Blue Cross and Blue Shield of Louisiana
HMO Louisiana

2022 Product Enhancements Guide

18NW2619 R01/22

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 2022 product enhancements are outlined in this guide.

WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning January 1, 2022, 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.

Lung Cancer Screenings

Blue Cross covers annual screenings for lung cancer with low-dose computed tomography (LDCT) in adults age 55-80 who have a 30 pack per year smoking history.

Blue Cross covers one screening at no cost when services are performed by a network provider on the day after one year from previous screening. Additional screenings within the same benefit period are not covered.

2022 Enhancement

Blue Cross is expanding the age limit for this benefit to adults age 50-80 who have a 20 pack per year smoking history.

Effective

Existing Policies: January 1, 2022, and as policies renew
New Sales: January 1, 2022

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, Bridge Blue policies
Self-funded: NGF group and SBF policies

Colorectal Cancer Screening

Blue Cross covers various screenings for colorectal cancer in adults age 50-75 at no cost when services are performed by a network provider. Benefits and limitations for screening services, including additional screenings, vary. Providers should always verify benefits and limitations prior to rendering services. It is now recommended that the age limit for these screenings be expanded.

2022 Enhancement

Blue Cross is expanding the age limit for these benefits to adults age 45-75. Benefits were expanded for Cologuard® screenings at no cost to the member, once per benefit period.

Effective

Existing Policies: January 1, 2022, for fully-insured and SBF policies, January 1, 2022, and as policies renew for self-funded policies
New Sales: January 1, 2022

Member Benefit Plans Included

Fully Insured: GF and NGF group and individual policies, Bridge Blue policies
Self-funded: Select GF group and all NGF group policies and SBF policies

Preventive

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

Counseling for Healthy Weight & Weight Gain in Pregnancy

It is recommended that clinicians offer pregnant persons behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

There is strong evidence that maintaining a healthy weight during pregnancy lowers the risks for gestational diabetes, gestational hypertension, preeclampsia and cesarean delivery.

2022 Enhancement

Coverage will be available for pregnant persons for effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

Effective

Existing Policies: January 1, 2022, and as policies renew
New Sales: January 1, 2022

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, Bridge Blue policies
Self-funded: NGF group and SBF policies

Mammograms and Breast MRIs

Today, Blue Cross covers mammograms and breast ultrasounds at first dollar with no age, gender or frequency restrictions for its fully-insured members. Self-funded group benefits vary and may not necessarily cover these services at first dollar.

Breast MRIs must meet authorization criteria and standard member benefits apply.

2022 Enhancement

Blue Cross is enhancing the existing benefits for fully-insured to waive any deductible or copayments for breast MRIs meeting certain criteria. Self-funded group benefits vary. Please verify member benefits prior to rendering services. Existing authorization requirements will still apply.

Effective

Existing Policies: January 1, 2022, and as policies renew
New Sales: January 1, 2022

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

Networks

Expansion of the Precision Blue Network

The Precision Blue Network consists of a select group of physicians, hospitals and other allied providers. Some Precision Blue providers are contracted for limited services only.

For 2021, it was available in the Baton Rouge area only in Ascension, East Baton Rouge, Livingston, Pointe Coupee and West Baton Rouge parishes.

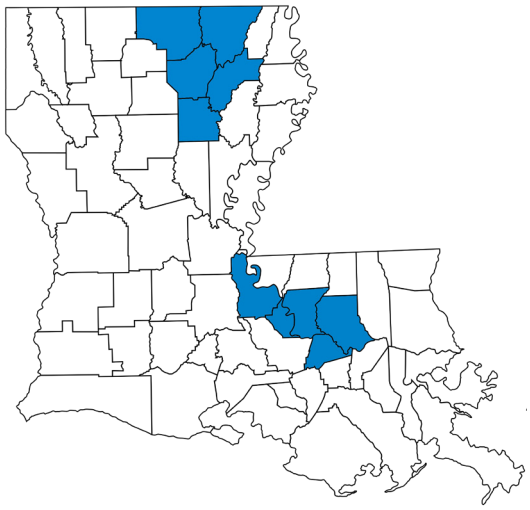
Precision Blue members are identifiable by the HMO Louisiana, Inc. logo and Precision Blue Network name printed on the member ID card. Precision Blue members must select a primary care provider. Tiered benefits apply to members of Precision Blue. More details about this coverage can be found in iLinkBlue.

2022 Enhancement

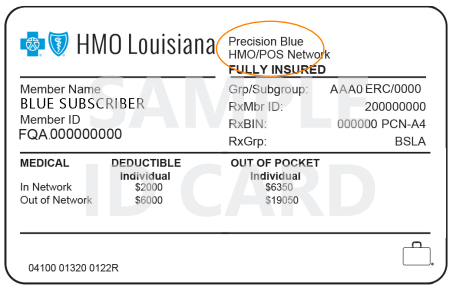
Beginning January 1, 2022, the Precision Blue Network is also being offered in the Greater Monroe and West Monroe areas in Caldwell, Morehouse, Ouachita, Richland and Union parishes.

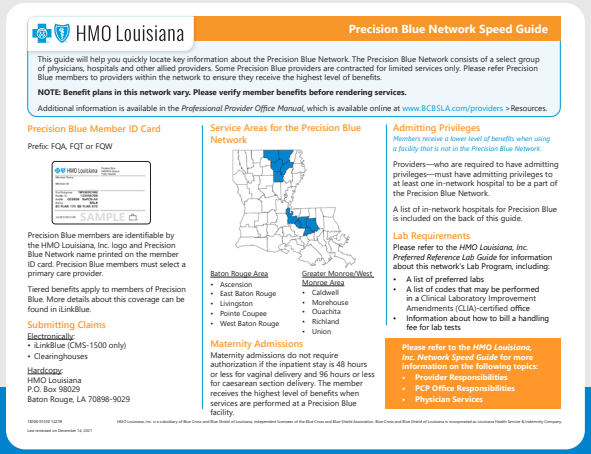
Effective

New sales for January 1, 2022



Sample Member ID Card





HMO Louisiana

Precision Blue Network Speed Guide

This guide will help you quickly locate key information about the Precision Blue Network. The Precision Blue Network consists of a select group of physicians, hospitals and other allied providers. Some Precision Blue providers are contracted for limited services only. Please refer Precision Blue members to providers within the network to ensure they receive the highest level of benefits.

NOTE: Benefit plans in this network vary. Please verify member benefits before rendering services.

Additional information is available in the *Professional Provider Office Manual*, which is available online at www.BCBSLA.com/providers > Resources.

Precision Blue Member ID Card

Prefix: FQA, FQT or FQW

Precision Blue members are identifiable by the HMO Louisiana, Inc. logo and Precision Blue Network name printed on the member ID card. Precision Blue members must select a primary care provider.

Tiered benefits apply to members of Precision Blue. More details about this coverage can be found in iLinkBlue.

Submitting Claims

Electronically:
- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:
HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Service Areas for the Precision Blue Network

Baton Rouge Area
- Ascension
- East Baton Rouge
- Livingston
- Pointe Coupee
- West Baton Rouge

Greater Monroe/West Monroe Area
- Caldwell
- Morehouse
- Ouachita
- Richland
- Union

Maternity Admissions

Maternity admissions do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery. The member receives the highest level of benefits when services are performed at a Precision Blue facility.

Admitting Privileges

Members receive a lower level of benefits when using a facility that is not in the Precision Blue Network.

Providers—who are required to have admitting privileges—must have admitting privileges to at least one in-network hospital to be a part of the Precision Blue Network.

A list of in-network hospitals for Precision Blue is included on the back of this guide.

Lab Requirements

Please refer to the *HMO Louisiana, Inc. Preferred Reference Lab Guide* for information about this network's Lab Program, including:
- A list of preferred labs
- A list of codes that may be performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified office
- Information about how to bill a handling fee for lab tests

Please refer to the *HMO Louisiana, Inc. Network Speed Guide* for more information on the following topics:
- Provider Responsibilities
- PCP Office Responsibilities
- Physician Services

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Last reviewed on December 14, 2021

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

Our Precision Blue Network Speed Guide is available online under the "Resources" section of our Provider page.

www.BCBSLA.com/providers

Authorizations

Preferred Care PPO Services that Require an Authorization in 2022:

Services in blue are changes for 2022

- 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 and Molecular 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

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."

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. We no longer accept phone or fax authorization requests. Exceptions include transplants, dental services covered under medical and out-of-state services. Providers must submit prior authorization requests (new and extension authorizations) through our online BCBSLA Authorizations tool.

Authorizations

HMO Louisiana, Inc., Blue Connect, BlueHPN, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2022:

Services in blue are changes for 2022

- 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 and Molecular 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

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."

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. We no longer accept phone or fax authorization requests. Exceptions include transplants, dental services covered under medical and out-of-state services. Providers must submit prior authorization requests (new and extension authorizations) through our online BCBSLA Authorizations tool.

Authorizations

Office of Group Benefits (OGB)
Services That Require An Authorization in 2022:

Services in blue are changes for 2022

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Arterial Ultrasound
- Arthroscopy and Open Procedures (shoulder & knee)
- Bariatric Benefit (enrollment & surgery)
- 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)

OGB Member Benefit Plans Included

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

- 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

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. We no longer accept phone or fax authorization requests. Exceptions include transplants, dental services covered under medical and out-of-state services. Providers must submit prior authorization requests (new and extension authorizations) through our online BCBSLA Authorizations tool.

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 2022:

No new services added for 2022

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)
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Residential Treatment Center
- Skilled Nursing Facility
- Sleep Studies (when performed outside the home)
- Surgical Correction of Congenital 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.

Federal Mandates

Consolidated Appropriations Act (CAA) 2021

The federal Consolidated Appropriations Acts (CAA) 2021 includes regulatory provisions for providers and health insurers. For more information on CAA provisions, you can access a frequently asked question document created by the Departments of Labor, Health and Human Services (HHS), and the Treasury at www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf.

In this section, we will highlight the provisions that Blue Cross and Blue Shield of Louisiana has updated or developed for 2022.

Surprise Billing - Non-emergency Services

The No Surprises Act prohibits balance billing for **non-emergency medical services** performed by non-participating providers rendering services at network facilities, with certain exceptions. Cost sharing for impacted services from non-participating providers cannot be greater than if the service was rendered by a network provider.

The non-emergency provisions allow for some exceptions to the surprise billing protections if the patient receives specific notice and provides consent. These exceptions do not apply to providers rendering ancillary services (e.g., emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services).

Notice for Patient Consent Requirements

If a member gets other care at in-network facilities, non-participating providers cannot balance bill the member unless the member gives written consent and gives up these protections. Members are never required to give up protections from balance billing. Members also are not required to get care from non-participating providers. Eligible providers must include written notice to the patient no later than 72 hours before services are provided requesting a consent waiver.

To obtain patient consent, non-participating providers should use the Surprise Billing Protection Form included as part of the Standard Notice and Consent Documents Under the No Surprises Act. The form is available online at www.cms.gov/nosurprises >Policies and Resources >Overview of Rules & Fact Sheets >Guidance & Technical Resources.

The patient must sign and date the consent and acknowledge receipt of written notice about the payment and how it may affect cost sharing.

For CAA changes to the **criteria for reimbursement during credentialing**, be sure to read the article on Page 3 of the fourth quarter edition of our Provider Network News. It is available online at www.BCBSLA.com/providers >Newsletters.

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Consolidated Appropriations Act (CAA) 2021

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In this section, we will highlight the provisions that Blue Cross and Blue Shield of Louisiana has updated or developed for 2022.

Provider Directory Verification

Providers are required to verify their demographic information in our online provider directories every 90 days. This ensures that the information published is accurate for member/patient use.

Blue Cross is implementing a process to verify the information providers already have on file with us. Providers will be sent a pre-populated Provider Attestation Form via DocuSign®. Providers must attest that the information is correct/incorrect. If any of the data on the form is incorrect, the provider must complete the Provider Update Request Form to report updated information.

Should a provider fail to verify their contact information, they will be removed from Blue Cross' online provider directories. Network participation will not be affected but a person searching our provider directories will not have access to your information.

Continuity of Care

Blue Cross already offers provisions for continuity of care. For 2022, the circumstances have been expanded under federal law. This includes certain notice requirements when providers (physicians, facilities and other allied health professionals) leave the network. The provider leaving the network must accept the network payment as payment in full and not balance bill the member.

What is continuity of care?

Under special circumstances patients are allowed to continue care for a limited time with non-network providers at a higher network level of benefits.

Patients may be eligible to continue care for a limited time if undergoing a course of treatment for a serious and complex condition; in the hospital or under inpatient care; scheduled for a non-elective (necessary) surgery or procedure or in postoperative care, pregnant or undergoing care for pregnancy; or terminally ill.

The Continuity of Care Form is available online at www.BCBSLA.com/providers >Resources >Forms.

DocuSign® 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.