



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

2023 Product Enhancements Guide



18NW2619 R03/23

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

HOW IT WORKS

Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., works to ensure that it offers comprehensive products and benefits to our members. Each year we explore and implement enhancements to our member products and provider networks. The 2023 product enhancements are outlined in this guide.

WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning January 1, 2023, 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. |

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Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana.

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana.

Preventive

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

Obesity Prevention in Midlife Women

Midlife women between 40 and 60 years of age have an increased risk of weight gain and obesity. Preventing obesity reduces risk of chronic health conditions such as heart disease, diabetes, arthritis and certain cancers.

2023 Enhancement

Claims for preventing obesity in midlife women shall pay at wellness benefits at a frequency of one claim per benefit period. Wellness benefits will pay first dollar coverage when submitted by an in-network provider and the same as any other wellness benefit when submitted by an out-of-network provider. This applies to women ages 40 to 60 years with normal or overweight body mass index (BMI). Counseling may include individualized discussion of healthy eating and physical activity.

This update does not apply to members who are already diagnosed with obesity. Screening interventions are typically not performed in members who already have the condition for which the screening is being offered.

Effective

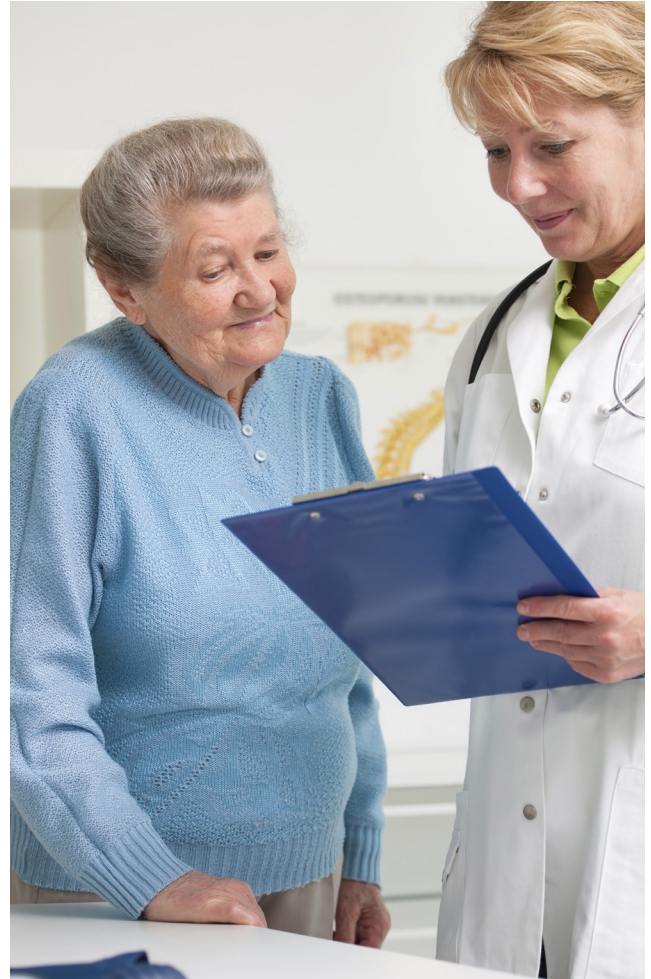
Existing Policies: January 1, 2023, and as policies renew

New Sales: January 1, 2023

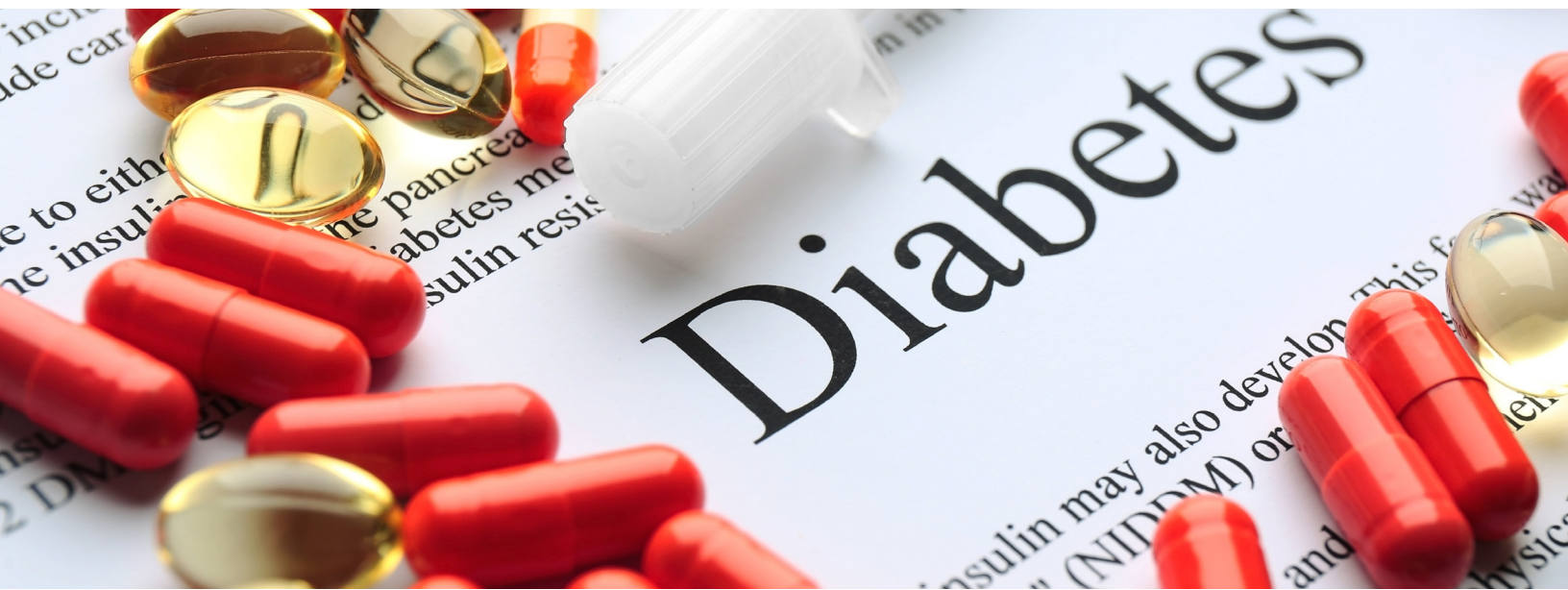
Member Benefit Plans Included

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

Self-funded: NGF group and SBF policies



Other Benefits



Insulin Pumps

Blue Cross covers insulin pumps and supplies (initial and replacement) on the standard list of outpatient medical services which require prior authorization.

2023 Enhancement

Insulin pumps and supplies no longer require prior authorization. These materials and services will be subject to the member's benefits, with a limit of one unit every four years.

Effective

Existing Policies: January 1, 2023, for all policies

New Sales: January 1, 2023

Member Benefit Plans Included

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

Self-funded: GF and NGF group and SBF policies

Insulin Cost Share

Blue Cross covers insulin products via the pharmacy benefit subject to the member's formulary and any applicable deductible, coinsurance and/or copayments.

2023 Enhancement

Per Act 724 (HB 677) of the Louisiana Legislature, Blue Cross will limit the cost share on all insulin prescriptions processed via the pharmacy benefit to no more than \$75 per prescription for a 30-day supply.

Effective

Existing Policies: January 1, 2023, and as policies renew

New Sales: January 1, 2023

Member Benefit Plans Included

Fully Insured: GF and NGF individual policies and group policies

Self-funded: GF and NGF non-ERISA group policies, and SBF policies

Other Benefits

Hearing Aids

Blue Cross covers hearing aids for members through age 17 when seen by an in-network provider. The benefit is limited to one hearing aid every 36 months for each ear with hearing loss. Regardless of age, benefits are not available when services are rendered by an out-of-network provider.

2023 Enhancement

Blue Cross will now cover hearing aids for members age 18 and older when a network provider is used and there is a diagnosis of severe-profound hearing loss.

Effective

Existing Policies: January 1, 2023, and as policies
renew

New Sales: January 1, 2023

Member Benefit Plans Included

Fully Insured: NGF group and individual
policies

Self-funded: NGF SBF group policies; optional
for NGF ASO group policies

Applied Behavior Analysis (ABA) Services

Autism Spectrum Disorder (ASD) benefits include, but are not limited to, the medically necessary assessment, evaluations or tests performed. Habilitative and rehabilitative care, pharmacy care, psychological care, and therapeutic care are also available. However, ABA services are available only to members that have not yet turned 21 years old.

2023 Enhancement

Blue Cross will now cover ABA services for members of all ages diagnosed with ASD, when prior authorization is obtained.

Effective

Existing Policies: January 1, 2023, and as policies
renew

New Sales: January 1, 2023

Member Benefit Plans Included

Fully Insured: NGF group and individual
policies

Self-funded: Optional for NGF group policies

Limitations on Coverage of Foot Care Services

Blue Cross does not cover routine foot care. Certain services such as the cutting or removal of corns and calluses, nail trimming or debriding are covered for diabetics.

2023 Enhancement

All members, regardless of diagnosis, are eligible for a total of six foot-care services, treatments or procedures for the cutting or removal of corns and calluses, nail trimming and/or debridement. This benefit is available with in-network and out-of-network providers.

Effective

Existing Policies: January 1, 2023, and as policies
renew

New Sales: January 1, 2023

Member Benefit Plans Included

Fully Insured: NGF group and individual policies

Self-funded: NGF group and SBF policies

Other Benefits

Prescription Donor Human Breast Milk

Louisiana Act 489 (HB 651) requires inpatient and outpatient coverage benefits for up to two months for medically necessary pasteurized donor human milk upon prescription of an infant's pediatrician or licensed pediatric provider stating that the infant is medically or physically unable to receive maternal human milk or participate in breastfeeding, or the infant's mother is medically or physically unable to produce maternal human milk in sufficient quantities.

Donor breast milk is currently covered as part of an infant's inpatient hospital stay. Outpatient benefits for prescription donor breast milk are not covered under the exclusion for food or food supplements, formulas and medical foods, including those used for gastric tube feedings.

2023 Enhancement

Blue Cross will provide up to two months of outpatient coverage per lifetime for prescription donor human breast milk for infants less than 1 year old.

Our provider contracting team will establish and maintain criteria for approved milk banks. These banks must be members of the Human Milk Banking Association of North America.

Milk banks will file claims on behalf of the infant, and outpatient claims will bill under the infant's name. Benefits are subject to any applicable deductibles, coinsurance and/or copayments.



Effective

Existing Policies: January 1, 2023, and as policies
renew

New Sales: January 1, 2023

Member Benefit Plans Included

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

Self-funded: GF and NGF non-ERISA group
policies, and SBF policies

Programs

Quality Blue Expanded for Pediatricians

In 2022, the Quality Blue program expanded services for both our members and providers. We simplified parameters to align with other value-based programs and expanded participation to pediatricians. This allows more providers to treat all patients without regard to the member's health care plan.

At present, the program is available to general practitioners, family practitioners, pediatricians, internists, geriatricians, nurse practitioners and physician assistants.

2023 Enhancement

Eligible members could receive a reduced copayment when seeing a Quality Blue pediatrician.

Effective

Existing Policies: January 1, 2023

New Sales: January 1, 2023

Member Benefit Plans Included

Fully Insured: GF and NGF group, and individual policies

Self-funded: GF and NGF group policies



Authorizations

Preferred Care PPO Services that Require an Authorization in 2023:

Services in blue are changes for 2023

- 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
- **Hearing Aids age 18 & older (no benefit without prior authorization)**
- 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)
- 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

Blue Cross does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.com/ilinkblue), located under the "Authorizations" menu option.

* High-tech imaging & utilization management program services are authorized through the Carelon **ProviderPortal_{SM}** by clicking the "Carelon Authorizations" link.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

HMO Louisiana, Inc., Blue Connect, BlueHPN, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2023:

Services in blue are changes for 2023

- 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
- **Hearing Aids age 18 & older (no benefit without prior authorization)**
- 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)**
- 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

Blue Cross does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.com/ilinkblue), located under the "Authorizations" menu option.

* High-tech imaging & utilization management program services are authorized through the Carelon **ProviderPortal_{SM}** by clicking the "Carelon Authorizations" link.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

Office of Group Benefits (OGB)

Services That Require An Authorization in 2023:

Services in blue are changes for 2023

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis**
- Arterial Ultrasound*
- Arthroscopy and Open Procedures (shoulder & knee)*
- Bariatric Surgery Benefit (enrollment & surgery)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- Coronary Arteriography*
- 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 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

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

Blue Cross does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.com/ilinkblue), 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.

* High-tech imaging & utilization management program services are authorized through the Carelon **ProviderPortal**SM by clicking the "Carelon Authorizations" link.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

Federal Employee Program (FEP) Services that Require an Authorization in 2023:

Services in blue are changes for 2023

FEP Blue Standard / FEP Blue Basic Options

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- **Certain High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at www.fepblue.org/highcostdrugs**
- 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)
- **Proton Beam Therapy**
- Residential Treatment Center
- Skilled Nursing Facility
- Sleep Studies (when performed outside the home)
- **Stereotactic Radiosurgery**
- **Stereotactic Body Radiation Therapy**
- 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 High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at www.fepblue.org/highcostdrugs**
- 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 an accidental injury and provided within 72 hours of the accident)
- 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 pancreaskidney; excluding cornea and kidney transplants)
- Orthognathic Surgery Procedures
- Orthopedic Procedures
- Outpatient Residential Treatment Center*
- PET Scan
- Prosthetic Devices
- **Proton Beam Therapy**
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Rhinoplasty
- Septoplasty
- **Stereotactic Radiosurgery**
- **Stereotactic Body Radiation Therapy**
- 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.

* Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.