

Sleep Management Program Webinar

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 only.

How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Sleep Management Program

December 2023

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

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



Welcome!

Today's presentation will give an overview of the Sleep Management Program.

Topics will include:

- ✓ Included Services
- ✓ Services Requiring a Prior Authorization
- ✓ Key Dates for Requesting Prior Authorizations
- ✓ Accessing iLinkBlue
- ✓ Member Identification
- ✓ Carelon MBM (Medical Benefits Management) Provider Portal Demonstration



Sleep Management Program



Effective January 1, 2024, Carelon will manage sleep reviews for Blue Cross and Blue Shield of Louisiana membership. Our objective today is to help you understand the review process and program overview.

We are committed to a comprehensive solution for sleep disorder management designed to:

- Improve the clinical appropriateness of sleep therapy testing and services.
- Help members find the highest value place of service for testing.
- Monitor and manage patient compliance of sleep therapy.

Services Included in the Sleep Management Program Beginning Dates of Service January 1, 2024



Sleep Therapy Testing and Treatment Services Include:

Sleep Apnea Diagnostics and Titration

- Home sleep test (HST)
- Polysomnograms (PSG)
- Multiple sleep latency testing (MSLT)
- Maintenance of wakefulness testing (MWT)
- Positive airway pressure titration studies

Sleep Apnea Treatment

- Automatic positive airway pressure (APAP) therapy
- Continuous positive airway pressure (CPAP) therapy
- Bilevel/Variable positive airway pressure (BPAP) therapy
- Oral appliance therapy
- Hypoglossal nerve stimulation therapy
- All supplies related to these devices

Services performed in conjunction with emergency room services, inpatient hospitalization or urgent-care facilities are excluded. Both ordering physicians (those referring the member for sleep testing) and servicing providers (those free-standing or hospital labs that perform sleep testing) may submit requests.

Setting Requiring Prior Authorization



Included setting:

- Outpatient services (e.g., office, home, outpatient hospital, freestanding sleep facility)



Excluded setting:

- Hospital inpatient
- Studies performed as part of ER/observation visit
- Urgent care facility

Key Dates for Requesting Prior Authorizations

For dates of service through
December 31 2023

Continue to contact Blue Cross to obtain prior authorizations for facility-based sleep studies and therapy services.

Beginning
December 18 2023

Carelon will start accepting requests for dates of service on and after January 1, 2024.

For dates of service on and after
January 01 2024

Prior authorization requests should be submitted to Carelon for pre-service review.



Please always verify that a prior authorization has been obtained before scheduling or performing sleep management services.

Accessing iLinkBlue

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

 **Instructions for Accessing Our Secure Online Services**

Blue Cross offers many online services that require secure 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
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area 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: PIMTeam@bcbsla.com Fax: 1-800-515-1128
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: PIMTeam@bcbsla.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating 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.



18NW287 R0622 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative representative duties include:

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

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

Need to Access iLinkBlue?

If your organization has 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 level access to secure authorization applications.

If your organization **does not** have an administrative representative:

- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at **www.bcbsla.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

The screenshot shows the iLinkBlue login interface. At the top left is the Louisiana state logo and the word "Louisiana". At the top right is a "Contact Us" button and the "iLinkBlue" logo. The main area has a blue background with a blurred image of laboratory glassware. In the center is a white login form with the following elements:

- A "Username" label above a text input field.
- A "Current Password" label above a text input field.
- A green "Log In" button.
- A blue link labeled "Forgot/Reset Password" below the button.

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.

How to Request Prior Authorization from Carelon



Beginning **December 18, 2023**, providers may submit requests for dates of services on or after January 1, 2024, for review or verify order numbers using one of the following methods:



Carelon MBM Provider Portal

- Use iLinkBlue (www.bcbsla.com/ilinkblue) to access the **Carelon MBM Provider Portal**.
- Choose the "Authorizations" iLinkBlue menu option, then click on "Carelon Authorizations" application.
- The portal is available 24 hours a day, 7 days a week.
- If you do not have access to this application, please consult with your organization's administrative representative.



Carelon Contact Center

- Dedicated toll-free number: 1-866-455-8416
- Contact center hours: Monday-Friday 8a.m.- 5p.m. CT
- Voicemail messages received after business hours will be responded to the next business day.

*Carelon call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Memorial Day, Independence Day and Labor Day.

Member Identification

Included lines of business:

*Fully-Insured members

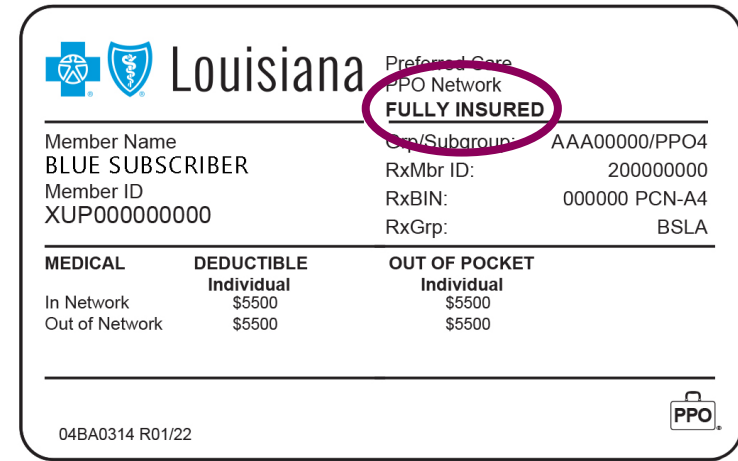
(Fully-insured members can be identified by the words "Fully Insured" on the top right corner of Blue Cross and Blue Shield of Louisiana member ID cards.)

Small Business Funded (SBF) members

(SBF members have "SBF" in the group number in the Group/Subgroup section of their ID card)

Excluded lines of business:

- Self-Funded groups
- Medicare Advantage
- Office of Group Benefits (OGB)
- Federal Employee Program (FEP)



Information validated during intake

Member information

- Member demographics and plan membership number
- Member health plan coverage
- Member participation in the Carelon program

Note: missing members can be manually added via Carelon contact center.

*BLUE Value and BLUE Select member plans are not included as they do not have sleep study benefits. The provider will be directed to iLinkBlue to verify member benefits.



Carelon Medical Benefits Management

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Features of the Carelon Sleep Management Program

Appropriate Testing Site

Directs patients to appropriate testing level or site.

Monitor and Manage Patient Treatment Compliance



Treatment Options

Sleep study results are submitted to Carelon to confirm clinical appropriateness of treatment.

IS TREATMENT NECESSARY?

IF YES

IS APAP APPROPRIATE?

- Ordering provider will review test results to determine treatment eligibility.
 - Carelon clinical guidelines will confirm treatment and leverage information from pre-exam questions in member file.
- Test results must be submitted to Carelon.
- Treatment, if necessary, will be authorized for 90 days.

- If treatment is appropriate, Carelon recommends APAP when appropriate and supported by Carelon guidelines.
- APAP (when appropriate) eliminates the need for a titration study.
- There are certain scenarios where APAP is not appropriate due to patient comorbidities.

Treatment Compliance Concerns

Compliance concerns



Over 50% of patients stop using PAP treatments within the first year.



Poor compliance exposes patients to health risk that contribute to **higher cost of care** from chronic conditions.

Increasing Treatment Plan Compliance Leads to Better Outcomes

Compliance monitoring



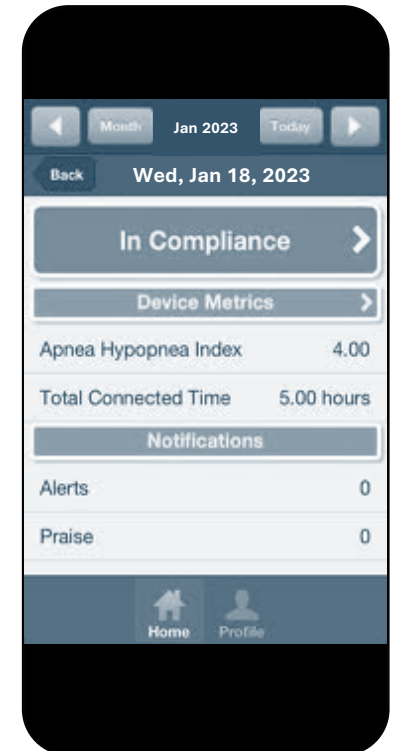
Smart track modems and wireless compliance monitoring systems track PAP usage.



Providers must enter tracking data to prove patient compliance prior to the authorization of treatment continuation of supplies.



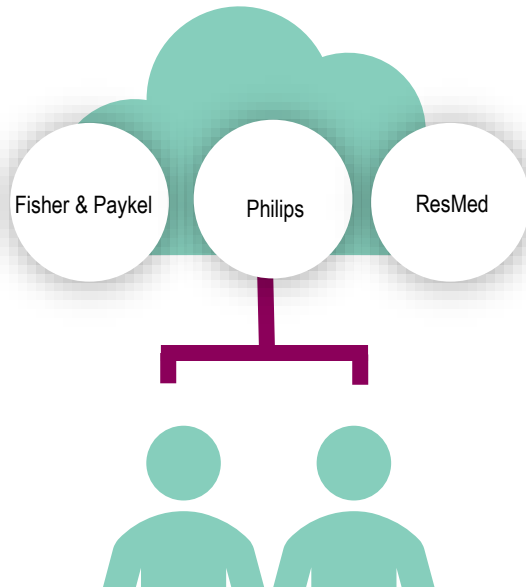
If a patient is compliant with treatment, supplies will automatically be authorized by Carelon.



We Leverage Technology to Access Member Compliance Data



DME provider uploads data from patient device.



Compliance data is securely stored "IN THE CLOUD."
Private health information is protected.



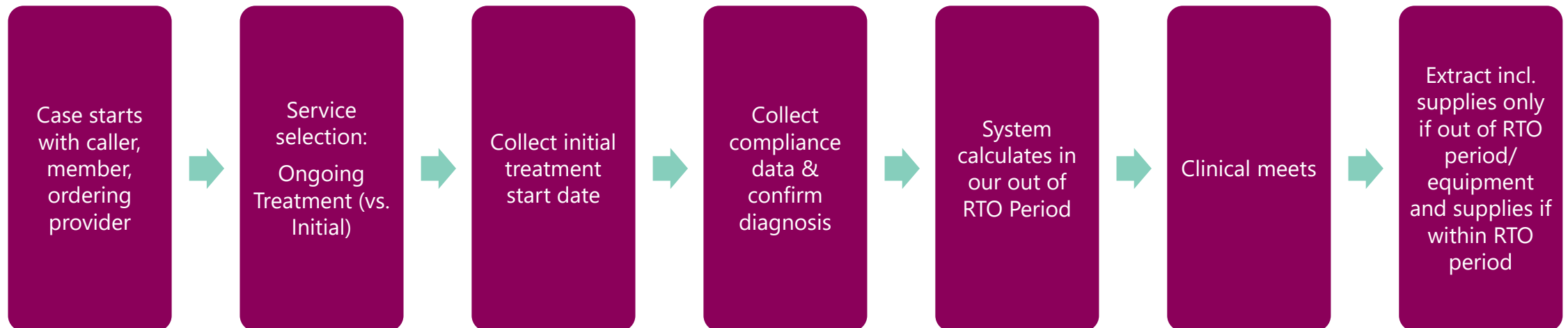
Carelon accesses data to verify compliance.

Sleep PAP Review Process – Rent-to-own (RTO)

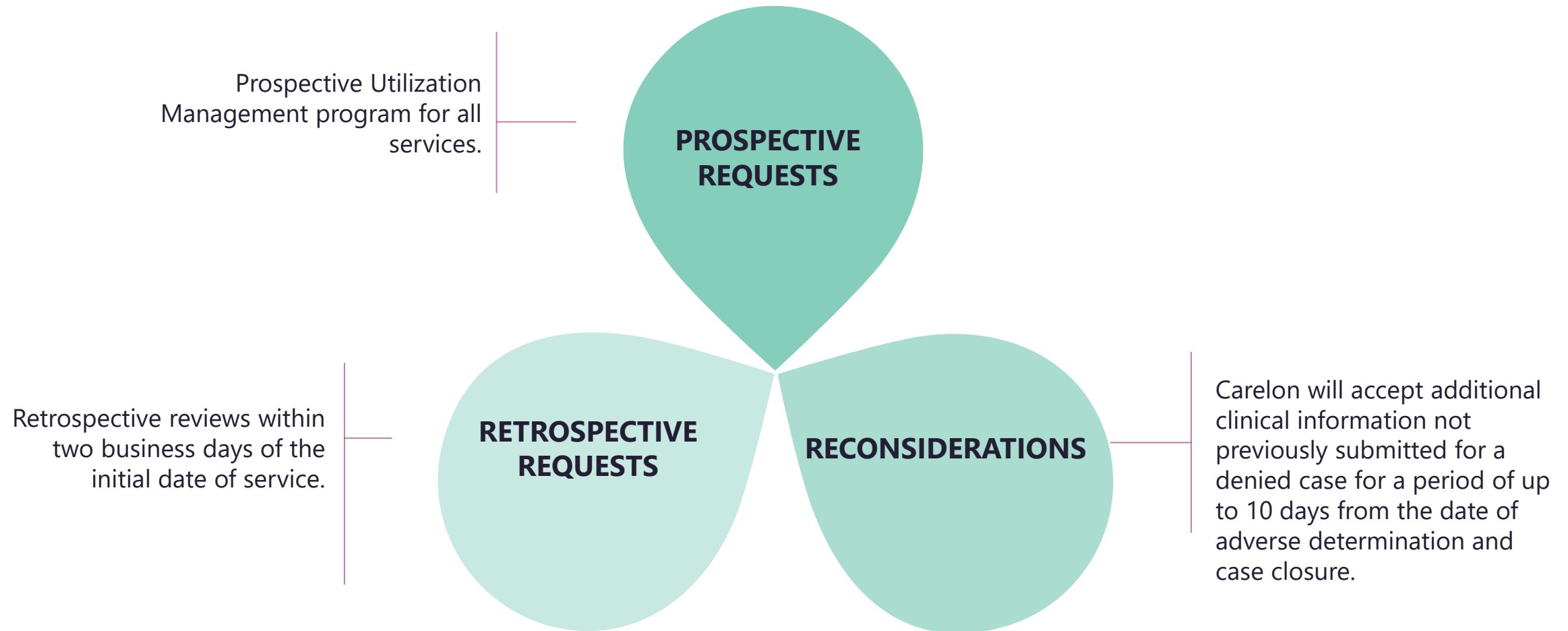
Three order paths in Carelon process triggered by user selection of request and dates:

1. Initial request with no prior treatment – If approved, order request includes three months of equipment and supplies.
2. Ongoing treatment (one or more previous authorizations by Carelon or other UM) within the rent-to-own “RTO” period of 10 months – If approved, order request includes three months of equipment and supplies.
3. Ongoing treatment (one or more previous authorizations by Carelon or other UM) past the rent to own period of 10 months – If approved, order request includes supplies only.

Carelon process for ongoing treatment uses questions to determine path and extract:



Ordering and Servicing* Provider-initiated Requests



**Home sleep testing providers, facility-based sleep testing providers and DME providers are allowed to initiate orders on behalf of the ordering physician.*

Clinical Review Workflow



1. Member demographics
2. Ordering provider demographics
3. Clinical case information
4. Capture servicing provider/facility demographics

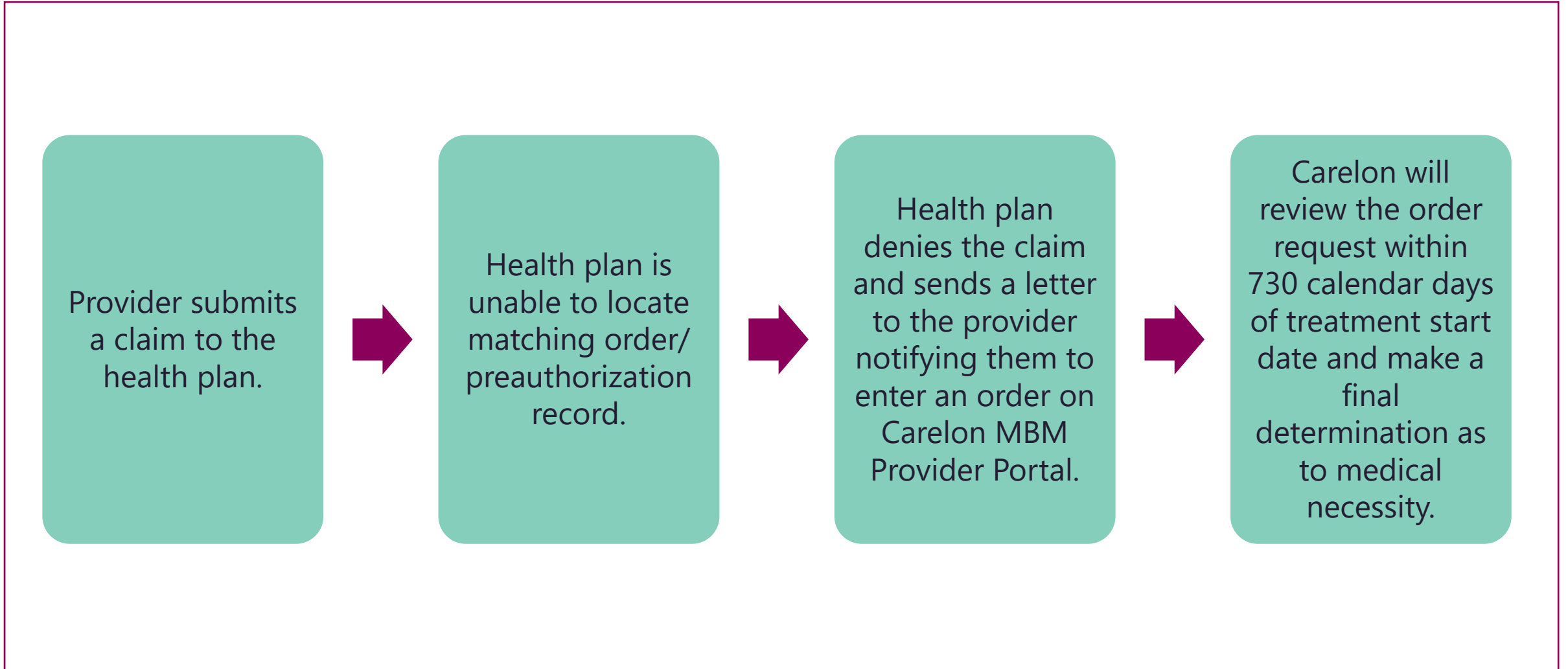
1. Clinical appropriateness adjudication against Carelon clinical guidelines

1. Peer-to-peer discussion if previous adjudication indicated that case does not meet clinical criteria

1. Document final review outcome
2. Messaging of final review outcome to provider
3. Final determination letter generated
4. Extract case information to Blue Cross

1. Pre-service reconsiderations
2. First level provider appeal are managed by Blue Cross

Post-claim Clinical Appropriateness (PCCA)



How Long is a Preauthorization Valid?

Order numbers are valid for 90 or 365 calendar days.

The timeframe is dependent on the sleep study, titration study or equipment supplies selected within the case.

Valid Timeframe Example:

- Sleep study test is valid for 90 days.
- Authorization for treatment and supplies are valid for 90-days each for the first year and then 365 days starting in the second year.

Rent-to-own Period:

- Commercial rent-to-own period is 10 months.

Carelon closes most cases within 24 hours



CASE	
Non-urgent Commercial	Shall close within three business days.
Urgent Commercial	Shall close within two business days of receipt.

Reconsiderations – Carelon will accept additional clinical information not previously submitted for a denied case for a period of up to 10 days.

Member Information

1. If a member cannot be found in the Carelon system, please call the member's customer service number to verify preauthorization requirements.

2. If it is confirmed that the member is in the Carelon Sleep Program, you will be directed as to how to complete your request.

Sleep Provider Microsite

Providers can visit the microsite for:

- Clinical guidelines
- Worksheets
- Frequent Asked Questions
- Connect directly to Carelon MBM Provider Portal

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Status: Updated
Doc ID: SDM01-0223.1
Effective Date: 02/11/2023
Last Review Date: 01/24/2023

Approval and implementation dates for specific health plans may vary. Please consult the applicable health plan for more details.

carelon

Welcome How to participate Getting the answers you need Resources News blog

Welcome

Carelon Medical Benefits Management recognizes the key role that you and other providers play in the delivery of care for patients needing sleep testing and therapy services.

Developed in collaboration with your patients' health plans, our Sleep Program supports providers in helping ensure patients receive sleep management services that are appropriate, safe, and affordable. The program leverages clinical appropriateness review (prior authorization) for certain sleep management services to promote a high standard of care through the consistent use of evidence-based criteria.

Our process

Carelon is here to assist in your efforts to deliver the best quality and affordable care for your patients. The clinical information you submit is reviewed against Carelon clinical guidelines and health plan specific guidelines to ensure alignment with current best practices. Therapy providers and physicians benefit by having a central location to obtain authorizations required by your patients' health plans. This decision can be made immediately if all relevant clinical information is provided.

Carelon end to:

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performed in

Provider portal

Diagnostic Sleep Study Worksheet: Adult (Initial testing)

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

Directions:
Collect patient information from the requesting physician. Submit online (www.ProviderPortal.com) for an instant response.

Diagnostic Sleep Study Type (check one): Home Sleep Study In-Lab Sleep Study (PSG)

Has this patient previously had a full night PSG or HST? Yes No

Primary Suspected Diagnosis _____

Apnea Events
The patient has observed apnea during sleep Yes No Unknown

Clinical History
(please check all that apply)

Excessive daytime sleepiness (ESS) evidenced by:

Epworth Sleepiness Scale (ESS) >10, or

Inappropriate daytime napping (during conversation, driving or eating), or

Sleepiness that interferes with daily activities

Habitual snoring, or, gasping/choking episodes associated with awakenings

Treatment resistant hypertension

Soft tissue abnormalities or neuromuscular diseases involving the craniofacial area or upper airway

Obesity

BMI* > 30:
Calculated BMI: _____ Patient Weight _____
Patient Height _____ Patient Weight _____
Neck circumference >17" for males and > 16" for females



Look for these items at <https://providers.carelonmedicalbenefitsmanagement.com/sleep/>.

Order Request Checklist



All order requests will require:

- Member's first and last name and date of birth
- Ordering provider's first and last name
- Servicing provider name
- Member's history and physical notes



Information will vary based on order request:

- Signs and symptoms
- Sleep study history
- Member's comorbid conditions
- Follow-up diagnostic study information



Carelon Sleep Solution order request worksheets are available for download at <https://providers.carelonmedicalbenefitsmanagement.com/sleep/>.

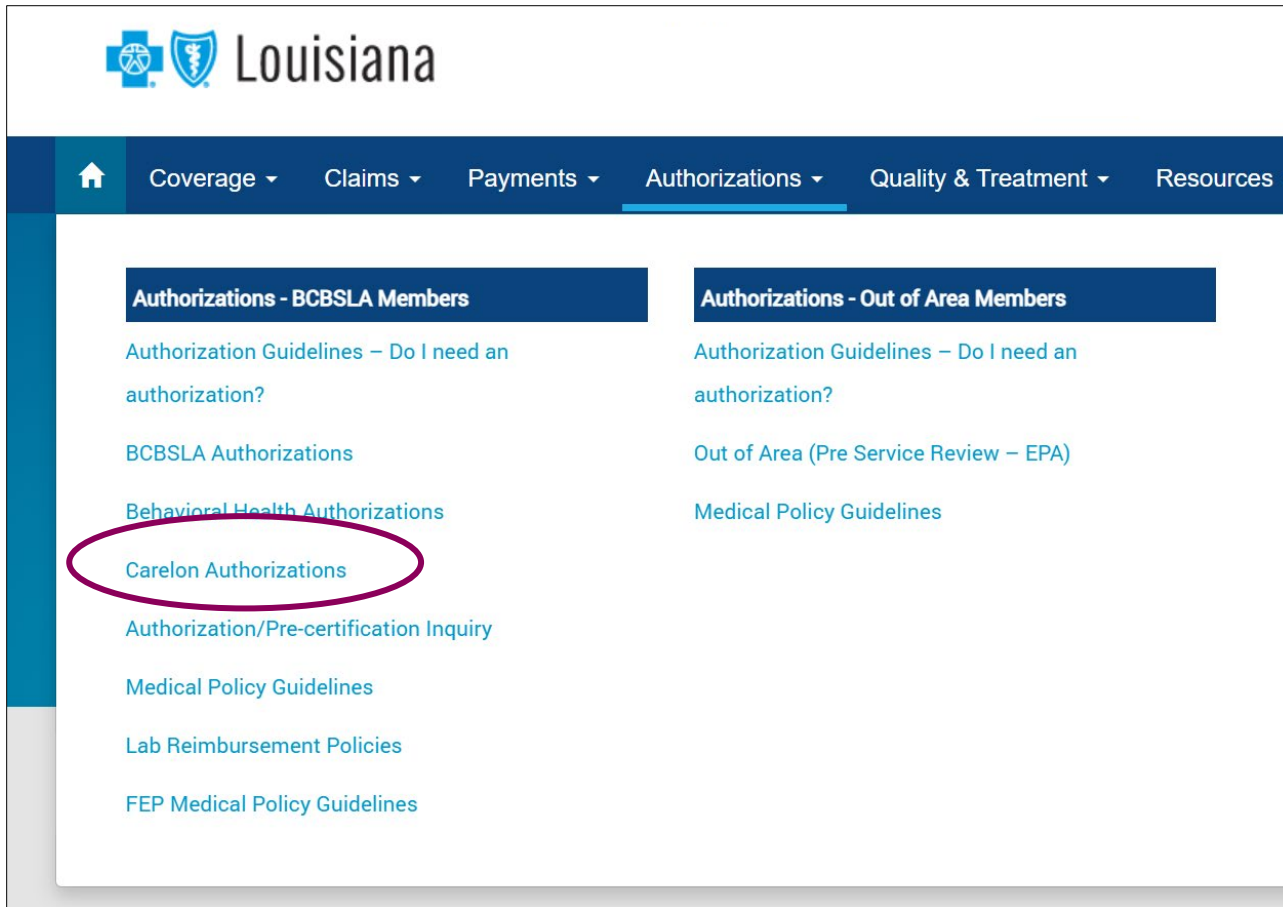


Provider Portal Registration

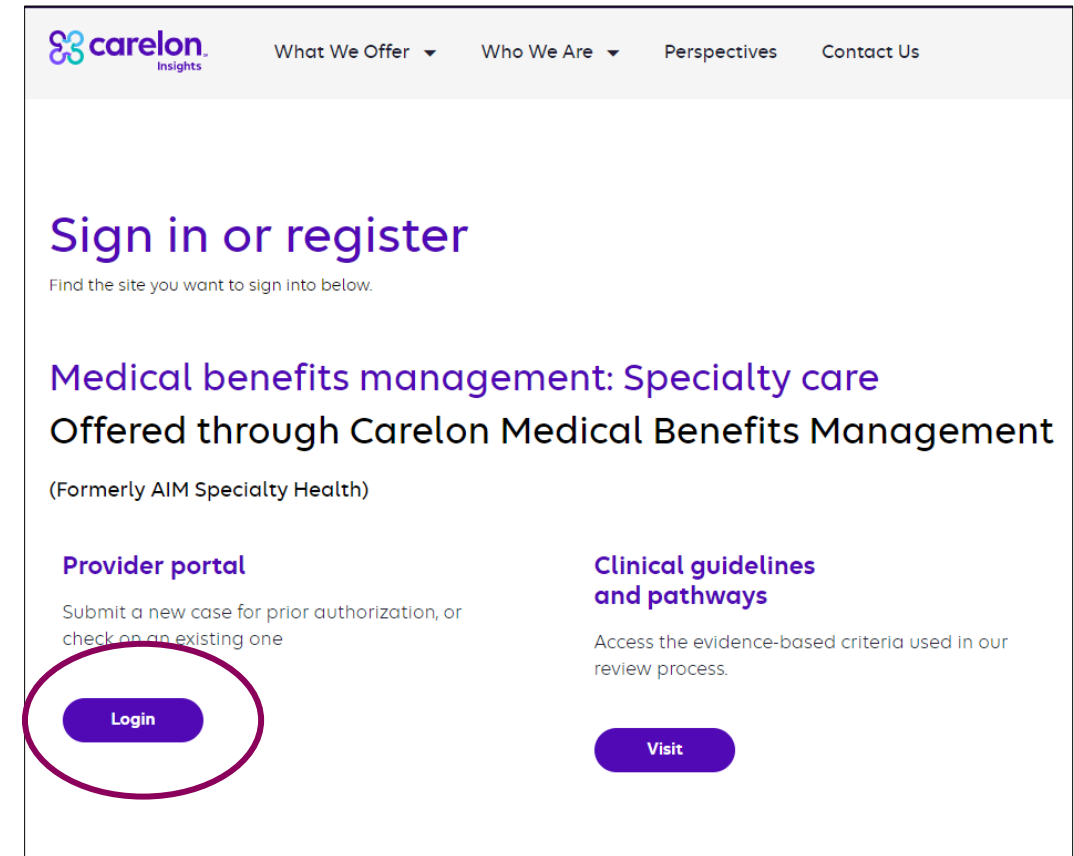
Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Provider Portal – Registration

Login to iLinkBlue (www.bcsbla.com/ilinkblue), under the Authorizations menu, choose “Carelon Authorizations.”



The screenshot shows the Louisiana BCBSLA website. The top navigation bar includes a home icon, Coverage, Claims, Payments, Authorizations (highlighted with a blue underline), Quality & Treatment, and Resources. Below the navigation bar, there are two main columns of links. The left column is titled "Authorizations - BCBSLA Members" and includes links for "Authorization Guidelines – Do I need an authorization?", "BCBSLA Authorizations", "Behavioral Health Authorizations", "Carelon Authorizations" (circled in red), "Authorization/Pre-certification Inquiry", "Medical Policy Guidelines", "Lab Reimbursement Policies", and "FEP Medical Policy Guidelines". The right column is titled "Authorizations - Out of Area Members" and includes links for "Authorization Guidelines – Do I need an authorization?", "Out of Area (Pre Service Review – EPA)", and "Medical Policy Guidelines".

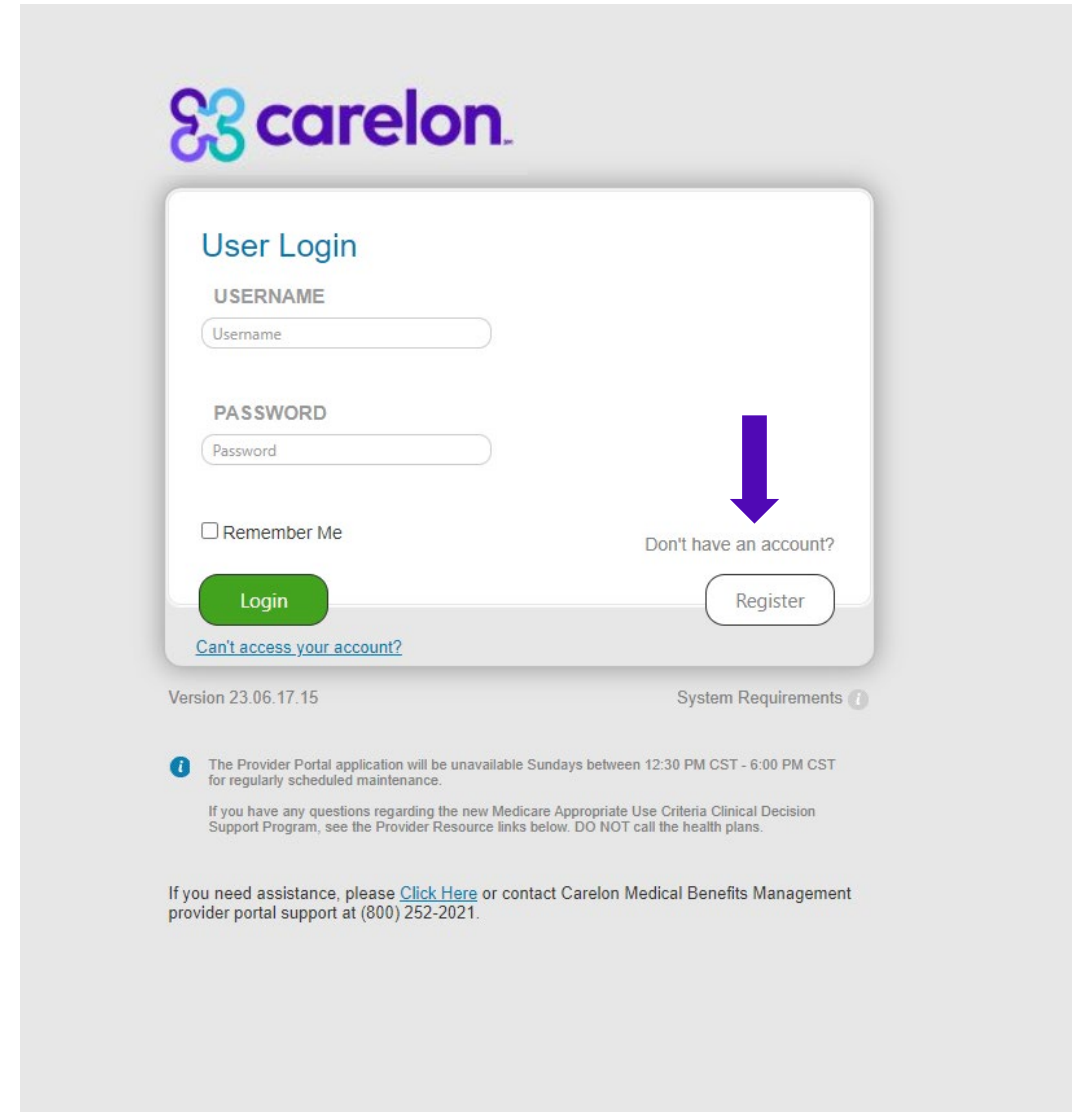


The screenshot shows the Carelon Insights website. The top navigation bar includes the Carelon Insights logo, What We Offer, Who We Are, Perspectives, and Contact Us. The main content area features a "Sign in or register" section with the text "Find the site you want to sign into below." Below this, there is a section titled "Medical benefits management: Specialty care Offered through Carelon Medical Benefits Management (Formerly AIM Specialty Health)". There are two columns of content. The left column is titled "Provider portal" and includes the text "Submit a new case for prior authorization, or check on an existing one" and a "Login" button (circled in red). The right column is titled "Clinical guidelines and pathways" and includes the text "Access the evidence-based criteria used in our review process." and a "Visit" button.

Provider Portal – Registration

Once the portal is accessed, the login page will be displayed.

- If new user, click “Register.”
- If you have previously registered for the Carelon MBM Provider Portal, future use of the application through iLinkBlue will not require a separate login process.



Provider Portal – Registration

Section 1: User details

- Enter user details including selecting user role.
- Enter a valid email address - required to complete the registration.

The screenshot shows the 'Register' page of the Provider Portal. The page header includes the 'ProviderPortal.' logo. The main heading is 'Register'. Below this, there is a contact information section: 'Contact Web Customer Service' and the phone number '(800) 252-2021'. The main form area is titled '1. User Details' and contains several input fields: 'FIRST NAME', 'LAST NAME', 'ORGANIZATION NAME', 'ADDRESS 1', and 'ADDRESS 2 (optional)'. To the right of these fields is a 'USER ROLE' dropdown menu with an information icon. The dropdown menu is open, showing the following options: 'Select', 'Select', 'Ordering Provider', 'Servicing Provider', 'Health Plan Representative', and 'Genetic Counselor'.

Provider Portal – Registration

Section 2: Login information

- Create username
- Create password
- Answer security questions

2. Login Information

USERNAME ⓘ

ABC12345 Username is available

PASSWORD ⓘ

• Between 8 and 15 characters long
 At least one uppercase letter
 At least one lowercase letter
 At least one number (0-9)
 Cannot contain spaces, single quotes, or double quotes
 Cannot be the same as Username

CONFIRM PASSWORD

SECURITY QUESTION ⓘ

Select ▼

ANSWER

Provider Portal – Registration

Section 3: Application Selection

- Enter your practice's Group identifier (e.g., TIN)
- Select the type of provider identifier you will be using to register
- Then type in the number in the following field

3. Application Selection

Select the applications you will need to access.

Health Plan Utilization Review Programs *i*

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER *i*

Tax ID (TIN) Support Program *i*

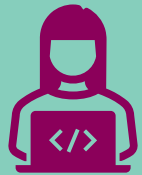
Group TIN

NPI

Group NPI

Provider ID

I Agree to the Terms of Service



Provider Portal Order Request Demonstration

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

iLinkBlue

Access to iLinkBlue is available directly at www.bcbsla.com/ilinkblue.

[Contact Us](#)

Louisiana

ilinkBlue

Welcome to iLinkBlue.

[Log In to iLinkBlue](#)

[iLinkBlue User Guide](#)

Save this page to your browser favorites to easily access iLinkBlue going forward.

For login/access issues call (800) 716-2299 option 5 or email PIMTeam@bcbsla.com.
For portal assistance call (800) 716-2299 option 3 or email EDIServices@bcbsla.com.

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Louisiana HMO Louisiana

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iLinkBlue

Access the Carelon MBM Provider Portal by selecting “Carelon Authorizations” under the Authorization menu.

The screenshot shows the iLinkBlue Louisiana website interface. At the top left is the Louisiana state logo and the word "Louisiana". At the top right is the "iLinkBlue" logo. Below the logo is a dark blue navigation bar with a home icon and several menu items: "Coverage", "Claims", "Payments", "Authorizations", "Quality & Treatment", and "Resources". The "Authorizations" menu is currently selected. Below the navigation bar, there are two main columns of links. The left column is titled "Authorizations - BCBSLA Members" and contains links for "Authorization Guidelines – Do I need an authorization?", "BCBSLA Authorizations", "Behavioral Health Authorizations", "Carelon Authorizations" (circled in red), "Authorization/Pre-certification Inquiry", "Medical Policy Guidelines", "Lab Reimbursement Policies", and "FEP Medical Policy Guidelines". The right column is titled "Authorizations - Out of Area Members" and contains links for "Authorization Guidelines – Do I need an authorization?", "Out of Area (Pre Service Review – EPA)", and "Medical Policy Guidelines". At the bottom of the page, there is a white box on the left titled "Important Blue Cross Messages" with a "Newsletter" section and a link to view a copy of the Third Quarter 2023 Provider Network News. On the right, there is a dark blue box titled "Other Sites" with links to "Davis Vision Network", "Dental Advantage Plus Network - United Concordia Dental", and "Blue adVantage".

Start your Order Request

To start an order request, enter the **“Date of Service”** field on the Provider Portal homepage.

A member search is completed by providing the following:

- Member first name
- Member last name
- Member ID
- Member date of birth

Select **“Find this member.”**

You may also:

- Check Order Status
- View Order History
- Check Member’s Eligibility
- Provider Management
- Manage Your User Profile
- Reference Desk

Order Request

Welcome PMPHYS RAYA

Provider Management | Manage Your User Profile | Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Service Date *

Member Details:

First Name *

Last Name *

Member ID *

Date of Birth *

Hide Search Tips ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

Find This Member

Message Center

Secure Message (0)

Notifications

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

The Provider Portal application will be unavailable on Saturday, November 6th 12:00 PM CST - 12:00 AM CST for special maintenance activities.

Provider Resources

- Radiology Tutorial
- Anthem Cancer Care Quality Program
- Genetic Testing Tutorial
- BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes

Order Type Selection

Only solutions that are currently managed by Carelon for the member will appear on the order type selection screen.

Select **“Sleep Management”** and then click **“Start Order Request.”**

Order Request Logout

[Back to Homepage](#) Print Preview

Member Details

190Doe, Jane
PO BOX 888
[NULL]
SITKA, AK 99835-7446
Service Date: 2/25/2022 [Edit Service Date](#)

Date of Birth: 01/01/1959 Age: 63
Female
Member ID: 376699999

Eligibility Details

Effective: 05/06/2016-12/31/9999 Product Code: C001 | Employer Group ID: 1000033

The following solutions for the service date entered require a Pre-Authorization. To initiate a request, please select the solution and then click the Start Order Request to start your request.

 Diagnostic Imaging View Code List Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	 Sleep Management View Code List Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT	 Musculoskeletal View Code List Joint Surgery, Spine Surgery & Interventional Pain Management	 Radiation Therapy View Code List 2D/3D, Brachytherapy, IORT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT
 Genetic Testing Laboratory testing for the inheritance or management of genetic conditions			

Start Order Request

Urgent requests are not expected given the scope of Carelon. If you have any questions about a possible urgent request, please contact 866-666-0776.


Member Order Request History

The Member History screen will allow the user to view historical order requests for the given member.

190DOE, JANE [Edit](#) Hide Details

Member #: 376699999 Date of Service: 2/22/2022
Date of Birth: 1/1/1959 Health Plan:
Ordering Provider:

Please verify the list of Order Requests below to ensure you are not entering a duplicate request.

Member History							
Order ID	Order Status	Start Date	 Order Type	Ordering Provider	Outcome	Reason	Summary
110212691	Authorized	2/25/2022	Home Sleep Test (HST) Type III	HILLMAN, LYNDA	Authorized	Criteria Met	View

⏪ ⏩ 1 ⏪ ⏩ DISPLAYING 1-1 OF 1 RESULTS

Ordering Provider Selection

Select the ordering provider by clicking on the provider's name.

- Ordering providers that are associated with group identifier (e.g., TIN, NPI, etc.) in the user's registration will be available for selection.
- For practices with multiple providers, establishing "**Favorites**" will allow for increased intake efficiency.

Order Request Logout

Step: 1 2 3 4 5

190DOE, JANE [Edit](#) Hide Details Show Details

Member #: 376699999 Date of Service: 2/25/2022
Date of Birth: 1/1/1959 Health Plan: [REDACTED]
Ordering Provider:

On 6/14/2021, Philips Resprionics issued a voluntary recall on specific brands of their CPAP/APAP, BIPAP machines. Philips has established a registration process that allows Patients, Users, or Caregivers to look up their device's serial number and initiate a claim if their unit is affected.
To view the recall information and register your device use the following link: <https://www.usa.philips.com/healthcare/e/sleep/communications/src-update>

Step 2: Please select the Ordering Provider from the list below or by using the Ordering Provider Search.

Ordering Provider Search

Search Type:

Name

TIN or NPI

Address

First Name:

Last Name:

State:

Recent Favorites Search Results Expanded Search View: Local

Ordering Providers

Favorite	Name	Address	City	Specialty	Health Plan
<input type="checkbox"/>	<u>Doe, Jane</u>	1234 South Rd	City	Nurse	[REDACTED]
<input checked="" type="checkbox"/>	<u>Doe, Joseph</u>	5555 Main St	City	Nurse	[REDACTED]

DISPLAYING 1-2 OF 2 RESULTS

Ordering Provider Fax Number

The screenshot shows a web application interface for an 'Order Request'. At the top, there is a navigation bar with 'Order Request' on the left and 'Logout' on the right. Below the navigation bar, a progress indicator shows five steps, with the second step (2) highlighted. The main content area displays member information for '190DOE, JANE' and includes fields for 'Member #', 'Date of Birth', 'Ordering Provider', 'Date of Service', and 'Health Plan'. A yellow banner contains a recall notice for Philips CPAP/APAP/BiPAP machines. Below the banner, a 'Step 2' instruction asks the user to select an ordering provider. A modal window titled 'Ordering Provider Fax number' is open, prompting the user to enter or confirm the physician's fax number. The modal contains a text input field with '(206) 598-2813', a 'Save' button, and a 'Fax Unavailable' link. In the background, a table of 'Ordering Providers' is visible, listing providers like HILLMAN, L. and WYCKOFF, J. with columns for City, Specialty, and Health Plan.

Order Request

Logout

Step: 1 2 3 4 5

190DOE, JANE Edit Show Details

Member #: 376699999 Date of Service: 2/25/2022

Date of Birth: 1/1/1959 Health Plan:

Ordering Provider:

On 6/14/2021, Philips Respironics issued a voluntary recall on specific brands of their CPAP/APAP, BiPAP machines. Philips has established a registration process that allows Patients, Users, or Caregivers to look up their device's serial number and initiate a claim if their unit is affected.

To view the recall information and register your device use the following link: <https://www.usa.philips.com/healthcare/e/sleep/communications/src-update>

Step 2: Please select the Ordering Provider from the list below or by using the Ordering Provider Search.

Ordering Provider Fax number

Please enter or confirm the physician's fax number below

FAX Number

(206) 598-2813

Why do you need this?

Save | Fax Unavailable

View: Local

City	Specialty	Health Plan
SEATTLE	Family Practice	
SEATTLE	Nurse/ Nurse Practitioner	

DISPLAYING 1-2 OF 2 RESULTS

Delete this request

Clear

Enter the fax number to be used when communicating with the ordering provider the outcome of an adverse determination (denial) case.

OR

If a fax number was previously entered for the provider, confirm the number is correct.

Press the **"Save"** button.

Clinical Service Selection

Sleep Management Order

Select Order From The Drop-Down Lists Below

Enter HCPCS/CPT Code

Sleep Order Type
<Select Order Type> ▼

Sleep Sub Order Type
<Select> ▼

Sleep Management Order

Select Order From The Drop-Down Lists Below

Enter HCPCS/CPT Code

Sleep Order Type
Diagnostic Sleep Study

Sleep Sub Order Type
In-Lab (PSG) / Split Night

Repeat Study

Has this member previously had a full night PSG or HST?

Select the **Order** from the drop-down list below or enter the HCPCS/CPT[®] code.

You may be prompted with additional questions based on the Sleep Order Type and Sleep Sub Order Type selected.

Once selected, you will proceed to the next question.

Clinical Diagnosis Selection

Identify the patient's primary suspected diagnosis.

Select the "**Continue**" button in the lower left corner to proceed.

Step 3: Clinical Review - Please enter the Clinical Details.

Patient Primary Diagnosis Printable Version

Please select the member's Primary Suspected Diagnosis

- Obstructive Sleep Apnea
- Central Sleep Apnea
- Narcolepsy
- Periodic limb movement disorder
- Other (Enter ICD10 Code)

Clinical Information
Order Type: Diagnostic Sleep Study
Order Sub Type: In-Lab (PSG) / Split Night 95810

Additional Clinical Detail Entry

Answer the question regarding the member's **condition/events**.

Select "**Continue**" to go on to the next question.

Step 3: Clinical Review - Please enter the Clinical Details.

Clinical Review Details: Information that AIM has on file for this member is presented below. Please modify the information to reflect the member's current clinical status. [Printable Version](#)

Please document the member's Apnea Events

The patient has observed apnea during sleep

Yes

No

Unknown

Clinical Information

Order Type: Diagnostic Sleep Study

Order Sub Type: In-Lab (PSG) / Split Night
95810

Primary Diagnosis: Obstructive Sleep Apnea

[Continue](#) [Restart](#) [Delete this request](#)

Additional Clinical Detail Entry

Step 3: Clinical Review - Please enter the Clinical Details.

Clinical Review Details: Information that AIM has on file for this member is presented below. Please modify the information to reflect the member's current clinical status.

[Printable Version](#)

Please document all known Comorbid Conditions

- Stroke (CVA) within the last 30 days
- Transient Ischemic Attack (TIA)
- Coronary Artery Disease (CAD)
- Sustained supraventricular tachycardic arrhythmias
- Sustained supraventricular bradycardic arrhythmias

Clinical Information
Order Type: Diagnostic Sleep Study

Order Sub Type: In-Lab (PSG) / Split Night
95810

Primary Diagnosis: Obstructive Sleep Apnea

Clinical Details

Apnea Events
The patient has observed apnea during sleep
Yes

Signs and Symptoms
Excessive daytime sleepiness evidenced by:
Epworth Sleepiness Scale (ESS) > 10 or,
Inappropriate daytime napping (during conversation, driving or eating) or,
Sleepiness that interferes with daily activity

Continue

Restart

Delete this request

When the clinical information entered does not meet clinical guidelines for the exam requested, you will receive the **Feedback** screen.

Additional Clinical Detail Entry

Step 3: Clinical Review - Please enter the Clinical Details.

Clinical Review Details: Information that AIM has on file for this member is presented below. Please modify the information to reflect the member's current clinical status.

[Printable Version](#)

Please document all known Contraindications for Home Sleep Testing

- The patient is 18 years old or younger
- Moderate or severe chronic obstructive pulmonary disease - Forced expiratory volume in 1 second/ Forced vital capacity (FEV1/FVC) less than or equal to 0.7 and FEV1 less than 80% of predicted
- Moderate or severe congestive heart failure - New York Heart Association (NYHA) class III or IV
- Congestive heart failure with a history of ventricular fibrillation or sustained ventricular tachycardia in a patient who does not have an implanted defibrillator
- Cognitive impairment (inability to follow simple instructions) resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
- Physical impairment resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
- Oxygen dependent for any reason
- Stroke (CVA) within the last 30 days
- Chronic narcotic use
- Body Mass Index (BMI) is > 33
- The elevated serum bicarbonate level >28 mmol/L
- Established diagnosis of obesity hypoventilation syndrome

Clinical Information
Order Type: Diagnostic Sleep Study

Order Sub Type: In-Lab (PSG) / Split Night
95810

Primary Diagnosis: Obstructive Sleep Apnea

Clinical Details

Apnea Events
The patient has observed apnea during sleep

Yes

Signs and Symptoms

Excessive daytime sleepiness evidenced by:

Epworth Sleepiness Scale (ESS) > 10 or,

Inappropriate daytime napping (during conversation, driving or eating) or,

Sleepiness that interferes with daily activity

Comorbid Conditions

Coronary Artery Disease (CAD)

[Continue](#)

[Restart](#)

[Delete this request](#)

Based on the member's current clinical status, select all known contraindications for Home Sleep Testing.

Review Results Feedback Based on Clinical Entry

Results

! This request does not meet review criteria for an In-Lab Sleep Study (PSG) based on the answers in the **Contraindications for Home Sleep Testing** category(ies). Further clinical review is required

You have the following options:

Switch to HST - Type III	Switch to Devices using Peripheral Arterial Tone (PAT)	Add More Information	Edit Clinical
<input checked="" type="checkbox"/> Case Will Close	<input checked="" type="checkbox"/> Case Will Close	<input type="checkbox"/> Requires Further Review	<input type="checkbox"/> Review and Edit the Clinical
Your request will be complete.	Your request will be complete.	If you have entered "other", "unknown", or "none of these apply" to any of the clinical questions, provide the additional clinical details supporting this request below or you can call us within 24 hours at (866) 666-0776. Our staff will review the information and complete your request. <i>Enter up to 300 characters of additional information here</i>	Review the information you have entered after you have gathered additional information.
Select	Select	Select	Select

Delete this request

Depending on if the order request meets criteria or not, the clinical feedback screen will provide various options to select from including:

- Switch to a more appropriate test/study
- Supply additional information
- Edit the clinical information previously entered
- Close the case and an order number will be issued

Servicing Provider Selection

Provider Search Results : Home Sleep Study Providers							
Provider	Type	Address	City	State	Phone	Distance	Action
XYZ Sleep Center		1234 South Rd	City	LA	555-555-5555	2.5	View Details
ZZZ Sleep Center of America		1234 South Rd	City	LA	555-555-5555	2.5	View Details
ABC Sleep Center		1234 South Rd	City	LA	555-555-5555	2.5	View Details
Sleep Center Inc.		1234 South Rd	City	LA	555-555-5555	2.5	View Details
A Sleep Center		1234 South Rd	City	LA	555-555-5555	2.5	View Details
Advanced Sleep Center		1234 South Rd	City	LA	555-555-5555	2.5	View Details

Step 5: Please Choose a Provider.

Provider Search

Provider Name:

City:

State:

Zip Code:

TIN / NPI:

Service Performed:

Provider Search Results

Provider	Type	Address	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City
XYZ Sleep Center		1234 South Rd	City

Select the servicing provider where the test/study will be performed.

Choose a provider in the list or use **“Find a Provider”** button to search for additional providers.

Order Request Summary

 ProviderPortal.

Order Request Summary

Health Plan:
██████████

Start Date:
02/25/2022

Order ID: **110212691**  Authorized
Approval Valid Through: 02/17/2022 - 04/17/2022

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information:

Doe, Jane
Member # 123456789
PO Box 1234
City, State 77777
Date of Birth: 1/1/1959
Phone: 555-555-5555

Ordering Provider:

Smith, Richard
1234 Main St
City, State 77777
Phone: 555-555-5555
Fax: 555-555-5555
NPI: 1234567890
TIN: 987654321

Servicing Provider: Home

ABC Sleep Inc.
100 Hwy 1
City, State 77777
Phone: 555-555-5555
Fax: 111-111-1111
NPI: 0987654321
TIN: 123456789

The information on the patient's diagnosis/symptoms/conditions provided below was obtained from the Ordering Provider and has not been independently verified by Carelon assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record.

Please call 866-666-0776 for all urgent requests.

The order has now been submitted.

Requests that meet clinical criteria will be receive an immediate response with an **order ID** and **Authorization Valid Through** timeframe within the green box.

If the request does not meet criteria, your request will be sent for clinical review. Contact Carelon to discuss your request at any time.

You can **"Print"** or **"Save to a PDF"** to include this information in the patient's chart.

Order Request Summary

REQUESTED ITEM(S)

EXAM ID	ORDER TYPE	SUB-ORDER TYPE	REQUEST STATUS	REASON	ACTION
G0399	Diagnostic Sleep Study	Home Sleep Test (HST) Type III	Authorized	Criteria Met	Hide Details

Clinical Information

Order Type: Diagnostic Sleep Study

Order Sub Type: Home Sleep Test (HST) Type III
G0399

Primary Diagnosis: Obstructive sleep apnea(adlt)(ped) G47.33

Clinical Details

Apnea Events

The patient has observed apnea during sleep

Yes

Signs and Symptoms

Excessive daytime sleepiness evidenced by:

- Epworth Sleepiness Scale (ESS) > 10 or,
- Inappropriate daytime napping (during conversation, driving or eating) or,
- Sleepiness that interferes with daily activity

Comorbid Conditions

Coronary Artery Disease (CAD)

Contraindications to Home Sleep Testing

Change to Home Sleep Test (HST) Type III accepted.

Within the Requested Item(s) section, you can toggle between “**Hide Details**” and “**View Details**” to display the clinical information entered within the order request.

Order Request Summary

REQUESTED ITEM(S)

EXAM ID	ORDER TYPE	SUB-ORDER TYPE	REQUEST STATUS	REASON	ACTION
G0399	Diagnostic Sleep Study	Home Sleep Test (HST) Type III	Authorized	Criteria Met	View Details

When clicking on the Exam ID, the HCPCS and CPT codes, included within the group, will display for the order request.

HCPCS Group Details

HCPCS Code	HCPCS Description
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation

DISPLAYING 1-2 OF 2 RESULTS



Additional Provider Portal Features

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Check Order Status

Order Inquiry

Welcome PMPHYS USER

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Select the member's healthplan

Select the order type

Select the search type

Order ID

Date of Birth

Find This Order

Message Center

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

Provider Resources

Radiology Tutorial

Searching for Orders:

Select the member's health plan (if not pre-populated or if different than the default).

Select the "**Order Type**" (e.g., Sleep Medicine).

Search for the record by either **Order ID** or **Member Information**.

- Order ID + date of birth
- Order ID + member name
- Member ID + date of birth
- Member ID + date of birth

Select "**Find This Order**" to continue.

Viewing Order Requests

The screenshot displays the 'Order Inquiry' web application interface. On the left is a search sidebar with a 'Health Plan' dropdown, a 'Search By' dropdown set to 'Order ID', and radio buttons for 'Order ID + DOB' (selected) and 'Order ID + Name'. Below these are input fields for 'ORDER ID' (containing '110212691') and 'DATE OF BIRTH' (with a calendar icon). 'Find' and 'Clear' buttons are at the bottom of the sidebar. The main content area features a 'Go to Homepage' button, 'Save as PDF', and 'Print' buttons. The 'Order Request Summary' section shows a green-bordered card for Order ID **110212691** with a 'Authorized' status. It also displays 'Start Date: 02/25/2022' and 'Approval Valid Through: 02/17/2022 - 04/17/2022'. Below this is a disclaimer: 'This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.' The bottom section is divided into three columns: 'Member Information' (Doe, Jane; Member # 123456789; PO Box 1234; City, State 77777; Date of Birth: 1/1/1959; Phone: 555-555-5555), 'Ordering Provider' (ABC Sleep Inc.; 100 Hwy 1; City, State 77777; Phone: 555-555-5555; Fax: 111-111-1111; NPI: 0123456789; TIN: 123456789), and 'Servicing Provider: Home' (Smith, Richard; 1234 Main St; City, State 77777; Phone: 555-555-5555; Fax: 555-555-5555; NPI: 1234567890; TIN: 987654321). A final disclaimer at the bottom states: 'The information on the patient's diagnosis/symptoms/conditions provided below was obtained from the Ordering Provider and has not been independently verified by Carelon assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. Please call 866-666-0776 for all urgent requests.'

Order Information

Order Information displayed included on the order/prior authorization:

- Order ID
- Request Status
- Valid Dates
- Requested procedures shows a request status and reason for the requested item outcome

Viewing Order History

The screenshot displays the 'Order History' application interface. At the top, there is a navigation bar with a home icon and the text 'Order History'. Below this, a welcome message reads 'Welcome DEMO TRAINING'. To the right of the welcome message are four navigation links: 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. On the left side, there is a vertical menu with five options: 'Start Your Order Request Here', 'Check Order Status', 'View Order History' (highlighted), 'Check Member's Eligibility', and 'Access Your Optinet Registration'. The main content area features a search filter panel with the following sections: 'Show me:' with radio buttons for 'My Orders' (selected) and 'My Group's Orders'; 'For:' with radio buttons for 'Diagnostic Imaging', 'Cardiovascular', 'Specialty Drug', 'Radiation Therapy', 'Sleep Management' (selected), 'Chemotherapy and Supportive Drugs', 'Surgical Procedures', 'Genetic Testing', and 'Musculoskeletal'; 'Within the last:' with a dropdown menu set to '7 Days'; and 'With the status:' with a dropdown menu showing 'All', 'Reviewed', 'Denied', and 'Incomplete'. A green 'Go' button is located to the right of the status dropdown. Below the search filter panel, a table titled 'All Orders' is displayed. The table has columns for Member Name, Member Number, Date of Service, Order Id, Order Status, Ordering Provider, Entered Date, and Entered By. Two rows of data are shown. Below the table are two buttons: 'Print Preview' and 'Download to Excel'.

Order History

Welcome DEMO TRAINING

Provider Management

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Show me: For: Within the last: With the status:

My Orders
 My Group's Orders

Diagnostic Imaging
 Cardiovascular
 Specialty Drug
 Radiation Therapy
 Sleep Management
 Chemotherapy and Supportive Drugs
 Surgical Procedures
 Genetic Testing
 Musculoskeletal

7 Days

All
All
Reviewed
Denied
Incomplete

Go

Show me: For: Within the last: With the status:

My Orders
 My Group's Orders

Diagnostic Imaging
 Cardiovascular
 Specialty Drug
 Radiation Therapy
 Sleep Management
 Chemotherapy and Supportive Drugs
 Surgical Procedures
 Genetic Testing
 Musculoskeletal
 Rehabilitation

90 Days

All

Go

All Orders

Records Per Page: 10

Member Name	Member Number	Date of Service	Order Id	Order Status	Ordering Provider	Entered Date	Entered By
190DOE, JANE	3766999991	02/22/2022	110212692	In Progress	HILLMAN, LYNDA	02/17/2022	Training, Demo
190DOE, JANE	3766999991	02/25/2022	110212691	Closed	HILLMAN, LYNDA	02/17/2022	Training, Demo

Print Preview

Download to Excel

View Order History screen provides access to orders that have been entered in the past 90 days.

Select the desired timeframe from the "**Within the last**" X days.

Select from "**With the Status,**" the type of orders you wish to view (e.g., in progress or incomplete orders).

Press the "**Go**" button.

Provider Management

To create a more customized and easier experience, the Carelon MBM Provider Portal has integrated a service called **“Provider Management.”**

This will allow you to add your provider groups as favorites and make the provider selection process much easier.

From the **“Main Home page,”** select **“Provider Management.”**

The screenshot displays the 'Order Request' section of the Carelon MBM Provider Portal. The main navigation bar includes 'Order Request', 'Welcome PMPHYS RAYA', 'Provider Management', 'Manage Your User Profile', and 'Reference Desk'. A left sidebar contains links for 'Start Your Order Request Here', 'Check Order Status', 'View Order History', 'Check Member's Eligibility', and 'Access Your Optinet Registration'. The central search form is titled 'Find This Member' and includes a 'Service Date' field (MM/DD/YYYY), a 'Member Details' section with fields for 'First Name', 'Last Name', 'Member ID', and 'Date of Birth', and a 'Find This Member' button. Below the search fields are 'Hide Search Tips' and a list of instructions: 'For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.', 'Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.', and 'Member not found? Try entering only the first 2 characters of the patient's first and last name.' On the right, there is a 'Message Center' section with a 'Secure Message (0)' count and a 'Provider Resources' section with links to 'Radiology Tutorial', 'Anthem Cancer Care Quality Program', 'Genetic Testing Tutorial', and 'BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes'.

Provider Management

The screenshot shows the Provider Management interface. At the top, there is a navigation bar with the 'ProviderPortal' logo and 'Home | Log Out' links. Below the navigation bar, the title 'Provider Management' is displayed. A text block explains that the following provider identifiers/health plans have been associated with the account and that the 'Add Provider Identifier' button is used to add more. A green button labeled 'Add Provider Identifier' is circled in red. Below this, there is a 'Filter Providers' link and a 'RESULTS PER PAGE' dropdown menu set to '10'. The total number of records is '60'. A table titled 'Providers Attached to Account' lists the following data:

PROVIDER IDENTIFIER	TYPE	HEALTH PLAN	ACTION
OK0211740	CLID	Health Plan One	Delete
OK0271710	CLID	Health Plan One	Delete
000000001	TIN	Health Plan Two	Delete
007645870	TIN	Health Plan Three	Delete
020223332	TIN	Health Plan Three	Delete
OK02117401	CLID	Health Plan One	Delete
OK02717101	CLID	Health Plan One	Delete
OK14770401	CLID	Health Plan One	Delete
1063499291	TIN	Health Plan Three	Delete
123456789	TIN	Health Plan Two	Delete

At the bottom of the table, there is a pagination control with buttons for first, previous, 1, 2, 3, 4, 5, next, and last.

Within Provider Management screen you can associate providers to your account.

To add providers, select **“Add Provider Identifier.”**

Adding a Health Plan to an Existing User Account

ProviderPortal. Home | Log Out

Provider Management

Health Plan Utilization Review Program

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER ⓘ

Tax ID (TIN) 123456789

Confirm the Health Plans your Facility is associated with.
If a Health Plan is not displayed, enter another type of Provider Identifier.

- Anthem BCBS KY
- Amerigroup - Tennessee
- Amerigroup - Texas
- Anthem BCBS WI
- Simply Healthcare Plans
- Amerigroup Louisiana
- Amerigroup New Mexico
- Amerigroup Washington
- Amerigroup Georgia

To add providers to your account, select the appropriate provider identifier from the drop-down list and enter the identifier value into the text box (e.g., input the Tax ID value if you selected Tax ID as the provider identifier).

Select which health plans this provider recorded is associated to and click **“Save.”**

Provider Portal Help Center

The Help Center contains helpful information such as:

- Tutorials
- Clinical Guidelines

The screenshot shows the Provider Portal Help Center interface. At the top, there is a blue navigation bar with a home icon, the text "Help Center", and links for "Medicare AUC" and "Logout". Below the navigation bar, the main content area is divided into several sections. On the left, there is a vertical sidebar with five menu items: "Start Your Order Request Here" (with a folder icon), "Check Order Status" (with a green checkmark icon), "View Order History" (with a folder icon), "Check Member's Eligibility" (with a person icon), and "Access Your Optinet Registration" (with a document icon). The main content area features a grid of eight tiles. The top row includes "Tutorials" (with a film strip icon), "Next Generation Solutions Tutorial" (with a first aid kit icon), "Diagnostic Imaging Clinical Guidelines" (with a radiation symbol icon), and "Diagnostic Imaging CPT Codes" (with a document icon and a green checkmark). The second row includes "Cardiovascular Clinical Guidelines" (with a heart and pulse icon), "Sleep Management HCPCS Codes" (with a document icon and a green checkmark), "Sleep Management Clinical Guidelines" (with a person icon), and "Musculoskeletal Codes" (with a document icon and a green checkmark). Each tile contains a title, a brief description, and a link to the respective content.

Welcome DEMO TRAINING

Provider Management Manage Your User Profile Help Center

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Tutorials
Automated or self driven training modules for the main functional areas of the ProviderPortal. (Adobe Flash Required)

Next Generation Solutions Tutorial

Diagnostic Imaging Clinical Guidelines
Guidelines for imaging modalities, including CT, MRI, MRA, PET, arterial ultrasound, and nuclear scintigraphy.

Diagnostic Imaging CPT Codes
View a list of all of the CPT Codes that are included in the selected health plan's Radiology Benefit Management program.

Cardiovascular Clinical Guidelines
Guidelines for cardiac imaging modalities, including echocardiography, nuclear cardiology, cardiac CT, cardiac MRI, and cardiac PET.

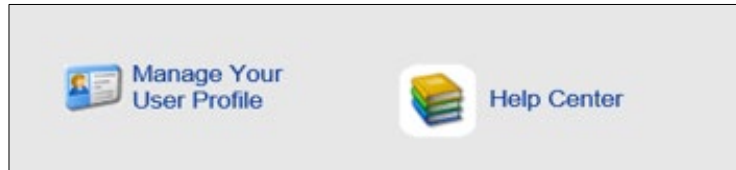
Sleep Management HCPCS Codes
View a list of all the HCPCS Codes that are included in the selected health plan's Sleep Management program.

Sleep Management Clinical Guidelines
Guidelines for testing and treatment of sleep disorders, including obstructive sleep apnea.

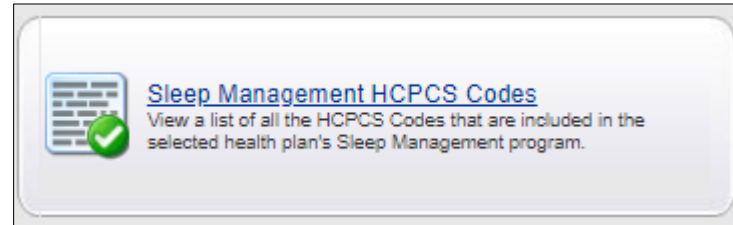
Musculoskeletal Codes

Viewing CPT Codes Included in the Program

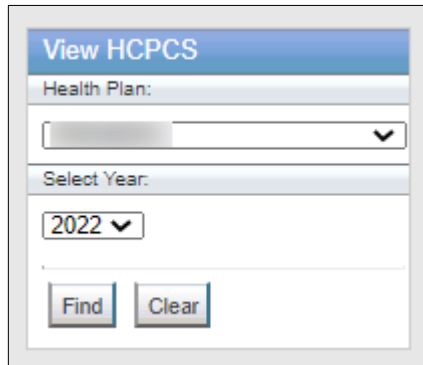
1



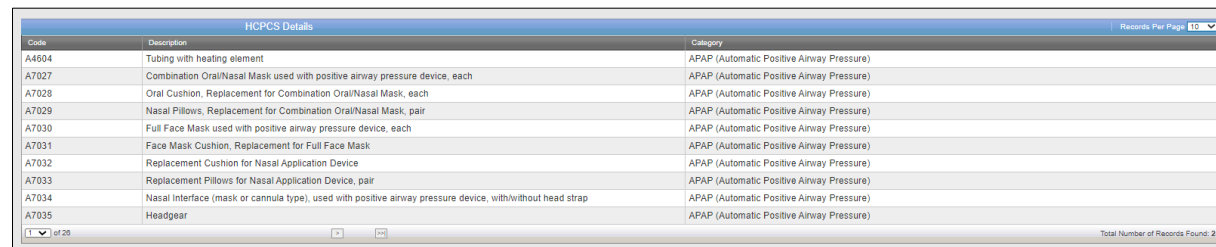
2



3



4



Code	Description	Category
A4604	Tubing with heating element	APAP (Automatic Positive Airway Pressure)
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each	APAP (Automatic Positive Airway Pressure)
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair	APAP (Automatic Positive Airway Pressure)
A7030	Full Face Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7031	Face Mask Cushion, Replacement for Full Face Mask	APAP (Automatic Positive Airway Pressure)
A7032	Replacement Cushion for Nasal Application Device	APAP (Automatic Positive Airway Pressure)
A7033	Replacement Pillows for Nasal Application Device, pair	APAP (Automatic Positive Airway Pressure)
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap	APAP (Automatic Positive Airway Pressure)
A7035	Headgear	APAP (Automatic Positive Airway Pressure)

1. Select "**Reference Desk**" from the home page.
2. Select "**Sleep Management HCPCS Codes.**"
3. Within the view CPT Codes, select the "**Health Plan**" name, and "**year.**"
4. Click "**Find.**"
5. Use the arrows to view the multiple pages of included HCPCS codes.
6. Select "**Print Preview**" to view and print the HCPCS code list.

Manage your User Profile

The screenshot shows a web application interface for managing a user profile. At the top, there is a navigation bar with a home icon, 'Order Request', 'Medicare AUC', and 'Logout'. Below this, a secondary navigation bar includes 'Welcome DEMO TRAINING', 'Provider Management', 'Manage Your User Profile' (highlighted), and 'Help Center'. The main content area is divided into several sections:

- Left Sidebar:** Contains five menu items: 'Start Your Order Request Here' (with a green plus icon), 'Check Order Status' (with a green checkmark icon), 'View Order History' (with a green document icon), 'Check Member's Eligibility' (with a person and question mark icon), and 'Access Your Optinet Registration' (with a document icon).
- Main Search Area:** Features a 'Service Date' field with a calendar icon and a 'Member Details' section with input fields for 'First Name', 'Last Name', 'Member ID', and 'Date of Birth'. Below these fields is a 'Find This Member' button.
- Message Center:** A blue header box containing 'Secure Message (0)' and a notification about application maintenance on Sundays.
- Provider Resources:** A green header box containing links for 'Radiology Tutorial' and 'Genetic Testing Tutorial'.

Member Details:

Service Date *

Member Details:

First Name *

Last Name *

Member ID *

Date of Birth *

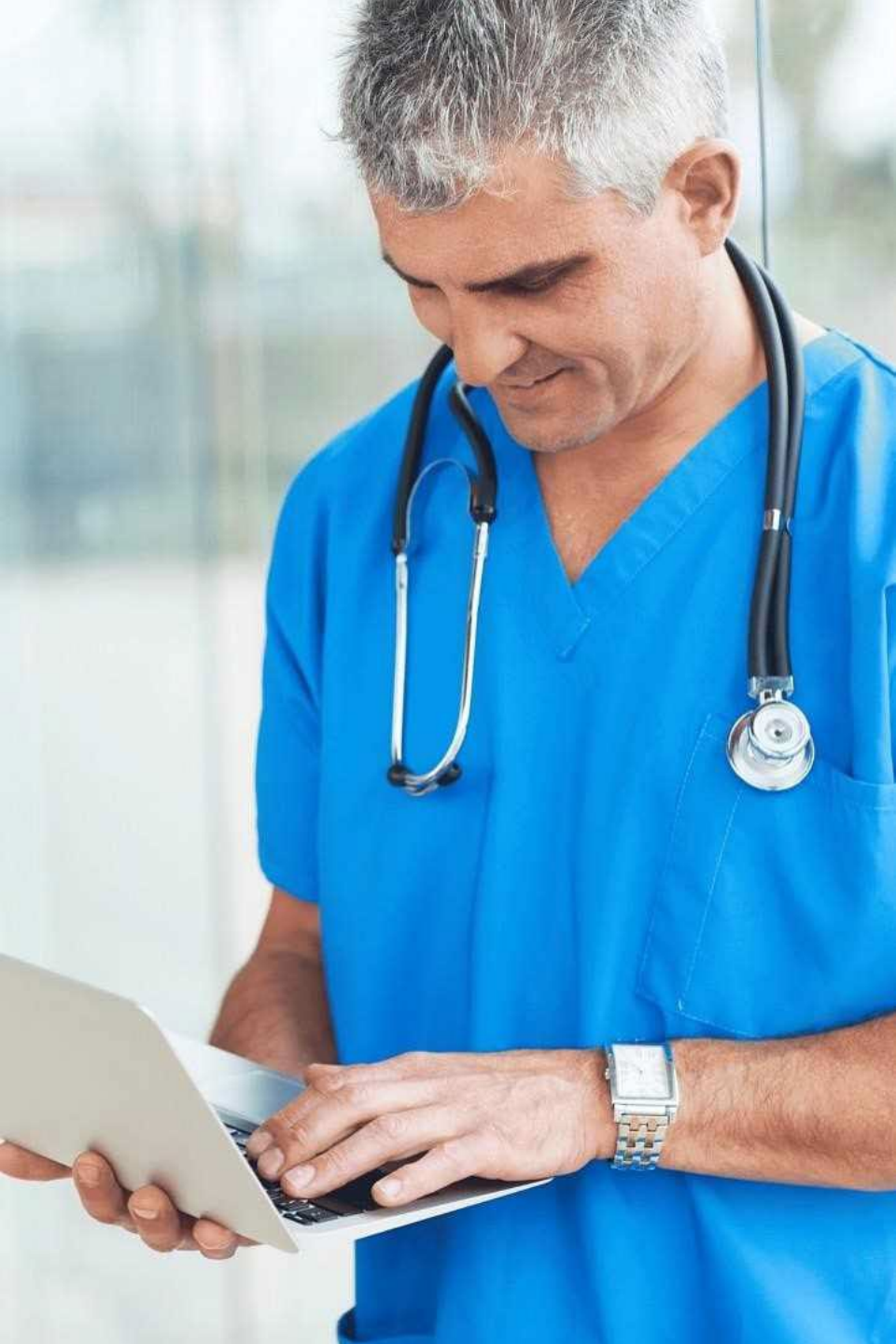
[Hide Search Tips](#) ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- In the member's id number entry, do not include the dependent code.
- For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having issues, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again.

Find This Member

Within **Manage Your User Profile**, you have access to:

1. Provider management
2. Update your user information such as address, phone, fax and email information
3. Security account questions and answers
4. Notification preferences
5. Change your password



Carelon conducts a provider satisfaction survey annually in December.

Please be sure to participate!





Questions?

Sleep Management Program provider website:
<https://providers.carelonmedicalbenefitsmanagement.com/sleep/>

Contact us



Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-866-508-7145

For questions that can **NOT** be answered using iLinkBlue.

Other Provider Phone Lines

BlueCard Eligibility Line® – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information.

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential.

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 4 – for questions regarding provider relations

option 5 – for questions regarding security access to online services



Request provider training by emailing
provider.relations@bcbsla.com.