert banner that reads 'Recent Unbundling Reports available! Click here to view those reports.' with a close button (X). The main search area has four tabs: 'Paid/Rejected', 'Pended', 'Claim Number', and 'Unbundling Reports'. The 'Unbundling Reports' tab is selected. The search form contains three numbered sections: 1. 'Select a Provider' with a dropdown menu showing 'Choose one'. 2. 'Contract number' with radio buttons for 'Louisiana Blue / FEP' (selected), 'Blue adVantage', and 'BlueCard - Out of Area'. A text input field for 'Louisiana Blue / FEP' contains the placeholder 'Enter contract number...' and a note 'Do not include prefix'. 3. 'Date of Service' with 'From' and 'To' date pickers. The 'From' date is '01/01/2025' and the 'To' date is '01/01/2026'. A blue 'Search' button is located at the bottom right of the form.

1. Claims Research (cont.)

Unbundling report search 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 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: <input type="text"/>	
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	10/02/2025	10/15/2025	STANELY	CUP	11122233311	1234567891011	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	10/01/2025	10/15/2025	RITA	BOOK	22233344422	2345678910112	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	09/23/2025	09/30/2025	STAN	DUPP	33344455533	3456789101112	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	09/24/2025	09/30/2025	ROSE	BUSH	44455566644	4567891011121	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	08/27/2025	09/15/2025	NEIL	DOWN	55566677755	5678910111213	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	06/26/2025	07/15/2025	BARRY	CUDA	66667778866	6789101112131	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	05/13/2025	06/25/2025	EILEEN	DOVER	77788899977	7891011121314	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/20/2025	04/30/2025	GENE	THERAPEE	88899910108	8910111213141	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/15/2025	04/30/2025	PERCY	VERE	99910101111	9101112131415	Download	
DEMO REGIONAL HOSPITAL	12345678911:720123456789	04/15/2025	04/30/2025	DEE	END	10101111121	1011121314151	Download	
Showing 1 to 10 of 10 entries								Previous 1 Next	

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	Louisiana Blue 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	10/22/2025	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	10/22/2025	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	10/22/2025	1.23456E+11	2.04E+10	300	Hc Venipuncture/bi 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:

- 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.

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.

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

Claim Number 12345678900-1

iLinkBlue Number 12345
NPI 123456789

Dispute Claim / Check Status

The action request form (shown below) will open with prepopulated information on the specific claim. Click the Action dropdown for a list of options to report the type of claims issue you are experiencing. Descriptions of the options appear on the next page. Use the notes field to provide additional details. The notes field will allow up to 1,000 characters.

Submit Action Request

To submit an action request, complete the fields below.

Action

Select One

First Name

First

Last Name

Last

Phone Number

XXX-XXX-XXXX

ext

Notes 1000 characters remaining

Type the details of your request. Max 1000 characters.

Submit Action Request

Claim Details

Contract Number 123456789
 Claim Number 987654321000
 Date of Service 10/25/2025
 Date Processed 12/05/2025

1. Claims Research (cont.)

The selection made using the Action dropdown helps determine the Louisiana Blue department your action request will be routed to for assistance. It is important to choose the most appropriate Action type for prompt processing and avoid delays.

Select from the following Action type options:

- **Code Editing Inquiry** – For questions about how a claims edit was applied.
- **Facility Reimbursement** – For facility providers with claim payment concerns.
- **Professional Reimbursement** – For professional providers with claim payment concerns.
- **Refund Request** – For questions about refund requests tied to this claim.
- **Reissue Check** – For inquiries or requests to reissue a payment check.
- **Reprocess Adjustment** – For concerns about processing adjustments made to this claim.
- **Rush Processing** – For inquiries or requests to rush the processing of this claim.
- **Wrong Provider/Contract Number** – For issues with the provider or contract number on the claim.

Once you complete the form, click the **“Submit Action Request”** button. A message (shown on the right) will ask you to confirm you want to submit this action request. **Note:** This is your final opportunity to add details or edit your request. Once submitted, you will no longer be able to make edits or delete that action request. The message will also remind you that only one action request may be open for this claim at any given time.

Are you sure you want to submit this Action Request?

This claim may only have 1 Action Request open at a time.

YES NO

A blue processing bar will display as your request transmits into our system for processing. If you instead receive an error message after clicking submit, the request may not have been created. Use the [Action Request Inquiry](#) search application outlined on Page 30 to confirm it was submitted. If the request does not appear in your search results, please resubmit it.

The screenshot shows a web form titled "Submit Action Request" with a "Claim Details" section. The form includes a dropdown menu for "Action" set to "REPROCESS ADJUSTMENT", input fields for "First Name" (Anne) and "Last Name" (Teak), and a "Phone Number" field (555-555-5555). A "Notes" field contains the text: "The claim denied as Benefit max 4 times paid/occurrence passed. How many units allowed per year and how many units have we billed? Need clarification on the denial." A blue "Processing..." bar is overlaid on the form. A "Submit Action Request" button is visible at the bottom right.

1. Claims Research (cont.)

Action Request Inquiry – Click on this link to access the Action Request Inquiry search application (shown below) to view previously submitted action requests. Select the provider and enter the member ID number of the member associated with the action request. Do not include the member’s prefix (the first three characters of the member ID number) for Louisiana Blue and Blue Advantage members. Include the prefix for BlueCard members.

Action Request Inquiry

To view the status of previously entered action requests, select a provider and enter a contract number.

Select a Provider

Choose one
▼

Contract Number

Louisiana Blue / FEP

Enter contract number...

Do not include prefix

Blue adVantage

BlueCard - Out of Area

Search

Search results will appear in an informational grid below the application. The grid displays the assigned case ID number, related claim number, associated patient and key dates:

- Date Sent** – The date the action request was first submitted.
- Last Modified** – The date Louisiana Blue last updated the request.
- Date Completed** – The date the action request was closed.

Louisiana Blue requests 10–15 business days to respond to an action request. We designed this informational grid to help you track these details.

To view the full details of an action request — including Louisiana Blue’s response — click the blue bell icon button under the View column.

Search Results

Show 10 entries Search:

Case ID	Claim Number	Patient Name	Date of Service	Date Sent	Last Modified	Date Completed	View
CAS-12345678-X1234	1234567891011	JOHN DOE	10/25/2025	01/13/2026	01/28/2026	01/28/2026	<div style="border: 2px solid orange; padding: 5px; display: inline-block;"> </div>
CAS-12345678-X5678	1234567891012	JOHN DOE	10/25/2025	12/03/2025	12/14/2025	12/14/2025	<div style="border: 2px solid orange; padding: 5px; display: inline-block;"> </div>

Showing 1 to 2 of 2 entries
Previous
1
Next

1. Claims Research (cont.)

The **Action Request Response** screen (shown below) will display information on the related claim and notes a user entered. Louisiana Blue’s responses to the request will appear under Answer History. If you have questions about the Louisiana Blue response, please call our Customer Care Center at 1-800-922-8866.

Action Request Response ✕

⚠ There is currently an active Action Request open on this claim. Only one open Action Request is allowed per claim. See existing Action Request data below.

Louisiana Blue will respond to action requests by entering an answer in the Answer History section below. For questions about the answer, contact Provider Services at 800-922-8866.

Contract Number 10987654321	Claim Number 1234567891011
------------------------------------	-----------------------------------

Date of Service	10/25/2025	Date Sent	01/13/2026
Last Modified		Date Complete	
Case ID	CAS-12345678-X1234	Action	CAS-12345678-X1234
Inquirer Name	Anne Teak	Telephone Number	555-555-5555

Notes

The claim denied as Benefit max 4 times paid/occurrence passed. How many units allowed per year and how many units have we billed? Need clarification on the denial.

Answer History

Previous Route-To-Group and Enterprise Workflow Case: N/A | N/A

While Louisiana Blue is reviewing your action request, the response screen will display a reminder message indicating that a request is open on this claim. Duplicate requests for the same claim are not permitted. The existing action request must be closed before a new one can be submitted.

This message is removed once Louisiana Blue responds and closes the action request. After Louisiana Blue closes an action request, you may submit a new one for the same claim if additional issues arise.

Note: After an action request is submitted to Louisiana Blue, the Answer History of the response screen will indicate the request was routed to group workflow case. This simply means the request entered our system for processing. It is not a response to the 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
- Only one action request can be open on the same claim at a time

1. Claims Research (cont.)

Do you want to dispute a claim?

Providers can access an electronic claim dispute form when viewing a claim on iLinkBlue. Go to the Claims menu option. Select "Claims Status Search" and use the Paid/Rejected tab to search for the claim you want to dispute.

On the [Paid/Rejected Claims Results](#), click on a claim number to open the Claim Detail summary page for that processed claim. **-Then-**

On the [Claims Detail](#) screen, click on the ["Dispute Claim/Check Status"](#) button. This will bring you to the Epic homepage. See below for additional instructions.

Paid/Rejected Claims Results				
Showing 10 records				
Claim Number	Patient Account Number	NPI	Date of Service	Processed Date
12345678900-1	ABC001234567	123456789	07/21/2023	08/23/2023
12345678900-2	ABC007654321	123456789	07/21/2023	08/23/2023
12345678900-3	XYZ001234567	123456789	05/30/2023	07/28/2023

Claim Number 12345678900-1

iLinkBlue Number 12345
NPI 123456789

Action Request
Dispute Claim / Check Status

How to Access the Dispute Claim Form

1. On the Epic homepage, click on "View In basket" or "In basket."
2. On the In Basket page, click on the "New Msg" dropdown.
3. Select "Provider Claims Dispute Request."
4. Complete the electronic dispute form. Required fields are indicated by a red stop sign. Add any supporting documents as attachments. **Note:** Please do not also complete a hardcopy version of the form and submit it as an attachment.
5. Click the "Submit" button when finished.

How to Check Your Claim Dispute Status/Ensure Your Claim Dispute Was Received

1. On the Epic homepage, click on "View In basket" or "In basket."
2. On the In Basket page, click on the "Customer Service Reply" folder.
3. The screen will display an email-style listing of dispute notifications by patient name. Find the patient and the date you submitted the dispute. Click on the patient's name. **Note:** You may need to refresh the screen to see a newly entered dispute.
4. The lower half of the screen will display different panes of information.
 - Under RE: Reimbursement, you will see the Provider Dispute Acknowledgement of your dispute. This is your confirmation Louisiana Blue received your dispute.
 - Under CRM#, you will see the "Unresolved" status while we are reviewing your case. The status will change to "Resolved" once a determination is made and you can expect to receive a written response by mail.
 - Under Resolution, you will see whether the dispute was "Overturned" or "Upheld" once we render a determination.

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 Aug. 21, 2024, are not available.

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

- **Select a Provider** – Allows you to search by provider NPI. If no NPI is selected, search results will return letters for all the providers associated with your iLinkBlue access.
- **Contract Number** – Allows you to search by a member’s contract number.
- **Claim Number** – Allows you to search by claim number. **Note:** Disregard letters are not generated with a claim number.
- **Letter Creation Date Range** – Allows you to search by the date span Louisiana Blue created the letter. If no date range is entered, the returned results will list letters created within the last 30 days.

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

Refund Request Letters

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)*

Louisiana Blue / FEP

BlueCard - Out of Area

3 Claim Number *(optional)*

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

From:

To:

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	01/31/2026	RITA BOOK	View	View
987456123	1234567890	ABC CLINIC	1224567891	01/27/2026	STANLEY CUPP	View	View
987123456	1236549870	DOE, JANE	1234467891	01/21/2026	CHERRY BLOSSOM	View	
987112456	1237894560	STEIN, FRANK N.	1234467891	01/15/2026	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	01/09/2026	ABBY NORMAL	View	

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	08/21/2025	RITA BOOK	View	View
987456123	1234567890	ABC CLINIC	1224567891	08/21/2025	STANLEY CUPP	View	View
987123456	1236549870	DOE, JANE	1234467891	08/21/2025	CHERRY BLOSSOM	View	
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2025	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2025	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 22 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.

3. Claims Entry & Reports

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

Louisiana Blue 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#	
		<input type="text"/>	
2. Patient's Name		3. Patient's Birth Date	
<input type="text"/> LAST <input type="text"/> FIRST <input type="text"/> MI		<input type="text"/> MM/DD/YYYY Sex <input type="radio"/> Male <input type="radio"/> Female	
		4. Insured's Name	
		<input type="text"/> LAST <input type="text"/> FIRST <input type="text"/> MI	
5. Patient's Address		6. Patient's Relationship to Insured	
<input type="text"/> NO. STREET <input type="text"/> City <input type="text"/> State (LA)		<input type="text"/> Select	
		7. Insured's Address	
<input type="text"/> Zip Code <input type="text"/> Phone		<input type="text"/> NO. STREET <input type="text"/> City <input type="text"/> State (LA)	
		8. Reserved for NUCC Use	
		<input type="text"/>	
		<input type="text"/> Zip Code <input type="text"/> 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's account number, patient's last name and patient's 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.

3. Claims Entry & Reports (cont.)

Louisiana Blue Claims Confirmation Reports – Click on this link to access an application that allows providers to research claims confirmation reports (shown below). The daily reports confirm if the Louisiana Blue editing system accepted your claims. The returned search results will display below this application.

Louisiana Blue Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

3 Date Range *optional*
From Date: 04/13/2026
To Date: 04/09/2026

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
		04/13/2026
		04/12/2026
		04/11/2026
		04/10/2026
		04/09/2026

If you do not enter dates in the application's optional date range field, the returned results will display all reports processed by Louisiana Blue from the previous 120 days. 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 **Louisiana Blue 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

837 Accepted / Not Accepted / Warning Report Professional Claims Report							
SUBMITTER NUMBER: P0123456 BC Red # 1234T5678Z BC ID # T5678 RECEIVE DATE: 04-12-24				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-24			
837P ACCEPTED REPORT							
PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	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			

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Not Accepted Report Example

837 Accepted / Not Accepted / Warning Report Professional Claims Report								
SUBMITTER NUMBER: P0123456 BC Red # 1234T5678Z BC ID # T5678 RECEIVE DATE: 04-12-24				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 04-12-24				
837P NOT ACCEPTED REPORT								
PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	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				

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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 commercial claim edit outcomes. This 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.

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

Professional Claim Entry Facility Claim Entry

Gender: Undefined Date of Birth: Claim Type: Professional

Add Lines Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Amount
1	01/22/2026	01/22/2026			1	0.0 x
2	01/22/2026	01/22/2026			1	0.0 x
3	01/22/2026	01/22/2026			1	0.0 x

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 not 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 commercial 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.
- **Amount** – Enter the provider’s billed amount for this claim line. *This field is optional. It is not used by the Louisiana Blue CES system to evaluate code combinations.*

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.

Tips to Know

Which 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.

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

Professional Claim Entry
Facility Claim Entry

Copy Claim
Export to PDF
New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	01/22/2026	01/22/2026	99201		1	A
2	01/22/2026	01/22/2026	81002		1	A
3	01/22/2026	01/22/2026	81003		1	A

Claim Analysis Results

Line ID	Adj.Procedure Code	Adj. Units	Adj. Change	Flags				
1	99201	1	0.00	CLEAN LINE				
2	81002	0	0.00	<table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <thead> <tr> <th style="width: 80%;">Flag Description</th> <th>Flag Status</th> </tr> </thead> <tbody> <tr> <td>[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.</td> <td>Deny</td> </tr> </tbody> </table>	Flag Description	Flag Status	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.	Deny
Flag Description	Flag Status							
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.	Deny							
3	81003	1	0.00	CLEAN LINE				


4. Medical Code Editing (cont.)

The **Facility Claim Entry** screen allows you to enter coding for hospital outpatient and ambulatory surgery center commercial 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.
- **Total Charges** – Enter the provider’s billed charges for this claim line. *This field is optional. It is not used by the Louisiana Blue CES system to evaluate code combinations.*

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.



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

Professional Claim Entry
Facility Claim Entry

Submit

Type Inpatient Outpatient

Type of Bill Claim Type Facility Outpatient Statement From Through

Patient Information

Gender Undefined Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units	Total Charges	
1	<input type="text"/>	<input type="text"/>	01/22/2026	1	0.0	×
2	<input type="text"/>	<input type="text"/>	01/22/2026	1	0.0	×
3	<input type="text"/>	<input type="text"/>	01/22/2026	1	0.0	×

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.

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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.

Copy Claim Export to PDF New Claim

Type: Outpatient

Type of Bill 131 Claim Type Facility Outpatient Statement From 01/22/2026 Through 01/22/2026 Admit Date Admit Type

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags						
1	36415	0	0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Flag Description</th> <th>Flag Status</th> </tr> </thead> <tbody> <tr> <td>[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.797027 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.</td> <td>Deny</td> </tr> <tr> <td>[DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.797027]</td> <td>Deny</td> </tr> </tbody> </table>	Flag Description	Flag Status	[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.797027 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny	[DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.797027]	Deny
Flag Description	Flag Status									
[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.797027 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny									
[DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.797027]	Deny									
2	83625	1	0.00	CLEAN CLAIM						

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis

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 >Tidbits.

Medical Record Requests - Out of Area

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

1 Request Status

Outstanding Requests

Requests Completed by Provider

Requests Received by Louisiana Blue

2 Select Provider

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 ?

Choose One ▼

2 Document Upload Information
Include all relevant information below to ensure efficient processing of your submission.

Claim Number:

Contract Number:

Notes
Enter the details of your submission. Max 1000 characters.

1000 characters remaining

3 Upload a File
Max File Size: 19 MB
File Types Accepted: DOC, DOCX, PDF, TIF, TXT

Browse or Drag and Drop Your File

Select a department to learn more about what is allowed using the document upload tool.

Tips for Successful Document Upload ▲

[Document Upload FAQs](#)

5. Medical Records (cont.)

Use the drop-down menu to select a Louisiana Blue department to upload your documents for processing. It is important to choose the correct department to avoid delays. 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.

Departments currently accepting document uploads through iLinkBlue include:

- **ACA Risk Optimization** – This area requests medical records to support the Affordable Care Act (ACA) Risk Optimization.
- **Blue adVantage** – This department handles medical record requests for Blue Advantage members.
- **Federal Employee Program (FEP) Appeals** – This department reviews provider disputes for claims processed by Louisiana Blue for FEP 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.
- **ITS Host Medical Records** – This department handles medical record requests for claims for BlueCard (out-of-area) members.
- **Louisiana Blue Medical Necessity & Investigational Appeals Only** – This department reviews claims for Louisiana Blue members that have 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
- **Payment Integrity** – This department reviews post-processed claims for accurate coding and reimbursement. They also review pre-pay, high-dollar (\$100,000 or more) facility claims.
- **Population Health** – This department operates member Care Management programs to help our mutual customers — your patients, our members — achieve their health and wellness goals.
- **Provider Appeals – Non-Louisiana** – This department reviews provider appeals for providers with claims for BlueCard® members. These are members insured through a Blue Plan other than Louisiana Blue.

After selecting a department, enter all relevant information for your document upload, including any associated claim numbers and member contract numbers. Use the notes field to provide additional details. The notes field will allow up to 1,000 characters.

Users can upload the following file types: DOC, DOCX, PDF, TIF, TXT. Files larger than 19 MB cannot be accepted.

After Louisiana Blue receives your document, a confirmation message displays indicating the file successfully uploaded. The message will identify a date/time stamp, unique identifier number and read similar to, "The uploaded file was successfully received and sent to XXX Department at hhmss am/pm, mm/dd/yyyy. The transaction ID is XXXXX."

For more information on the Document Upload feature — including guidance on the documentation or forms to include with your upload — view our *Document Upload Frequently Asked Questions*. To access, click the "Document Upload FAQs" link located below the Tips for Successful Document Upload.

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



1. Payment Information

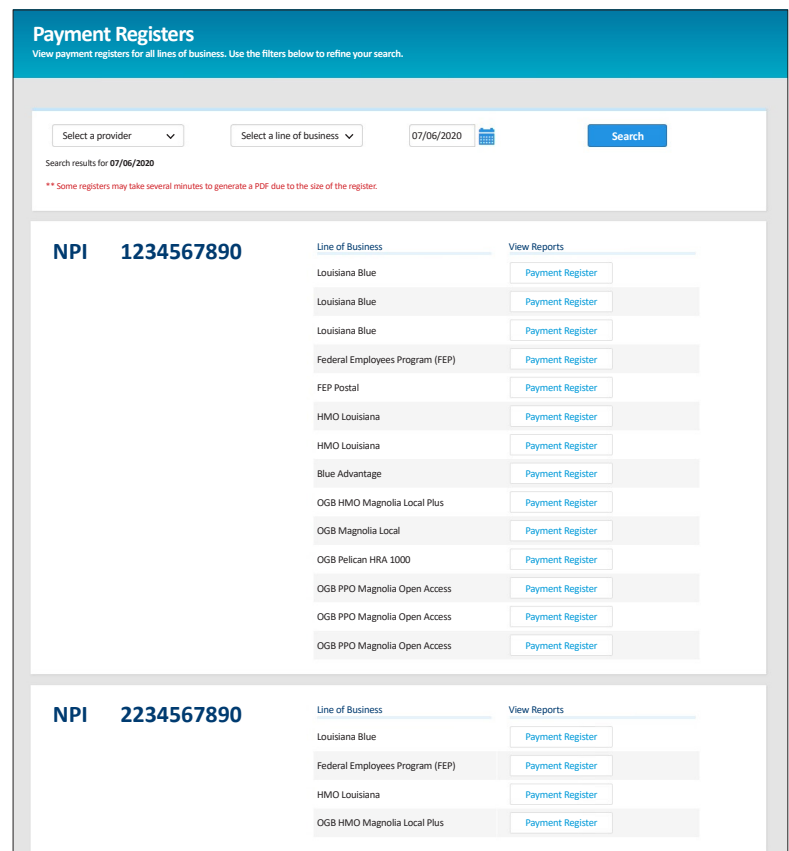
Use this section to access your Louisiana Blue payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

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, Blue Advantage, 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.



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. 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 commercial 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.

Note: Medicare Advantage allowable charges for Blue Advantage members are not available in iLinkBlue. Providers can research the allowable amount for Medicare claims through external resources. Novitas Solutions provides a fee schedule lookup tool for physician-billed services. Providers can enter the CPT code, modifier (if applicable), date of service, state and locality to determine the allowable amount. Find the lookup tool online at www.novitas-solutions.com.

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 commercial 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.

Note: Medicare Advantage allowable charges for Blue Advantage members are not available in iLinkBlue. Providers can research the allowable amount for Medicare claims through external resources. The U.S. Centers for Medicare & Medicaid Services (CMS) offers the CMS Web Pricer application to research facility-billed services. Select the appropriate pricer based on the type of service and enter the required information. Find the application online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PCPricer.

Search by Code

To search for an outpatient facility commercial 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 49 and 50.

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*

03/01/2026 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 Louisiana Blue 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 Louisiana Blue 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.

2. Allowables (cont.)

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.

Allowable Charge Example

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

1 Select a Date

2 Select a Facility

3 Select a Network

4 Enter a CPT/HCPCS Code*

* 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 (Louisiana Blue) Network

Date Created: 02/09/2026 9:09:20 AM Fees effective as of: 03/01/2026

Schedule: AB

Disclaimer: The rates shown are confidential and proprietary to Louisiana Blue 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 Louisiana Blue and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show entries Search:

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

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

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

2. Allowables (cont.)

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 (Louisiana Blue) Network

Date Created: 02/09/2026 9:09:20 AM Fees effective as of: 03/01/2026

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to Louisiana Blue 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 Louisiana Blue and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show entries Search:

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

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

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 (Louisiana Blue) Network

Date Created: 02/09/2026 9:09:20 AM Fees effective as of: 03/01/2026

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to Louisiana Blue 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 Louisiana Blue and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show entries Search:

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

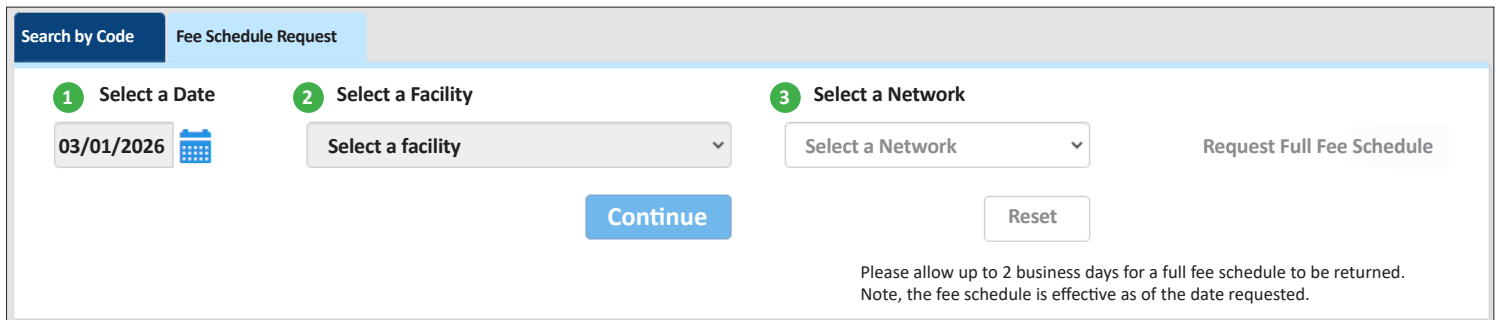
Showing 0 to 0 of 0 entries Previous Next

2. Allowables (cont.)

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.



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 48.

Show entries Search:

Requested By	Provider Name	Network	Effective Date	Request Date	Status	
Teri.Dactyl@hospital.com	Demo Regional Hospital	PCAREPPO	03/01/2026	02/09/2026	Completed	View
Teri.Dactyl@hospital.com	Demo Regional Hospital	HMOLA	03/01/2026	02/09/2026	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 FEP Standard options.

Authorizations

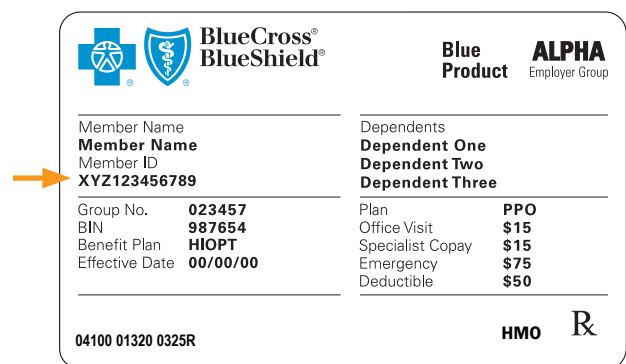
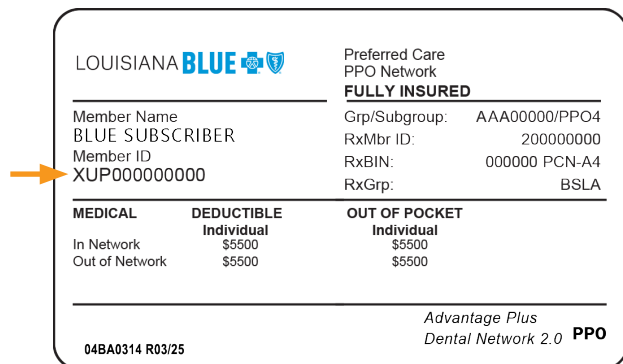
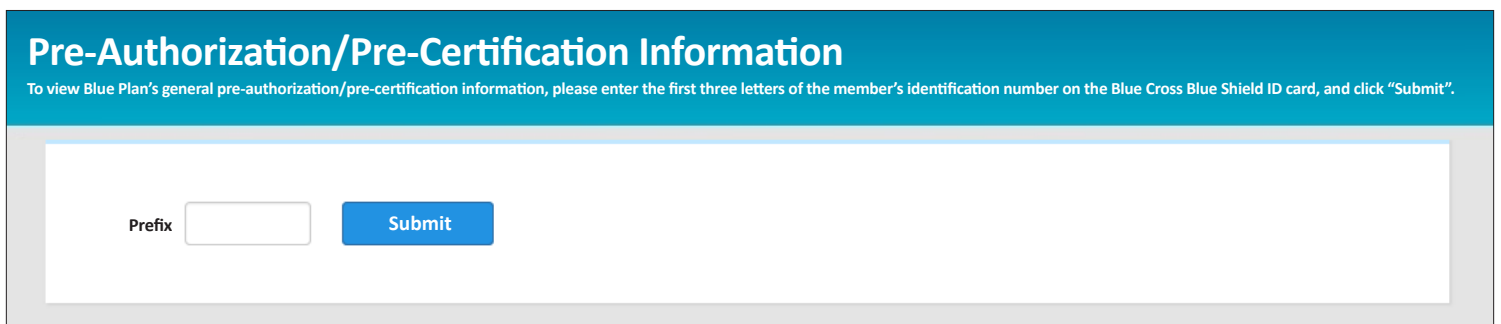
Under the **Authorizations** menu option, there are two sub-menus with links for **Authorizations - Louisiana Blue Members** and **Authorizations - Out of Area Members**.



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.



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.

2. Authorizations - Louisiana Blue Members

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

Louisiana Blue Authorizations – Click on this link to access an application that allows you to submit and research authorizations that may require Louisiana Blue approval. It also allows you to upload clinical information for Louisiana Blue members. Your organization’s administrative representative must grant user access to this application. For complete instructions on using this application, view the *Louisiana Blue Authorizations Application User Guide* available under the **Resources** menu option of iLinkBlue.

Note: Louisiana Blue now manages behavioral health services for our members for authorizations, utilization management, case management and Applied Behavioral Analysis (ABA). Providers should submit behavioral health authorization requests via the Louisiana Blue Authorizations application.

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

Medical Policy Guidelines – Click on this link to access our medical policy search indexes. Separate indexes are available for commercial medical policies (shown below) and Medicare policies.

Medical Policy Search

You may use the field to narrow your focus by searching for keyword(s), procedure code(s), policy name or policy number.

Notice: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan’s authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan.

Both medical policy indexes offer the following search features:

- Enter keyword(s), procedure code(s), policy name or policy number in the Keyword Search field. Click the **“Search Policies”** button to view matching results.
- Open a complete list of all current Louisiana Blue medical policies by clicking the **“View all Policies”** button.

Each month, we add new or revised medical policies. 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.

2. Authorizations - Louisiana Blue 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.

3. 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

Quality & Treatment

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



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

Estimated Treatment Cost Reports

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

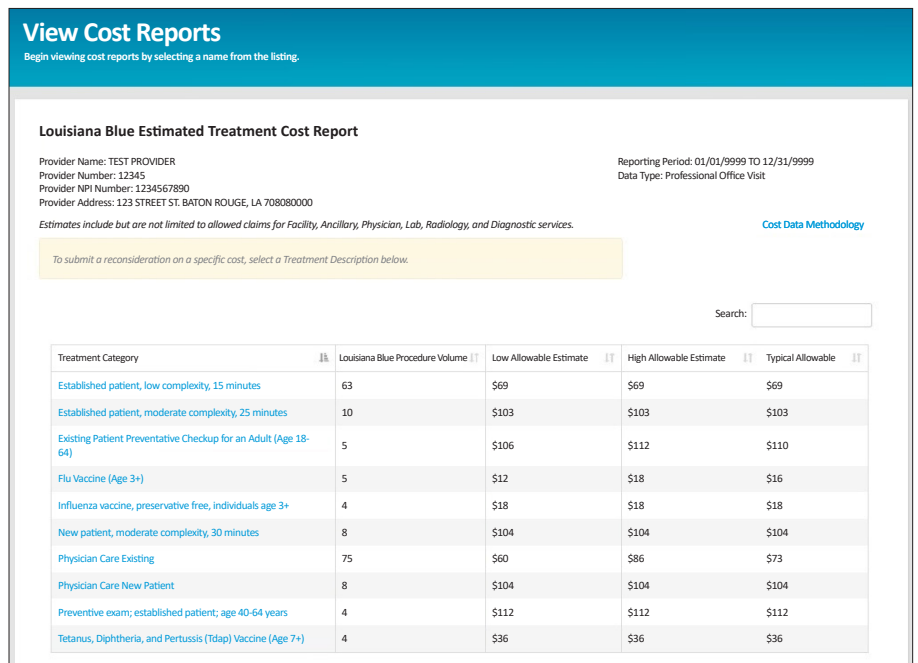
Estimated Treatment Cost Reports

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 healthcare community. This enables them to be more active in managing their healthcare 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 commercial 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.

Louisiana Blue 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

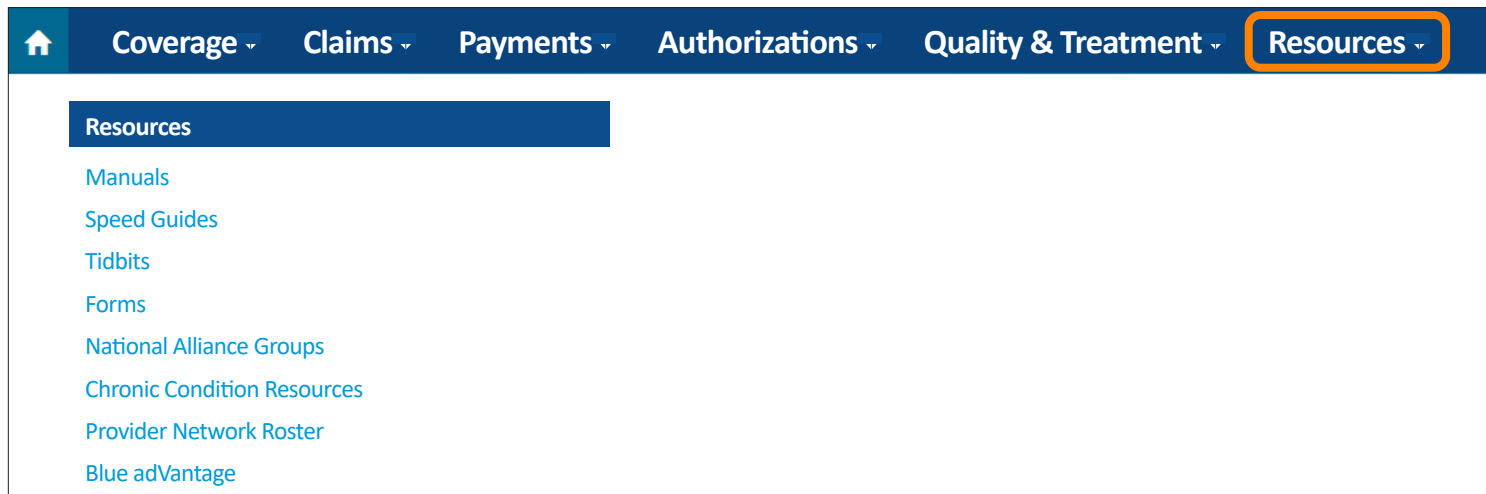
Estimates include but are not limited to allowed claims for Facility, Ancillary, Physician, Lab, Radiology, and Diagnostic services. [Cost Data Methodology](#)

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

Search:

Treatment Category	Louisiana Blue 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

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

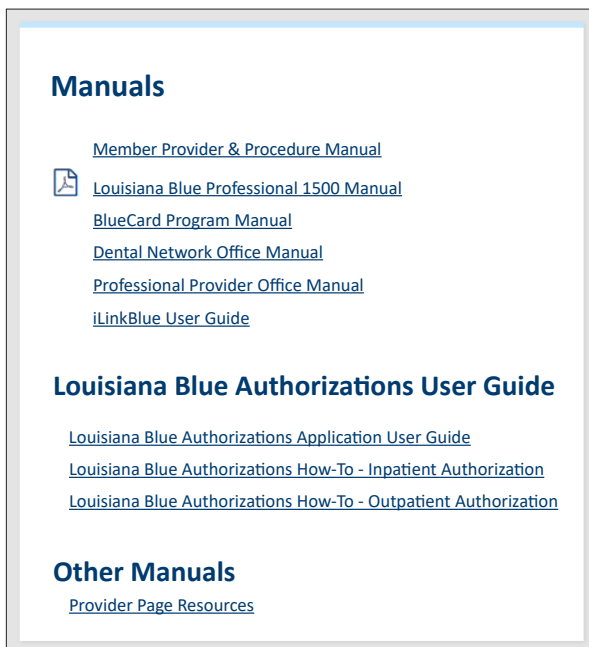


Resources

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.

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.

Chronic Condition Resources

These guides help with cholesterol, hypertension and Type 2 diabetes management.

Provider Network Roster

This self-service application (shown on next page) allows provider groups to easily access and view their network rosters.

Blue adVantage

These are our manuals, guides, forms and other provider resources for our Blue Advantage plan networks.

Resources (cont.)

Do you need a provider roster?

The Provider Network Roster search application allows providers to view all practitioners tied to a group TIN, which networks they operate in as well as the effective dates of their credentials in that network. **Note:** Our provider credentialing process can take up to 90 days. Providers will not be visible on iLinkBlue until the credentialing process is complete and the provider has turned in the Link to Group or Clinic Request Form.

Provider Network Roster

To narrow down the results, select a specific provider or network.

If a practitioner is missing from the roster and a request was submitted less than 90 business days from today, please allow additional time to process, it can take up to 90 business days from the original date received to complete. If a practitioner is inadvertently missing, missing a location or a network, please submit the original request for each missing practitioner to PCDMstatus@lablue.com for review.

1 Select a Provider

All providers ▼

2 Select a Network

All networks ▼

Search

Results will display below the Provider Network Roster search application in a grid that may be exported into a Microsoft Excel document.

Provider Network Roster Results

Showing 10 records Filter:

Export

Provider Name	NPI #	Practice Address	Clinic/Facility NPI	Credentialing Date	Directory Indicator	Network	Effective Date	Termination Date
Mark Ateer	123456789	12345 SOMEPLACE AVE BATON ROUGE, LA 70809	987654321	07/31/2024	I	HMO	03/01/2011	
Mark Ateer	123456789	12345 SOMEPLACE AVE BATON ROUGE, LA 70809	987654321	07/31/2024	I	PPO	03/01/2011	
Mark Ateer	123456789	12345 SOMEPLACE AVE BATON ROUGE, LA 70809	987654321	07/31/2024	I	Medicare Advantage HMO	01/01/2026	
Mark Ateer	123456789	12345 SOMEPLACE AVE BATON ROUGE, LA 70809	987654321	07/31/2024	I	Medicare Advantage PPO	01/01/2026	

Showing 1 to 4 of 4 entries
Previous
1
Next

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.

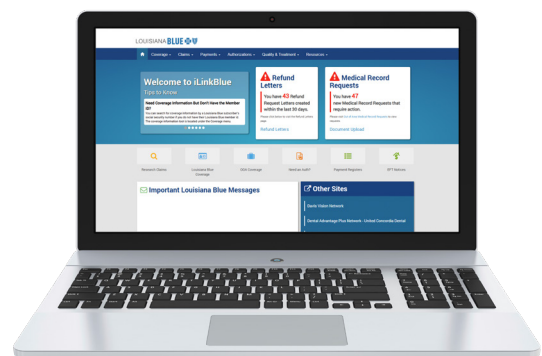
Phone: 1-800-716-2299, option 5
Email: PIMteam@lablue.com
Business Hours: Monday – Friday, 8 a.m. to 4 p.m. CT (except holidays)

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:

- 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 other processes.

- **Guide for Understanding APTC Grace Periods** tidbit details how to research [HealthCare.gov](https://www.healthcare.gov) member APTC premium status information in iLinkBlue. The tidbit includes step-by-step instructions for researching the member's coverage status and claims. Find this tidbit online at www.lablue.com/providers >Resources.
- **Medical Record Guidelines for BlueCard** tidbit explains how to access a provider's medical record requests for out-of-area members in iLinkBlue. The tidbit includes the steps for accessing and managing the medical record requests in iLinkBlue. Find this tidbit online at www.lablue.com/providers >Resources.
- **Submitting Corrected Claims** tidbit includes the instructions for refiling a corrected CMS-1500 claim in iLinkBlue. Find this tidbit online at www.lablue.com/providers >Resources.
- **Provider Self-service Quick Reference Guide** explains how to use iLinkBlue for member eligibility, claim status inquiries, professional allowable charge searches and medical policy searches. The guide also identifies the information our Customer Care Center will ask for if you have questions after using iLinkBlue. Find this guide online at www.lablue.com/providers >Resources.
- **Louisiana Blue Authorizations Application User Guide** gives facilities and providers the instructions needed for submitting authorizations and clinical information through the Louisiana Blue Authorizations application. Find this guide under the **Resources** menu option in iLinkBlue.

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. This includes who can use iLinkBlue to research a member's 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 new users, edit existing users or deactivate users.

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.



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 at www.lablue.com/providers > Designate Your Rep > Admin Rep Registration Packet.

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. Report the provider's individual Tax ID and NPI only if not part of a group or facility.

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. Locations – 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.

Delegated Access

1 SS Simon Sais
[View My Account](#)

Search

2 Locations

- 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
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](#)

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 Add a New User 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 * Date of Birth *

First Name * Last Name *

Phone Number *

Cancel **Continue to Applications**

Add a New User: Applications

The **Applications** screen will display as Step 2 of the Add a New User account setup process. Use this screen to assign 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 to assign to the user for the iLinkBlue application.

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.

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

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	<input checked="" type="checkbox"/>
iLB Research Only	<input checked="" type="checkbox"/>
iLB Research Claims/Entry	<input type="checkbox"/>
Louisiana Blue Authorizations	<input type="checkbox"/>
Out of Area (Pre-Service Review - EPA)	<input type="checkbox"/>

Back **Cancel** **Continue to Associations**

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 “iLB Research Only” role is granted to all new users. This allows the user access to the normal iLinkBlue functions, such as researching 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	<input checked="" type="checkbox"/>
iLB Research Only	<input checked="" type="checkbox"/>
Allows an iLinkBlue user to access coverage information for local and out of state members.	
iLB Research Claims/Entry	<input type="checkbox"/>
Allows an iLinkBlue user to access coverage information for local and out of state members and access to all of the claims feature.	
Louisiana Blue Authorizations	<input type="checkbox"/>
Out of Area (Pre-Service Review - EPA)	<input type="checkbox"/>

[Back](#) [Cancel](#) [Continue to Associations](#)

Add a New User: Associations

The **Associations** screen will display as Step 3 of the Add a New User 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

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	<input type="checkbox"/>
Demo Hand Clinic TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo General Surgery Hospital TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Medical Facility TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Medical Center TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Regional Hospital TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>

Tips to Know

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

The Associations screen includes all 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 Add a New User account setup process. If you granted the user access to the Louisiana Blue 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.

Use the select buttons to assign individual providers or groups to the user. 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 Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Physician Services

TaxID:12345678911 NPI:720123456789

Demo Physician Services (CLINIC/GROUP) **Select Group** **Select Individuals**

NPI:720123456789

Maureen Biologist MD **Select**

NPI:720123456789

Demo Medical Center

TaxID:12345678911 NPI:720123456789

Ryan Cure PA **Select**

NPI:720123456789

Reeve Ewer MD **Select**

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. Choose from the following options when adding a new user:

1. Select 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 who 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 Individuals – 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 who join the group will need to be added to the iLinkBlue user manually.

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 Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Physician Services
TaxID:12345678911 NPI:720123456789

Demo Physician Services (CLINIC/GROUP) NPI:720123456789	1 Select Group	2 Select Individuals
Maureen Biologist MD NPI:720123456789	Select	

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 Louisiana Blue Authorizations to the user in Step 2-Applications.

For a list of providers to display in this step, the message directs you to assign the user access to the Louisiana Blue Authorizations application. Use the **"Back"** button to return to Step 2 to assign Louisiana Blue Authorizations if the user needs that access.

If the user does not need to submit authorizations through Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue Authorization Portal access on the Applications tab before proceeding with adding providers on the Providers tab.

Back Cancel Continue to Review

Add a New User: Review

The **Review** screen will display as Step 5 of the Add a New User 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: 2251234567

APPLICATIONS

- ✓ iLinkBlue: iLB Research Only
- ✓ Louisiana Blue Authorizations Portal
- ! Out of Area (Pre-Service Review - EPA)

ASSOCIATIONS

Demo Hospital Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

2 providers selected for your Tax ID:NPI location.

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.

The screenshot displays the 'Delegated Access' dashboard. At the top left is the 'Simon Sais' profile with a 'View My Account' link. A search bar is located at the top right. The main content area is divided into two sections: 'Locations' on the left and 'Delegated Users' on the right. The 'Locations' section lists six demo locations, each with TaxID and NPI. The 'Delegated Users' section features a green success message: '1 You have successfully saved your changes for Jane Doe.' Below this, there are eight user cards, each with a name, email address, and a 'View Access' button. A second callout '2' points to the 'Jane Doe' user card. An 'Add a new user' button is visible in the top right of the 'Delegated Users' section.

Delegated Access

Simon Sais
View My Account

Search

Locations

- Demo Rehabilitation Hospital
TaxID:12345678911 NPI:720123456789
- Demo Hospital 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

1 You have successfully saved your changes for Jane Doe.

- 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
- 2 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

Edit 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. **Applications** – 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** – 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. **Providers** – 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.

Delegated Access

Simon Sais
View My Account

Account Information

- 1 USER DETAILS**

First Name:	Teri
Last Name:	Dactyl
Email:	teri.dactyl@hospital.com
Date of Birth:	4/22/1989
Phone Number:	2251234567
- 2 APPLICATIONS**
 - ✓ iLinkBlue: iLB Research Only
 - ✓ Louisiana Blue Authorizations Portal
 - ! Out of Area (Pre-Service Review - EPA)
- 3 ASSOCIATIONS**

Demo Hospital Clinic TaxID:12345678911 NPI:720123456789
Demo Medical Center TaxID:12345678911 NPI:7201234567
- 4 PROVIDER**

3 providers selected for your Tax ID:NPI location.

Edit Existing User: User Details

The [User Details](#) screen will display as Step 1 of the Edit Existing User account 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 Existing 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 * Date of Birth *

Email mm/dd/yy

First Name * Last Name *

First Name Last Name

Phone Number *

Phone Number

Cancel Continue to Applications

Edit Existing User: Applications

The **Applications** screen will display as Step 2 of the Edit Existing 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 Existing 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 to assign to the user for the iLinkBlue application.

NOTE: iLinkBlue access cannot be removed from an active user. If the user no longer needs access to iLinkBlue, you will need to remove their access to deactivate their account.

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.

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

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	<input checked="" type="checkbox"/>
iLB Research Only Allows an iLinkBlue user to access coverage information for local and out of state members.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
Louisiana Blue Authorizations	<input checked="" type="checkbox"/>
Out of Area (Pre-Service Review - EPA)	<input type="checkbox"/>

Back **Cancel** **Continue to Associations**

Edit Existing User: Associations

The **Associations** screen will display as Step 3 of the Edit Existing 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 Existing 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 at least one Tax ID:NPI combination to assign to the user.

Demo Rehabilitation Hospital TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Hand Clinic TaxID:12345678911 NPI:720123456789	<input checked="" type="checkbox"/>
Demo General Surgery Hospital TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Medical Facility TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>
Demo Medical Center TaxID:12345678911 NPI:720123456789	<input checked="" type="checkbox"/>
Demo Regional Hospital TaxID:12345678911 NPI:720123456789	<input type="checkbox"/>

[Back](#) [Cancel](#) [Continue to Providers](#)

Edit Existing User: Providers

The **Providers** screen will display as Step 4 of the Edit Existing User account process. If you granted the user access to the Louisiana Blue 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 highlighted in green. Deselect any who need to be removed. Select 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 Existing User

Details Applications Associations **Providers** Review

1 2 3 4 5

Step 4 of 5

Providers

If the user has been granted access to Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Physician Services (CLINIC/GROUP)

NPI:720123456789

Deselect Group **Select Individuals**

Marueen Biologist MD

NPI:720123456789

Deselect

Demo Hospital

TaxID:12345678911 NPI:720123456789

Ryan Cure PA

NPI:720123456789

Deselect

ER PHYSICIANS (CLINIC/GROUP)

NPI:720123456789

Select Group **Select Individuals**

Back **Cancel** **Continue to Review**

Edit 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. Choose from the following options when making edits to an existing user:

1. Deselect Group – Choose this option to unassign the entire group.
2. Deselect – Choose this option to unassign the individual provider.
3. Select 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 who join the group in the future. If you choose this option, that provider group will become marked in green to denote it was selected.
4. Select Individuals – 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 or unassign 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 who join the group will need to be added to the iLinkBlue user manually.

Edit Existing User

Details Applications Associations **Providers** Review

1 2 3 4 5

Step 4 of 5

Providers

If the user has been granted access to Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Physician Services (CLINIC/GROUP)

NPI:720123456789

1 **Deselect Group** **Select Individuals**

HOSPITAL, PHYSICIAN

NPI:720123456789

2 **Deselect**

Demo Hospital

TaxID:12345678911 NPI:720123456789

Ryan Cure PA

NPI:720123456789

3 **4** **Deselect**

ER PHYSICIANS (CLINIC/GROUP)

NPI:720123456789

Select Group **Select Individuals**

Back **Cancel** **Continue to Review**

Edit 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 Louisiana Blue 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 Louisiana Blue Authorizations, you can click the “[Continue to Review](#)” button.

Edit Existing User

Details Applications Associations Providers Review

1 2 3 4 5

Step 4 of 5

Providers

If the user has been granted access to Louisiana Blue 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 Louisiana Blue 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 Louisiana Blue 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 Existing User: Review

The **Review** screen will display as Step 5 of the Edit Existing 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 Existing 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: 2251234567

APPLICATIONS

- ✓ **iLinkBlue:** iLB Research Only
- ✓ **Louisiana Blue Authorizations Portal**
- ! **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS

Demo Hospital Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

2 providers selected for your Tax ID:NPI location.


Back **Cancel** **Submit Edits**

Edit 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.

Delegated Access



Locations

- Demo Rehabilitation Hospital**
TaxID:12345678911 NPI:720123456789
- Demo Hospital 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 saved your changes for 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

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.

Delegated Access

Simon Sais
[View My Account](#)

Account Information

USER DETAILS

First Name: Allie
Last Name: Grater
Email: allie.grater@hospital.com
Date of Birth: 6/27/1982
Phone Number: 2251234567

APPLICATIONS

- ✔ **iLinkBlue:** iLB Research Only
- ✔ **Louisiana Blue Authorizations Portal**
- ❗ **Out of Area (Pre-Service Review - EPA)**

ASSOCIATIONS

Demo Hospital Clinic
TaxID:12345678911 NPI:720123456789

Demo Medical Center
TaxID:12345678911 NPI:7201234567

PROVIDER

3 providers selected for your Tax ID:NPI location.

Cancel Edit User Remove Access

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.

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.

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](#)

Locations

- Demo Rehabilitation Hospital
TaxID:12345678911 NPI:720123456789
- Demo Hospital 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.

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.

Delegated Access

 **Simon Sais**
[View My Account](#)

Locations

- [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](#)

My Administrative Representative Account Information

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

Delegated Access



Simon Sais
[View My Account](#)

Account Information

Please contact PIM Team at PIMteam@lablue.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
- ✔ **Louisiana Blue 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

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 the Delegated Access application.

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. Follow the iLinkBlue password reset steps below to unlock your account.

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

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

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

The Delegated Access application 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@lblue.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 Louisiana Blue's PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet (available on our website at www.lblue.com/providers).

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

iLinkBlue also locks the accounts of iLinkBlue users upon 180 days of inactivity. The administrative representative will need to deactivate the existing account for that user through the Delegated Access application. After that, the administrative representative will need to create a new account for the user 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.

March 2026

What can iLinkBlue do for you?

- Updated laptop image of home screen.

How to sign up for iLinkBlue?

- Updated instructions for enrolling an organization with iLinkBlue.

Admin Rep Access to iLinkBlue

- Updated name of Louisiana Blue Authorizations application and removed reference to the Lucet Behavioral Health Authorizations application.

User Access to iLinkBlue

- Updated name of Louisiana Blue Authorizations and Professional Claims Enty applications.

Logging in to iLinkBlue

- Updated instructions and screen images of Saving iLinkBlue to Your Favorites.

Navigating iLinkBlue

- Updated image of homepage.

Coverage

- Updated screen image of Coverage menu options.
- Coverage Information – Added note instructing users to research BlueCard member coverage through the Submit Eligibility Request (270) application; added Blue Advantage to the list of members who can be searched using the coverage search application; updated screen image of coverage search application; Added note in Tips to Know indicating Social Security number search is primarily for commercial subscribers; updated screen image of coverage search results.
- Coverage of Blue Advantage Members – Added new section on researching future active coverage information for Blue Advantage members.
- APTC Grace Periods – Updated screen image of coverage search results for a member who receives APTC.
- Tiered Benefits for Select Networks – Updated screen images of coverage search results for members with tiered benefits.
- Digital ID Cards – Updated screen images of View ID Card buttons appearing on the Coverage Information, Medical Benefits Summary and Medical Benefits Detail screens; updated instructions for patients to access digital member ID card images through the MyLABLue digital platform.
- Submit Eligibility Request (270) – Added note instructing users to research Louisiana Blue, Blue Advantage and FEP member coverage through the Coverage Information application.

Claims

- Updated screen image of Claims menu options.
- Claims Research – Added Blue Advantage to the list of member claims that can be researched in this application; updated screen image of Claim Status Search application; removed Tips to Know instructions for entering a date in the From field; updated instructions for using the Paid/Rejected tab instructions; updated instructions and screen image for using the Pended Claims tab; updated screen image of Claims Status application displaying an Unbundling Reports tab; updated web address for accessing the *Member Provider Policy & Procedure Manual* on the Provider Resources page; updated instructions and screen image displaying unbundling search results.
- Do you have a claims issue? – Updated screen image of Claims Detail screen; added additional screen images and instructions for completing the Action Request form; updated screen images and added additional instructions for using the Action Request Inquiry application; updated Tips to Know with indication that only one action request can be open on the same claim at a time.

- Do you want to dispute a claim? – Added new section with instructions for accessing the Louisiana Blue electronic claim dispute form when viewing a claim on iLinkBlue.
- Louisiana Blue Professional Claims Entry (1500) – Updated the name of the Claims Entry application.
- Louisiana Blue Claims Confirmation Reports – Updated the name of the Claims Confirmation Reports application; updated description to indicate reports within 120 days will be displayed upon search.
- Claims Edit System – Updated description to indicate the Louisiana Blue CES system is used to help calculate commercial claim edit outcomes; updated screen image of the Professional Claims Entry tab; added description for the Amounts field on the Professional Claims Entry; updated screen image of the outpatient Facility Claims Entry tab; added description for the Total Charges field on the Facility Claims Entry.
- Medical Records – Updated screenshot image of Document Upload feature; added departmental descriptions for the Provider Appeals Non-Louisiana dropdown option and the Blue adVantage dropdown option, removed departmental description of the Provider Disputes dropdown option; updated instructions for uploading a document; added instructions for accessing the Document Upload FAQs for more information; removed Tips to Know indicating that department names list fax numbers.

Payments

- Updated screen image of Payments menu options.
- Payment Information – Updated screen image of Payment Registers; added Blue Advantage to line of business list of Payment Register reports available in iLinkBlue; updated Tips to Know instructions for researching a past payment register.
- Professional Provider Allowable Charges Search – Updated description to indicate this application is for researching commercial allowable charges; added note identifying an external resource for researching Medicare Advantage allowable charges.
- Outpatient Facility Provider Allowable Charges – Updated description to indicate this application is for researching commercial allowable charges; added note identifying an external resource for researching Medicare Advantage allowable charges.

Authorizations

- Updated screen image of Authorizations menu options.
- Authorization Guidelines – Updated sample ID card images.
- Authorizations Louisiana Blue Members – Updated name of the Louisiana Blue Authorizations application; added indication that an organization's administrative representative must grant a user access to the Louisiana Blue Authorizations application, updated the name of the *Louisiana Blue Authorizations Application User Guide*, added note indicating Louisiana Blue manages behavioral health services for our members; removed description of the Behavioral Health Authorizations link used to access the Lucet authorization portal; updated description of medical policy guidelines to indicate separate indexes are available for commercial and Medicare policies; updated screenshot image of commercial medical policy index; updated instructions for using medical policy search indexes.

Quality & Treatment

- Updated screen image of Quality & Treatment menu options.
- View Reports - Added indication that reports are for commercial cost ranges; updated screen image of View Cost Reports.

Resources

- Updated screen image of Resources menu options.
- Manuals – Updated screen image of Manuals page options; added descriptions for Chronic Condition Resources, Provider Network Roster and Blue adVantage links.
- Do you need a provider roster? – Added new section with instructions for using this search application to view all the practitioners tied to a group TIN.

Educational Resources

- Updated name of *Louisiana Blue Authorizations User Guide*.

Delegated Access

- Need to designate an administrative representative? – Updated web address information for accessing the Administrative Representative Registration Packet.
- Delegated Access Main Page Features – Updated screen image of the Delegated Access main page.
- Add a New User – Updated screen images of User Details step, Application step and iLinkBlue role options, Associations step, Providers step, Review step and Success message that appears on the Delegated Access main page after successfully adding a new user; updated name of Louisiana Blue Authorizations application.
- Edit Existing User – Updated screen images of User Details step, Application step and iLinkBlue role options, Associations step, Providers step, Review step and Success message that appears on the Delegated Access main page after successfully editing an existing user.
- Deactivating a User – Updated screen image of Account Information and Success messages that appears on the Delegated Access main page after successfully removing a user's access.
- Viewing Your Own Account Information – Updated screen image of an administrative representative's Account Information screen.