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.

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Behavioral Health Webinar

Facility Providers

Nov. 2025

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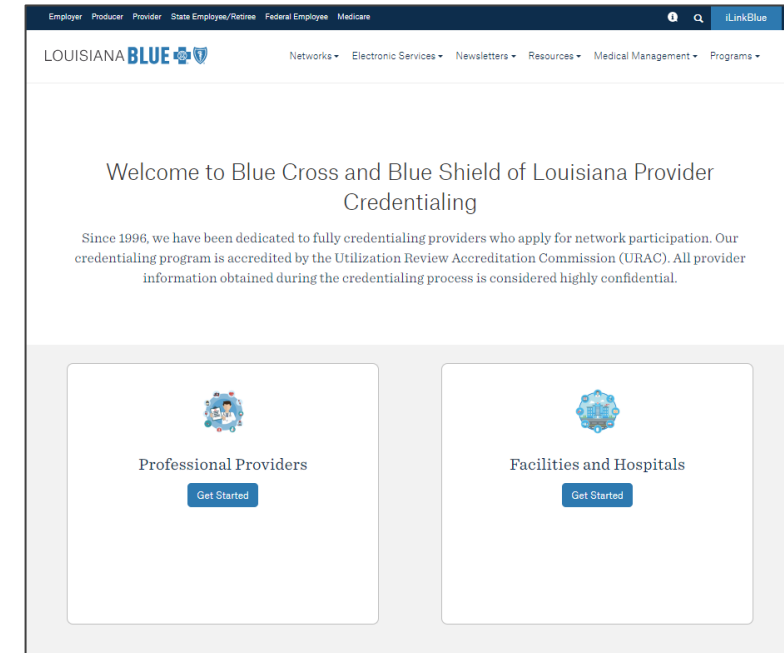
www.lablue.com/providers >Network Enrollment >Join Our Networks

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** >Network Enrollment >Join Our Networks >Facilities and Hospitals >Credentialing Process.
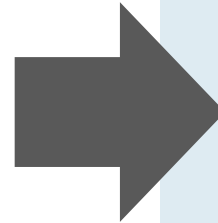
Hospitals/Acute Care

IOP / PHP Facilities

Psych / CDU Facilities

Residential Treatment Centers

8

Learn More About Credentialing

For full information on how to complete the credentialing/recredentialing processes, view our Provider Credentialing & Data Management Webinar presentation. It is available online at www.lablue.com/providers >Resources >Workshops & Webinars.
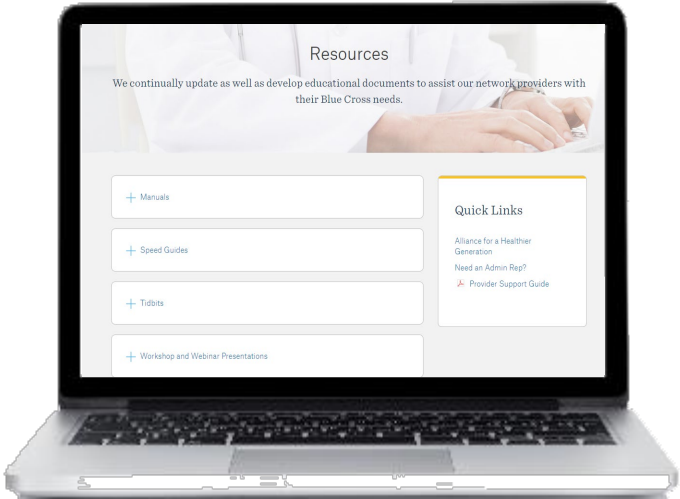
To attend this webinar, registration links are in our upcoming Provider Weekly Digests.

Updating Your Information

NEW
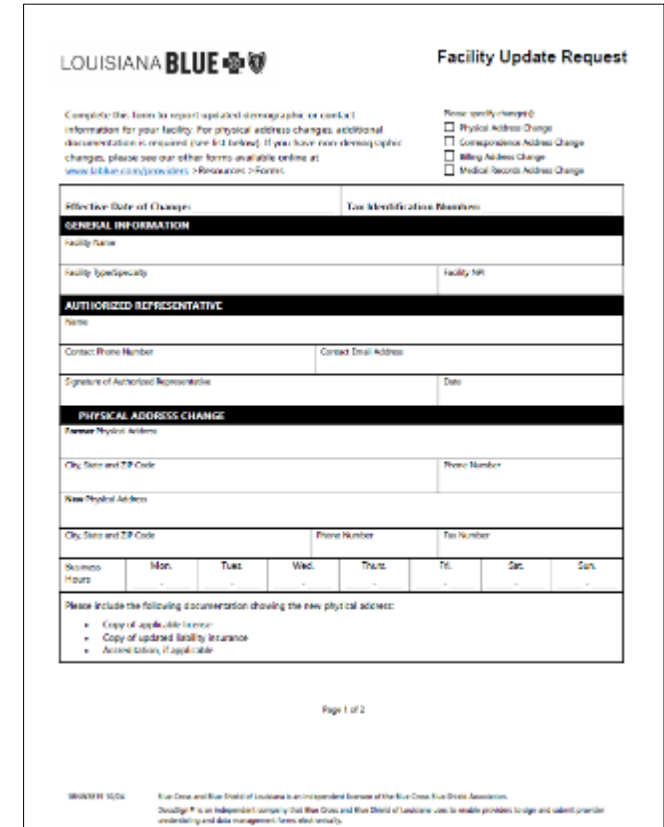
Use the Facility Update Request form to update:

- 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 available online at **www.lablue.com/providers** >Resources >Forms.

Updating Your Information

Other update forms can be found on our Provider page (**www.lablue.com/providers**) >Resources >Forms include:
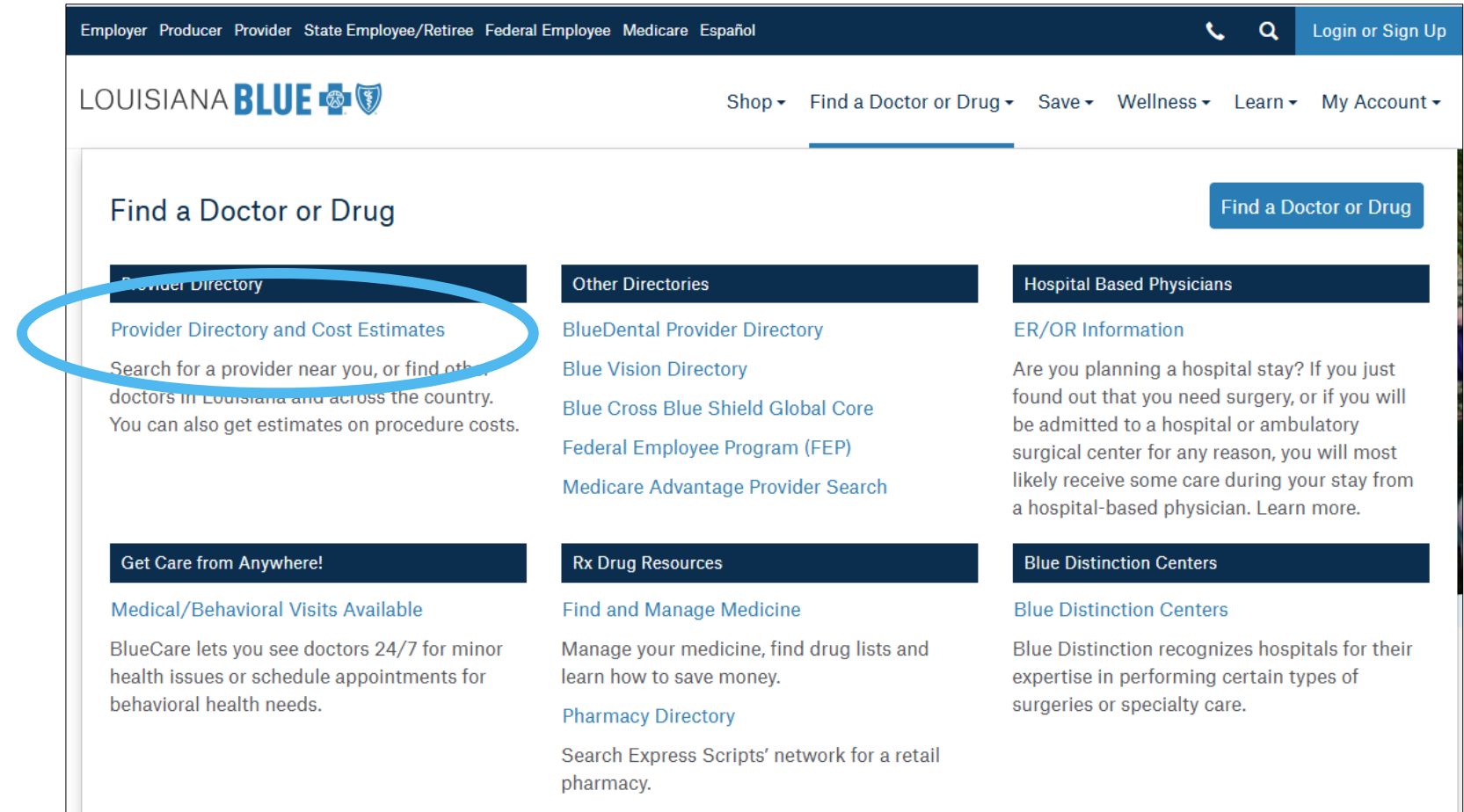
- **Add Facility Location** is for adding a facility location to an existing facility record.

- **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.

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** >Find a Doctor or Drug >Provider Directory and Cost Estimates.

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**.

- 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

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@lablue.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.lablue.com/providers** >Electronic Services >Admin Reps.

Passwords

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

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

If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.
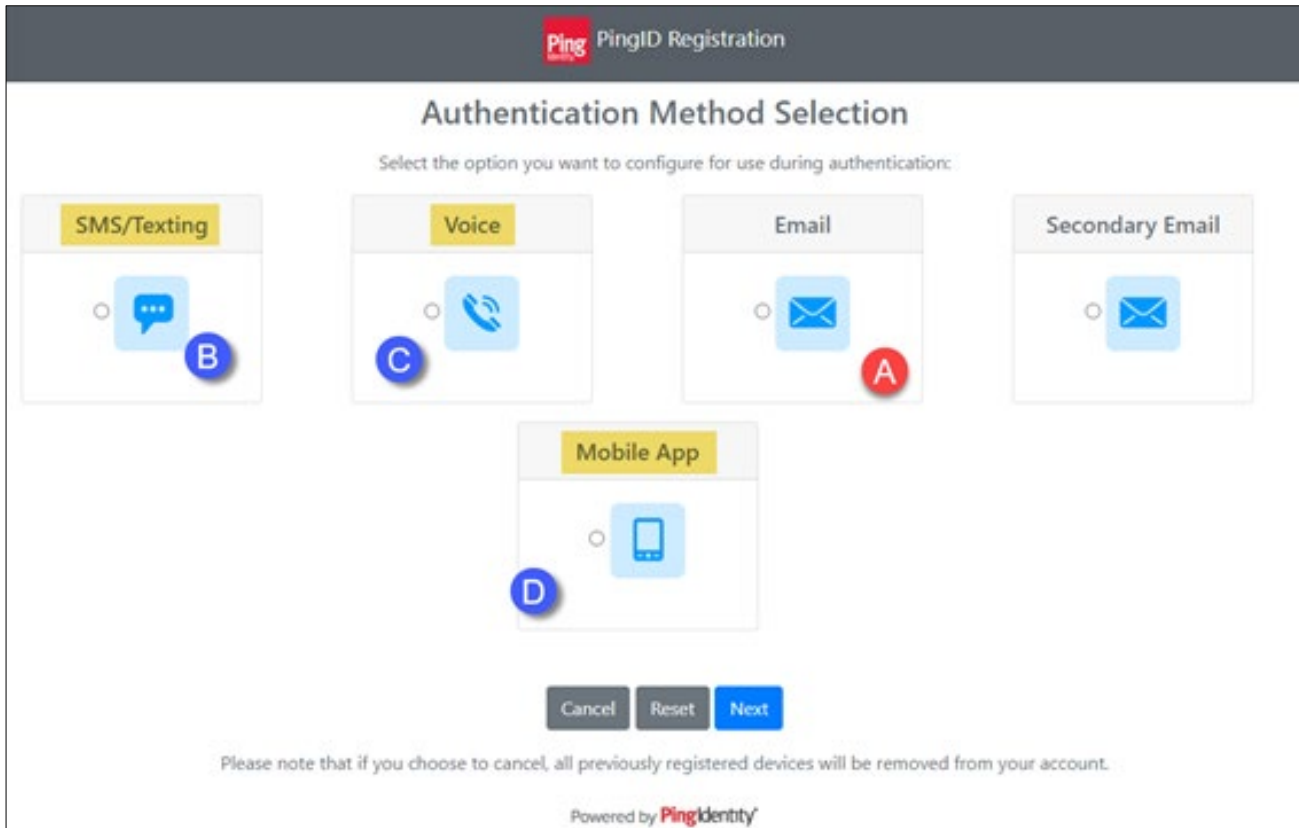
Phone: 1-800-716-2299, option 5 (Monday – Friday 7:30 a.m. to 4 p.m.)
Email: **PIMteam@lablue.com**

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.

- 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**) to delete the old information and add the new.

Navigating iLinkBlue

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

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.

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

Behavioral Health Benefits

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**, 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)

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
2 Surgical	32 Plan Waiting Period	61 In-vitro Fertilization	90 Mail Order Prescription Drug	BU Obstetrical
3 Consultation	33 Chiropractic	62 MRI/CAT Scan	91 Brand Name Prescription Drug	AI Substance Abuse
4 Diagnostic X-Ray	34 Chiropractic Office Visits	63 Donor Procedures	92 Generic Prescription Drug	AJ Alcoholism
5 Diagnostic Lab	35 Dental Care	64 Acupuncture	93 Podiatry	AK Drug Addiction
6 Radiation Therapy	36 Dental Crowns	65 Newborn Care	94 Podiatry - Office Visits	AL Vision (Optometry)
7 Anesthesia	37 Dental Accident	66 Pathology	95 Podiatry - Nursing Home Visits	AM Frames
8 Surgical Assistance	38 Orthodontics	67 Smoking Cessation	96 Professional (Physician)	AN Routine Exam
9 Other Medical	39 Prosthodontics	68 Well Baby Care	97 Anesthesiologist	AO Lenses
10 Blood Charges	40 Oral Surgery	69 Maternity	98 Professional (Physician) Visit - Office	AQ Nonmedically Necessary Physical
11 Used Durable Medical Equipment	41 Routine (Preventive) Dental	70 Transplants	99 Professional (Physician) Visit - Inpatient	AR Experimental Drug Therapy
12 Durable Medical Equipment Purchase	42 Home Health Care	71 Audiology Exam	A0 Professional (Physician) Visit - Outpatient	BA Independent Medical Evaluation
13 Ambulatory Service Center Facility	43 Home Health Prescriptions19	72 Inhalation Therapy	A1 Professional (Physician) Visit - Nursing Home	BB Partial Hospitalization (Psychiatric)
14 Renal Supplies in the Home	44 Home Health Visits	73 Diagnostic Medical	A2 Professional (Physician) Visit - Skilled Nursing Facility	BC Day Care (Psychiatric)
15 Alternate Method Dialysis	45 Hospice	74 Private Duty Nursing	A3 Professional (Physician) Visit - Home	BD Cognitive Therapy
16 Chronic Renal Disease (CRD) Equipment	46 Respite Care	75 Prosthetic Device	A4 Psychiatric	BE Massage Therapy
17 Pre-Admission Testing	47 Hospital	76 Dialysis	A5 Psychiatric - Room and Board	BF Pulmonary Rehabilitation
18 Durable Medical Equipment Rental	48 Hospital - Inpatient	77 Otological Exam	A9 Rehabilitation	BG Cardiac Rehabilitation
19 Pneumonia Vaccine	49 Hospital - Room and Board	78 Chemotherapy	AA Rehabilitation - Room and Board	BH Pediatric
20 Second Surgical Opinion	50 Hospital - Outpatient	79 Allergy Testing	AB Rehabilitation - Inpatient	BI Nursery
21 Third Surgical Opinion	51 Hospital - Emergency Accident	80 Immunizations	AC Rehabilitation - Outpatient	BJ Skin
22 Social Work	52 Hospital - Emergency Medical	81 Routine Physical	AD Occupational Therapy	BK Orthopedic
23 Diagnostic Dental	53 Hospital - Ambulatory Surgical	82 Family Planning	AE Physical Medicine	BL Cardiac
24 Periodontics	54 Long Term Care	83 Infertility	AF Speech Therapy	BM Lymphatic
25 Restorative	55 Major Medical	84 Abortion	AG Skilled Nursing Care	BN Gastrointestinal
26 Endodontic	56 Medically Related Transportation	85 AIDS		BP Endocrine
27 Maxillofacial Prosthetics	57 Air Transportation	86 Emergency Services		BQ Neurology
28 Adjunctive Dental Services	58 Cabulance	87 Cancer		BR Eye
	59 Licensed Ambulance	88 Pharmacy		BS Invasive Procedures

BT Gynecological
BV Obstetrical/Gynecological
BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well
CE MH Provider – Inpatient
CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient
CK Screening X-ray
CL Screening Laboratory
CM Mammogram, HR Patient
CN Mammogram, LR Patient
CO Flu Vaccination
DM Durable Medical Equipment
MH Mental Health
PT Physical Therapy
UC Urgent Care

LOUISIANA BLUE
iLinkBlue User Guide

The full listing can also be found in the iLinkBlue User Guide on our Provider page at **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
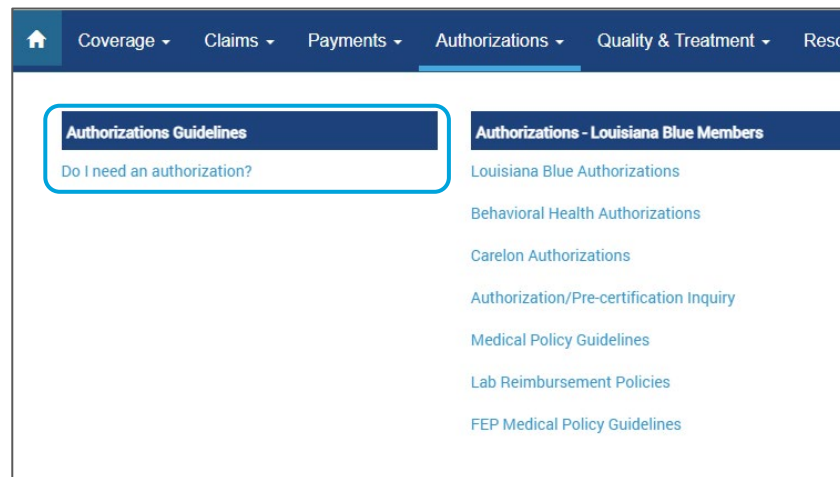
The same application is used for **both** Louisiana Blue and BlueCard (out-of-area) members. Enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

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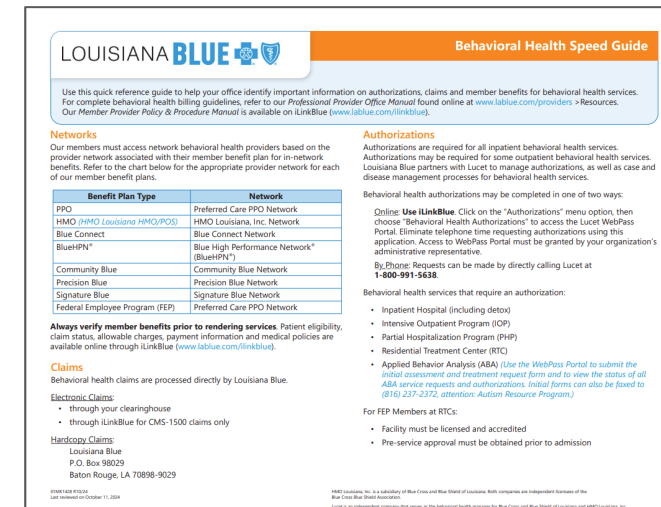
This guide provides details about our behavioral health policies, including the list of services that require prior authorization. It is available at **www.lablue.com/providers** >Resources >Speed Guides.

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** >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.

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

or

Hardcopy

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

We do not charge a fee for electronic transactions.

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

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

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
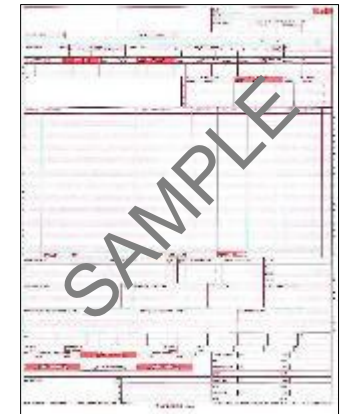
CMS-1450 (UB-04)

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 determines 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.

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 pended claims. You can also search by claim number.

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

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.

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
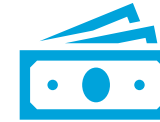
Reduces costs associated with submitting corrected claims

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** >Resources >Tidbits.

How Do I Correct or Void a Claim?

For professional claims submitted hardcopy or through iLinkBlue:

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

Hardcopy Claim

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

- Adjust Claim – In Block 22, enter "7" for a claim adjustment (information or charges added to, taken away or changed).

- Void Claim – In Block 22, enter "8" to request that the entire claim be removed, and any payments or rejections be retracted from the member's and provider's records.

- In Block 22, enter the original claim reference number.

iLinkBlue Claim

- If submitting a corrected professional claim through iLinkBlue:

- In Field 19A, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim).

- In Field 19B, enter the Internal Control Number (ICN Number that is the original claim number).

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

Action Requests

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.

Action Requests Enhancements

NEW

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.

Action Requests Enhancements

NEW

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.
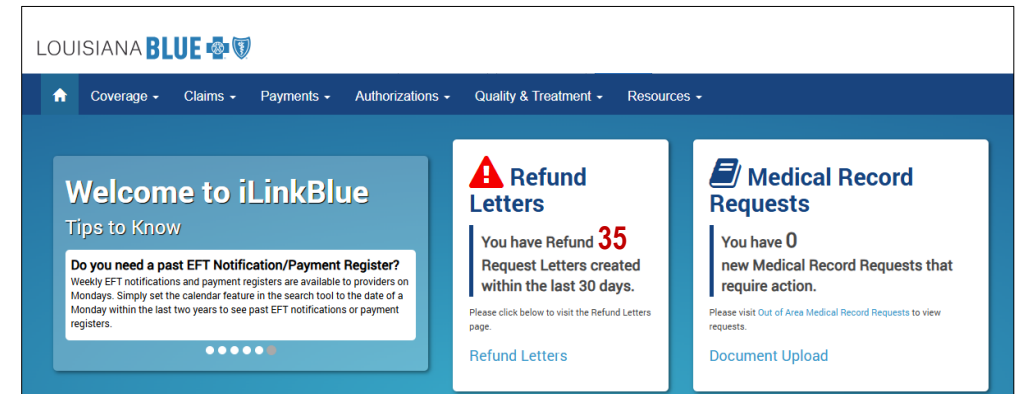
Refund Request Letters

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	View	View
987456123	1234567890	ABC CLINIC	1224567891	08/21/2024	STANLEY CUPP	View	
987123456	1236549870	DOE, JANE	1234467891	08/21/2024	CHERRY BLOSSOM	View	
987112456	1237894560	STEIN, FRANK N.	1234467891	08/21/2024	PAGE TURNER	View	View
987122456	1237984560	RIGHTUS, ARTHUR	1234467891	08/21/2024	ABBY NORMAL	View	

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*
Involves a denial that affects the provider's: • Reimbursement, including bundling issues • Timely filing • Authorization penalties • Refund disputes	Involves a denial or partial denial based on: • Medical necessity, appropriateness, healthcare setting, level of care or effectiveness • Determined to be experimental or investigational	• Claim issue due to the member's contract benefits, limitations, exclusions or cost share • When there is a grievance

*Medical and administrative appeals forms can be found on our website at **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.

Claim Number

iLinkBlue Number

NPI

🔔 Action Request

Dispute Claim

45

Telehealth

Telehealth Policy

- Follow the telehealth billing guidelines in the provider manual.

- Fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines.

- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.

- Louisiana Blue adheres to the rules and regulations outlined by the Louisiana Board of Medical Examiners regarding telehealth prohibitions.

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

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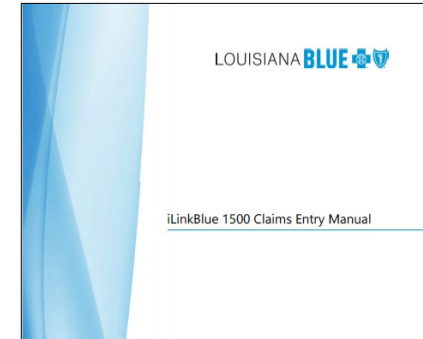
If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty.

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.

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®
(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 <u>ARE</u> 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 RELATIONS REPRESENTATIVES:

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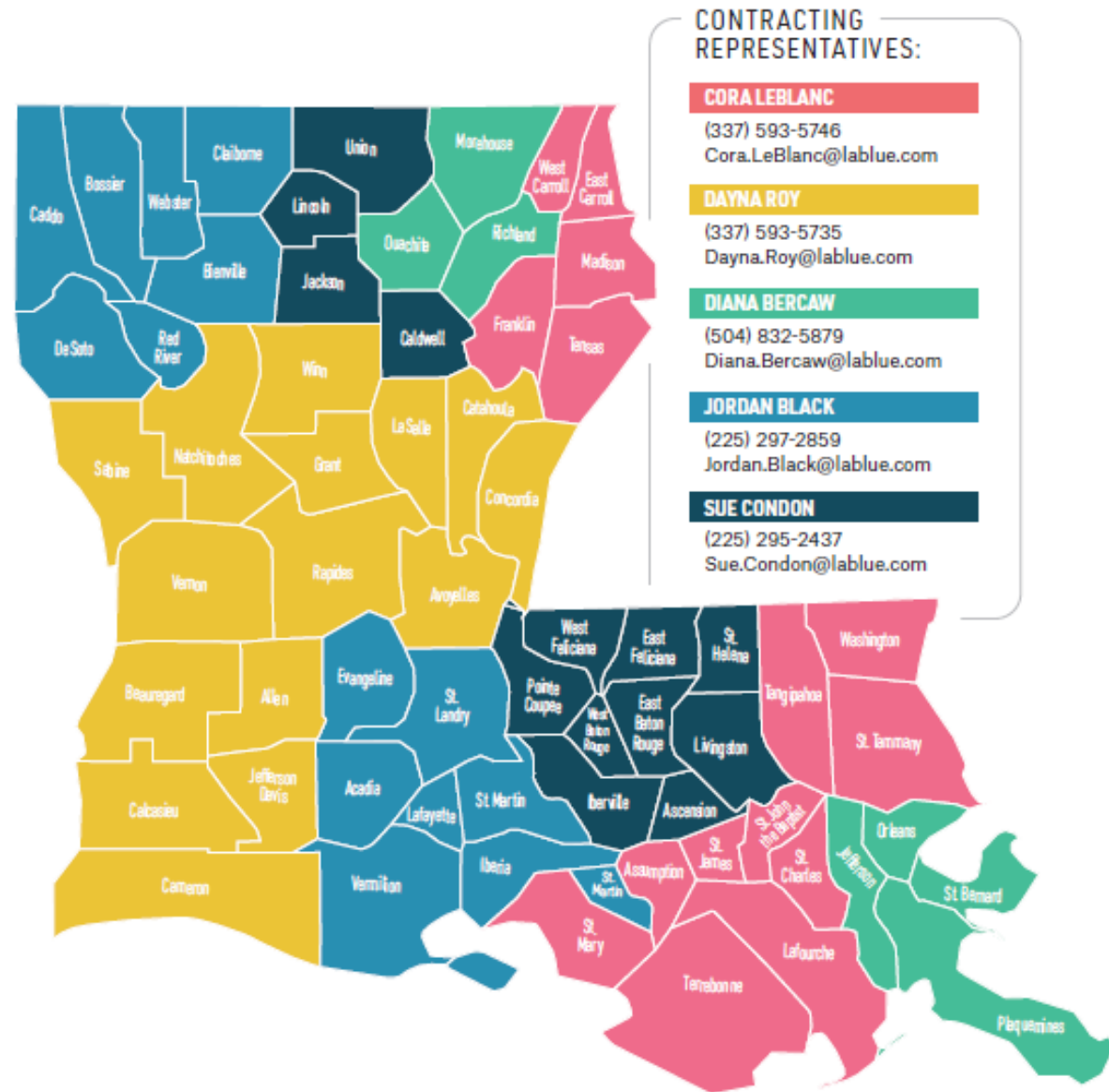
Quick Contacts

Joining the Network
Getting Credentialed – PCDMstatus@lablue.com, 1-800-716-2299, option 2
Getting Contracted – provider.contracting@lablue.com, 1-800-716-2299, option 1

Updating your Information
Data Management – PCDMstatus@lablue.com, 1-800-716-2299, option 2

Education, iLinkBlue Training and Outreach
Provider Relations – provider.relations@lablue.com, 1-800-716-2299, option 4

Electronic Services
iLinkBlue – www.lablue.com/ilinkblue
EDI Services (clearinghouse) – EDIservices@lablue.com, 1-800-716-2299, option 3
Security Access to Online Services – 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
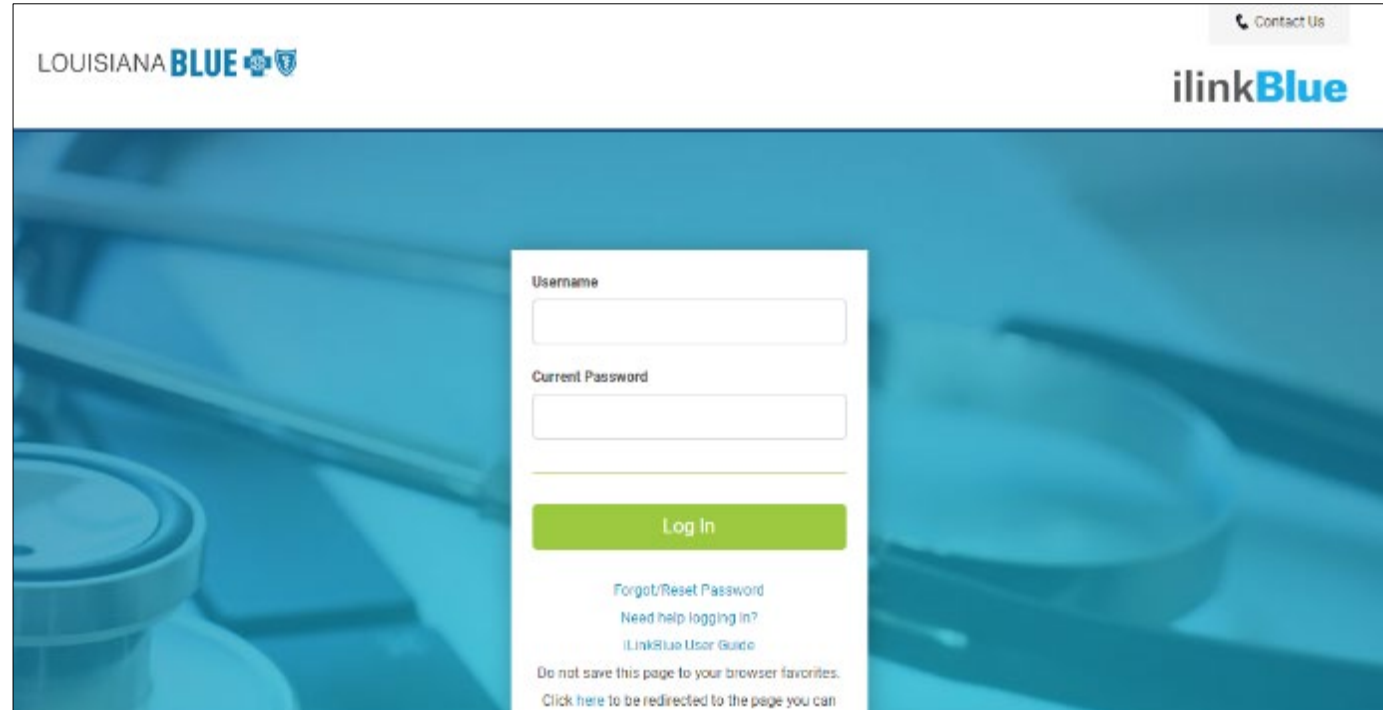
Accessing iLinkBlue

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** >Electronic Services >Admin Reps.

- Contact our Provider Identity Management (PIM) Team at **PIMteam@lablue.com** or 1-800-716-2299, option 5 with questions.

Accessing iLinkBlue

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.