

Louisiana Blue manages behavioral health services for our members for authorizations, utilization management, case management and Applied Behavioral Analysis (ABA). Providers should submit authorization requests via the Louisiana Blue Authorizations application in iLinkBlue (www.lablue.com/ilinkblue), under the "Authorizations" menu option.

1. What behavioral health services require authorization?

- 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

2. How do I request an authorization for Applied Behavioral Analysis (ABA) services for members diagnosed with autism spectrum disorder?

Please complete the Treatment for Applied Behavioral Analysis Request Form. This form can be found on our Provider page at www.lablue.com/providers, under "Resources," then "Forms." This must be submitted to Louisiana Blue for both initial and concurrent reviews. Please include specific, individualized details about the member. Incomplete or vague responses may result in a peer review or denial of the request.

Electronic submissions: Attach this completed form when submitting your request in iLinkBlue located at www.lablue.com/ilinkblue.

Fax submissions: If you do not have iLinkBlue access, fax the form along with all supporting documentation to 1-800-363-9170.

Need help? Contact our ABA Utilization Review Department at 1-800-821-2745.

Louisiana Blue Authorizations Application Overview

3. How do I request access to the Louisiana Blue Authorization application?

Please work with your organization's administrative representative. An administrative representative is the person at your organization registered with Louisiana Blue to manage employee access to our secure online services, which include iLinkBlue and the Louisiana Blue Authorization application. Access is granted within one hour after an administrative representative submits the request.

To set up an administrative representative, go to www.lablue.com/providers > Electronic Services > Admin Reps for the Administrative Representative Registration Packet. If you have any issues please contact our Provider Identity Management (PIM) team at PIMteam@lablue.com.

4. Can I research coverage information in the Louisiana Blue Authorizations application?

No. Use the Coverage Information option in iLinkBlue (www.lablue.com/ilinkblue) to check patient's coverage, eligibility, benefits and authorization requirements prior to initiating authorization requests. Louisiana Blue Authorizations displays some patient coverage details; however, it is eligibility and subscriber information only.

5. What members can I enter authorizations for in the Louisiana Blue Authorizations application?

The authorization application is for Louisiana Blue and Federal Employee Program (FEP) members receiving services in Louisiana.

Entering Authorizations in the Louisiana Blue Authorizations

6. Who is considered the "Referred By" Provider and Location/POS in the Louisiana Blue Authorizations application?

Referred By denotes the provider (physician or allied health) or the location/POS (facility) **requesting** the service in an authorization request. The Referred To and the Referred By can be the same.

7. Who is considered the "Referred To" Provider and Location/POS in the Louisiana Blue Authorizations application?

Referred To denotes the provider (physician or allied health) or the location/POS (facility) **performing** the service in an authorization request. The Referred To and the Referred By can be the same.

8. Once a prior authorization request is submitted, how long does it take to get a response?

For nonurgent services, Louisiana Blue has up to 15 days to complete but will be completed as soon as possible. Most are completed within five days. Louisiana Blue has up to 72 hours to complete urgent/emergent cases but will be completed as soon as possible. Most are completed within 24 hours.

9. What is the "Referral ID" number?

Referral ID numbers begin with the letter "B" and appear in the top left corner of the Referral Details screen. You can use the referral ID number when you need to reference a case number assigned to the request. Referral ID numbers are not used as authorization numbers.

10. What is the "Authorization" number?

Authorization numbers begin with the letter "L" and appear within the Authorizations and/or Bed Day sections of the Referral Details screen. Providers need to use the "L" authorization numbers for claims submission and processing. The "L" number will appear as your authorization number on decision letters.

11. What do I do if I submitted a request, but did not receive a referral ID (B) number?

If you do not see the referral ID number after submitting the request, this may mean you do not have the appropriate security access. Reach out to your administrative representative to discuss your access. Do not submit a new request as it will create a duplicate. For more information on how to confirm your security access, see the "Confirm Your Provider Group/Location Access in Referral Search" section of the *Louisiana Blue Authorizations User Guide*.

12. Can a provider see when an authorization was requested and the authorization approval time frame?

The provider can see when the authorization was created. When an approval or denial determination is made, a letter will be sent to the In Basket of the Referred To provider and/or location/POS. It will have a date/time stamp in the notification. All other providers attached to the case can access a copy of the letter on the Referral Details screen.

13. How do we notify Louisiana Blue if the case is STAT or urgent?

For urgent requests that will occur within 72 hours, choose the "Urgent/Preservice" Priority type when submitting the authorization request. If the request is within 24 hours, then also use the Add Referral Note feature in the application and enter "STAT NOTE" in the summary field.

14. If something is STAT/urgent and it pends for review, do we have the option to speak to a representative?

The provider should continue to rely on the application for authorization updates. If the service is the same day or following day and you have not received a response, call 1-800-991-5638. If your service is not the same day or following day, you will be referred back to the application.

15. Can the prior authorization department at a facility request a date change or does the provider's office have to request the change?

Yes, both the facility and provider can request a date change through the application, if they are attached to the authorization request, using the "Add Note/Attachment" and the "Provider Additional Service Request" Note type feature to request the change.

16. How do you add multiple providers to an authorization request for the same surgical encounter (i.e., co-surgeons)?

If you need to add an additional provider (i.e., a co-surgeon) to a request, submit a "Provider Additional Service Request" note through the Notes feature of the Diagnoses/Services screen.

17. Can a document be deleted once it is uploaded?

An attached document can be deleted prior to submitting the document; however, once the request is submitted, the document cannot be deleted by users. If you need an attachment deleted, use the Add Note/Attachment to send a "Provider Non-clinical Comment" Note type with details and Louisiana Blue can delete the attachment for you.

18. Are any requests immediately approved or do they all start off as pending for review?

Yes, some requests are immediately approved.

19. When submitting an authorization, if the request is the same day, would we need to expedite the request?

For outpatient or inpatient preservice, select the "Urgent/Preservice" priority if the condition requires the patient be seen immediately or the service is expected to happen within the next 72 hours. Selecting "Urgent/Preservice" outside of these parameters may cause unnecessary delays for true urgent requests. If the request is same day, then also use the Add Referral Note feature in the application and enter "STAT NOTE" in the summary field.

20. How do I change the Location/POS from what was initially submitted?

The change of location/POS can be updated by using the Add Note/Attachment feature to request the change. Select the "Provider Non-clinical Comment" Note type to submit details.

21. If an authorization is not required for a service, will the application indicate that after submitting the request?

Yes, the authorization status will indicate "No Authorization Required" for the service. In some cases, the request will pend for review before receiving a "No Authorization Required" notice.

22. When logged into the Louisiana Blue Authorizations application, can you change providers without exiting completely out of the program?

Yes, users may view and load authorizations for multiple providers during a single session. The provider NPI:Tax ID must be linked to your iLinkBlue user account for this option.

23. Since we have an electronic health records (EHR) system, instead of loading documents, would we have to use the note function to copy information from the EHR to iLinkBlue?

Yes, you will need to use the Note feature to add information in iLinkBlue. Select the "Provider Clinical Information" Note type or "Provider IP Extension/Concurrent Request" Note type. Louisiana Blue does not access your electronic health records to perform authorizations. Please do not add notes with communication of the reference MRN numbers. The Louisiana Blue Authorizations application does not utilize MRN numbers.

24. How will I access authorization determination (approval/denial) letters in the Louisiana Blue Authorizations application?

The Louisiana Blue Authorizations application includes an In Basket feature that allows the Referred to Location/POS and Referred To providers to access determination letters. All providers attached to the case can find the determination letters in the Referral Details screen.

Application Support

25. Who can I reach out to for questions/support about the Louisiana Blue Authorizations application?

Provider support is available during our normal business hours of 8 a.m. to 4:30 p.m., Monday through Friday (except holidays).

To report a security breach or if you have questions about accessing the Louisiana Blue Authorizations application, please contact Provider Relations at provider.relations@lablue.com.

For concerns related to technical issues contact:

- Internal server error message – Call EDI Services at 1-800-716-2299, option 3
- Internet errors on provider landing page – Call EDI Services at 1-800-716-2299, option 3
- Unable to submit or locate a submitted authorization – Call Provider Relations at 1-800-716-2299, option 4
- Internet errors within the Louisiana Blue Authorizations application – Email Provider Relations at provider.relations@lablue.com (Please include a screenshot of error, if possible)

Education and Resources

26. Where can I find more information on Behavioral Health authorizations, claims and member benefits?

The Louisiana Blue Behavioral Health Speed Guide is available on our Provider page at www.lablue.com/providers, under "Resources," then "Speed Guides."

27. Where can I find instructions for entering authorization requests in the Louisiana Blue Authorization application?

The *Louisiana Blue Authorizations Application User Guide* is available in iLinkBlue (www.lablue.com/ilinkblue). Access the guide under "Resources," then click "Manuals." It gives step-by-step instructions for entering authorizations in the application.

28. I have reviewed the online resources and still have questions. Who should I contact?

The Louisiana Blue Provider Relations Department is available to help during normal business hours of Monday – Friday, 8 a.m. to 4:30 p.m. CT (except holidays). They can be reached by email at provider.relations@lablue.com.