



Inpatient/Outpatient Authorization Guide

Our authorization process ensures members receive the highest level of benefits to which they are entitled, and that the most appropriate setting and level of care are provided.

Always verify the member's eligibility, benefits and limitations prior to providing services to ensure if an authorization is required. Our provider manuals and network speed guides include the list of services that require an authorization and are available at www.bcbsla.com/providers >Resources.

Blue Cross requires providers to submit prior authorization requests, including new and extensions through our online BCBSLA Authorizations application. Exceptions include transplants, dental services covered under medical and most out-of-state services.

Ways to request an authorization:



Electronically Through iLinkBlue

Facilities and professional providers are required to electronically submit authorization requests for BCBSLA and HMO Louisiana members through the authorization applications available through iLinkBlue:

- Inpatient/Outpatient Services (BCBSLA Authorizations application)
- Utilization Management Programs such as high-tech diagnostic imaging, musculoskeletal (MSK), cardiology and radiation (AIM's **ProviderPortal_{SM}**)
- Behavioral Health Services (New Directions' WebPass)

www.bcbsla.com/ilinkblue

Via Fax

Providers can fax requests for those services excluded from being completed through the BCBSLA Authorizations application. See above for online tool exclusion. Faxes for services that are not excluded will be directed to the portal. Faxed requests should be sent to 1-800-586-2299. Submitting an authorization form with your fax will help to expedite your request. A copy of the authorization form is available online on our Provider page, www.bcbsla.com/providers >Resources >Forms.

Call the Authorization Department

Providers can directly call the member's authorization department at the phone number listed on the back of the member ID card for services excluded from being completed through the BCBSLA Authorizations application. See above for excluded list.

More →

TB00042010

This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email provider.communications@bcbsla.com and reference the Tidbit number and title listed on this publication.

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

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO, Inc.

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

We also offer applications through iLinkBlue for BlueCard® member authorization inquiries.

Prepare, organize and document all necessary information before requesting an authorization and have the following information handy for your authorization request:

- NPI number
- Patient's full name
- Diagnosis and procedure codes
- Office address
- Patient's date of birth
- Place of service
- Office telephone number
- Member ID number

Turnaround time is within three to five calendar days for non-urgent authorization requests. Promptly respond when additional medical information is requested to prevent delays.

Help us serve you faster by requesting an authorization extension before the current authorization expires.

Accessing Online Authorization Applications

Through iLinkBlue, providers can access various authorization applications and resources under the "Authorizations" menu option.



The screenshot shows the iLinkBlue navigation menu with the following items: Coverage, Claims, Payments, Authorizations (highlighted with an orange box), Quality & Treatment, and Resources. The Authorizations dropdown menu is open, showing two columns of links:

Authorizations - BCBSLA Members	Authorizations - Out of Area Members
1. Authorizations Guidelines - Do I need an authorization?	9. Authorizations Guidelines - Do I need an authorization?
2. BCBSLA Authorizations	10. Out of Area (Pre Service Review - EPA)
3. Behavioral Health Authorizations	11. Medical Policy Guidelines
4. AIM Specialty Health Authorizations	
5. Authorizations/Pre-Certification Inquiry	
6. Medical Policy Guidelines	
7. Lab Reimbursement Policies	
8. FEP Medical Policy Guidelines	

Explanation of the numbered tools listed above is as follows:

1. & 9. Authorizations Guidelines – Do I Need an Authorization? – Click on this link to access the authorization guidelines application. The application allows providers to research and view authorization requirements for BCBSLA 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.

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

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

4. AIM Specialty Health Authorizations – Click on this link to access AIM Specialty Health's *ProviderPortal_{SM}*. It is a web-based application for outpatient high-tech diagnostic, cardiology services, musculoskeletal (MSK) joint surgery, spine surgery, spine pain management and radiation oncology authorizations.

More →

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

6. Medical Policy Guidelines – Click on this link to access the BCBSLA medical policy index. Research current BCBSLA medical policies in an index that lists policies in alphabetical order or search by keyword, policy number or procedure code.

7. Lab Reimbursement Policies – Click on this link to access BCBSLA laboratory testing policies.

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

10. Out of Area (Pre-Service Review) – Click on this link to access an application that allows BCBSLA 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.

11. 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. This routes you to the applicable Blue Plan to access their medical policy information.

Authorization Resources Available Online

- Our list of specialty drugs that require authorization is available at www.bcbsla.com/providers >Pharmacy.
- Medical policies are available on iLinkBlue.
- Our network speed guides and provider manuals include lists of services that require authorization and are available online at www.bcbsla.com/providers >Resources.

Blue Advantage Authorizations

Blue Advantage (HMO) and Blue Advantage (PPO) network providers can access member eligibility, benefits, claims and authorization requirements through the Blue Advantage Provider Portal, which is accessible through iLinkBlue by clicking on “Blue Advantage” under the “Other Sites” section.

Who are in these programs?

- Fully insured members are a part of all programs.
 - Fully insured members can be identified by the words “Fully Insured” on the member ID card.
- Self-funded members have an option to be in these programs or not.
 - Self-funded member ID cards will include the group name but will NOT include the words “Fully Insured.”
- Small Business Funded (SBF) members are a part of all programs
 - SBF members have “SBF” in the group number in the Group/Subgroup section of their ID card.
- Office of Group Benefits (OGB) members are in the high-tech, MSK, cardiology and radiation oncology Programs.
- Federal Employee Program (FEP) members are not included in any AIM programs at this time.

Always confirm member benefits prior to rendering services.

Note:

Clinical guidelines, including a listing of impacted services for high-tech, MSK, radiation oncology and cardiology authorization programs are available online at www.aimspecialtyhealth.com/ClinicalGuidelines.html.