



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

2021 Product Enhancements Guide



18NW2619 R01/21

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.

HOW IT WORKS

Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., works to ensure that we offer comprehensive products and benefits to our members. Each year we explore and implement enhancements to our member products and provider networks. The 2021 product enhancements are outlined in this guide.

WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning January 1, 2021, for new sales and as Blue Cross and HMO Louisiana policies renew throughout the year. Not all member policies renew on January 1. For such policies, the new product enhancement will apply upon the renewal of the policy. It is important to always verify member benefits prior to rendering services. Benefits and eligibility information is available on iLinkBlue (www.BCBSLA.com/ilinkblue). Federal Employee Program (FEP) and BlueCard® members (those with benefits from another Blue Plan) are not included in these product enhancements. Self-funded groups, including The Office of Group Benefits (OGB), determine their own benefits and for this reason, product enhancements are often optional.

POLICY TERMINOLOGY

Below is the member policy terminology referenced in the [Member Benefit Plans Included](#) section for the product enhancements listed in this guide.

Abbreviation	Term	Definition
GF	Grandfathered	Grandfathered policies were in place before March 23, 2010, when the Affordable Care Act was signed into law. A grandfathered status policy might not include certain benefits or consumer protections that non-grandfathered plans are required to include.
NGF	Non-grandfathered	Non-grandfathered policies are issued after March 23, 2010, and include required benefits and consumer protections.
	Small Group	Employer groups with 50 or fewer members
	Large Group	Employer groups with 51 or more members
	Individual	This refers to a privately purchased policy for an individual and/or individual's family (not issued through an employer).
	Fully Insured	This refers to group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.
	Self-funded	This refers to group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA.
SBF	Small Business Funding	This is a simplified self-funded product for small business group policies issued by Blue Cross/HMOLA. It is designed to ensure cash flow stability for the small business and lessen claims volatility for Blue Cross.

Preventive

These benefits are offered at no cost to the member when seeing a provider in the member's network.

Breast Ultrasounds

Blue Cross covers film and 3-D mammography examinations at no cost to the member as follows:

- a baseline examination for women 35-39 years of age
- one exam every 24 months or as the doctor prescribes for women ages 40-49
- one exam every 12 months for women age 50 and older

Breast ultrasounds are covered under the member's standard benefits and applicable cost shares.

2021 Enhancement

Blue Cross will additionally cover breast ultrasounds at no cost to the member when rendered by a network provider. The breast ultrasound may be completed alone or in conjunction with a mammogram.

Effective

Existing Policies: January 1, 2021, and as policies renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: GF and NGF group and individual policies, Bridge Blue policies

Self-funded: GF and NGF group and SBF policies

Abdominal Aortic Aneurysm Screening

It is recommended that men 65-75 years of age, who have ever smoked, have a one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography.

2021 Enhancement

Blue Cross limits this screening to once per lifetime at no cost for eligible members.

Effective

Existing Policies: January 1, 2021, and as policies renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, Bridge Blue policies

Self-funded: NGF group and SBF policies



Preventive

These benefits are offered at no cost to the member when seeing a provider in the member's network.

Anxiety Screenings for Women

There is a high prevalence of anxiety disorders with a lack of recognition in clinical practice and multiple problems associated with untreated anxiety. It is recommended that adolescent and adult women, including those who are pregnant or postpartum, are screened for anxiety.

2021 Enhancement

Once per benefit period, Blue Cross will cover an anxiety screening at no cost to female members of any age when services are rendered by a network provider.

Effective

Existing Policies: January 1, 2021, and as policies renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, Bridge Blue policies

Self-funded: NGF group and SBF policies

Behavioral Counseling for STIs

There is strong evidence that behavioral counseling for sexually active adolescents and adults who are at increased risk for sexually transmitted infections (STIs) effectively increases protective behaviors, thus reducing the risks of contracting STIs.

2021 Enhancement

Blue Cross will cover behavioral counseling for STIs for eligible adult members at no cost to the member, when services are rendered by a network provider.

Effective

Existing Policies: January 1, 2021

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, and Bridge Blue policies

Self-funded: NGF group and SBF policies



Other Benefits

Bridge Blue Benefit Changes

Our Bridge Blue products are individual short-term medical (STM) policies. Members can apply at any time throughout the year for this coverage and may carry up to 11 months of coverage.

2021 Benefit Changes

Changes are being made to the prescription coverage benefits for our Bridge Blue policies. The following will no longer be covered at no cost to the member. They will be subject to the member's applicable cost shares (deductible, coinsurance, copayment).

- aspirin counseling for prevention of cardiovascular disease and colorectal cancer
- aspirin for prevention of preeclampsia
- fluoride chemoprevention supplements
- low-to-moderate dose statins
- folic acid supplements
- medications for risk reduction of primary breast cancer

These prescriptions will be covered at no cost to the member:

- colonoscopy prep products
- vaccines

Smoking cessation products will be excluded from these policies, with the exception of Zyban® and its generic.

Effective

Existing Policies: January 1, 2021, and as policies renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: Bridge Blue policies

Expanded Coverage for Continuous Glucose Monitors

Blue Cross policies include coverage for continuous glucose monitors and their associated supplies as a medical benefit.

2021 Enhancement

In addition to covering continuous glucose monitors as a medical benefit, they will also be covered under members' pharmacy benefits, giving better coverage access for members.

Effective

Existing Policies: January 1, 2021

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: GF and NGF group and individual policies (excluding Blue Select and Blue Value policies) and Bridge Blue policies

Self-funded: GF and NGF group and SBF policies with pharmacy benefits.



Other Benefits

Acupuncture

Dry needling is classified as a type of physical therapy and is available as a covered benefit under most member policies when performed by a physical therapist. Blue Cross has not offered network availability to acupuncturists and most member policies do not include related benefits.

2021 Enhancement

Beginning January 1, 2021, state-licensed acupuncturists have the option to participate in our Blue Cross and HMO Louisiana networks. Member benefits will cover up to 12 visits per benefit period for acupuncture services when rendered by an in- or out-of network provider. Standard contract benefits apply.

Effective

Existing Policies: January 1, 2021, and as policies
renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: GF group policies and NGF large group policies, excludes NGF small group policies, GF and NGF individual policies and Bridge Blue policies

Self-funded: GF and NGF SBF policies, optional for GF and NGF group policies

Oral Chemo Drugs at \$0 Cost Share for Blue Value Members

Blue Value is a high-deductible member benefit plan. Currently, there is a \$100 maximum member cost share for oral chemo drugs.

2021 Enhancement

Oral chemo drugs will be covered at no cost share to the Blue Value member. Prior authorization may be required.

Effective

Existing Policies: January 1, 2021

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: Blue Value policies

Erectile Dysfunction (ED)

2021 Enhancement

Blue Cross will offer medical and pharmacy benefits for services to diagnose and treat ED for members age 18 and older. Prior authorization is required for surgical treatment.

Effective

Existing Policies: January 1, 2021, and as policies
renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF large group policies

Self-funded: NGF SBF policies, optional for GF and NGF group policies



Other Benefits

Cancer Susceptibility Genetic Counseling and Genetic Testing

Benefits are available for risk assessment, genetic counseling and genetic testing for women with a personal or family history of breast, ovarian, tubal or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA 1 and BRCA 2) gene mutations.

2021 Enhancement

BRCA 1 and BRCA 2 genetic testing will be covered at no cost to the member when services are rendered by a network provider.

Effective

Existing Policies: January 1, 2021

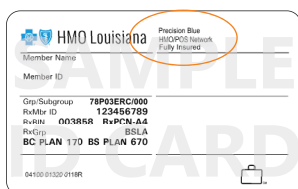
New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF group and individual policies and Bridge Blue policies

Self-funded: NGF group and SBF policies

Precision Blue Enhanced Tiering



Precision Blue is a provider network that was established for January 1, 2020, with member benefit

options available in Ascension, East Baton Rouge, Livingston, Pointe Coupee and West Baton Rouge parishes.

This benefit product has tiered benefits, which can be viewed in iLinkBlue (www.BCBSLA.com/ilinkblue). For 2021, an enhanced Tier 1 is being added that allows for richer member benefits for office visits. Below is the full outline of all tiers, with the new enhancement in blue.

new for
2021

Enhanced Tier 1 – applies for select providers in the Precision Blue network. An enhanced level copayment is applied for office visits.

- Tier 1 In Network – applies for providers in the Precision Blue network. In-network level benefits apply.

- Tier 2 Out of Network Preferred – applies for providers participating in a network other than the member's network. Out-of-network benefits apply.
- Tier 3 Out of Network Non-Preferred – applies for providers not participating in any Blue Cross network or who are under special arrangement.

For more information on viewing tiered benefits in iLinkBlue, refer to the *iLinkBlue User Guide*, available online at www.BCBSLA.com/providers, click on "Resources" and look under "Manuals."

Effective

Existing Policies: January 1, 2021, and as policies renew

New Sales: January 1, 2021

Member Benefit Plans Included

Fully Insured: NGF Precision Blue individual and group policies

Self-funded: NGF and SBF Precision Blue policies

Networks

Blue HPN Network

Blue High Performance Network_{SM} (Blue HPN) is a national network focused on enhancing the quality of care and delivery of cost savings to large self-funded employer groups. This network allows eligible employer groups with employees located throughout the country seamless access to a quality and affordable healthcare network nationwide.

Beginning January 1, 2021, HMO Louisiana, Inc. now offers a Blue HPN network and member benefit options.

Our Blue HPN members have access to other providers participating in the Blue HPN network across the nation. Blue HPN members must access Blue HPN providers in order to receive full benefits. If you are a Blue HPN provider, you will be reimbursed for services provided to Blue HPN members according to the Blue HPN contract with BCBSLA. See Page 10 for the prior authorizations list.

Effective

New sales for January 1, 2021

In-network and Out-of-network Benefits

Blue HPN is an Exclusive Provider Organization (EPO) with benefits available when services are rendered by in-network providers only.

Benefits are not available when members see non-HPN providers with the following exceptions:

- Emergent care within Blue HPN product areas, as well as outside Blue HPN product areas
- Urgent care outside of Blue HPN product areas

Sample Member ID Card

Blue HPN members are recognizable by:

- The Blue High Performance Network name on the front of the member ID card
- The HPN in a suitcase logo in the bottom right hand corner of the member ID card

Benefit limitations are included on the back of the Blue HPN member ID card.



Blue HPN Network Coverage Areas in Louisiana

Greater New Orleans/Northshore

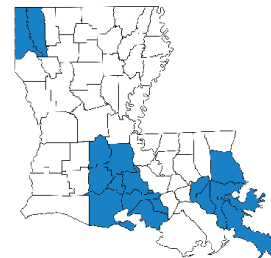
Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes

Lafayette/Acadiana

Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes

Shreveport/Bossier

Bossier and Caddo parishes



Be on the look out for our Blue HPN Network Speed Guide. It will be available online by February 1, 2021, under the "Resources" section of our Provider page (www.BCBSLA.com/providers).

Authorizations

Preferred Care PPO Services that Require an Authorization in 2021:

Services in blue are new for 2021

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Arterial Ultrasound
- Arthroscopy and Open Procedures (shoulder & knee)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- Compound Drugs greater than \$250
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic Testing
- Hip Arthroscopy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- Inpatient Hospital Services (except routine maternity stays)
- **Insulin Pumps (initial, replacement, supplies & accessories)**
- Intensive Outpatient Programs
- Interventional Spine Pain Management
- Joint Replacement (hip, knee & shoulder)
- **Low-protein Food Products**
- Meniscal Allograft Transplantation of the Knee
- MRI/MRA
- Nuclear Cardiology
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology
- Residential Treatment Centers
- Resting Transthoracic Echocardiography
- Sleep Studies (except for those performed as a home sleep study)
- Spine Surgery
- Stress Echocardiography
- **Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)**
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography
- Transplant Evaluation & Transplants
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy

Member Benefit Plans Included

Fully-insured: applies for all policies

Self-funded: may vary for policies

To Request Prior Authorization

Please use the authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue). They are located under the "Authorizations" menu option.

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available online at www.BCBSLA.com/providers, then click on "Resources."

Authorizations

HMO Louisiana, Inc., Blue Connect, Blue HPN, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2021:

Services in blue are new for 2021

- Air Ambulance – Non-emergency (no benefit without prior Authorization)
- Applied Behavior Analysis
- Arterial Ultrasound
- Arthroscopy and Open Procedures (shoulder & knee)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- Compound Drugs greater than \$250
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic Testing
- Hip Arthroscopy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- Infusion Therapy – includes home and facility administration (exception: physician's office, unless the drug to be infused may require authorization)
- Inpatient Hospital Services (except routine maternity stays)
- **Insulin Pumps (initial, replacement, supplies & accessories)**
- Intensive Outpatient Programs
- Interventional Spine Pain Management
- Joint Replacement (hip, knee & shoulder)
- Low-protein Food Products
- Meniscal Allograft Transplantation of the Knee
- MRI/MRA
- Nuclear Cardiology
- Oral Surgery (not required when performed in a physician's office)
- Orthotic Devices greater than \$300
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology
- Residential Treatment Centers
- Resting Transthoracic Echocardiography
- Sleep Studies, except for those performed as a home sleep study
- Spine Surgery
- Stress Echocardiography
- **Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)**
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography
- Transplant Evaluation & Transplants
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy

Member Benefit Plans Included

Fully-insured: applies for all policies

Self-funded: may vary for policies

To Request Prior Authorization

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Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available online at www.BCBSLA.com/providers, then click on "Resources."

Authorizations

Office of Group Benefits (OGB)

Services That Require An Authorization in 2021:

Services in blue are new for 2021

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- [Arterial Ultrasound](#)
- [Arthroscopy and Open Procedures \(shoulder & knee\)](#)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- [Coronary Arteriography](#)
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- [Hip Arthroscopy](#)
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Inpatient Hospital Admissions (except routine maternity stays)
- Inpatient Mental Health and Substance Use Disorder Admissions
- Inpatient Organ, Tissue and Bone Marrow Transplant Services
- Inpatient Skilled Nursing Facility Services
- [Insulin Pumps \(initial, replacement, supplies & accessories\)](#)
- Intensive Outpatient Programs
- [Interventional Spine Pain Management](#)
- [Joint Replacement \(hip, knee & shoulder\)](#)
- Low-protein Food Products
- [Meniscal Allograft Transplantation of the Knee](#)
- MRI/MRA
- Nuclear Cardiology
- Oral Surgery (not required when performed in a Physician's office)
- Orthotic Devices (greater than \$300)
- Partial Hospitalization Programs
- [Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty](#)
- PET Scans
- Physical/Occupational Therapy (greater than 50 visits)
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Prosthetic Appliances (greater than \$300)
- Pulmonary Rehabilitation
- [Radiation Therapy for Oncology](#)
- Residential Treatment Centers
- [Resting Transthoracic Echocardiography](#)
- Sleep Studies (except those performed as a home sleep study)
- [Spine Surgery](#)
- [Stress Echocardiography](#)
- [Transesophageal Echocardiography](#)
- Transplant Evaluation and Transplant
- [Treatment of Osteochondral Defects](#)
- Vacuum Assisted Wound Closure Therapy

[OGB Member Benefit Plans Included](#)

Pelican HRA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus & Magnolia Open Access

[To Request Prior Authorization](#)

Please use the authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue). They are located under the "Authorizations" menu option.

For OGB members, failure to obtain prior authorization, when required, will result in the denial of payments for services.

Authorizations

Federal Employee Program (FEP) Services that Require an Authorization in 2021:

No new services added for 2021

FEP Blue Standard / FEP Blue Basic Options

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)*
- Intensity-Modulated Radiation Therapy (IMRT)
- Organ/Tissue Transplants and Transplant Travel (including autologous pancreas islet cell, heart, artificial heart implant, heart-lung, intestinal, liver, lung, pancreas, simultaneous liver-kidney, simultaneous pancreas-kidney; excluding cornea and kidney transplants)
- Outpatient Surgery Needed to Correct Accidental Injuries (to jaws, cheeks, lips, tongue, roof and floor of mouth)
- Residential Treatment Center
- Skilled Nursing Facility
- Sleep Studies (when performed outside the home)
- Surgical Correction of Congenita Anomalies
- Surgical Treatment for Morbid Obesity

Failure to obtain prior authorization for these services will result in a \$500 penalty for inpatient services.

FEP Blue Focus Option

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Breast Reduction/Augmentation (not related to the treatment of cancer)
- Cardiac Rehabilitation
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)*
- Intensity-Modulated Radiation Therapy (IMRT)
- MRI
- Oral/Maxillofacial Procedures (except when related to accidental injury and provided within 72 hours of the accident)
- Organ/Tissue Transplants (including autologous pancreas islet cell, heart, artificial heart implant, heart-lung, intestinal, liver, lung, pancreas, simultaneous liver-kidney, simultaneous pancreas-kidney; excluding cornea and kidney transplants)
- Orthognathic Surgery Procedures
- Orthopedic Procedures
- Outpatient Residential Treatment Center
- PET Scan
- Prosthetic Devices
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Rhinoplasty
- Septoplasty
- Surgical Correction of Congenital Anomalies
- Surgical Treatment for Morbid Obesity
- Specialty DME Services
- Travel Benefits
- Varicose Vein Treatment

Failure to obtain prior authorization for these services will result in a \$100 penalty for outpatient services and a \$500 penalty for inpatient services.