Blue Cross and Blue Shield of Louisiana is streamlining its prior authorization processes. Providers have the capability to get immediate approvals using our online BCBSLA Authorization tool, which does not require Blue Cross personnel intervention. If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity. It is important to always verify member eligibility and benefits before rendering services.

1. **What is the BCBSLA Authorization tool?**

   It is an online authorization submission application available through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Authorizations" menu option.

   It allows you to submit prior authorization requests and upload clinical information for BCBSLA members electronically. You can also research the status of existing authorization requests.

2. **What is the Prior Authorization Mandate?**

   Effective April 1, 2021, prior authorization requests must be submitted through the BCBSLA Authorizations tool. If you call for a service that requires you to use the online tool, you will be directed to use the online tool. Additionally, we are turning off the fax number (1-800-229-3961) used to fax authorization requests and submit clinical information for outpatient services. See question seven for services that cannot be requested through the tool.

3. **Why is Blue Cross requiring use of the BCBSLA Authorization tool?**

   The BCBSLA Authorization tool creates efficiencies for both the provider and Blue Cross. Providers can request authorizations 24 hours a day, seven days a week, in real time.

4. **What if I prefer to call for prior authorization requests, am I still required to use the BCBSLA Authorization tool?**

   Yes. All in-state providers (in-network and out-of-network) are required to use the BCBSLA Authorization tool on and after April 1, 2021, with the exceptions documented in question seven. If you call Blue Cross to request the authorization, you will be directed to use the online tool.

5. **Does the authorization mandate apply for network providers only?**

   The requirement applies for both in-network and out-of-network providers rendering services in Louisiana.

6. **What services are included in the mandate to use the BCBSLA Authorization tool?**

   The mandate to use the BCBSLA Authorization tool applies for most inpatient and outpatient services. This includes rehabilitation, long term acute care (LTAC) and skilled nursing facility (SNF) services (new and concurrent requests). Providers must upload clinical information through the online tool.

7. What services are excluded from the mandate?

This mandate excludes the services listed below. For these, continue using your current prior authorization processes.

- Transplant Authorizations
  Requests for transplant evaluations, listings and the actual transplant itself should be called or faxed to the Blue Cross Authorizations Department.

- Dental Services Covered Under Medical
  Dentist performing services that are covered under medical should be called or faxed to the Blue Cross Authorizations Department.

- Newborn Sick Babies or "Temporary Member"
  A newborn sick baby often requires services that cannot be attributed to the mother's hospital stay. Parents have 30 days to add babies to a current plan or to sign them up for their own plan and eligibility is often not visible right away. You may call Blue Cross to set up the initial authorization. Once Blue Cross completes the initial setup of the baby as a temporary member for authorization purposes only, you must then access the BCBSLA Authorization tool to upload clinical reviews.

- AIM Inpatient Authorization Extensions and Discharge Date
  AIM reviews select inpatient services such as spine surgery, total hip replacements and total knee replacements. When the authorization is issued by AIM, providers must still call the Blue Cross Authorization Department and follow the inpatient prompts to provide either a discharge date or continued stay information because these authorizations will not be visible via the BCBSLA Authorizations tool. AIM authorization numbers do not begin with AA (as Blue Cross authorization numbers do). AIM authorization numbers are in number only format.

- Out-of-state Providers (OOS)
  Authorizations for out-of-state services performed by out-of-state providers should be requested by phone.

- Blue-on-Blue Coverage
  When a member has two Louisiana Blue Cross polices that require the coordination of benefits, the provider should call Blue Cross for prior authorization. Once the initial authorization has been created, the provider must access the BCBSLA Authorizations tool to upload clinical reviews.

8. What is the correct way to load inpatient requests in the tool?

When loading an inpatient precertification request, include a Stay Request and Service Request (under Step 3 in the tool – UM Services) as follows:

Service	Stay Request	Service Request
Inpatient Hospice	✓	✓
Chemotherapy	✓	✓
Surgical	✓	✓
Medical	✓	✓
LTAC	✓	*not required*
Rehabilitation	✓	*not required*
Skilled Nursing	✓	*not required*

Stay Request – reflects the number of days requested for the inpatient stay

Service Request – should include all codes (CPT®/HCPCS) for the requested service(s) that will be performed during the inpatient stay. Failure to include codes for services being performed, may result in them being not covered regardless of the inpatient stay being approved.

9. What if my request is STAT, am I still required to use the authorization online?

Yes. Please submit STAT requests through the BCBSLA Authorization tool. They will be addressed timely and accordingly.

10. What type of services might meet medical necessity criteria yet are not a covered benefit?

If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity. It is important to always verify member eligibility and benefits before rendering services.

An example of this would be a member experiencing complications after a non-covered gastric bypass. These complications would not be covered under the member's policy regardless of medical necessity, even if an authorization is obtained via the BCBSLA Authorizations tool.

If you have a situation similar to example, please submit the clinical information via the BCBSLA Authorization tool for a review, rather than applying InterQual (IQ) criteria.

11. The member had an outpatient service at my facility and was then admitted to inpatient. What should I do?

- If the outpatient service required an authorization, then you should access the BCBSLA Authorization tool, locate the record for the outpatient authorization and indicate that the patient has been reclassified as inpatient. You must then generate a new activity on the existing authorization.

- If the outpatient service did not require an authorization, then you should access the BCBSLA Authorization tool to request a new inpatient authorization request.

12. Will Blue Cross continue to send the daily census reports and fax logs?

- Acute Inpatient Census Reports: The discharge (census) reports will continue to be sent to acute inpatient facilities weekday mornings informing facilities of all reviews due on that day. You must use the BCBSLA Authorization tool to view discharge dates and dispositions.

- Inpatient Fax Log: A Blue Cross system generated approval letter will continue to be faxed to your facility for every member reviewed. You will also receive a real time alert, via the BCBSLA Authorization tool, notifying you of the review determination. This alert will include the number of days given for approvals.

13. How do I submit clinical information to Blue Cross?

Clinical information can be supplied in one of three ways:

- Complete criteria review via InterQual (IQ). You may receive an online approval when IQ is completed, and criteria are met. Some services will require additional review, such as a benefit review or a medical policy review regardless of an IQ approval. Completing an IQ review is not required.
- Upload clinical information to the authorization request through the BCBSLA Authorization tool.

- Document the clinical information in the notes section of the authorization request in the BCBSLA Authorization tool. You must then generate an activity within the request. If an activity is not generated, the clinical information will not be available for Blue Cross to review.

14. How do I check the status of my authorization in the BCBSLA Authorization tool?

You may search by the patient's member ID number (found on the member ID card). You may also search by the reference number of the pending request.

15. I do not have access to use iLinkBlue. How do I get access?

Full information, including the registration application, on getting set up for iLinkBlue is available online at www.BCBSLA.com/providers, then click on "Electronic Services" and look under the "iLinkBlue" section.

16. I have access to iLinkBlue but not the BCBSLA Authorization tool. How do I get access?

Contact the administrative representative at your facility, office or organization to discuss your security roles in iLinkBlue. If you do not have an administrative representative, please contact the Provider Identity Management (PIM) Team at 1-800-716-2299, option 5 or PIMTeam@bcbsla.com for assistance or questions.

17. I lost my user information for accessing iLinkBlue. How do I get that updated?

Go to www.BCBSLA.com/ilinkblue and click on the "Forgot/Reset Password" button and follow the steps given. The system will email you a temporary password. Once logged in using the temporary password, you will be prompted to set up a new/permanent password.

18. Where can I find resources for iLinkBlue and the BCBSLA Authorization tool?

The *iLinkBlue User Guide* is available online at www.BCBSLA.com/providers, click on "Resources" and look under "Manuals." The *BCBSLA Authorizations Applications Facility User Guide* is available on iLinkBlue under the "Resources" menu option, then look under "Manuals."