

Use this quick reference guide to help your office identify important information on authorizations, claims and member benefits for behavioral health services. For complete behavioral health billing guidelines, refer to our *Professional Provider Office Manual* found online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources. Our *Member Provider Policy & Procedure Manual* is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)).

## Networks

Our members must access network behavioral health providers based on the provider network associated with their member benefit plan for in-network benefits. Refer to the chart below for the appropriate provider network for each of our member benefit plans.

Benefit Plan Type	Network
PPO	Preferred Care PPO Network
HMO ( <i>HMO Louisiana HMO/POS</i> )	HMO Louisiana, Inc. Network
Blue adVantage	HMO/PPO Networks
Blue Connect	Blue Connect Network
BlueHPN®	Blue High Performance Network® (BlueHPN®)
Community Blue	Community Blue Network
Precision Blue	Precision Blue Network
Signature Blue	Signature Blue Network
Federal Employee Program (FEP)	Preferred Care PPO Network

**Always verify member benefits prior to rendering services.** Patient eligibility, claim status, allowable charges, payment information and medical policies are available online through iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)).

## Claims

Behavioral health claims are processed directly by Louisiana Blue.

### Electronic Claims:

- through your clearinghouse
- through iLinkBlue for CMS-1500 claims only

### Hardcopy Claims:

Louisiana Blue  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

## Authorizations

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](http://www.lablue.com/ilinkblue)), under the "authorizations" menu option. Behavioral health services that require an 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

## Psychotherapy E&M Codes

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

## Post-discharge Standards

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

## Autism Services

We cover the diagnosis and treatment of autism on most policies. Authorizations are required for ABA Services — all reviews and authorizations related to the diagnosis and treatment of autism are handled by Louisiana Blue.

Providers must submit an initial assessment request and treatment request form through iLinkBlue.

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

For full autism and behavioral health billing guidelines, refer to the *Professional Provider Office Manual*, available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources.

## Applied Behavior Analysis (ABA) Modifiers & Billing Guidelines

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

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

*Full descriptions for these codes and CPT time-rules are available from the American Medical Association.*