

# Behavioral Health Webinar for Facility 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.



# Behavioral Health Webinar

Facility Providers

**Nov. 2025**

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# 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



# Behavioral Health Services will be managed by Louisiana Blue in 2026



NEW

Beginning Jan. 1, 2026, Louisiana Blue will manage all authorization and case management processes for behavioral health services. This includes behavioral health services for Louisiana Blue and Blue Advantage members.

## What's Changing:

- Louisiana Blue will manage all behavioral health authorizations and care management.
- Appeals for medical necessity denials will go directly to Louisiana Blue.

## What's Not Changing:

- Your patients' benefits and coverage.
- The behavioral health services we offer to members.

Lucet will no longer manage these services. Providers should submit authorization requests via iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)) under the “authorizations” menu option.

# Network Participation



# Network Participation

## Credentialing is Required for Network Participation



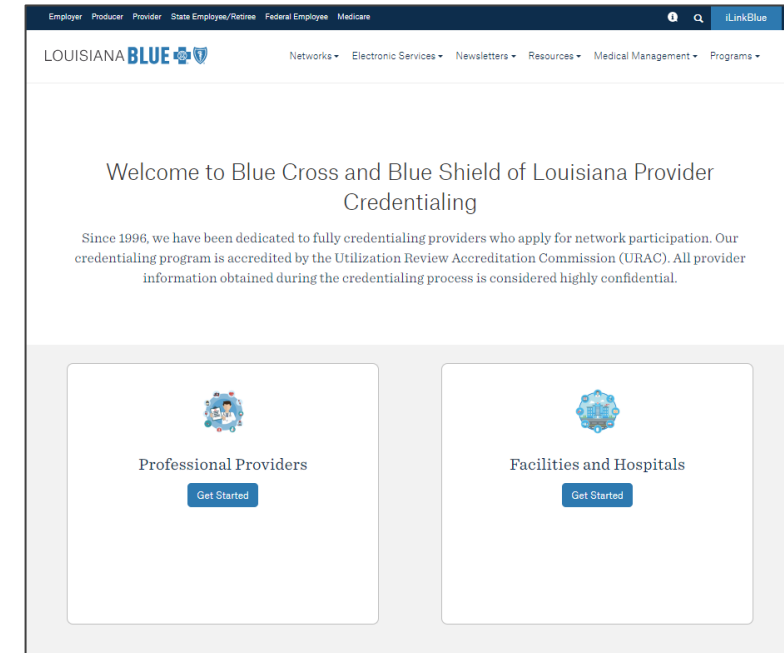
Louisiana Blue credentials all practitioners and facilities that participate in our networks.

We partner with **Medallion** 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)

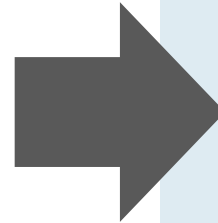


[www.lablue.com/providers](http://www.lablue.com/providers) > Network Enrollment > Join Our Networks

# Credentialing Criteria

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

View the *Credentialing Criteria* for these professional provider types at [www.lablue.com/providers](http://www.lablue.com/providers) >Network Enrollment >Join Our Networks >Facilities and Hospitals >Credentialing Process.



Hospitals/Acute Care

IOP / PHP Facilities

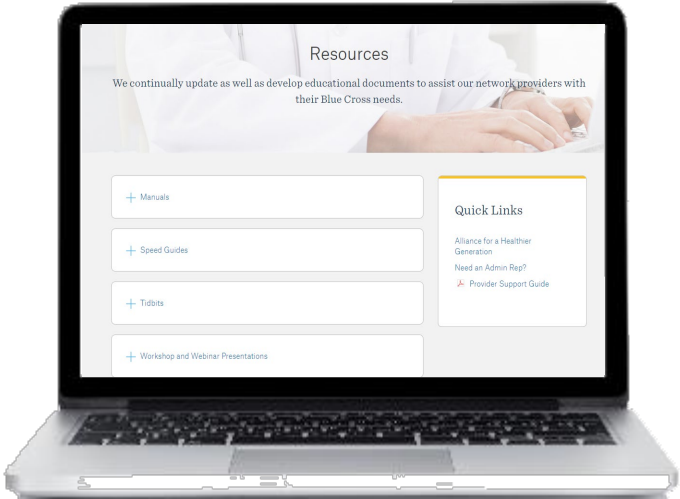
Psych / CDU Facilities

Residential Treatment Centers



# 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](http://www.lablue.com/providers) >Resources >Workshops & Webinars.



## Workshop and Webinar Presentations

### Past Workshops

2025 Professional Workshop:

Session A | Session B

2024 Facility Workshop

### Recent Webinars

2025 iLinkBlue Webinar

2025 BlueCard Webinar

2025 New to Louisiana Blue Webinar - Professional

2025 New to Louisiana Blue Webinar - Facility

2025 Provider Credentialing and Data Management

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



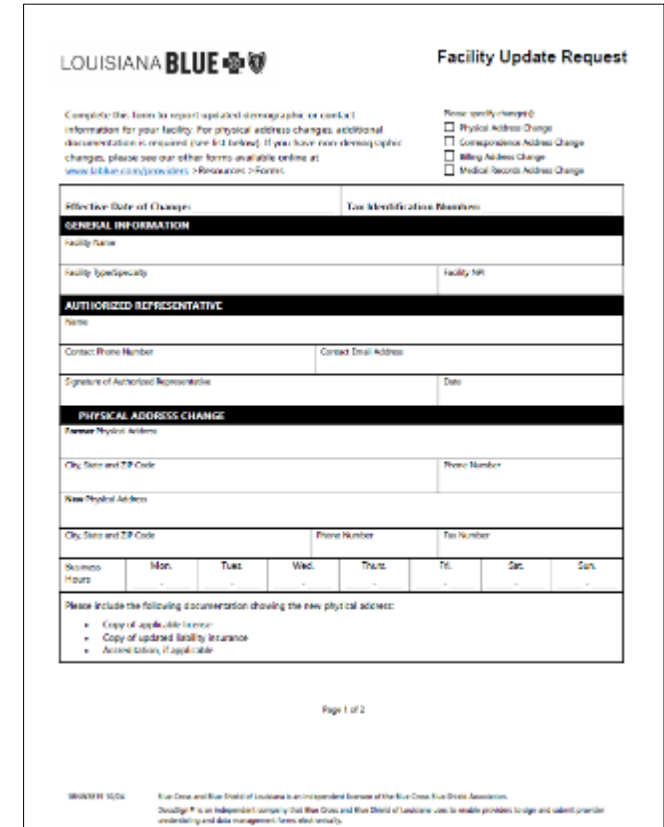
NEW

# Updating Your Information


Use the Facility Update Request form to update:

- Physical address
- Correspondence address and fax number
- Billing address
- Medical records address and fax number

It is important to keep this information up to date. There is only one correspondence email address on file. This is the address all important communications and recredentialing information is sent.



The form is titled "Facility Update Request" and is from Louisiana Blue Cross and Blue Shield of Louisiana. It includes instructions for completion and a checklist for updates. The form is divided into several sections: GENERAL INFORMATION, AUTHORIZED REPRESENTATIVE, PHYSICAL ADDRESS CHANGE, and a section for documentation. It includes fields for Facility Name, Facility Specialty, Facility NPI, Contact Phone Number, Contact Email Address, Signature of Authorized Representative, Date, City, State and ZIP Code, Phone Number, Fax Number, and a table for Business Hours. It also includes a section for documentation to be included with the request.

**LOUISIANA BLUE**  **Facility Update Request**

Complete this form to report updated demographic or contact information for your facility. For physical address changes, additional documentation is required (see list below). If you have never done any other changes, please see our other forms available online at: [www.lablue.com/providers](http://www.lablue.com/providers) > Resources > Forms.

Please specify change(s):  
☐ Physical Address Change  
☐ Correspondence Address Change  
☐ Billing Address Change  
☐ Medical Records Address Change

Effective Date of Change(s)	Tax Identification Number(s)						
<b>GENERAL INFORMATION</b>							
Facility Name							
Facility Specialty	Facility NPI						
<b>AUTHORIZED REPRESENTATIVE</b>							
Name							
Contact Phone Number	Contact Email Address						
Signature of Authorized Representative	Date						
<b>PHYSICAL ADDRESS CHANGE</b>							
Previous Physical Address							
City, State and ZIP Code	Phone Number						
New Physical Address							
City, State and ZIP Code	Phone Number	Fax Number					
Business Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Please include the following documentation showing the new physical address: <ul style="list-style-type: none"><li>• Copy of applicable license</li><li>• Copy of updated liability insurance</li><li>• Account history, if applicable</li></ul>							

Page 1 of 2

MEMBER 10/04 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross, Blue Shield Association. BlueShield® 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.

The form is available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Forms.

# Updating Your Information

NEW

Other update forms can be found on our Provider page ([www.lablue.com/providers](http://www.lablue.com/providers)) >Resources >Forms include:

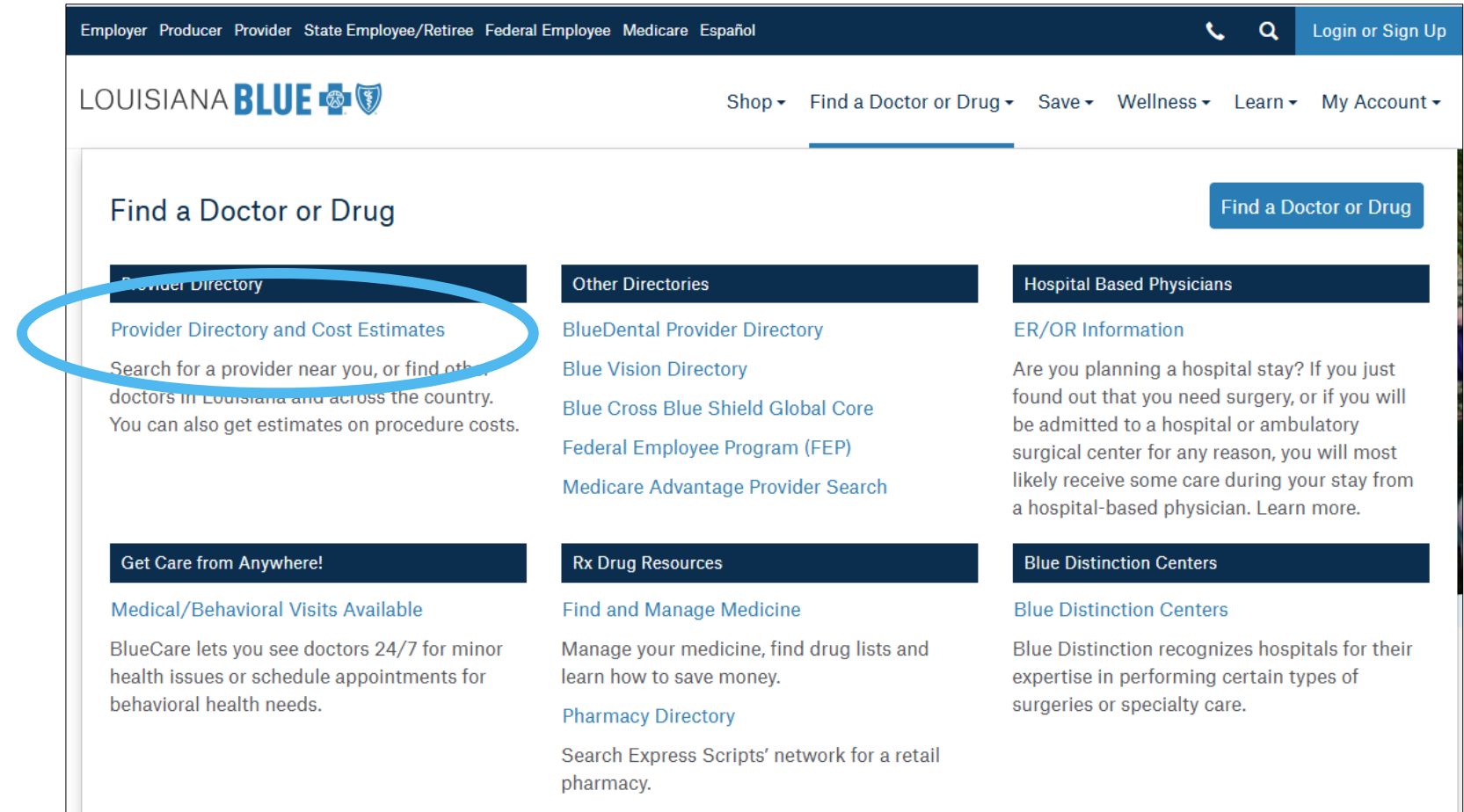
- **Add Facility Location** is for adding a facility location to an existing facility record.
- **Facility TIN Change** is to report a change in your Tax ID number.
- **National Provider Identifier Change**
- **Request for Termination** is to remove a facility location or terminate your provider record.
- **EFT Termination or Change** to update your EFT information.

The image displays five forms from Louisiana Blue Cross and Blue Shield of Louisiana, arranged in a collage. The forms are:

- Add Facility Location Form:** A form for adding a new facility location to an existing record. It includes fields for Facility Name, Address, City, State, ZIP Code, and various checkboxes for service types.
- Facility TIN Change Form:** A form for reporting a change in the Tax Identification Number (TIN) for a facility. It includes fields for Facility Name, Address, City, State, ZIP Code, and the new TIN.
- National Provider Identifier (NPI) Change Form:** A form for updating the National Provider Identifier (NPI) for a provider. It includes fields for Provider Name, Address, City, State, ZIP Code, and the new NPI.
- Request for Termination:** A form for requesting the termination of a facility location or provider record. It includes fields for Effective Date of Change, Tax Identification Number, and checkboxes for the type of termination (Facility, Group/Client, Individual Provider, Other).
- Electronic Funds Transfer (EFT) Termination/Change Form:** A form for updating or terminating Electronic Funds Transfer (EFT) information. It includes fields for Provider Name, Address, City, State, ZIP Code, and checkboxes for the type of EFT change (Termination, Change).

# Online Provider Directories

Louisiana Blue offers many networks. All providers do not participate in all networks. In order to maximize benefits for your patients, you need to know which networks you participate in. This information can be found online at [www.lablue.com](http://www.lablue.com) >Find a Doctor or Drug >Provider Directory and Cost Estimates.



The screenshot displays the Louisiana Blue website interface. At the top, a dark blue navigation bar contains links for 'Employer', 'Producer', 'Provider', 'State Employee/Retiree', 'Federal Employee', 'Medicare', and 'Español', along with a search icon and a 'Login or Sign Up' button. Below this, the 'LOUISIANA BLUE' logo is visible, followed by a secondary navigation bar with links for 'Shop', 'Find a Doctor or Drug', 'Save', 'Wellness', 'Learn', and 'My Account'. The main content area is titled 'Find a Doctor or Drug' and features a prominent blue button with the same text. Below the title, there are several sections: 'Provider Directory' (which is circled in blue and includes a link to 'Provider Directory and Cost Estimates'), 'Other Directories' (listing 'BlueDental Provider Directory', 'Blue Vision Directory', 'Blue Cross Blue Shield Global Core', 'Federal Employee Program (FEP)', and 'Medicare Advantage Provider Search'), 'Hospital Based Physicians' (with a link to 'ER/OR Information'), 'Get Care from Anywhere!' (with a link to 'Medical/Behavioral Visits Available'), 'Rx Drug Resources' (with links to 'Find and Manage Medicine' and 'Pharmacy Directory'), and 'Blue Distinction Centers' (with a link to 'Blue Distinction Centers').

# Online Provider Directories

Keeping your information up to date with us 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](http://www.lablue.com).

- Addresses (location information)\*
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services (telehealth/virtual-only providers are identified as such and address is not displayed)

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.

\*Limit of 10 locations per provider per TIN.



It is the contractual responsibility of all participating providers to notify Louisiana Blue when they leave a group or location, as well as to keep all other information current. To report changes in your information, use the **Facility Update Request** form. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

# Using iLinkBlue



# What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.

[www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)

The screenshot displays the Louisiana Blue iLinkBlue provider portal. At the top, the Louisiana Blue logo is visible, followed by a navigation bar with links for Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area features a 'Welcome to iLinkBlue' section with 'Tips to Know' and a 'Do you need a past EFT Notification/Payment Register?' notice. To the right, there are two prominent boxes: 'Refund Letters' indicating 35 requests created in the last 30 days, and 'Medical Record Requests' showing 0 requests requiring action. Below these, a row of icons provides quick access to Research Claims, Louisiana Blue Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. The bottom section includes 'Important Louisiana Blue Messages' with holiday and informational notices, and a sidebar for 'Other Sites' listing Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, and Healthy Blue.

LOUISIANA BLUE

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

### Welcome to iLinkBlue

Tips to Know

**Do you need a past EFT Notification/Payment Register?**  
Weekly EFT notifications and payment registers are available to providers on Mondays. Simply set the calendar feature in the search tool to the date of a Monday within the last two years to see past EFT notifications or payment registers.

**Refund Letters**  
You have Refund **35** Request Letters created within the last 30 days.  
Please click below to visit the Refund Letters page.  
[Refund Letters](#)

**Medical Record Requests**  
You have **0** new Medical Record Requests that require action.  
Please visit [Out of Area Medical Record Requests](#) to view requests.  
[Document Upload](#)

Research Claims Louisiana Blue Coverage OOA Coverage Need an Auth? Payment Registers EFT Notices

### Important Louisiana Blue Messages

**Holiday**  
The offices of Louisiana Blue will be closed Friday, April 18, 2025, in observance of Good Friday. We would like to wish each of you a safe and happy holiday.

**Informational**  
Louisiana Blue is changing the application process for professional providers to participate in our networks. Beginning July 1, 2025, we will only accept the Council for Affordable Quality Healthcare (CAQH) application. This change will apply for professional credentialing and recredentialing. If you need to create a CAQH profile, visit [www.caqh.org](http://www.caqh.org) to learn more. Providers may use CAQH to enter, maintain and share their information for credentialing free of charge.

**Informational**  
Effective immediately, the Estimated Treatment Cost Tool reports are now available for providers to view.

### Other Sites

- Davis Vision Network
- Dental Advantage Plus Network - United Concordia Dental
- Healthy Blue

# 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 individual user access to the appropriate applications.
- Manage users and terminate user access when it is no longer needed.
- Contact our Provider Identity Management (PIM) Team at [PIMteam@lblue.com](mailto:PIMteam@lblue.com) or 1-800-716-2299, option 5 with questions.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider page at [www.lblue.com/providers](http://www.lblue.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.

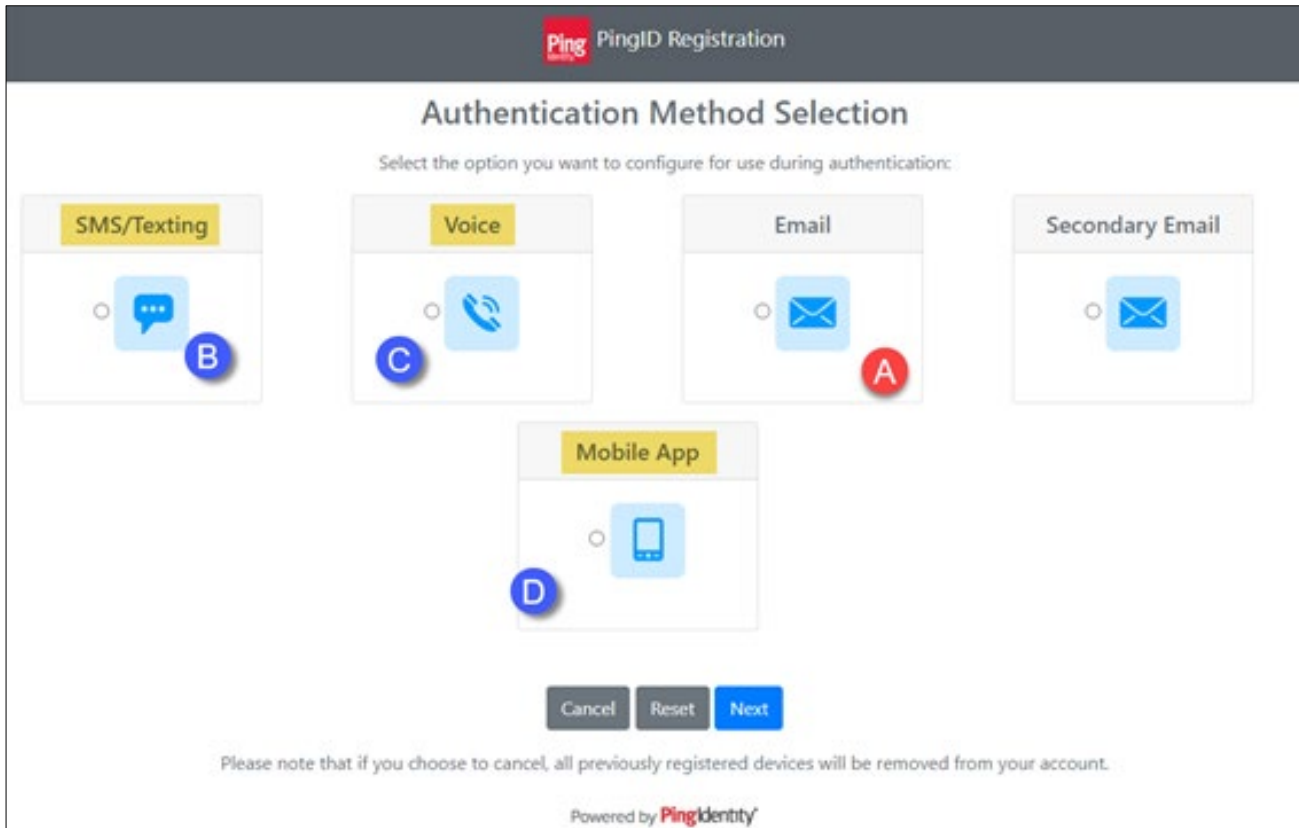


**Phone:** 1-800-716-2299, option 5 (Monday – Friday 7:30 a.m. to 4 p.m.)

**Email:** [PIMteam@lblue.com](mailto:PIMteam@lblue.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.



The screenshot shows the 'PingID Registration' interface with the title 'Authentication Method Selection'. Below the title is the instruction 'Select the option you want to configure for use during authentication:'. There are five selection cards: 'SMS/Texting' (labeled B), 'Voice' (labeled C), 'Email' (labeled A), 'Secondary Email', and 'Mobile App' (labeled D). Each card has a radio button and an icon. At the bottom are 'Cancel', 'Reset', and 'Next' buttons. A note at the bottom states: 'Please note that if you choose to cancel, all previously registered devices will be removed from your account.' The footer says 'Powered by PingIdentity'.

- We recommend registering **two or more** options for account recovery.
- When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.
- If your email or phone number should change, you must contact our PIM Department ([PIMteam@lablue.com](mailto:PIMteam@lablue.com)) to delete the old information and add the new.

# Navigating iLinkBlue

## Top Navigation

The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

## Quick Links

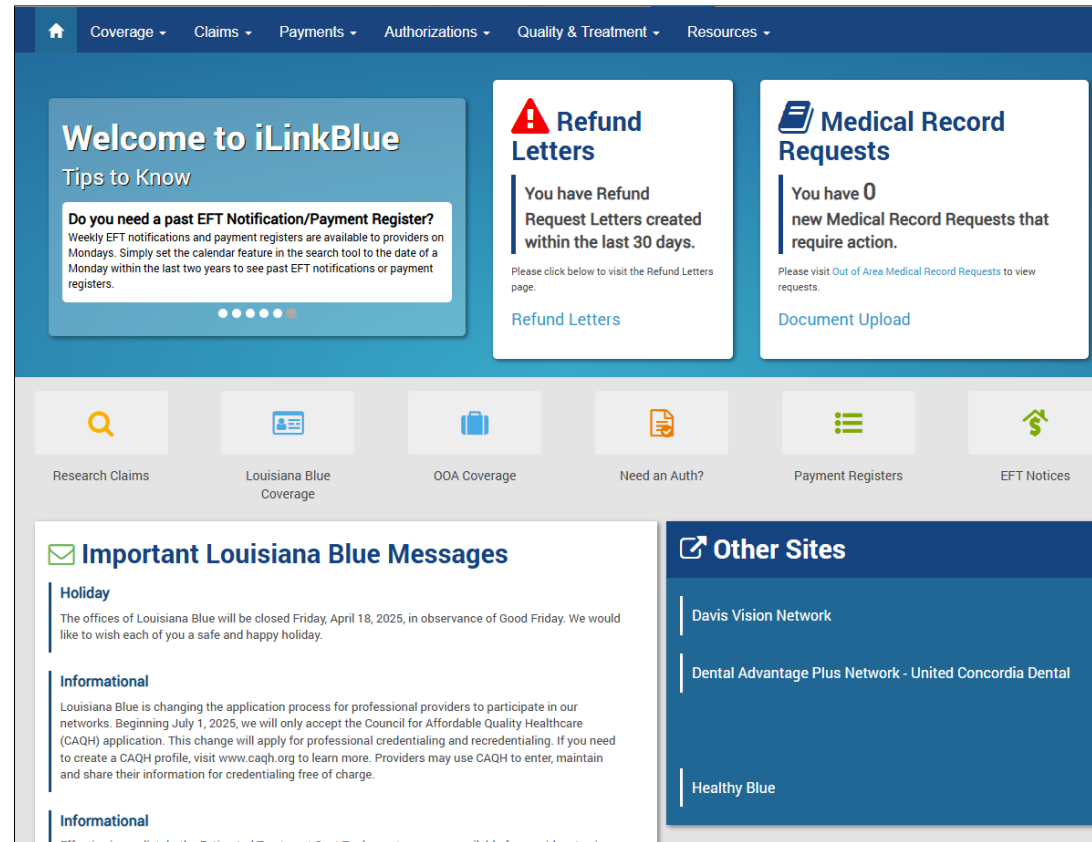
This area contains shortcuts to the six most-used iLinkBlue functions.

## Message Board

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

## Refund Letters

Providers now have a shortcut to check/search for Refund Request Letters.



## Other Sites

Includes quick access to other sites providers might need to access.

# Behavioral Health 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
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

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

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	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a>

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	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a>

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	<a href="#">View ID Card</a>

Hide Terminated Dependents

ID Card

Coverage Views

Coordination of Benefits

[View ID Card](#)

[Summary](#)

[Benefits](#)

[View COB](#)

- + LIMITATIONS
- + MATERNITY
- + MEDICAL and SURGICAL BENEFITS
- + MENTAL HEALTH
- + OFFICE VISIT - PRIMARY

Click on **Benefits** to open the list of services covered under the member’s policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

# Digital ID Cards

Our members can also access their digital ID cards through:

## Smartphone or device

Louisiana Blue has a mobile app that members can use. In the app, they will choose the “My ID Card” option (on the front page). Member’s also have the option to save their ID card to their phone’s wallet.

## Louisiana Blue member portal

Our members can log into their online member account at [www.lablue.com](http://www.lablue.com), then choose the “My ID Card” menu option.



# Coverage – Out of Area

Use this section to research coverage information for a **BlueCard®** (out-of-area) member. This is someone insured through a Blue Plan other than Louisiana Blue.

**Submit Eligibility Request (270)** – submit an electronic eligibility inquiry to the BlueCard member's Blue Plan. Enter the member's prefix (first three characters of the member ID number) and contract number.

### Eligibility Request (270)

#### Contract Information

Prefix\*

Contract Number\*

#### Patient Information

First Name\*

Middle

Last Name\*

Suffix

Date of Birth

Gender

Service Type\*

#### Subscriber Information

Only required if patient and subscriber are not the same

First Name

Middle

Last Name

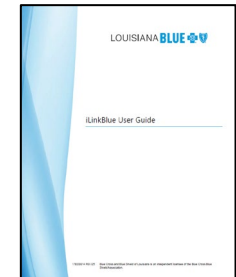
Suffix

Submit

# Eligibility Request (270)

To ensure proper benefits are returned when submitting **Eligibility Requests (270)**, use the drop-down to select the most appropriate service type from the following code list:

1 Medical Care	30 Health Benefit Plan Coverage	60 General Benefits	89 Free Standing Prescription Drug	AH Skilled Nursing Care - Room and Board	BT Gynecological
2 Surgical	32 Plan Waiting Period	61 In-vitro Fertilization	90 Mail Order Prescription Drug	AI Substance Abuse	BU Obstetrical
3 Consultation	33 Chiropractic	62 MRI/CAT Scan	91 Brand Name Prescription Drug	AJ Alcoholism	BV Obstetrical/Gynecological
4 Diagnostic X-Ray	34 Chiropractic Office Visits	63 Donor Procedures	92 Generic Prescription Drug	AK Drug Addiction	BY Physician Visit – Office: Sick
5 Diagnostic Lab	35 Dental Care	64 Acupuncture	93 Podiatry	AL Vision (Optometry)	BZ Physician Visit – Office: Well
6 Radiation Therapy	36 Dental Crowns	65 Newborn Care	94 Podiatry - Office Visits	AM Frames	CE MH Provider – Inpatient
7 Anesthesia	37 Dental Accident	66 Pathology	95 Podiatry - Nursing Home Visits	AN Routine Exam	CF MH Provider – Outpatient
8 Surgical Assistance	38 Orthodontics	67 Smoking Cessation	96 Professional (Physician)	AO Lenses	CG MH Provider Facility – Inpatient
9 Other Medical	39 Prosthodontics	68 Well Baby Care	97 Anesthesiologist	AQ Nonmedically Necessary Physical	CH MH Provider Facility – Outpatient
10 Blood Charges	40 Oral Surgery	69 Maternity	98 Professional (Physician) Visit - Office	AR Experimental Drug Therapy	CI Substance Abuse Facility – Inpatient
11 Used Durable Medical Equipment	41 Routine (Preventive) Dental	70 Transplants	99 Professional (Physician) Visit - Inpatient	BA Independent Medical Evaluation	CJ Substance Abuse Facility – Outpatient
12 Durable Medical Equipment Purchase	42 Home Health Care	71 Audiology Exam	A0 Professional (Physician) Visit - Outpatient	BB Partial Hospitalization (Psychiatric)	CK Screening X-ray
13 Ambulatory Service Center Facility	43 Home Health Prescriptions	72 Inhalation Therapy	A1 Professional (Physician) Visit - Nursing Home	BC Day Care (Psychiatric)	CL Screening Laboratory
14 Renal Supplies in the Home	44 Home Health Visits	73 Diagnostic Medical	A2 Professional (Physician) Visit - Skilled Nursing Facility	BD Cognitive Therapy	CM Mammogram, HR Patient
15 Alternate Method Dialysis	45 Hospice	74 Private Duty Nursing	A3 Professional (Physician) Visit - Home	BE Massage Therapy	CN Mammogram, LR Patient
16 Chronic Renal Disease (CRD)	46 Respite Care	75 Prosthetic Device	A4 Psychiatric	BF Pulmonary Rehabilitation	CO Flu Vaccination
Equipment	47 Hospital	76 Dialysis	A5 Psychiatric - Room and Board	BG Cardiac Rehabilitation	DM Durable Medical Equipment
17 Pre-Admission Testing	48 Hospital - Inpatient	77 Otological Exam	A9 Rehabilitation	BH Pediatric	MH Mental Health
18 Durable Medical Equipment Rental	49 Hospital - Room and Board	78 Chemotherapy	AA Rehabilitation - Room and Board	BI Nursery	PT Physical Therapy
19 Pneumonia Vaccine	50 Hospital - Outpatient	79 Allergy Testing	AB Rehabilitation - Inpatient	BJ Skin	UC Urgent Care
20 Second Surgical Opinion	51 Hospital - Emergency Accident	80 Immunizations	AC Rehabilitation - Outpatient	BK Orthopedic	
21 Third Surgical Opinion	52 Hospital - Emergency Medical	81 Routine Physical	AD Occupational Therapy	BL Cardiac	
22 Social Work	53 Hospital - Ambulatory Surgical	82 Family Planning	AE Physical Medicine	BM Lymphatic	
23 Diagnostic Dental	54 Long Term Care	83 Infertility	AF Speech Therapy	BN Gastrointestinal	
24 Periodontics	55 Major Medical	84 Abortion	AG Skilled Nursing Care	BP Endocrine	
25 Restorative	56 Medically Related Transportation	85 AIDS		BQ Neurology	
26 Endodontic	57 Air Transportation	86 Emergency Services		BR Eye	
27 Maxillofacial Prosthetics	58 Cabulance	87 Cancer		BS Invasive Procedures	
28 Adjunctive Dental Services	59 Licensed Ambulance	88 Pharmacy			



The full listing can also be found in the iLinkBlue User Guide on our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Manuals.

# Do I need an Authorization?



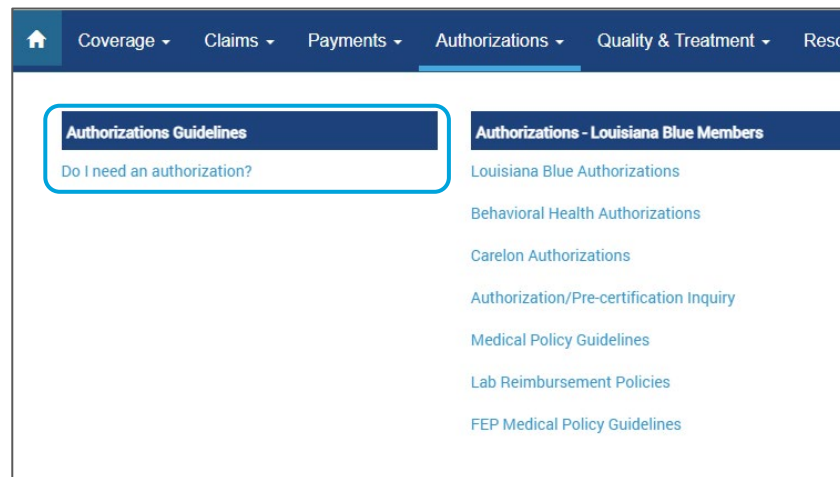


# Behavioral Health Authorization Requirements

## Do I need an authorization?

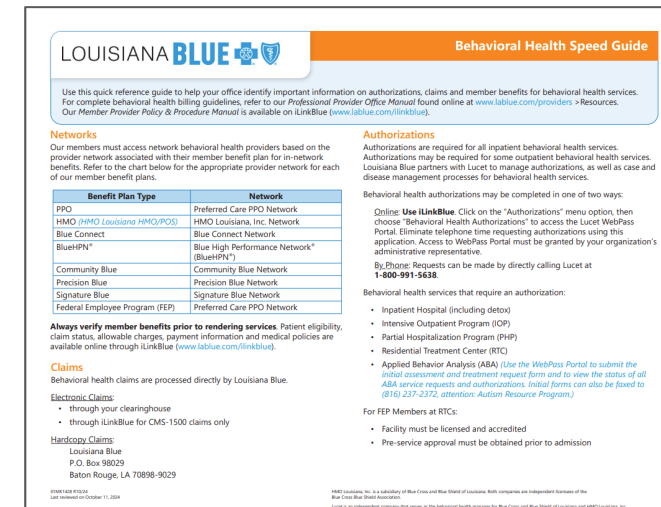
There are **two** resources that can be used to research authorization requirements.

## 1 iLinkBlue's Authorizations Guidelines application



The same application is used for **both** Louisiana Blue 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](http://www.lablue.com/providers) >Resources >Speed Guides.

# FEP Requirements

The Federal Employee Program (FEP) Network requires prior authorization for admission to residential treatment centers (RTCs). FEP will not allow for a medical necessity review if a member is admitted to an RTC prior to an authorization request.

Louisiana Blue's FEP speed guide is available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Speed Guides.



Failure to obtain prior authorization will result in an administrative denial.

Call 1-844-210-6863 to request care management assistance on behalf of a member.

Federal Employee Program (FEP) Speed Guide							
FEPH Dedicated Customer Service: 1-800-272-3029				PSHB Dedicated Customer Service: 1-844-275-2583			
	Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Blue Standard	In-network benefits Out-of-network benefits	FEPH	Preventive care benefits are limited to one per member per year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for all details.	PCP - \$30 copayment  Specialists - \$40 copayment	\$30 copayment	Retail Pharmacy: 1-800-424-0260 Specialty Drug Pharmacy: 1-888-346-3331 Mail Service Prescription Drug: 1-800-262-7800	Facility must be licensed and accredited and pre-authorization 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.
		PSHB					
FEP Blue Basic	In-network benefits No out-of-network benefits	FEPH		PCP - \$30 copayment  Specialists - \$50 copayment	\$50 copayment	Retail Pharmacy: 1-800-424-0260 Specialty Drug Pharmacy: 1-888-346-3331 Mail Service Prescription Drug: 1-800-262-7800	For FEP Blue Basic, members may be admitted to a residential treatment center prior to requesting authorization.
		PSHB					
FEP Blue Focus	Limited in-network benefits No out-of-network benefits	FEPH		PCP/Specialists - \$50 copayment per visit for first 15 visits then deductible and coinsurance	\$25 copayment	No non-preferred drug coverage Retail Pharmacy: 1-800-424-0260 Specialty Drug Pharmacy: 1-888-346-3331 Mail Service Prescription Drug Coverage	For FEP Blue Focus, members may be admitted to a residential treatment center prior to requesting authorization.
		PSHB					

# Filing Claims



# Benefits of Filing Claims Electronically

Louisiana Blue strongly encourages the electronic submission of claims.



- Since editing begins prior to an electronic claim entering our processing system, electronic claims are less likely to be returned for additional information and are usually adjudicated more quickly than claims submitted via paper.
- Electronic submission also enables users to have same day access to their batch reports, which allows for quicker error resolution and expedites the overall revenue management cycle process.

# 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](http://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.

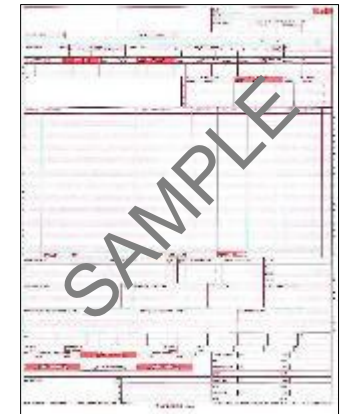
For Louisiana Blue, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:

Mail hardcopy claims to:

- Louisiana Blue  
P.O. Box 98029  
Baton Rouge, LA 70898

For FEP Claims:

- Louisiana Blue  
P.O. Box 98028  
Baton Rouge, LA 70898



CMS-1450 (UB-04)

# IOP and PHP Billing Instructions

When filing a UB-04 claim for IOP/PHP services the following combination of HCPCS/revenue codes are appropriate to ensure accurate reimbursement per your provider contract.

The combination you use will be determined based on the primary reason the member is receiving IOP/PHP services:

Level of Care	Type of Service	Revenue Code	Required HCPCS Code (with short description)*	Service Units
IOP	Psychiatric	905	S9480: intensive outpatient psychiatric services, per diem	1
IOP	Chemical Dependency	906	H0015: alcohol and/or drug services; intensive outpatient treatment	1
PHP	Chemical Dependency or Psychiatric	912	H0035: mental health partial hospitalization treatment less than 24 hours	1
PHP	Chemical Dependency or Psychiatric	913	H0035: mental health partial hospitalization treatment less than 24 hours	1

*\*Please refer to the most current HCPCS books for complete descriptions.*

When the UB-04 Statement Cover Period, Block 6, is longer than one day, each date of service should be billed on a separate claim line and include Revenue Code, HCPCS, service unit of one and Total charges, Blocks 42-47.

As outlined in your provider agreement, billed services that are not defined in your IOP or PHP network agreement are not separately payable.

# Louisiana Blue Claims Confirmation Reports

These reports allow providers to research Claims Confirmation for electronically submitted claims.

- Daily reports confirm if your claims submitted directly through iLinkBlue, billing agency or clearinghouse were accepted.
- Reports are available up to 120 days.
- The returned reports will display by date.

**Blue Cross Claims Confirmation Reports**

1 Select a Provider  
1234567890

2 Report Type  
☒ Accepted  
☐ Not Accepted

3 Date Range  
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

04/15/2019

04/12/2019

04/11/2019

04/10/2019

04/09/2019

# Louisiana Blue Claims 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

Institutional Claims Report

SUBMITTER NUMBER: P0001234

SUBMITTER: SENDER NAME HERE

BC REG# 7200000000 NPI#1234567890

PROVIDER: PROVIDER NAME HERE

BC ID# 12345

RECEIVE DATE: 07-24-19

PROCESSING DATE: 07-24-19

837I ACCEPTED REPORT

PAGE 8

PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	CH TRACKING
ACCOUNT NUM	LAST NM	FIRST	NM NUMBER	DATE	DATE	AMOUNT	NUMBER
00000000	LAST NAME	FIRST	OGS000000000	071919	071919	1991.96	1234567890123456789

PROVIDER BC ID# 12345 837I SUMMARY:

837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$1991.96

837I TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0

837I TOTAL CLAIMS: 1 CLAIMS FOR \$1991.96

## Non-Accepted Report Example

Blue Cross and Blue Shield of Louisiana

837 Accepted / Not Accepted / Warning Report

Institutional Claims Report

SUBMITTER NUMBER: P0001234

SUBMITTER: SENDER NAME HERE

BC REG# 7200000000 NPI#1234567890

PROVIDER: PROVIDER NAME HERE

BC ID# 12345

RECEIVE DATE: 07-24-19

PROCESSING DATE: 07-24-19

837I NOT ACCEPTED REPORT

PAGE 25

PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	ERROR	ERROR
ACCOUNT NUM	LAST NM	FIRST NM	NUMBER	DATE	DATE	AMOUNT	DESCRIPTION	DATA
1234567	DOE	121212121212121	XUP000000000	062919	070619	157323.24	PAT LAST NAME NOT ON BC FILE	DOE

PROVIDER BC ID# 12345 837I SUMMARY:

837I TOTAL CLAIMS ACCEPTED: 28 CLAIMS FOR \$185282.36

837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$157323.24

837I TOTAL CLAIMS: 29 CLAIMS FOR \$342605.60



# Claims Research

**Claims Status Search** – research paid/rejected or pending claims. You can also search by claim number.

Research Louisiana Blue, FEP and BlueCard - Out of Area claims.

**Claims Status**  
To begin your search for claims status click on one of the tabs below.

**Paid/Rejected** **Pending** **Claim Number**

**1** Select a Provider

**2** Narrow Your Search

☒ Louisiana Blue / FEP

☐ BlueCard - Out of Area

**3** Date of Service *optional*

From

To 05/01/2025

**Search**

# Payment Information

## Need a past EFT Notification/Payment Register?

Use the **Payments** menu option in iLinkBlue to find your Louisiana Blue payment registers.

Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

Set the calendar feature in the search feature to the date of a Monday within the last two years. This allows you to see past EFT notifications or payment registers.

The screenshot shows the 'Payment Registers' interface. At the top, there's a header 'Payment Registers' with a sub-header 'View payment registers for all lines of business. Use the filters below to refine your search.' Below this is a search bar with three dropdown menus: 'Select a provider', 'Select a line of business', and a date selector set to '01/06/2020'. A 'Search' button is to the right. Below the search bar, it says 'Search results for 01/06/2020'. A red note states: '\*\*\* Some registers may take several minutes to generate a PDF due to the size of the register.' The main content area is divided into two sections, each for a different NPI. The first section is for NPI 1234567890 and lists various lines of business with corresponding 'View Report' links. The second section is for NPI 2234567890 and lists a subset of these lines of business.

NPI	Line of Business	View Report
1234567890	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Blue Cross Louisiana	<a href="#">Payment Register</a>
	Federal Employees Program (FEP)	<a href="#">Payment Register</a>
	Federal Employees Program (FEP)	<a href="#">Payment Register</a>
	HMO Louisiana	<a href="#">Payment Register</a>
	HMO Louisiana	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
	OGB Magnolia Local	<a href="#">Payment Register</a>
2234567890	OGB Pelican HRA 1000	<a href="#">Payment Register</a>
	OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
	OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
	OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
	OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>

# Benefits of Proper Documentation



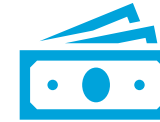
Allows  
identification of  
high-risk patients



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

# Resolving Claim Issues



# How Do I Correct or Void a Claim?

## For facility claims submitted hardcopy:

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 UB-04 can be changed:

- Adjust Claim – In Block 4, enter “7” for a claim adjustment (information or charges added to, taken away or changed).
- Void Claim – In Block 4, 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 64, enter the original claim reference number.

For more information find our Submitting a Corrected Claim Tidbit at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources >Tidbits.

The screenshot shows a document titled "Louisiana providerTIDBIT" with the subtitle "a guide to understanding our processes". It features a header with the Louisiana state logo and a gear icon. The main heading is "Submitting Corrected Claims". Below this, it states: "Sometimes providers need to submit corrected claims for services that have already been processed by Blue Cross. To avoid your claims being denied as a duplicate, use the guidelines outlined in this document." A bulleted list follows: "When a claim is refiled for any reason, all services should be reported on the claim. It is inappropriate to refile a claim with only one procedure when more than one procedure was reported on the initial claim. Splitting the claim may cause your claim to be adjusted incorrectly." A section titled "Should My Corrected Claim Be an Adjustment or Void?" explains the difference: "Adjustment Claim - requests that a previously processed claim be changed (information or charges added to, taken away or changed)." and "Void Claim - requests that the entire claim be removed and any payments or rejections be retracted from the member's and provider's records." A "General Guidelines" box lists: "The claim form should reflect a clear indication as to what information has been changed.", "All procedures performed on a single date of service should be filed on one claim even when submitting corrected claims with changed (i.e. added or deleted) codes or differing units.", "The original claim reference number assigned on your Blue Cross and Blue Shield of Louisiana provider payment register/remittance advice is required when resubmitting the claim.", and "A corrected claim submitted to void or adjust a claim should not include an Appeal and Claims Dispute Form, letter of appeal, Appeal Request Form or medical records." A note at the bottom states: "Note: Adjustments can be submitted electronically for all changes except those to the member ID or pay to provider number. If these fields require change, the provider can void the processed claim and submit a new claim with correct member ID or pay to provider information." A footer box says: "Claim Disputes involve separate processes. For more information, please view our Disputing Claims tidbit, available at [www.lcbsa.com/providers](http://www.lcbsa.com/providers) >Resources >Tidbits." and "For information on Timely Filing Guidelines, please refer to section 7 in our Professional Provider Office Manual." A "More" link with a right arrow is at the bottom right.

# 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](http://www.lablue.com/providers) >Resources >Tidbits.

# Action Requests

**Pended Claims Results**

Showing 10 records Filter:

Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
14572368900-1	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	
18976543200-1	H400000007654						
16789854100-1	H400000003210						

### Submit Action Request

To submit an action request, complete the fields below.

**Action**  

Select One

Select One

CODE EDITING INQUIRY

FACILITY REIMBURSEMENT

PROFESSIONAL REIMBURSEMENT

REFUND REQUEST

REISSUE CHECK

REPROCESS ADJUSTMENT

RUSH PROCESSING

WRONG PROVIDER/CONTRACT NUMBER

**Claim Details**  
Contract Number 202135009  
Claim Number 242684969401  
Date of Service 10/25/2024  
Date Processed 12/06/2024

**Notes** 1000 characters remaining  

Type the details of your request. Max 1000 characters.

Submit 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.
- Only one Action Request can be open on the same claim at a time.

NEW

# Action Requests Enhancements

Action requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim. We have recently added the following enhancements:

- The notes field allow up to 1,000 characters for users to better communicate their claim issue. The past limit was 250 characters.
- The Action Items drop-down list for reporting the type of issue has expanded from six to eight options. We have added “Facility Reimbursement” and “Professional Reimbursement” as options.
- iLinkBlue now add case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests will load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.





NEW

# Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

- You can no longer edit or delete an action request once submitted.
- You cannot submit duplicate action request on the same claim.
- After submitting your request, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request before submitting.
- If you receive an error message after clicking submit, there may have been an issue with creating your request. Check the Action Request Inquiry search to verify it was created. If the request is not found in your search, please enter the request again.
- After transmitted, the action request Answer History will indicate the request was routed to group workflow case. This means the request entered our system for processing and is not a response to the request.

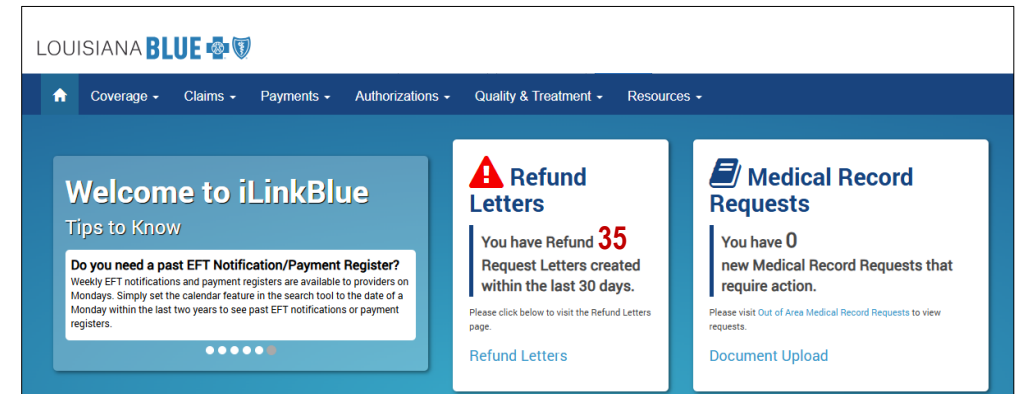
# Refund Request Letters

Providers now have access to electronic copies of Refund Request letters in iLinkBlue. The letters will be accessible for 24 months from their issue date. Letters created before August 21, 2024, are not available.

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

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

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

The screenshot shows the 'Refund Request Letters' search form. It includes a header with the title and a brief description. Below the header are four search criteria fields: 'Select a Provider' (a dropdown menu), 'Contract Number' (with a radio button for 'Louisiana Blue / EFT' and a radio button for 'BlueCard - Out of Area'), 'Claims Number' (a text input field), and 'Letter Creation Date' (with 'From' and 'To' date pickers). A 'Search' button is located at the bottom right of the form.

# Refund Request Letters

The **Refund Request Letters Results** grid displays key information that is extracted from letters:

- **Claim Number** – Identifies the claim the letter is associated with. This field will remain blank for refund letters created with multiple claim numbers.
- **NPI** – Lists the NPI number of the provider or clinic the letter is associated with.
- **Provider Name** – Identifies the provider addressed in the letter. **Note:** Letters are created in the practitioner, clinic or facility name.
- **Contract Number** – Identifies the member ID number the letter is associated with.
- **Letter Creation Date** – Lists the date Louisiana Blue created the letter.
- **Patient Name** – Identifies the patient the letter is associated with.

Use the **Filter** search function to narrow the displayed results. Use the **Sort** function by the column headers to display results in ascending or descending order.

Refund Request Letters Results

Showing 10 records

Filter:

Claim Number	NPI	Provider Name	Contract Number	Letter Creation Date	Patient Name	Refund Letter	Rationale Letter
987654321	1234567890	ABC CLINIC	1234567891	08/21/2024	RITA BOOK	<a href="#">View</a>	<a href="#">View</a>
987456123	1234567890	ABC CLINIC	1224567891	08/21/2024	STANLEY CUPP	<a href="#">View</a>	<a href="#">View</a>
987123456	1236549870	DOE, JANE	1234467891	08/21/2024	CHERRY BLOSSOM	<a href="#">View</a>	<a href="#">View</a>
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2024	PAGE TURNER	<a href="#">View</a>	<a href="#">View</a>
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2024	ABBY NORMAL	<a href="#">View</a>	<a href="#">View</a>

# 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	Medical Appeals*	Administrative Appeals and Grievances*
<p>Involves a denial that affects the provider's:</p> <ul style="list-style-type: none"><li>• Reimbursement, including bundling issues</li><li>• Timely filing</li><li>• Authorization penalties</li><li>• Refund disputes</li></ul>	<p>Involves a denial or partial denial based on:</p> <ul style="list-style-type: none"><li>• Medical necessity, appropriateness, healthcare setting, level of care or effectiveness</li><li>• Determined to be experimental or investigational</li></ul>	<ul style="list-style-type: none"><li>• Claim issue due to the member's contract benefits, limitations, exclusions or cost share</li><li>• When there is a grievance</li></ul>

\*Medical and administrative appeals forms can be found on our website at [www.lablue.com](http://www.lablue.com) and clicking Forms and Tools at the bottom of the page.

# Provider Disputes Form Online

Coming  
Dec. 1, 2026

**Effective Dec. 1**, Louisiana Blue will no longer accept disputes via document upload or fax.

Clicking on a claim number in the Paid/Rejected Claims Search will open the Claim Detail summary page for that processed claim.

Beginning Dec. 1, we will add a “Dispute Claim” button to the Paid/Rejected Claim Detail screen. Click the button to open the dispute form. The button will be on claims with a paid date less than 2 years prior to the current date.

The screenshot displays a web interface for claim details. At the top, the label "Claim Number" is followed by a blacked-out text field. Below this is a horizontal light blue separator line. Underneath the line, the labels "iLinkBlue Number" and "NPI" are shown, with the NPI field also blacked out. At the bottom of the interface, there are two buttons: an orange button labeled "Action Request" with a bell icon, and a blue button labeled "Dispute Claim". The "Dispute Claim" button is highlighted with a thick orange border.

# 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](http://www.lablue.com/providers) >Resources >Manuals.



## IOP & PHP Telehealth

Providers should adhere to the following guidelines for delivering intensive outpatient program (IOP) services via telehealth.

The following criteria apply for IOP services:

- Provider must operate within the scope of its license to deliver IOP services through telehealth encounters.
- Provider must accept Louisiana Blue's allowable charges.
- The telehealth visit must be fully documented in the patient's medical record.
- Services must be provided using a non-public-facing platform for telehealth services that is either HIPAA-compliant or approved by the Health and Human Services Office of Civil Rights.





## IOP & PHP Telehealth

### Billing guidelines for telehealth IOP services:

- Louisiana Blue will allow reimbursement for up to three hours per day; three days per week; for a maximum of nine hours per week.
- Providers filing outpatient hospital claims for IOP telehealth services should bill with the appropriate CPT®/HCPCS code, along with Modifier GT or 95. IOP providers must continue to follow the IOP guidelines outlined in Section 5.6 Behavioral Health of the Member Provider Policy & Procedure Manual, available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)) under the Resources section.

### PHP Services

- Louisiana Blue will not reimburse partial hospitalization program (PHP) telehealth encounters (revenue codes 0912 and 0913) due to the complexity of services. PHP services are typically six hours in length and must essentially be the same nature and intensity (including medical and nursing) as would be provided in a hospital, except that the patient is in the program less than 24 hours per day.

# Other Billing Guidelines



# Taxonomy Codes

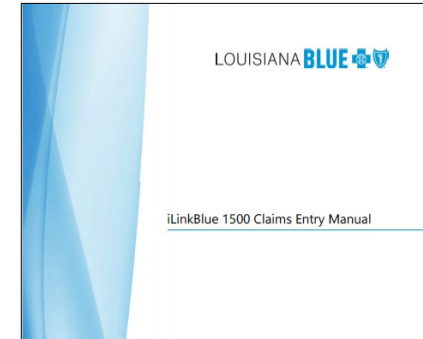
If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty.


You must file the code for the services on the authorization from Lucet.

**Example:** A facility that has two specialties with same Tax ID and NPI (e.g., acute and psych) must use a taxonomy code on **all** claims to identify the specialty.

Failure to use a specific taxonomy code will cause payment to be directed to the wrong sub-unit, be paid incorrectly and/or may cause the claims to reject on the **Not Accepted Report**.

Taxonomy Codes can be found in our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



LOUISIANA BLUE 

iLinkBlue 1500 Claims Entry Manual

Appendix II - Taxonomy Codes

BCBSLA Taxonomy Codes

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	282N00000X	837I
General Acute Hospital	282NC0000X	837I
General Acute Hospital	282NC2000X	837I
General Acute Hospital Rural	282NR1301X	837I
General Acute Hospital	282NW0100X	837I
Skilled Nursing Facility	275N00000X	837I
Skilled Nursing Facility (SNF) & VA Military Hospital	314000000X	837I
Skilled Nursing Facility		
Nursing Home	376G00000X	837I

## Part 2 Regulations 42 CFR Part 2

- 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.

# HEDIS<sup>®</sup>

(Healthcare Effectiveness Data and Information Set)



# Follow-up After Inpatient Hospitalization

**HEDIS® (Healthcare Effectiveness Data and Information Set)** is an annual performance measurement created by the NCQA (National Committee for Quality Assurance) to help improve quality of healthcare and establish accountability.

One measure is ensuring patients who have had inpatient treatment for mental illness have a follow-up visit with a **behavioral health professional or any practitioner within seven calendar days of discharge.**

- Louisiana Blue tracks appointments made within seven days but also wants patients to **attend those appointments.**
- Patients who attend these scheduled follow-up appointments are less likely to **readmit** into inpatient treatment.
- Follow-up visit **claim must include a mental health diagnosis**
- Follow-up visits on the same day of discharge from an inpatient stay **ARE NOT** compliant by NCQA standards.

# Follow-up After Emergency Department Visit

Two HEDIS measures focus on behavioral health diagnosis related emergency department (ED) visits:

1. Patients who have had **emergency department treatment for mental illness or intentional self harm** and have a follow-up visit with a **behavioral health professional** or any practitioner **within seven calendar days of discharge**.
2. Patients who have had **emergency department treatment for substance use or overdose** and have a follow-up visit with a **behavioral health professional** or any practitioner **within seven calendar days of discharge**.

- Louisiana Blue tracks appointments made within seven days but also wants patients to **attend those appointments**.
- Patients who attend these scheduled follow-up appointments are six times less likely to **have a repeat ED visit within the next couple months**.
- Follow-up visits on the same day of the ED visit **ARE** compliant by NCQA standards.
- Follow-up visit **claim must include a mental health diagnosis code** for the follow-up after mental illness or intentional self harm ED visit
- Follow-up visit **claim must include a substance use or overdose diagnosis code** for the follow-up after substance abuse/overdose ED visit

# Help Us Meet the Measure

Behavioral health professionals can:

- Schedule patients within seven calendar days of discharge from an inpatient stay.
- These appointments can be made with psychiatrists, psychologist, psychiatric nurse practitioners, social workers (LCSW), counselors (LPC), marriage and family therapist (LMFT), addiction counselors (LAC) or even the patients primary care physician.
- Promote utilization of telehealth or outpatient partial or intensive outpatient settings as needed.
- If you are an established provider for a patient, it is best practice to conduct a follow-up appointment within seven calendar days of inpatient discharge or ED visit.
- Allow Louisiana Blue staff to schedule appointments for members on their behalf, if needed.

Check benefits on iLinkBlue. Some plans waive any out-of-pocket expense for first visit within seven days of discharge from inpatient level of care.



# How to Increase Appointment Attendance

- Provide appointment reminders:
  - Include the time, date and location.
  - Please be sure to provide a return phone number and/or email address along with a contact person for the member to speak with for any questions, concerns and assistance.
  - Offer multiple options, such as text, email or voicemail for appointment reminders.
- Clearly explain your no-show policy and the member's responsibility.
- When an appointment is missed, reach out to the member as soon as possible to reschedule.
- Initiate discussion to find out what works best for the member.
- When possible, have a set schedule with the member (for example, every other Monday at 3 p.m.).

As a contracted provider with Louisiana Blue, you are only allowed to collect copay and/or deductible amounts at time of service.

Verify benefits with Louisiana Blue prior to appointment.

We are here for you!

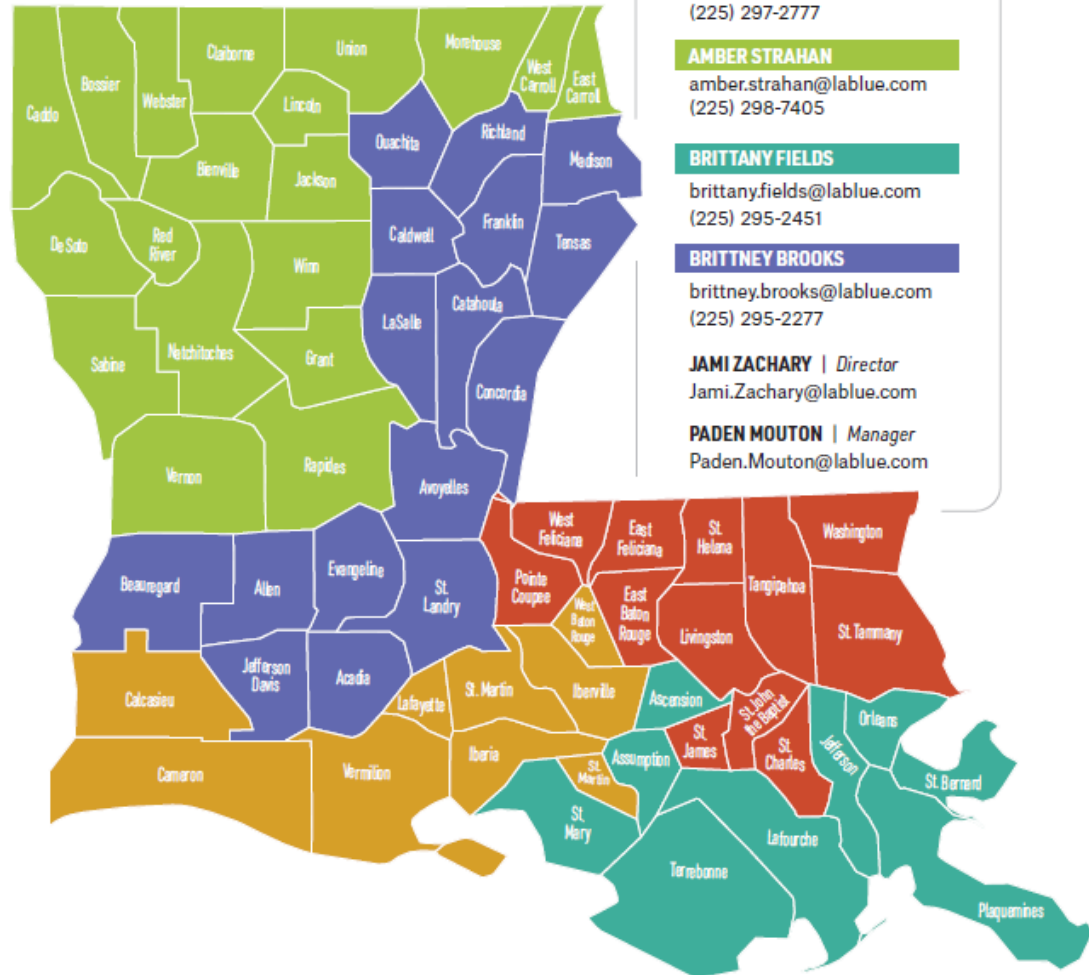


We will be  
hosting  
**Behavioral  
Health  
Authorization  
Webinars** in  
December. Look  
for registration  
information in  
future Weekly  
Digests.

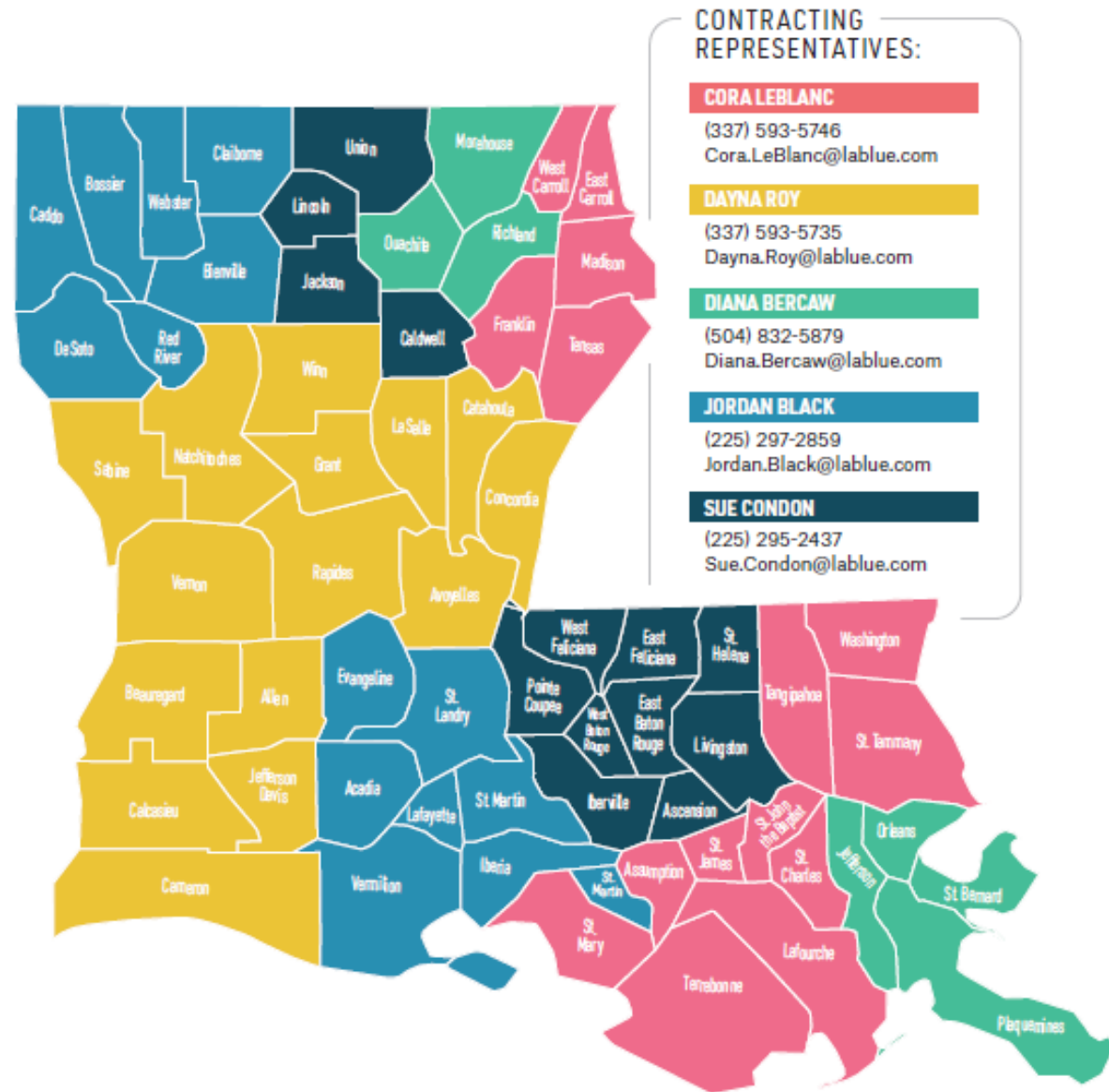


# Provider Relations Representatives

## Provider Relations Representatives PARISH MAP



# Provider Network Development Representatives



# Quick Contacts

## Joining the Network

Getting Credentialed – [PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com), 1-800-716-2299, option 2

Getting Contracted – [provider.contracting@lablue.com](mailto:provider.contracting@lablue.com), 1-800-716-2299, option 1

## Updating your Information

Data Management – [PCDMstatus@lablue.com](mailto:PCDMstatus@lablue.com), 1-800-716-2299, option 2

## Education, iLinkBlue Training and Outreach

Provider Relations – [provider.relations@lablue.com](mailto:provider.relations@lablue.com), 1-800-716-2299, option 4

## Electronic Services

iLinkBlue – [www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)

EDI Services (clearinghouse) – [EDIservices@lablue.com](mailto:EDIservices@lablue.com), 1-800-716-2299, option 3

Security Access to Online Services – [PIMteam@lablue.com](mailto:PIMteam@lablue.com), 1-800-176-2299, option 5

## Ongoing Support

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



Questions?



Thank you!



# Appendix

# Accessing iLinkBlue

Need access to iLinkBlue?

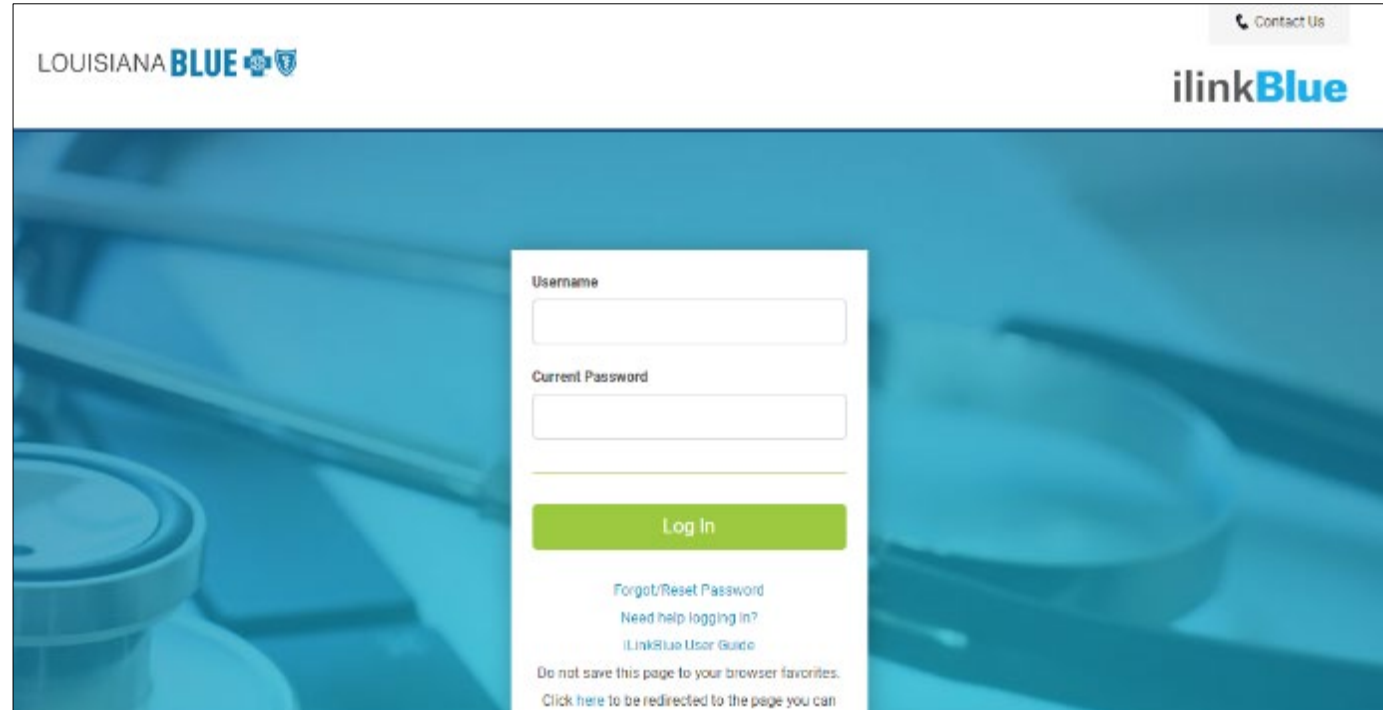
## My organization has an administrative representative?

- 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 to iLinkBlue.
- Deeper levels of security include secure authorization applications. This access is granted through your organization's administrative representative.

## My 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.lablue.com/providers](http://www.lablue.com/providers) >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at [PIMteam@lablue.com](mailto:PIMteam@lablue.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 BLUE" logo with a cross icon. At the top right is a "Contact Us" link and the "iLinkBlue" logo. The main area has a blue background with a medical image. A white login box is centered, containing fields for "Username" and "Current Password", a green "Log In" button, and links for "Forgot/Reset Password", "Need help logging in?", and "iLinkBlue User Guide". At the bottom of the box, it says "Do not save this page to your browser favorites. Click here to be redirected to the page you can".

## 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.

# 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)**

## For FEP Members at RTCs:

- Facility must be licensed and accredited
- Pre-service approval must be obtained prior to admission

*FEP does not allow review for medical necessity if the member is admitted to RTC prior to requesting authorization.*

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