

Behavioral Health Webinar for ABA Providers

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

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



How to submit questions:

- Open the Q&A feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.

Introducing...

OUR NEW PRESIDENT AND CEO!




BRYAN CAMERLINCK

Introducing...

OUR NEW BRAND!

Blue Cross and Blue Shield of Louisiana is introducing *Louisiana Blue*.

We now have:

- a new name - Louisiana Blue
- a new logo - LOUISIANA **BLUE** 

www.lablue.com

Behavioral Health Webinar

Applied Behavioral Analysis
August 2024

Provider Relations Department

provider.relations@bcbsla.com

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

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

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

HCPCS 2024 © 2024 Practice Management Information Corporation.

PRESENTED BY:



Marie Davis
Senior Provider Relations
Representative
Blue Cross and Blue Shield
of Louisiana



**Laura Heidler, BCBA, NCC,
LPC/MHSP, LBA, CCM**
Autism Resource Program,
Autism Clinical Consultant
Lucet



**Jake Schieber MA, BCBA,
LBA**
Autism Resource Program,
Manager
Lucet

WELCOME!

Today's presentation will take you on a journey through:

- ✓ network participation as a behavioral health provider
- ✓ using iLinkBlue
- ✓ researching member benefits
- ✓ authorization requirements
- ✓ filing claims in iLinkBlue
- ✓ resolving claim issues
- ✓ telehealth
- ✓ billing guidelines
- ✓ provider support



Blue Cross and Blue Shield of Louisiana partners with:

Lucet™

The Behavioral Health
Optimization Company

- ✓ Lucet is an independent company that manages, on Louisiana Blue's behalf, behavioral health services for our members for authorizations, utilization management, case management and applied behavioral analysis case management. Lucet engages with our providers to improve quality outcomes.
- ✓ Lucet's team of mental health professionals are available 24/7 to assist in obtaining the appropriate level of care for your patients.

About Us

Lucet

Behavioral health solutions to connect people to the care they deserve

Lucet (formerly New Directions Behavioral Health) is a behavioral health solutions company that uses a unique combination of people and technology proven to optimize access to behavioral health treatment or services.

25+ years

of behavioral health & clinical research experience

Owned and operated behavioral health care team with deep domain expertise

Louisiana Blue is partnered with Lucet for their expertise in addressing behavioral health needs including connecting members to care, assisting with clinical access and providing care management.



Behavioral Health Clinicians



Call Center Support



Technology & Engineering

Available 24/7/365

Our Mission:
Improve health through positive change

- Our Values:**
- Commitment to excellence
 - Valued partnerships with providers
 - Positive member experiences
 - Quality clinical engagement

Lucet engages with Louisiana Blue, providers and members to achieve quality outcomes indicated by **HEDIS** (Healthcare Effectiveness Data and Information Set) metrics.

750+ employees

with clinical, call-center and technology experience



Accreditations



Accreditation Status



ACCREDITED

Health
Utilization
Management
Expires 09/01/2024

URAC Accreditation for
Health Utilization
Management

Accredited through
September 2024



FULL

NCQA Full Accreditation as a
Managed Behavioral
Healthcare Organization

Accredited through
February 2025



ACCREDITED

Case Management 6.0
Expires 12/01/2025

URAC Accreditation for
Case Management

Accredited through
December 2025

NETWORK PARTICIPATION



Network Participation

Credentialing is Required for Network Participation



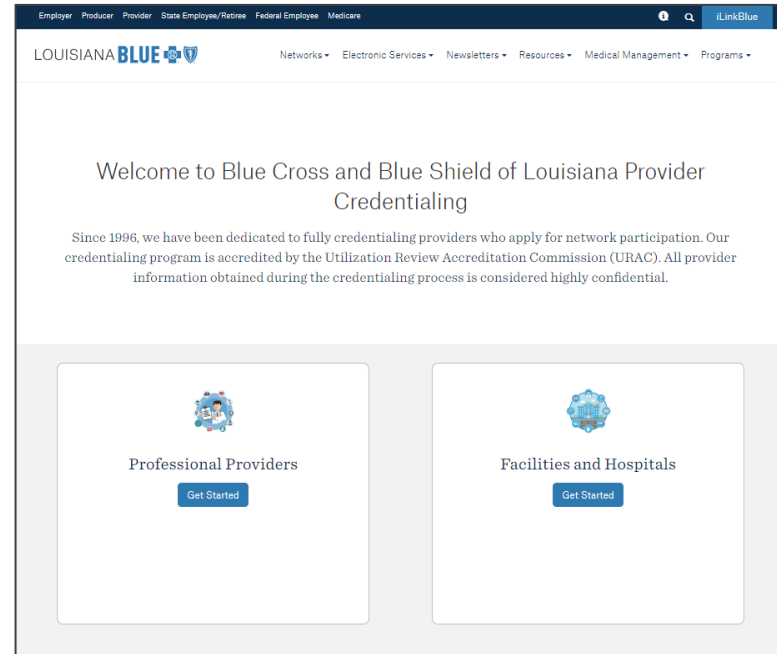
Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

We partner with **sympplrCVO** to conduct credentialing verification processes for our commercial networks.

Network Participation

To join our networks, you must complete and submit documentation to start the credentialing process or to obtain a provider record.

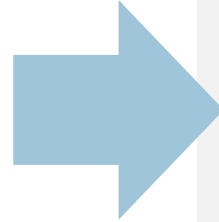
- Go to the [Join Our Networks](#) page, then select [Professional Providers](#) or [Facilities and Hospitals](#) to find:
 - Credentialing packets
 - Quick links to the Provider Update Request Form
 - Credentialing criteria for professional, facility and hospital-based providers
 - Frequently asked questions (FAQs)



www.lablue.com/providers > Network Enrollment > Join Our Networks

Credentialing Criteria

These professional provider types must meet certain criteria to participate in our networks.



View the *Credentialing Criteria* for these professional provider types at www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.

Applied Behavioral Analyst (ABA)

Doctor of Medicine (MD)

Doctor of Osteopathic (DO)

Licensed Addiction Counselor (LAC)

Licensed Clinical Social Worker (LCSW)

Licensed Professional Counselor (LPC)

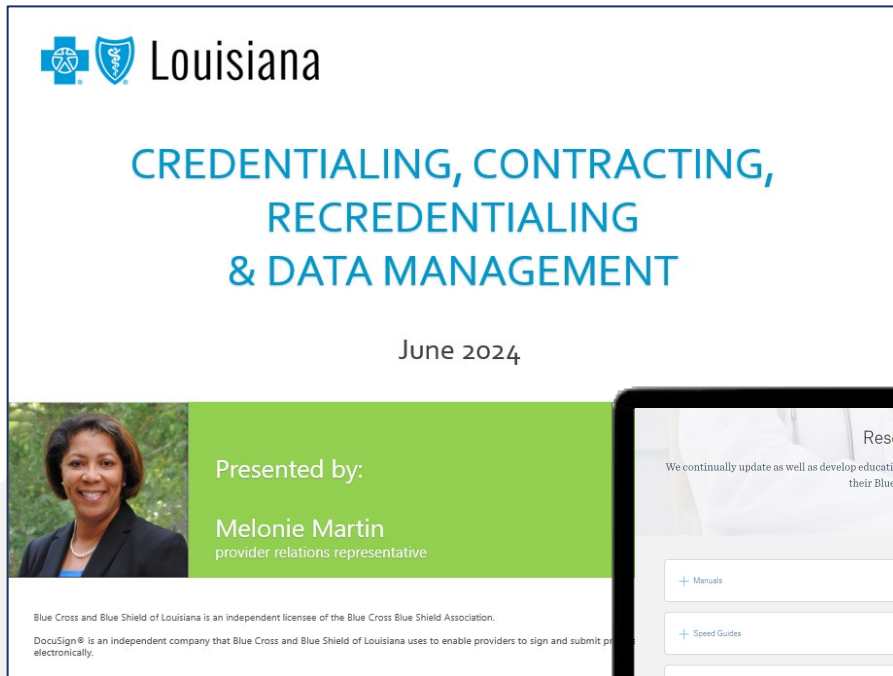
Nurse Practitioner (NP)

Physician Assistant (PA)

Psychologist (Ph.D)

Learn More About Credentialing

For full information on how to complete the credentialing/recredentialing processes, view our **Provider Credentialing & Data Management Webinar** presentation. It is available online at www.lablue.com/providers >Resources >Workshops & Webinars.



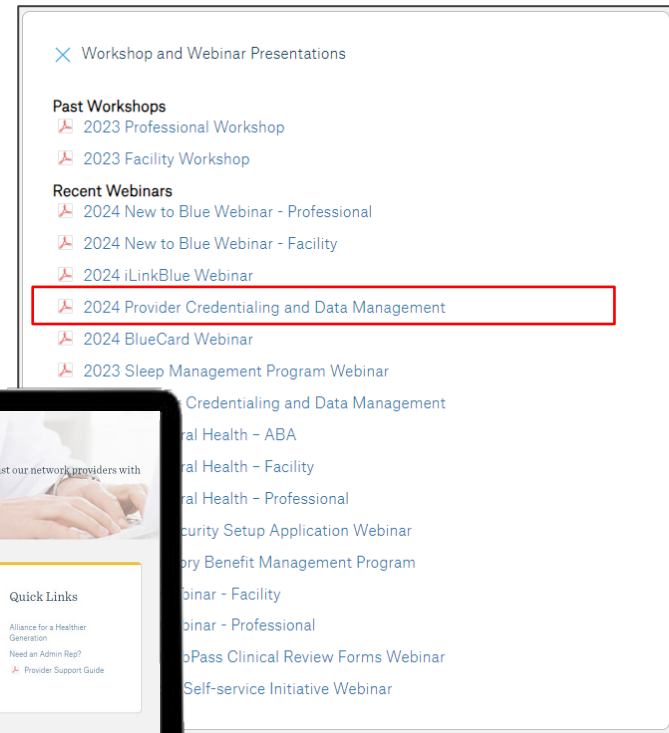
Louisiana

**CREDENTIALING, CONTRACTING,
RECREDENTIALING
& DATA MANAGEMENT**

June 2024

Presented by:
Melonie Martin
provider relations representative

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.
DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit electronically.



× Workshop and Webinar Presentations

Past Workshops

- 2023 Professional Workshop
- 2023 Facility Workshop

Recent Webinars

- 2024 New to Blue Webinar - Professional
- 2024 New to Blue Webinar - Facility
- 2024 iLinkBlue Webinar
- 2024 Provider Credentialing and Data Management
- 2024 BlueCard Webinar
- 2023 Sleep Management Program Webinar

Credentialing and Data Management

al Health - ABA

al Health - Facility

al Health - Professional

curity Setup Application Webinar

ory Benefit Management Program

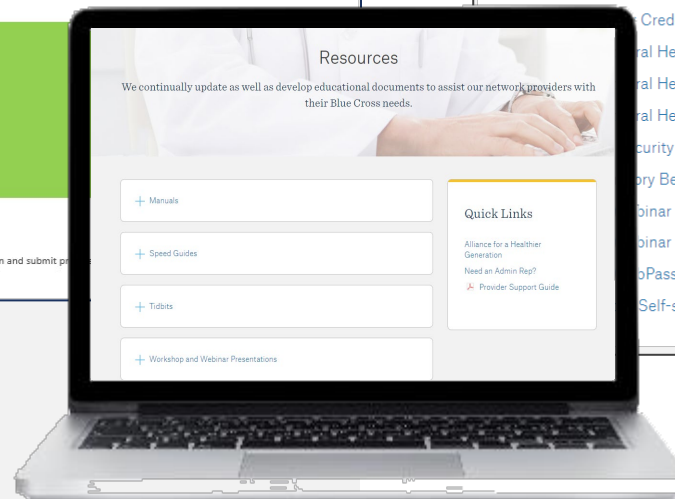
binar - Facility

binar - Professional

oPass Clinical Review Forms Webinar

Self-service Initiative Webinar

To attend this webinar, registration links are in our upcoming Provider Weekly Digests.



Updating Your Information


Our **Provider Update Request Form** accommodates all your change requests, which are handled directly by our Provider Data Management Team.

It is important that we always have your most current information!

This form allows you to make any of the following changes. Simply check the appropriate box(es) to indicate the type of change needed. You may select more than one option.

TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

The form is available online at www.lablue.com/providers >Resources >Forms.


Louisiana

Provider Update Request Form

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana. Based on your Type of Change needed, DocuSign® highlights the relevant fields to your request, and those fields appear in red throughout the form.

This request applies to: Individual Provider Provider Group/Clinic

CURRENT GENERAL INFORMATION		
Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty	Date of Requested Change

If you are an authorized representative completing this form on behalf of a provider, please indicate below.

AUTHORIZED REPRESENTATIVE	
Name	
Contact Phone Number	Contact Email Address
Submission Information (Form completed by)	
Signature of Authorized Representative	Date
Provider Attestation (where applicable)	
Signature of Provider	Date

TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at
 Phone: 1-800-716-2299, option 2 Email: PCDMstatus@bcbsla.com

23007231 006/03 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Online Provider Directories

Keeping your information updated is extremely important to help our members find you.

We publish demographic information in our online provider directory. The directory is available on our website at www.lablue.com.

- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.



It is the contractual responsibility that all participating providers keep their information current with Louisiana Blue. To report changes in your information, use the **Provider Update Request Form**. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

Online Provider Directories

www.lablue.com >Find a Doctor or Drug >Local Provider Directory

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find Doctors in Local Networks

Search our directory of top-rated primary care doctors, or specialties

All Networks Search for a doctor, hospital or specialty

Looking for a different type of provider?

- Dental
- Pharmacy
- Vision

*The dental, vision and pharmacy links may not apply to State Employees, and Memorial and Terrebonne General. Please check your group's plan documents

Networks Available

- Enhanced Tier 1 \$
- Tier 1 \$
- Tier 2 \$\$
- Tier 3 \$\$\$

- HMO Louisiana HMO/POS
- OCB MagLocal Plus - PrefCare
- OCB MagOpen/Access - PrefCare
- OCB Pelican HRA/HSA PrefCare
- OCB Preferred Care
- Preferred Care PPO

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

USING I LINKBLUE



What is iLinkBlue?

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

The screenshot shows the iLinkBlue provider portal interface. At the top, there is a navigation bar with the Louisiana Blue Cross and Blue Shield logo on the left and the iLinkBlue logo on the right. Below the navigation bar, there are several menu items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections:

- Welcome to iLinkBlue:** A large blue banner with the text "Welcome to iLinkBlue" and "Tips to Know". Below this, there is a message: "After searching iLinkBlue, if you still have member eligibility questions... You may call our Customer Care Center at 1-800-922-8866. You will be asked for the following information found on the Coverage Information screen:
 - The member's effective date or
 - The member's cancel date
- Medical Record Requests:** A white box with a blue header "Medical Record Requests" and the text "You have 0 new Medical Record Requests that require action." Below this, it says "Please visit Out of Area Medical Record Requests to view requests." and "Document Upload".
- Navigation Bar:** A row of six icons with labels: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices.
- Important Blue Cross Messages:** A white box with a green checkmark icon and the text "Important Blue Cross Messages".
- Other Sites:** A blue box with a white checkmark icon and the text "Other Sites". Below this, there are four links: Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue adVantage, and Healthy Blue.

Three callout boxes on the left side of the screenshot highlight key features:

- no cost to providers:** A grey callout box pointing to the "Welcome to iLinkBlue" section.
- user-friendly navigation:** A grey callout box pointing to the navigation bar and the "Medical Record Requests" section.
- secure auth applications:** A grey callout box pointing to the "Important Blue Cross Messages" and "Other Sites" sections.

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

www.lablue.com/ilinkblue

Accessing iLinkBlue

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

Administrative representative duties include:

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



**Instructions for Accessing
Our Secure Online Services**

Blue Cross offers many online services that require user access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- HRSA & JustWorkflows
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Home Members (for BlueCard® members)
- and more (as we develop new services)

To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.

Email: IM@lbcbsds.com	Tel: 1-800-515-1136
	Attn: Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?
If you have questions regarding the administrative representative setup process, please contact our PIM Team.
Email: IM@lbcbsds.com
Phone: 1-800-710-2256, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for managing access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.



©2019 Blue Cross of Louisiana. All rights reserved. Blue Cross of Louisiana is an Equal Opportunity Employer. Blue Cross of Louisiana is a member of the Blue Cross of Louisiana Group.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at www.lablue.com/providers >Electronic Services >Admin Reps.

Passwords

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



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



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

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

Email: PIMteam@bcbsla.com

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

PingID Registration

Authentication Method Selection

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

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

Cancel Reset Next

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

Powered by PingIdentity

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

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

Navigating iLinkBlue

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.

The screenshot displays the iLinkBlue website interface. At the top, the Louisiana Blue logo and the iLinkBlue brand name are visible. Below this is a dark blue navigation bar with a home icon and six menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, a 'Welcome to iLinkBlue' section includes 'Tips to Know' and a message about member eligibility questions. On the right, a 'Medical Record Requests' section shows '0 new Medical Record Requests that require action' and a 'Document Upload' link. Below these is a 'Quick Links' section with six icons: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. Further down is a 'Message Board' section with an 'Important Blue Cross Messages' header. On the right side of the lower section is an 'Other Sites' section with links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue adVantage, and Healthy Blue.

Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board

Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

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 on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the "Document Upload" link.

Other Sites

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

MEMBER BENEFITS





Louisiana Blue's Provider Networks

Louisiana Blue offers several provider networks that are tied to our members' benefit plans. These networks include:

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue

Our Identification Card Guide Provider Tidbit is a guide to identify members' applicable networks when looking at the ID card. Go to www.lablue.com/providers, click "Resources," then "Provider Tidbits."

Identification Card Guide


Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbsta.com/ilinkblue).

Preferred Care PPO

Prefix: Varies

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO-in-a-suitcase" logo identifies the nationwide BlueCard® Program. For more information, view the [Preferred Care PPO Network Speed Guide](http://www.bcbsta.com/providers), available online at www.bcbsta.com/providers > Resources.



Logo & network name

Dental Network indicator

BlueCard® indicator

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

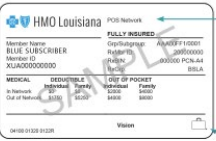
HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the [HMO Louisiana, Inc. Network Speed Guide](http://www.bcbsta.com/providers), available online at www.bcbsta.com/providers > Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.



Logo & network name

BlueCard® indicator

HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully insured HMO Louisiana members must select a primary care provider.

More →

TB00082010
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.support@bcbsta.com, and reference the Tidbit number and title listed on this publication.
18NV1743 R1223
Last reviewed on: 12-28-23

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

Fully Insured & Self Funded

FULLY INSURED

Group and individual policies issued by Louisiana Blue/HMOLA and claims are funded by Louisiana Blue/HMOLA.

MEDICAL		DEDUCTIBLE	OUT OF POCKET
		Individual	Individual
In Network		\$5500	\$0
Out of Network		\$5500	\$0

"Fully Insured" notation

SELF FUNDED

Group policies issued by Louisiana Blue/HMOLA but claims payments are funded by the employer group, not Louisiana Blue/HMOLA.

MEDICAL		DEDUCTIBLE		OUT OF POCKET		COPAYS
		Individual	Family	Individual	Family	Primary Care
In Network		N/A	\$4000	N/A	\$10000	80%
Out of Network		N/A	\$8000	N/A	\$20000	Specialty 50%

- "Fully Insured" NOT noted
- Self-funded group name listed

The benefit, limitation, exclusion and authorization requirements often vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.lablue.com/ilinkblue).

FEP Members

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

FEP BLUE FOCUS

- ✓ LIMITED in-network
- ✗ Out-of-network

The FEP Speed Guide is available at www.lablue.com/providers
>Resources >Speed Guides.

BlueCross BlueShield Federal Employee Program		Federal Employee Program (FEP) Speed Guide				
The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's Preferred Care PPO Network. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.						
FEP Dedicated Customer Service: 1-800-272-3029						
Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Standard Option	In-network benefits Out-of-network benefits	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 50%. Please refer to the member's benefit plan for full details.	PCP - \$25 copayment Specialists - \$35 copayment	\$30	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7990	Facility must be licensed and accredited, member must be enrolled in Case Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option	In-network benefits No out-of-network benefits	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 50%. Please refer to the member's benefit plan for full details.	PCP - \$30 copayment Specialists - \$40 copayment	\$35	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7990	Facility must be licensed and accredited, member must be enrolled in Case Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Blue Focus	Limited in-network benefits No out-of-network benefits	Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 50%. Please refer to the member's benefit plan for full details.	PCP/Specialist - \$10 copayment per visit for first 10 visits, then deductible and coinsurance	\$25	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 No Mail Service Prescription Drug Coverage	For FEP Blue Focus members, RTC stays are limited to 30 calendar days per year.

BlueCard[®] Program (out-of-area) Members

BlueCard[®] is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area. The main identifiers are the prefix and the “suitcase” logo on the member ID card.

The suitcase logo provides the following information about the member:



The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



The PPO suitcase indicates the member is enrolled in a Blue Plan PPO or EPO product.



The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.

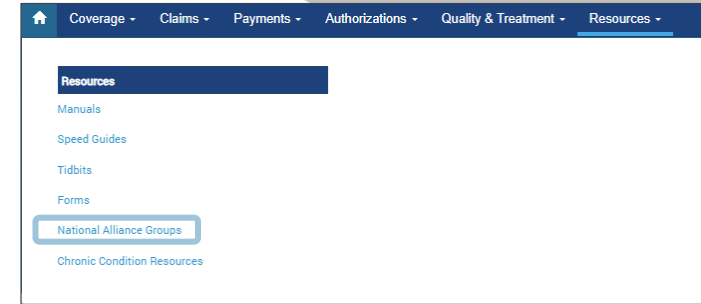


The HPN suitcase logo indicates the member is enrolled in a Blue High Performance NetworkSM (BlueHPN) product.

National Alliance Members

(South Carolina Partnership)

- National Alliance groups are administered through Louisiana Blue's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- Louisiana Blue taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.
- Claims are processed through the BlueCard program.



Blue Cross® BlueShield®

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

PLAN CODE 380

RxBIN 003858

RxGRP KESA

RxPCN A4

MyHealthToolkitLA.com

PPO®

Blue Cross® BlueShield®

MyHealthToolkitLA.com

Members: Call Customer Service for claims filing information.

Customer Service: 877-705-5427
PPO Network Provider Information:
800-810-2583
Provider Service: 800-868-2510
Precertification: 888-376-6544
Mental Health and Substance Abuse
Precertification: 800-868-1032
Express Scripts®: 877-262-3293
*Contracts separately with group.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions. MIS/MIA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Pharmacy benefits administrator: Contracts separately with group.

HUV

Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Azadian Ambulance	1/1/2023	LK
Associated Grocers	1/1/2012	AJB
Bollinger Shipyards	1/1/2018	GQI
Caddo Parish Commission	1/1/2014	CBV
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cisco	1/1/2013	CS
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMUHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyards	3/1/2018	IVI
Green Clinic	6/1/2013	GCL
Iberia Bank	1/1/2010	IKK
Jefferson Parish Sheriff's Office	1/1/2018	INJ
Lafayette City-Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EQX
PWI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IHQ
Tulane University	1/1/2020	TNA
WNC Energy Services	1/1/2018	IOJ
Zen-noh	1/1/2014	EDN

17100000 001024 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

We publish a list of these groups (with prefixes) in iLinkBlue (www.lablue.com/ilinkblue) under the "Resources" section.

Referring Members Out-of-network

You can find network providers to refer members to in our online provider directories at www.lablue.com >Find a Doctor.

The impact on your patients when you refer Louisiana Blue members to out-of-network providers include:

- Higher cost shares (deductibles, coinsurances, copayments)
- No benefits for some members
- Balance billing to member for all amounts not paid by Louisiana Blue if the provider is non-participating



If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

Verifying Member Benefits in iLinkBlue

Use iLinkBlue (www.lablue.com/ilinkblue) to lookup a member's coverage information.

Choose the "Coverage" menu option. Enter the member ID number to view coverage information for:

- BCBSLA (including HMO Louisiana, Inc.) members
- FEP members. This section is not used for out-of-area members.

The screenshot shows the 'Coverage Information' page in the iLinkBlue system. The page has a dark blue header with navigation links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the header, the title 'Coverage Information' is displayed, followed by a subtitle: 'Use the Coverage information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.' The main content area is divided into two steps: 1. 'Select Search Criteria' with radio buttons for 'BCBSLA' (selected), 'FEP', and 'Social Security Number'; 2. 'Enter Contract or Social Security Number' with a text input field labeled 'Enter BCBSLA contract number...' and a 'Search' button.

Tips

- BCBSLA – do not include the member's prefix
- FEP – must include the letter "R"
- A different application is used for BlueCard (out-of-area) members



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

Coverage Information

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

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

Coverage Information

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

BCBSLA

Search

Contract Number XUA123456789

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	TEST GROUP	123456789-0000	02/01/2000	26
Coverage Category	Coverage Type	Effective From	Effective To	
Medical	Family	01/01/2020	---	

ACTIVE COVERAGE

John Doe Subscriber	Sex	Male	Marriage Status	Married
Address	123 STREET ST. CITY, LA 70000	Date of Birth		11/30/1900
Coverage	Effective Date	Cancel Date	Original Effective Date	
Medical	01/01/2020	---	02/01/2000	

ID Card
Coverage Views
Coordination of Benefits

View ID Card
Summary
Benefits
View COB

Jane Doe Spouse	Sex	Female	Date of Birth	11/30/1900
Coverage	Effective Date	Cancel Date	Original Effective Date	
Medical	01/01/2020	---	02/01/2000	

ID Card
Coverage Views
Coordination of Benefits

View ID Card
Summary
Benefits
View COB

Hide Terminated Dependents

Jimmy Doe Child	Sex	Male	Date of Birth	01/01/1930
Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	

ABA Benefits

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

BCBSLA - Enter BCBSLA contract number... [Search](#)

Contract Number XUA123456789 **ACTIVE COVERAGE**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group	TEST GROUP	123456789-0000	02/01/2000	25

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

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

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

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

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

[Hide Terminated Dependents](#)

Jimmy Doe Child Sex: [blank], Date of Birth: [blank]

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

ID Card Coverage Views Coordination of Benefits

[View ID Card](#) [Summary](#) [Benefits](#) [View COB](#)

- [+ LIMITATIONS](#)
- [+ MATERNITY](#)
- [+ MENTAL AND NERVOUS DISORDER](#)
- [+ MENTAL/NERVOUS INPATIENT CARE - FACILITY MAX](#)
- [+ NETWORK PROVIDER](#)
- [+ OFFICE VISIT - PRIMARY](#)

Click on **Benefits** to open the list of services covered under the member's policy. ABA Benefits are listed under the Limitations section. Also be sure to verify exclusions, as benefits vary by policy.

Verifying Benefits for BlueCard Members

Use the “Coverage” menu option to research BlueCard (out-of-area) member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana).

The screenshot shows a navigation menu with the following items: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' menu is highlighted with an orange box. Below it, there are two main categories: 1. BCBSLA 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)). The 'BlueCard - Out of Area Members' category is circled in blue.

The screenshot shows the 'Eligibility Request (270)' form. The form is divided into three main sections: Contract Information, Patient Information, and Subscriber Information. The 'Contract Information' section includes fields for Prefix* and Contract Number*. The 'Patient Information' section includes fields for First Name*, Middle, Last Name*, and Suffix, as well as Date of Birth (mm/dd/yyyy), Gender (Select Gender T), and Service Type* (Select Service Type). The 'Subscriber Information' section includes fields for First Name, Middle, Last Name, and Suffix, with a note that these are only required if the patient and subscriber are not the same. A blue 'Submit' button is located at the bottom right of the form.

ABA Services Enhancement

Louisiana Blue covers ABA services for members of all ages diagnosed with **Autism Spectrum Disorder (ASD)** when prior authorization is obtained. **ASD** benefits include, but are not limited to:

- Medically necessary assessment
- Evaluations or tests performed for diagnosis
- Habilitative and rehabilitative care
- Pharmacy care
- Psychiatric care
- Psychological care
- Therapeutic care

**Effective January 1, 2023,
for new and existing
policies.**

**Note: It is optional for
self-funded policies.
Please always verify
benefits.**

**Applied Behavior
Analysis may be
available for coverage
for treatment of ASD
when determined to be
medically necessary.**

**ASD benefits are subject
to the copayments,
deductible amount and
coinsurance percentage
that are applicable to the
benefits obtained.**

DO I NEED AN AUTHORIZATION?



Behavioral Health Authorization Requirements

Do I need an authorization?

There are **two** resources that can be used to research authorization requirements.

1 iLinkBlue's Authorizations Guidelines application

The same application is used for **both** BCBSLA and BlueCard (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 Behavioral Health Speed Guide

This guide provides details about our behavioral health policies, including the list of services that require prior authorization. It is available at www.lablue.com/providers >Resources >Speed Guides.

Psychotherapy E&M Codes

- Psychiatrists and psychologists may bill E&M codes, if appropriate for the service provided and licensed to do so.
- Pharmacologic management CPT* code 90863 will bundle as incidental to psychotherapy codes.

Post-discharge Standards

Discharge planning should include the utilization review staff, discharge planner, the member's family, significant others, guardian or others as desired by the member. Admitting facilities should ensure that patients are provided follow-up appointments within seven days of discharge from an acute inpatient setting with a behavioral health provider. The seven-day appointment does not need to be with a psychiatrist; instead it can be scheduled with a therapist or other behavioral health provider.

Lucet offers post-discharge scheduling, on our behalf, to ensure our members schedule outpatient appointments. Their case managers and care transitions staff call providers to schedule post-discharge appointments within seven days. To take advantage of this service, contact the **Lucet After-care Follow-up Assistance Line** at:
Phone: 1-877-317-4847, option 2

Autism Services

We cover the diagnosis and treatment of autism on most policies. Authorizations are required for ABA Services—all reviews and authorizations related to the diagnosis and treatment of autism are handled by Lucet. Providers must submit an initial assessment request and treatment request form on the Lucet WebPass Portal, available through iLinkBlue.

Note: Autism benefits do not apply for some individual policies and may vary for self-funded groups and BlueCard members. Always verify members' benefits to determine applicable benefits and any maximum benefit limitations, through iLinkBlue.*

For full autism and behavioral health billing guidelines, refer to the *Professional Provider Office Manual*, available online at www.bcbsla.com/providers >Resources.

Applied Behavior Analysis (ABA) Modifiers & Billing Guidelines

Provider Type	Billing Guidelines	Modifier
Licensed Behavior Analyst (LBA)	<ul style="list-style-type: none"> Can bill directly Services must be billed with modifier 	TG
State-certified Assistant Behavioral Analysts (SCABA)	<ul style="list-style-type: none"> Cannot bill directly Services must be billed through the supervising LBA with the appropriate codes and modifier 	TF
Registered Line Therapists (RLT) with a Bachelor's degree	<ul style="list-style-type: none"> Cannot bill directly Services must be billed through the supervising LBA 	HN
RLT without a Bachelor's degree	<ul style="list-style-type: none"> Cannot bill directly Services must be billed through the supervising LBA 	No modifier

Code	Time	Clinician Type	Modifier
97151	15 min	SCABA	TF
		LBA	TG
		SCABA	TF
97152	15 min	LBA	TG
		RLT without Bachelor's	HN
		SCABA	TF
97153	15 min	LBA	TG
		RLT without Bachelor's	HN
		SCABA	TF
97154	15 min	RLT without Bachelor's	TG
		SCABA	TF
		LBA	TG
97155	15 min	SCABA	TF
		LBA	TG
		SCABA	TF
97156	15 min	LBA	TG
		SCABA	TF
		SCABA	TF
97157	15 min	LBA	TG
		SCABA	TF
		SCABA	TF
97158	15 min	SCABA	TF
		LBA	TG
		SCABA	TF
0362T	15 min	LBA	TG
		SCABA	TF
		SCABA	TF
0373T	15 min	LBA	TG
		SCABA	TF
		LBA	TG

Full descriptions for these codes and CPT time-rules are available from the American Medical Association.
CPT® only copyright 2024 American Medical Association. All rights reserved.

Behavioral Health Authorization Requirements

Below is the list of authorization requirements.

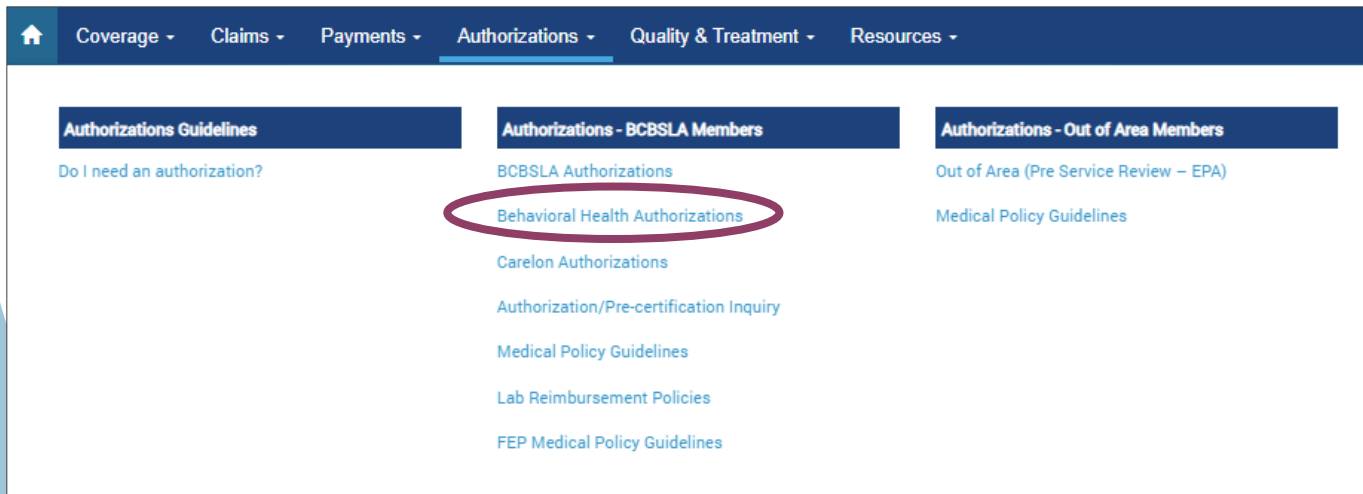
Authorizations are required for all inpatient behavioral health services and may be required for some outpatient behavioral health services:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- **Applied Behavior Analysis (ABA)**

Requirements vary based on the member's policy. Please always verify benefits prior to rendering services.

Requesting Authorizations

Please use **WebPass Portal** to electronically request authorizations for behavioral health services and submit clinical information. It is a web-based application in iLinkBlue (www.lablue.com/ilinkblue) and is facilitated by **Lucet**.



The screenshot shows the iLinkBlue website's navigation menu with the following items: Home, Coverage, Claims, Payments, Authorizations (selected), Quality & Treatment, and Resources. Below the menu, there are three main sections: 'Authorizations Guidelines' with a link 'Do I need an authorization?'; 'Authorizations - BCBSLA Members' with links for 'BCBSLA Authorizations', 'Behavioral Health Authorizations' (circled in red), 'Carelon Authorizations', 'Authorization/Pre-certification Inquiry', 'Medical Policy Guidelines', 'Lab Reimbursement Policies', and 'FEP Medical Policy Guidelines'; and 'Authorizations - Out of Area Members' with links for 'Out of Area (Pre Service Review - EPA)' and 'Medical Policy Guidelines'.



By Phone:

In the event you are unable to use **WebPass Portal**, you can call Lucet for assistance at 1-877-563-9347.

Use WebPass Portal

You can use WebPass Portal to submit treatment requests for:

- Initial Assessment
- Initial Treatment
- Continuation of Care
- Discharge Form
- Amended Requests:
 - BCBA name changes
 - Amending CPT hours



Medical Necessity Appeals

First-level appeals

Send directly to Lucet:

Lucet Health
ATTN: Appeals Coordinator
P.O. Box 6729
Leawood, KS 66206
Fax: 1-816-237-2382

Decision to Overturn Denial

A letter is sent to member and provider letting them know denial was overturned and processing instructions are communicated to Louisiana Blue to pay claim.

Decision to Uphold Denial

A letter is sent to member and provider directing them on how and where to file a second-level appeal request.

Second-level appeals

Are handled one of two ways:

1. By BCBSLA
2. By the member's group
 - applies for some self-funded groups

Upon receipt of the second-level appeal, Louisiana Blue or the member's group will have an Independent Review Organization (IRO) review the case (this is a specialty-matched review).

If the IRO upholds the denial, a letter is sent to provider and member and appeals are exhausted.

If the IRO overturns the denial, claims are paid.

Medical Necessity Appeals

WebPass Retro Review & Appeal Submissions

Requesting retro reviews and appeals has become much easier.

Requests are completed via the WebPass system; already in use for initial and concurrent reviews.

- The medical record can easily be attached via the WebPass instead of using fax or mail.

To submit a request

- Accessible via the clinical forms section.
- Loads directly into the members record, resulting in timely processing.

Tips

- When requesting a retro or an appeal be sure to have the original authorization number handy.
- Retro requests – It may or may not have a previous authorization number. If so, tie it to the current authorization as you would for a concurrent review.
- Appeals – Make sure and tie it to the current authorization as you would for a concurrent review.

Diagnostic Review

Purpose

A comprehensive medical records establishing a medical diagnosis of autism provides baseline information regarding the member's current severity level.

Comprehensive Evaluation

- ASD specific
- Cognitive and developmental
- Adaptive assessment
- Neurological information

Some records are missing, what do we do?

- Extension for request
- Approval of short authorization while records are obtained

Treatment Review

Five-business day review period

Post-Service Reviews

- Requests submitted more than 30 days after requested start dates
- Medical Records
- Automatic extension

Ending Services

- Please provide notification: last date of services, transition or additional services recommended, etc.

BCBA Name Changes

- Extended vacations, maternity/medical leave of absence, caseload reassignment

Types of Denials

Administrative Denial

- Denial given due to a benefit structure limitation.
 - Examples: The place of service is excluded; member does not have an Autism diagnosis; ABA is excluded under the plan.
- Notification given to family and provider; family offered behavioral health case management.

Peer Review

- Denial due to medical necessity not being met.
- Clinical information is presented for a medical director to review and provide final outcome.
 - Examples: lack of progress, goals duplicating other services.
- Partial Denial – portion of request is being approved.
- Taper to Denial – gradual reduction in hours over the course of several weeks are approved with a final cap to full denial of hours.
- Notification to family and provider with denial letter noting appeal rights; family offered behavioral health case management.

FILING CLAIMS



Timely Filing

The member and Louisiana Blue are held harmless when claims are denied or received after the timely filing deadline.

Policy Type

- Preferred Care PPO
- HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue)
- BlueHPN

Filing Requirements

Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service.

- Federal Employee Program (FEP)

Blue Cross FEP Preferred Provider claims must be filed within 15 months from date of service. Members/ Non-preferred providers have no later than December 31 of the year following the year in which the service were provided.

- Office of Group Benefits (OGB)

Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

- Self-funded Groups
- BlueCard (out-of-area)

Timely filing standards may vary. Always verify the member's benefits (including timely filing standards) through iLinkBlue.

Researching Allowables

Professional Allowable Search

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

- Select a Date: 08/21/2017
- Select a Provider: Select a provider
- Select a Network: Select a Network
- Enter a CPT Code *

Buttons: Continue, Reset, View Allowables

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

Use iLinkBlue to view allowables for a single code or a range of codes.

Look up a single code:

Enter: 90833

Results: allowable for 90833 only

Look up a range of codes:

Enter: Results:

908* allowables for all codes beginning with 908

90* allowables for all codes beginning with 90

9* allowables for all codes beginning with 9

Submitting Claims

Electronic Transmission

Louisiana Blue accepts electronic claims transmitted via HIPAA 837P and 837I submitted electronically through your clearinghouse.

We do not charge a fee for electronic transactions.

Providers can submit transactions directly to us or indirectly through a third-party clearinghouse.

For more information on how to submit electronic claims to Louisiana Blue, visit www.lablue.com/providers >Electronic Services >Clearinghouse Services.

or

Hardcopy

If it is necessary to file a hardcopy claim, we only accept original claim forms.

For Louisiana Blue, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:

Mail hardcopy claims to:

BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898

For FEP Claims:

BCBSLA
P.O. Box 98028
Baton Rouge, LA 70898

CMS-1500 (02-12)

Submitting Claims in iLinkBlue

The screenshot shows the iLinkBlue web application interface. At the top, there is a navigation bar with a home icon and several menu items: Coverage, Claims (which is highlighted with a blue underline), Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, the main content area is divided into several sections. On the left, there is a 'Claims Research' section with links for 'Claims Status Search', 'Action Request Inquiry', 'Dental Advantage Plus Network - United Concordia Dental', and 'Davis Vision Network'. In the center, there is a 'BlueCard - Out of Area Claims Status' section with links for 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)'. On the right, there is a 'Claims Entry & Reports' section, which is highlighted with a blue rounded rectangle, containing links for 'Blue Cross Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Blue Cross Claims Confirmation Reports'. At the bottom, there are two more sections: 'Medical Code Editing' with a link for 'Claims Edit System', and 'Medical Records' with links for 'Out of Area Medical Record Requests' and 'Document Upload'.

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

Submitting Claims in iLinkBlue

Blue Cross Professional Claims Entry (1500) – follows the format of the HCFA 1500 form R (02-12).

If the claim entry contains errors, the edits will be listed under the “Error Messages” section at the top of the screen.

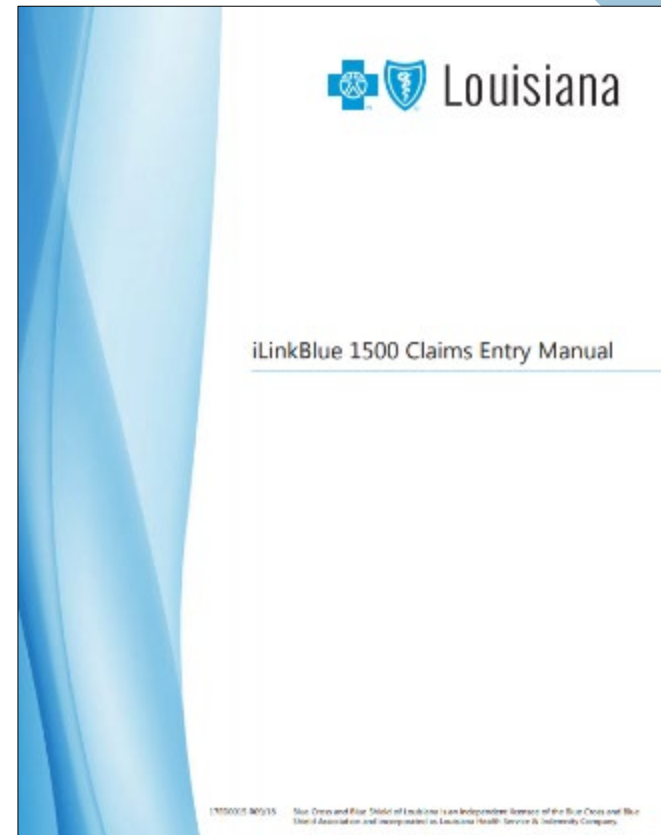
Error Messages:		1a. Insured's ID#	
		<input type="text"/>	
2. Patient's Name		3. Patient's Birth Date	Sex
<input type="text" value="LAST"/>	<input type="text" value="FIRST"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="radio"/> Male
<input type="text" value="MI"/>			<input type="radio"/> Female
4. Insured's Name		5. Patient's Address	
<input type="text" value="LAST"/>	<input type="text" value="FIRST"/>	<input type="text" value="NO. STREET"/>	
<input type="text" value="MI"/>		<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="IA"/>	<input type="text" value="v"/>
6. Patient's Relationship to Insured		7. Insured's Address	
<input type="text" value="Select"/>		<input type="text" value="NO. STREET"/>	
		<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="IA"/>	<input type="text" value="v"/>
8. Reserved for NUCC Use		<input type="text" value="Zip Code"/>	<input type="text" value="Phone"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

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

Claim for 12345678901; DOE, JANE has been submitted

Submitting Claims in iLinkBlue

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



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

Verifying Receipt of Claims

Confirmation Reports are generated in iLinkBlue and allow providers to electronically research submitted claims. Daily reports confirm acceptance of claims submitted directly through iLinkBlue, billing agency or clearinghouse.

- ✓ Reports are available within 24 hours of submitting claims (prior to 3 p.m.).
- ✓ Reports are available up to 120 days.
- ✓ Reports are displayed by date.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

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

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

[Search](#)

Search Results for Accepted Claims

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

Sample Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims on the Not Accepted report.

Accepted Report Example

Blue Cross and Blue Shield of Louisiana 837 Accepted / Not Accepted / Warning Report Professional Claims Report								
SUBMITTER NUMBER: P0123456789 BC Ref# 1234T5678Z NPI# 1234567891 BC ID# T5678 PROCESSING DATE: 04-14-23				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 4-14-23				
PAGE 1								
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	XUA123456789	040819	040819	125.00	123456789123	
PROVIDER BC ID# T5678 837P SUMMARY:								
837P TOTAL CLAIMS ACCEPTED:				1 CLAIMS FOR \$125.00				
837P TOTAL CLAIMS NOT ACCEPTED:				0 CLAIMS FOR \$0.00				
837P TOTAL CLAIMS:				1 CLAIMS FOR \$125.00				
SUBMITTER: P0123456789 BHT03: 123456				TOTAL TRANSACTION SUMMARY:				
TOTAL CLAIMS ACCEPTED:				1 CLAIMS FOR \$125.00				
TOTAL CLAIMS NOT ACCEPTED:				0 CLAIMS FOR \$0.00				
GRAND TOTAL CLAIMS:				1 CLAIMS FOR \$125.00				

Not Accepted Report Example

Blue Cross and Blue Shield of Louisiana 837 Accepted / Not Accepted / Warning Report Professional Claims Report								
SUBMITTER NUMBER: P0123456789 BC Ref# 1234T5678Z NPI# 1234567891 BC ID# T5678 PROCESSING DATE: 04-14-23				SUBMITTER: ABCTESTCO PROVIDER: TEST REGIONAL HOSPITAL PROCESSING DATE: 4-14-23				
PAGE 1								
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	XUA123456789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
PROVIDER BC ID# T5678 837P SUMMARY:								
837P TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
837P TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
837P TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				
SUBMITTER: P0123456789 BHT03: 123456				TOTAL TRANSACTION SUMMARY:				
TOTAL CLAIMS ACCEPTED:				0 CLAIMS FOR \$0.00				
TOTAL CLAIMS NOT ACCEPTED:				2 CLAIMS FOR \$412.00				
GRAND TOTAL CLAIMS:				2 CLAIMS FOR \$412.00				

Claims Research

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

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

2 Narrow Your Search

3 Date of Service *optional*

BCBSLA / FEP

BlueCard - Out of Area

From

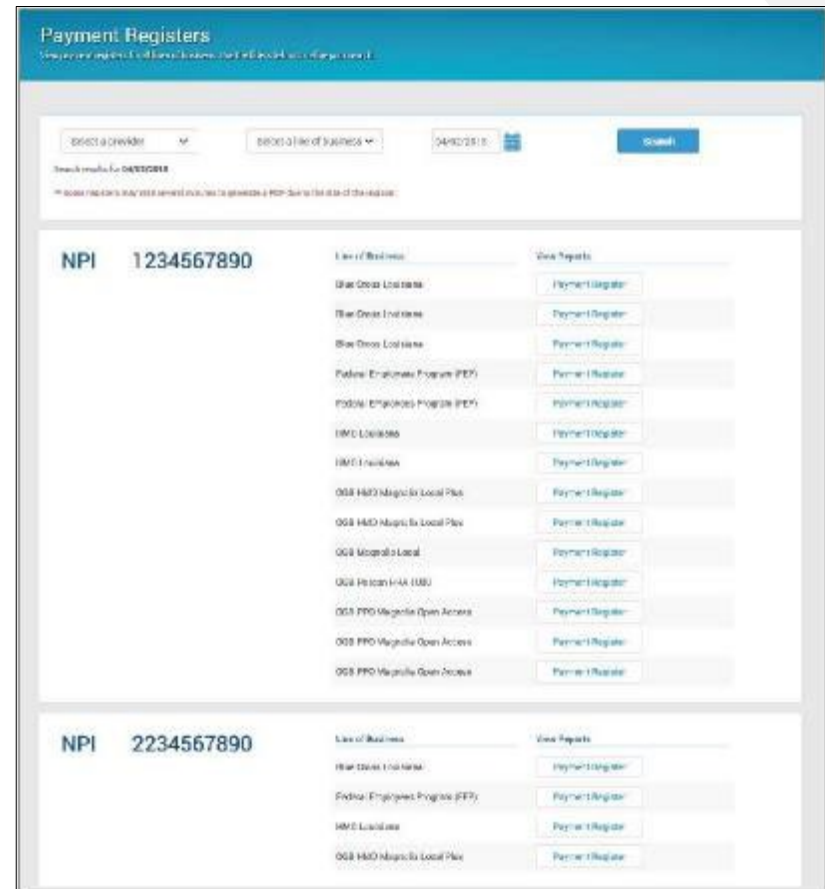
To 01/19/2018

Search

- Use the “Claims” menu option to research paid, rejected and pended claims.
- You can research **BCBSLA**, **FEP** and **BlueCard-Out of Area** claims submitted to Louisiana Blue for processing.

Payment Registers

- Use the **Payments** menu option in iLinkBlue to find your Louisiana Blue payment registers.
- Payment registers are released weekly on Mondays.
- Notifications for the current week will automatically appear on the screen.
- You have access to a maximum of two years of payment registers in iLinkBlue.
- If you have access to multiple NPIs, you will see payment registers for each.



Benefits of Proper Documentation



Allows identification of high-risk patients



Allows opportunities to engage patients in care management programs and care prevention initiatives



Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Louisiana Blue



Reduces costs associated with submitting corrected claims

Provider's Role in Documenting

- Each page of the patient's medical records should include the following:
 - Patient's name
 - Date of birth or other unique identifier
 - Date of service, including the year
- Provider signature (must be legible and include credentials)
 - Example: John Doe, MD (acceptable)
 - Example: Dr. John Doe (not acceptable)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity.
- Include all related diagnoses, including chronic conditions for member treatment.
- Medical records **must support ALL** diagnosis codes on claims.

Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient.



Medical Records Requests

From time to time, you may receive a medical record request from us, or one of our vendors, to perform medical record chart audits on our behalf.

- Per your Louisiana Blue network agreement, providers are not to charge a fee for providing medical records to Louisiana Blue or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Louisiana Blue subscriber contract allows for the release of the information to Louisiana Blue or its designee.

Medical record requests must be returned within seven days of receipt of request.

Commercial Risk Score

- Code all conditions (acute/chronic) being treated to the highest level of specificity.
 - Monitored, Evaluated, Assessed or Treated should be noted
- Avoid non-specific and broad statements such as bipolar disorder.
- Use terms such as:
 - Type I or II
 - Current or in remission
 - Severity (mild, moderate, severe)
 - Presence of psychotic features



NOTE: Improper documentation could result in audits and/or the request of medical records.

RESOLVING CLAIM ISSUES



Have an Issue with a Claim?

Sometimes a provider may need find an issue with a claim. It is best to **first inquire about the claim**, then if necessary, submit a formal request.

Louisiana Blue classifies formal requests into three different categories:

CLAIMS DISPUTES

Involves a denial that affects the provider's:

- Reimbursement, including bundling issues
- Timely filing
- Authorization penalties
- Refund disputes

MEDICAL APPEALS

Involves a denial or partial denial based on:

- Medical necessity, appropriateness, healthcare setting, level of care or effectiveness
- Determined to be experimental or investigational

ADMINISTRATIVE APPEALS & GRIEVANCES

- Claim issue due to the member's contract benefits, limitations, exclusions or cost share
- When there is a grievance

Inquiring About Claim Issues

Use the iLinkBlue Action Requests application!

It allows you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim.

The screenshot shows the 'Action Request Inquiry' page in the iLinkBlue application. The page has a dark blue header with navigation links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the header, the title 'Action Request Inquiry' is displayed, followed by a subtitle: 'To view the status of previously entered action requests, select a provider and enter a contract number.' The main content area contains three input fields: 'Select a Provider' with a dropdown menu showing 'Choose one', 'Prefix' with a text box containing '(optional)', and 'Contract Number' with an empty text box. A small note below the fields states 'Contract prefix is required for ITS Out of Area Contracts.' A blue 'Search' button is located in the bottom right corner of the form area.

Common reasons to submit an Action Request



- Code editing inquiries
- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Recoupment request
- Status of dispute



The **Action Requests** application does not allow you to upload documentation. For this reason, it is important to include full details when submitting the inquiry.

Submitting an Action Request


In iLinkBlue there is an **Action Request** button on each claim. It opens an electronic form that prepopulates with information on the specific claim. There are multiple places within iLinkBlue that include the action request buttons.

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

on the **Paid/Rejected Claims Results** screen

and

on the **Pended Claims Results** screen

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

on the **Claims Detail** screen

Submitting an Action Request

When submitting an Action Request:

- Include your contact information
- Be specific and detailed
- Allow 10-15 working days for a response to each request
- Check in Action Request Inquiry for a response
- Submit a second request if there was no resolution

The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title is a light blue bar. The main heading is "Submit Action Request" in a dark font. Below this is a sub-heading "Claim Details" in a lighter font. The form contains several fields: "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text input field with "First" as a placeholder), "Last Name" (a text input field with "Last" as a placeholder), "Phone Number" (a text input field with "XXX-XXX-XXXX" as a placeholder and a separate "ext" field), and "Notes" (a large text area with a placeholder "Type the details of your request. Max 400 characters."). A blue button labeled "Submit Action Request" is located at the bottom right of the form.

As a second step to **submitting an Action Request**, if you did not get a resolution, you may also contact the **Customer Care Center** using the number on the back of the patient's member ID card.

Coming
soon!

Refund Request Letters

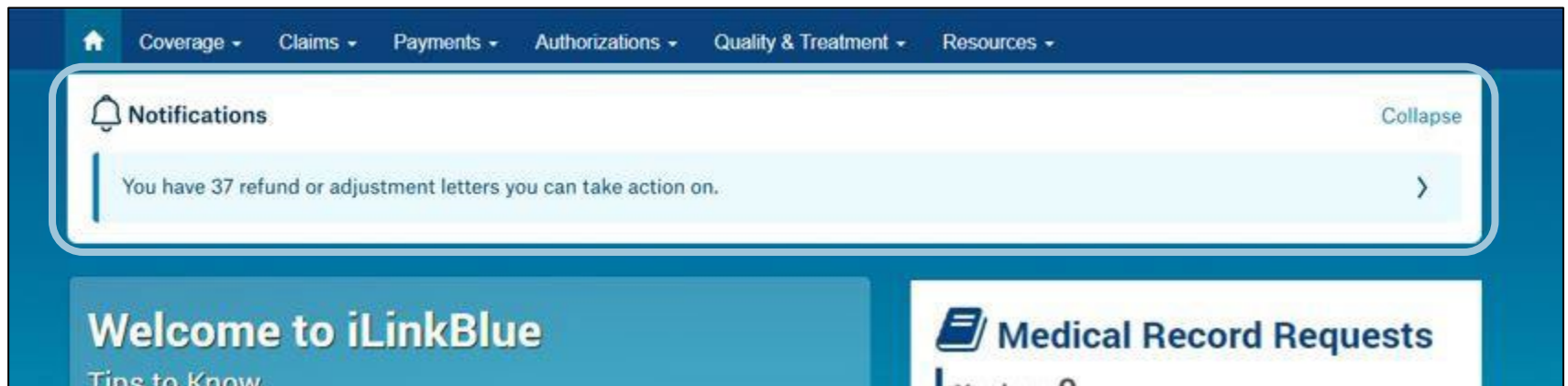
Providers now have access to electronic copies of Refund Request letters in iLinkBlue.

The screenshot displays the iLinkBlue web application interface. At the top left is the 'LOUISIANA BLUE' logo with a cross and shield icon. At the top right is the 'iLinkBlue' logo. Below the logos is a dark blue navigation bar with a home icon and the following menu items: 'Coverage', 'Claims', 'Payments', 'Authorizations', 'Quality & Treatment', and 'Resources'. The 'Claims' menu is expanded, showing a grid of options. The 'Refund Request Letters' option is highlighted in blue. Other options include 'Claims Research', 'BlueCard - Out of Area Claims Status', 'Claims Entry & Reports', 'Medical Code Editing', and 'Medical Records'. Each option has associated sub-links and counts where applicable.

Claims Research	BlueCard - Out of Area Claims Status	Claims Entry & Reports
<ul style="list-style-type: none"> Claims Status Search Action Request Inquiry Refund Request Letters Dental Advantage Plus Network - United Concordia Dental ? Davis Vision Network ? 	<ul style="list-style-type: none"> Submit OOA Claims Status Request (276) View OOA Claims Status Response (277) 	<ul style="list-style-type: none"> Blue Cross Professional Claims Entry (1500) Service Facility Location Information (1500) Blue Cross Claims Confirmation Reports
Medical Code Editing	Medical Records	
<ul style="list-style-type: none"> Claims Edit System 	<ul style="list-style-type: none"> Out of Area Medical Record Requests Document Upload 	

Refund Request Letters

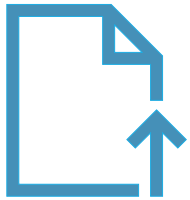
- When logging into iLinkBlue (www.lablue.com/ilinkblue), a notification appears on the Welcome Page as the letters become available.
 - To access the letters, select the notification or go to Claims >Refund Request Letters.
- The letters are accessible for 24 months from their issue date.
- We will continue to grow this feature to include other types of letters in the future.



How Do I Correct or Void a Claim?

For professional claims submitted electronically through a clearinghouse:

Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I or 837P) submission by following the instructions below:



Claim Adjustment

- Enter the frequency code "7" in Loop 2300 Segment CLM05-03.
- Enter the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.
- Note: The adjusted claim should include all charges (not just the difference between the original claim and the adjustment).

Void the Claim

- Use frequency code "8" in Loop 2300 Segment CLM05-03.
- Use the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.

How Do I Correct or Void a Claim?

For professional claims submitted hardcopy or through iLinkBlue:

When a claim is refiled for any reason, all services should be reported on the claim.

Hardcopy Claim

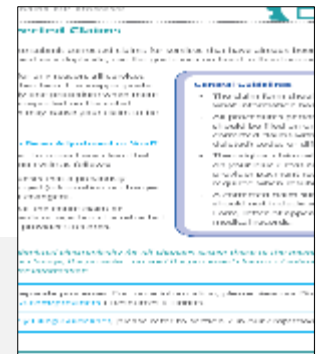
Claims that were previously processed on a CMS-1500 can be changed:

- Adjust Claim – In Block 22, enter “7” for a claim adjustment (information or charges added to, taken away or changed).
- Void Claim – In Block 22, enter “8” to request that the entire claim be removed, and any payments or rejections be retracted from the member’s and provider’s records.
- In Block 22, enter the original claim reference number.

iLinkBlue Claim

If submitting a corrected professional claim through iLinkBlue:

- In Field 19A, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim).
- In Field 19B, enter the Internal Control Number (ICN Number that is the original claim number).



For more information find our Submitting a Corrected Claim Tidbit at www.lablue.com/providers >Resources >Tidbits.

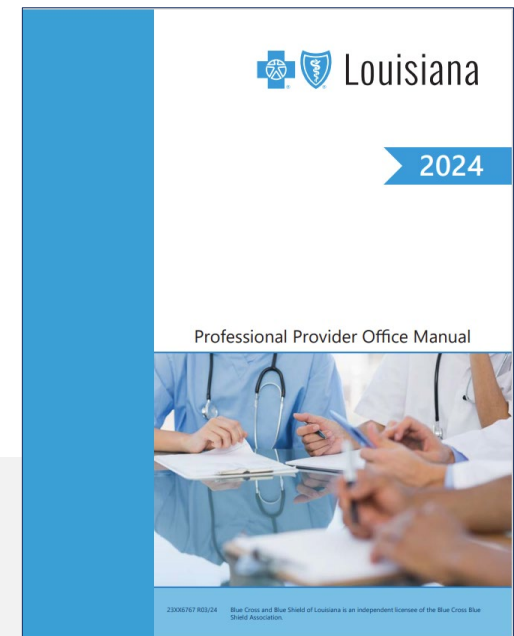
TELEHEALTH



Telehealth Policy

- Follow the telehealth billing guidelines in the provider manual.
- Fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines.
- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.
- Louisiana Blue adheres to the rules and regulations outlined by the [Louisiana Board of Medical Examiners](#) regarding telehealth prohibitions.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at www.lablue.com/providers >Resources >Manuals.



Appropriate Place of Service (POS)

We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.).



- Use **POS 10** for all direct to consumer (DTC) telehealth services.
- Bill non-DTC telehealth with the appropriate place of service based on the member's location when services are provided.
- For example, if the member is in the inpatient hospital setting when receiving telehealth services, bill POS 21.
- Do **not** bill POS 02 for telehealth services; Louisiana Blue does not consider POS 02 valid for claims submission. Claims billed with POS 02 may reject.
- Louisiana Blue will not reimburse telehealth services for HCPCS codes 0362T or 0373T due to their complexity requiring a face-to-face encounter.




Telemedicine Codes

The following codes can be used for “Direct-to-consumer” telemedicine—when the telemedicine encounter occurs directly between provider and patient.

Codes listed below with an asterisk (*) may be billed as audiovisual telehealth services only. All other listed codes can be billed as audiovisual or audio-only telehealth services.

Direct-to-consumer Codes



Category	Code
Office & Outpatient Visits (E&M)	99201-99205, 99211-99215
Wellness & Preventive E&M	99381-99387, 99391-99397
Behavioral Health	90785, 90791-90792, 90832-90834, 90836-90840, 90845-90847, 96156, 96158, 96160-96161
Applied Behavioral Analysis (ABA)	97151*, 97152*, 97153*, 97154*, 97155*, 97156*, 97157*, 97158*
Physical Therapy, Occupational Therapy and Speech Therapy	92507, 92521, 92522, 92523-92524, 92526, 92610, 96105, 97110*, 97112*, 97116*, 97161*, 97162*, 97164*, 97165*, 97166*, 97168*, 97530*, 97535*
Preventive Medicine Counseling	99401-99404
Transitional Care Management	99495, 99496
Diabetes Management	G0108-G0109
Dietary & Nutritional Therapy	97802-97804, G0270-G0271
Obesity Counseling	G0447
Alcohol & Substance Abuse Screening	99408, 99409, G0442, G0443
Smoking Cessation & Tobacco Counseling	99406-99407
Sexually Transmitted Infections & High-intensity Behavioral Counseling	G0445

Use **Modifier GT or 95**, whichever is appropriate, to indicate delivery of telemedicine services in real time. Use **Modifier 93** for audio-only telehealth services.

ABA BILLING GUIDELINES



ABA Billing Guidelines

Provider	Billable Modifier
LBA	TG
SCABA	TF
RLTs with a Bachelor's degree	HN
RLTs without a Bachelor's degree	none

Claim payments are based on:

- Licensure
- Certification
- Registration

(as designated by the state Behavior Analyst Board)

Licensed Behavior Analyst (LBA)

- Can bill directly.
- Services must be billed with Modifier TG.

State-certified Assistant Behavioral Analysts (SCABA)

- Cannot bill directly.
- Services must be billed through the supervising LBA with the appropriate codes and modifier.
- Services must be billed with Modifier TF.

Registered Line Technician (RLT)

- Cannot bill directly.
- Services must be billed through the supervising licensed behavior analyst (LBA).
- RLTs with a Bachelor's degree: Use Modifier HN.
- RLTs without a Bachelor's degree: Do not use a modifier.

ABA Billing Guidelines

Use one of the following CPT® codes with appropriate, required modifiers for ABA services:

Code	Units	Clinician Type	Modifier
97151	15 min	SCABA	TF
		LBA	TG
97152	15 min	SCABA	TF
		LBA	TG
		RLT without Bachelor's	
97153	15 min	RLT with Bachelor's	HN
		SCABA	TF
		LBA	TG
		RLT without Bachelor's	
97154	15 min	SCABA	TF
		LBA	TG
		RLT without Bachelor's	
97155	15 min	SCABA	TF
		LBA	TG
97156	15 min	SCABA	TF
		LBA	TG
97157	15 min	SCABA	TF
		LBA	TG
97158	15 min	SCABA	TF
		LBA	TG
0362T	15 min	SCABA	TF
		LBA	TG
0373T	15 min	SCABA	TF
		LBA	TG

OTHER BILLING GUIDELINES



Part 2 Regulations

- Providers and facilities are responsible for making sure they are in compliance with 42 Code of Federal Regulations (CFR) part 2 regulations regarding the Confidentiality of Substance Use Disorder Patient Records.
- **Abiding by the part 2 regulations includes the responsibility of obtaining appropriate consent from patients prior to submitting substance use disorder claims or providing substance use disorder information to Louisiana Blue.** Louisiana Blue requires that patient consent obtained by the provider include consent to disclose information to Louisiana Blue for claims payment purposes, treatment, and for healthcare operations activities, as provided for in 42 U.S.C. § 290dd-2, and as permitted by the HIPAA regulations. 42 CFR part 2, section 2.31(a) (1-9) stipulates the content that must be included in a patient consent form. **By disclosing substance use disorder information to Louisiana Blue, the provider affirms that patient consent has been obtained and is maintained by the provider in accordance with Part 2 regulations. In addition, the provider is responsible for the maintenance of patient consent records.**
- Providers should consult legal counsel if they have any questions as to whether or not 42 CFR part 2 regulations are applicable.

Lucet™

RESOURCES

Autism Resource Program

Credentials

- Four Care Managers – Board Certified Behavioral Analyst (BCBA) and/or Licensed Behavioral Analyst (LBA)
- One Team Lead – BCBA
- One Manager – BCBA, LBA
- One Clinical Consultant – BCBA, NCC, LPC/MHSP, LBA, CCM

Role

- Review treatment requests
- Educate on medical policy
- Assist families (referrals, etc.)

Autism Resource Program



Provider contact

- Treatment requests
- Diagnostic information



Parent contact

- Diagnostic information
- Additional resources



Coordinated Calls

- Collaborative call with parent and provider
- Discussions include coordinating care, reviewing letters/correspondence sent out during or after a review

Autism Resource Program

Family Support Coordinator

- Provides resources and referrals for families
- Assists with family calls to assess ongoing needs

Behavioral Health Referral and Collaboration

- Referrals for other behavioral health needs such as referrals and resources for outpatient therapy, psychiatry, family therapy and medication management

Care Manager (CM)

- Serves as an additional resource for family.
- Welcome packet sent to family with FAQs, medical necessity criteria and contact information of assigned CM.
- Answer questions regarding diagnostic requirements and connect with in-network providers to complete as needed.
- Contact family periodically to ensure parents are satisfied with services and have needed resources.
- Can address clinical questions family may have regarding ABA services.
- Help connect recently diagnosed individuals with ABA providers.

Written Correspondence

Emails

- Lucet uses encryption system to ensure information is secure
- Limit the use of Protected Health Information (PHI)

Fax for information

- Can occur during a review
- After authorization approval

Extension letter

- Extends review time
- Additional 45 days plus final 5 business days to determine medical necessity
- Mailed to provider and family
- Can be faxed by case manager upon request
- Entering final 5 business days (what to expect)

Provider letter

- Details concerns with request and expectation for specific information to be included during next review
- Mailed to provider and family
- Follow-up with family and provider to explain letter (coordinated or individual)



Transition and Aftercare Planning

- Begin during the early phases of treatment and will change over time based upon response to treatment and presented needs.
- Focus on the skills and supports required for the member for transitioning toward their natural environment.
- Identify appropriate services and supports for the time period following ABA treatment.
- Include a planning process and documentation with active involvement and collaboration with a multidisciplinary team to include caregivers.
- Long term outcomes must be developed specifically for the individual with ASD, be functional in nature, and focus on skills needed in current and future environments.
- Long-term Objective – An objective and measurable goal that details the overall terminal mastery criteria of a skill being taught.
- Realistic expectations should be set with current treatment plan goals connecting to long term outcomes.

Lucet™

is hosting **FREE** continuing education series for ABA providers.

If you would like to attend, or would like more information, please call **1-877-563-9347**.

A man with a beard, wearing a light blue button-down shirt and a silver tie, is holding a black marker and writing the words "Continuing Education" on a whiteboard. The text is written in a stylized, purple, outlined font. The whiteboard has some faint, light-colored scribbles in the upper left corner.

Continuing
Education

WE ARE HERE FOR YOU!



Provider Relations

Jami Zachary Director

Mary Reising Health System Representative

Marie Davis Senior Provider Relations Representative

Yolanda Trahan Senior Provider Relations Representative

Brittany Fields

Jefferson, Orleans, Plaquemines, St. Bernard, Iberville

Amber Strahan

Bienville, Bossier, Caddo, Claiborne, Desoto, Grant, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn, Jefferson Davis, St. Landry, Vermilion

Marie Davis

Allen, Avoyelles, Beauregard, Caldwell, Catahoula, Concordia, East Carroll, Evangeline, Franklin, LaSalle, Madison, Morehouse, Ouachita, Rapides, Richland, Tensas, Vernon, West Carroll, Acadia

Mary Guy

East Feliciana, St. Helena, St. Tammany, Tangipahoa, Washington, West Feliciana, Livingston, Pointe Coupee, St. Martin, Terrebonne

Melonie Martin

East Baton Rouge, Ascension, West Baton Rouge

Yolanda Trahan

Assumption, Iberia, Lafayette, St. Charles, St. James, St. John the Baptist, St. Mary, Calcasieu, Cameron, Lafourche

Lisa Roth

Online Portal Training

provider.relations@bcbsla.com | 1-800-716-2299, option 4

Paden Mouton, Supervisor

Quick Contacts

Joining the Network

Getting Credentialed – PCDMstatus@bcbsla.com, 1-800-716-2299, option 2

Getting Contracted – provider.contracting@bcbsla.com, 1-800-716-2299, option 1

Updating your Information

Data Management – PCDMstatus@bcbsla.com, 1-800-716-2299, option 2

Education, iLinkBlue Training and Outreach

Provider Relations – provider.relations@bcbsla.com, 1-800-716-2299, option 4

Electronic Services

iLinkBlue – www.lablue.com/ilinkblue

EDI Services (clearinghouse) – EDIservices@bcbsla.com, 1-800-716-2299, option 3

Security Access to Online Services – PIMteam@bcbsla.com, 1-800-176-2299, option 5

Ongoing Support

Customer Care and IVR Phone Services – 1-800-922-8866

Lucet Contact Information

For assistance, please contact:

Autism Resource Program: 1-877-563-9347

Jake Schieber, MA, BCBA, LBA

Manager, Autism Resource Program

Email: jschieber@lucethealth.com

Phone: 1-816-416-7439

Laura Heidler, BCBA, NCC, LPC/MHSP, LBA, CCM

Autism Clinical Consultant, Autism Resource Program

Email: lheidler@lucethealth.com

Phone: 1-816-416-7735

Blue Advantage Behavioral Health Webinars



Blue Advantage (HMO) and Blue Advantage (PPO) will be conducting a webinar in **November** about behavioral health requirements for these members.



Look for the webinar registration link in our Weekly Digest, sent every Thursday.

LOUISIANA **BLUE** 

Blue adVantage (HMO) | Blue adVantage (PPO)

This publication serves as an official notice from Blue Cross and Blue Shield of Louisiana about various topics including, but not limited to: informational notices, billing guidelines, policy changes, process changes, upcoming events and more. Please carefully read all sections to determine how they apply to your interactions with Louisiana Blue.

August 8, 2024

LOUISIANA **BLUE** 
 provider communications
WEEKLY DIGEST

PROVIDER NOTICES

What are Your Areas of Expertise?

Audience: Psychologists, licensed professional counselors (LPCs), licensed clinical social workers (LCSWs) and psychiatrists should review this notification.

Knowing your areas of expertise allows us to better align patients to specialized behavioral health providers. Please complete the behavioral health provider clinical profile form if you have never completed it or if you have made changes to your specialties since you last submitted it. **A separate profile form must be completed for each individual provider.**

Send completed form to Lucet at LouisianaPR@lucethealth.com.

[Click to complete the form](#)

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

UPCOMING EVENTS

Register Today!

Blue Cross offers training events for our providers that focus on Blue Cross processes, programs and resources. Please pre-register for the event(s) you wish to attend. Once registered, you will receive an email with information and instructions on how to join the webinar.

New to Blue adVantage

Please join us for an introductory webinar designed to educate new providers and office staff about our Blue Advantage networks. It includes claims filing options, medical documentation, the Blue Advantage Provider Portal and other Blue Advantage resources.

Who should attend?
 Your clinical and business office staff members, as well as those who work with Blue Advantage claims and reimbursement.

Date: August 14, 2024
Time: 12 - 1:30 p.m.

Register

Your feedback is
important!

Provider Engagement Survey

THANK YOU to everyone who took our 2023 survey. Based on your feedback, we made changes including:

- Less Louisiana Blue emails to your inbox – we created the Provider Weekly Digest as a way to consolidated provider communications into one email digest that goes out every Thursday. It includes notifications, general announcements and provider training event information and registration options.
- iLinkBlue training webinars – we now offer iLinkBlue training webinars for new users.
- Improvement to our credentialing process – we have focused on improving our customer service and resolving provider issues timely.

We would ❤️ for you to complete our 2024 survey. **It ends on:**



Participants could win 1 of 26 gift cards with top prize of \$500.



If you have not received a survey link, send us an email to provider.communications@bcbsla.com and put "Provider Engagement Survey" in the subject line.

QUESTIONS?

Thank you!

If you have additional questions after this webinar,
please email provider.relations@bcbsla.com.

APPENDIX

Updating Your Information

It is important that we always have your most current information!

- Indicate on the Provider Request Form the type of change you are requesting.
- You will **only** need to fill out the section of this form that needs updating. Completing the entire form is not required.

TYPE OF CHANGE

Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (<i>includes solo providers creating a new provider group</i>)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

Updating Your Information

Some change selections on the **Provider Update Request Form** include a checklist of required supporting documentation needed to complete your request.

- Complete the checklist
- Ensure all requested items on the checklist are included or completed before submitting.

It is important that we always have your most current information!

For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services, but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						
THIRD LOCATION TO BE ADDED						
Physical Address						
City, State and ZIP Code				Phone Number		Fax Number
Email Address					Effective Date	
Accepting New Patients				Age Range of Patients (check all that apply)		
<input type="checkbox"/> New <input type="checkbox"/> Existing Only				<input type="checkbox"/> 0-6 years <input type="checkbox"/> 7-11 years <input type="checkbox"/> 12-18 years		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> 19-65 years <input type="checkbox"/> Over 65 <input type="checkbox"/> All Ages		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____		
Office Hours						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
_____	_____	_____	_____	_____	_____	_____
Practice Hours (available appointment hours)						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
_____	_____	_____	_____	_____	_____	_____
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services, but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						
CHECKLIST						
Before returning this form to Blue Cross, please ensure the following:						
<input type="checkbox"/> A copy of the Malpractice Liability Insurance Certificate is attached.						
<input type="checkbox"/> Check if this is a new group or clinic not already on file with Blue Cross and complete the iLinkBlue agreement packet. (Note: providers joining existing groups that already have iLinkBlue access do not need to complete the iLinkBlue agreement packet.)						

Page 2 of 2



Submissions that are missing checklist items will be returned.

Accessing iLinkBlue

Need access to iLinkBlue?

Does your organization have an administrative representative?



- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access.
- Deeper levels of security may include member eligibility and coverage research, submitting claims, and/or access to secure authorization applications.

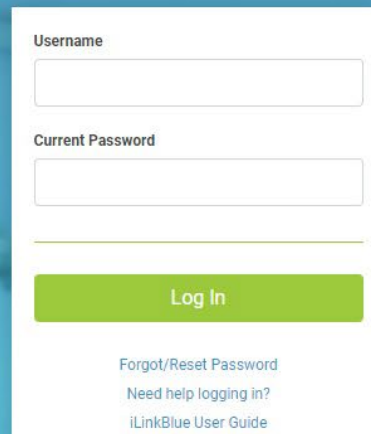


- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet available online at www.lablue.com/providers >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at PIMteam@bcbsla.com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

Accessing iLinkBlue



iLinkBlue

A screenshot of the iLinkBlue login interface. It features a white login box centered on a blue background with a blurred image of a medical instrument. The form contains two input fields: "Username" and "Current Password". Below the fields is a green "Log In" button. At the bottom of the form, there are three links: "Forgot/Reset Password", "Need help logging in?", and "iLinkBlue User Guide".

Username

Current Password

Log In

[Forgot/Reset Password](#)
[Need help logging in?](#)
[iLinkBlue User Guide](#)

Logging in for the first time:

- Password must be reset.
- Click on the “Forgot/Reset Password” button.
- Follow the prompts, enter your username and click the “Request Password” button.
- The system will send you an email to reset your password. Click on the link in the email. Follow the prompts.

Risk Adjustment Data Validation Audits

Required through the ACA, the framework for the risk adjustment data validation (RADV) audit process for the risk adjustment program was established.

Components of the RADV audits:

- Annual CMS mandate.
- Required audit for every insurer who sells a policy on the ACA marketplace.
 - Will be used to confirm risk reported.
 - To confirm providers' medical records substantiate the reported data and accurately reflect the care rendered and billed.
- The Accountable Care Law mandates medical records be provided.
- RADV audit requests for medical records begin in June.

Telemedicine

Reimbursement for telemedicine services is available when provided utilizing your own telemedicine platform.

Provider types performing telehealth services must ensure the delivery of telehealth is within their respective scope and guidance of their relevant licensing and/or certifying boards.

Encounters must be performed in real time using [audio-only](#) or [audiovisual](#) telecommunication systems.

Audio-only telehealth visits must meet the criteria outlined in Section 5.37 of our Professional Provider Office Manual.

The following are examples of services that are not eligible for reimbursement as telemedicine services:

- Non-direct patient services (e.g., coordination of care before/after patient interaction).
- Services rendered by text-only telephone communication, facsimile, email, mobile applications or any other non-secure electronic communication.
- In many cases, telehealth is not separately billable during the same episode of care that an in-person service is provided.
- Triage to assess the appropriate place of service and/or appropriate provider type.
- Services not eligible for separate reimbursement when rendered to patient in-person.
- Patient communications incidental to E&M, counseling or medical services covered by the member's policy.
- Presentation/origination site facility fee.
- Services/codes that are not specifically listed in the provider manual.