



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

2025 Product Enhancements Guide



18NW2619 R12/24

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 2025 product enhancements are outlined in this guide.

WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning January 1, 2025, for new sales and as Louisiana Blue 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.lablue.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 Louisiana Blue/HMOLA and claims are funded by Louisiana Blue/HMOLA.
	Self-funded	This refers to group policies issued by Louisiana Blue/HMOLA but claims payments are funded by the employer group, not Louisiana Blue/HMOLA.
SBF	Small Business Funding	This is a simplified self-funded product for small business group policies issued by Louisiana Blue/HMOLA. It is designed to ensure cash flow stability for the small business and lessen claims volatility for Louisiana Blue.

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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.

Networks

Expansion of the Signature Blue Network

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

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

For 2024, it was available in Orleans, Jefferson and St. Tammany parishes.

2025 Enhancement

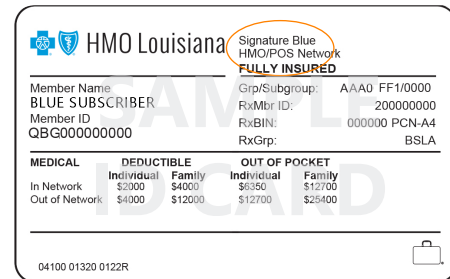
Beginning January 1, 2025, the Signature Blue Network is also being offered in St. Bernard and Tangipahoa parishes.

Effective

New sales for January 1, 2025



Sample Member ID Card



Signature Blue Network Speed Guide

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer Signature Blue members to providers within the network so they receive the highest level of benefits. Benefit plans in this network vary. Please verify member benefits before rendering services.

Please also refer to the *Professional Provider Office Manual*, which is available online at www.lablue.com/providers > Resources.

Signature Blue Member ID Card
Prefix: QB8, QB6, QB6G and QB5

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

Tiered benefits apply to members of Signature Blue. More details about this coverage can be found in iLinkBlue (www.lablue.com/ilinkblue).

Submitting Claims

Electronically

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Handcarried:
HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70808-9029

Service areas for the Signature Blue Network

New Orleans Area

- Jefferson
- Orleans
- St. Bernard

Hammond/Northshore Area

- Tangipahoa
- St. Tammany

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

Providers—who are required to have admitting privileges—must have admitting privileges to LICM. Health to be a part of the Signature Blue Network. The following list includes some but not all of the participating facilities in Signature Blue:

- Children's Hospital
- East Jefferson General Hospital
- Lakeview Regional Medical Center
- New Orleans East Hospital
- North Oaks Medical Center
- Toussaint Infirmary
- Tulane Lakeview Hospital
- Tulane Medical Center
- University Medical Center
- West Jefferson Medical Center

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 cesarean section delivery. Member receives the highest level of benefit when cesarean care performed at a Signature Blue facility.

Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

HMO Louisiana, Inc. is a member of the Core and BlueCross of Louisiana Independent Members of the Blue Cross Blue Shield Association. Signature Blue Network is a registered service mark of the Signature Blue Network. © 2024 HMO Louisiana, Inc. Last updated on December 1, 2024.

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

www.lablue.com/providers

State Mandates

Louisiana Act 621 – Urinary or Sexual Dysfunction Resulting from a Cancer Diagnosis

This Act provides that any health benefit plan that provides medical and surgical benefits for cancer treatments shall provide coverage for the medical and surgical treatments for urinary and sexual dysfunction resulting from the treatment of cancer. Urinary dysfunction services are an existing covered benefit.

The law specifically lists that the following sexual dysfunction services must be covered:

- Penile injections
- External pumps
- Surgical implants

Effective

Existing Policies: January 1, 2025, and as policies renew

New Sales: January 1, 2025

Member Benefit Plans Included

Fully Insured: NGF and GF group and individual policies

Self-funded: NGF and GF group NON-ERISA policies. Optional for NGF and GF ERISA policies.



Authorizations

Preferred Care PPO Services that Require an Authorization in 2025:

No changes to authorization requirements for 2025

- 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 (no benefit without written authorization)
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without prior authorization)
- Genetic or 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.lablue.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers**
- Resting Transthoracic Echocardiography*
- Sleep Apnea Diagnostics and Titration* (home sleep test [HST], Polysomnograms [PSG], multiple sleep latency testing [MSLT], maintenance of wakefulness testing [MWT], positive airway pressure titration studies)
- Sleep Apnea Treatment* (automatic positive airway pressure [APAP] therapy, continuous positive airway pressure [CPAP] therapy, bilevel, or variable, positive airway pressure [BPAP] therapy. Includes all supplies related to these devices, oral appliance therapy and hypoglossal nerve stimulation therapy.)
- 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 (no benefit without written authorization)
- 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.lablue.com/providers, then click on "Resources."

To Request Prior Authorization

Louisiana Blue 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.lablue.com/ilinkblue), located under the "Authorizations" menu option.

* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal 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 2025:

No changes to authorization requirements for 2025

- 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 (no benefit without written authorization)
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without written authorization)
- 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: not required when performed in an office, 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 an 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.lablue.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers**
- Resting Transthoracic Echocardiography*
- Sleep Apnea Diagnostics and Titration* (home sleep test [HST], polysomnograms [PSG], multiple sleep latency testing [MSLT], maintenance of wakefulness testing [MWT], positive airway pressure titration studies)*
- Sleep Apnea Treatment* (automatic positive airway pressure [APAP] therapy, continuous positive airway pressure [CPAP] therapy, bilevel, or variable, positive airway pressure [BPAP] therapy. Includes all supplies related to these devices, oral appliance therapy and hypoglossal nerve stimulation therapy.)
- 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 (no benefit without written authorization)
- 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.lablue.com/providers, then click on “Resources.”

To Request Prior Authorization

Louisiana Blue 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.lablue.com/ilinkblue), located under the “Authorizations” menu option.

* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal 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 2025:

No changes to authorization requirements for 2025

- 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*
- 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)
- Intensive Outpatient Programs**
- Interventional Spine Pain Management*
- Joint Replacement (hip, knee & shoulder)*

OGB Member Benefit Plans Included

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

- 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.lablue.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

Louisiana Blue 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.lablue.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 MBM Provider Portal 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 2025:

No changes to authorization requirements for 2025

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)
- Clinical Trials for Certain Stem Cell Transplants
- Gender Affirming Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Hearing Aids
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)
- 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 Facility-based Sleep Studies
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Proton Beam Therapy
- Reproductive Services
- Residential Treatment Center*
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- 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 or 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
- Clinical Trials for Certain Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gender Affirming Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)
- MRI
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident) /
- Organ/Tissue Transplants (including autologous pancreas islet cell, heart, artificial heart implant, heartlung, intestinal, liver, lung, pancreas, simultaneous liverkidney, simultaneous pancreas kidney; 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)
- Reproductive Services
- Residential Treatment Center Care
- Rhinoplasty
- Septoplasty
- Specialty Durable Medical Equipment
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- 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.