



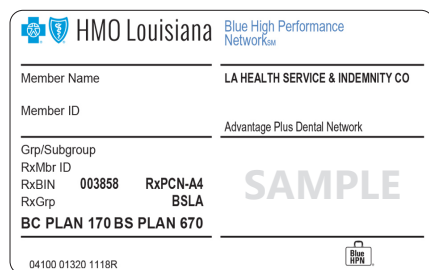
## BlueHPN Network Speed Guide

This guide includes key information about the Blue High Performance Network<sub>SM</sub> (BlueHPN<sub>SM</sub>), 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 health care network nationwide.

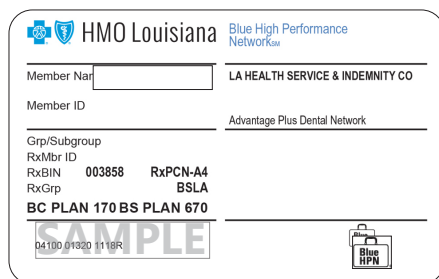
### Members & ID Cards

BlueHPN providers in Louisiana will have access to BlueHPN members with:

- benefits issued by HMO Louisiana, Inc.



- benefits issued by a Blue Plan other than Blue Cross and Blue Shield of Louisiana.



BlueHPN members are identifiable by the BlueHPN in a suitcase logo in the bottom right hand corner of the card.



The BlueHPN suitcase logo indicates the member is enrolled in a BlueHPN product.

### No Out-of-network Benefits

It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.

### Submitting Claims

For all BlueHPN member claims for services rendered in Louisiana, claims may be submitted either electronically, or hardcopy, through either of the below avenues.

#### Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

#### Hardcopy:

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

### Status of Claims

Use iLinkBlue, our secure, online self-service provider tool, to research claim status or member eligibility and benefits and more.

**ilinkBlue**  
[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

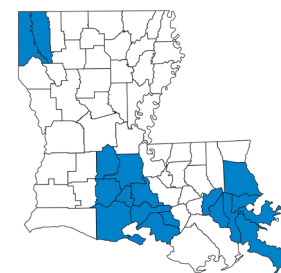
### Nationwide Network Access

Find a full list of BlueHPN providers online at [www.bcbsla.com/blue-hpn](http://www.bcbsla.com/blue-hpn). Then select the BlueHPN Network.

Our BlueHPN members have access to other providers participating in the BlueHPN network across the nation.

BlueHPN members must access BlueHPN providers to receive benefits. If you are a BlueHPN provider, you will be reimbursed for services provided to BlueHPN members according to the BlueHPN contract with BCBSLA.

### BlueHPN Service Areas in Louisiana (by parish)



- Acadia
- Bossier
- Caddo
- Evangeline
- Iberia
- Jefferson
- Lafayette
- Orleans
- Plaquemines
- St. Bernard
- St. Charles
- St. John the Baptist
- St. Landry
- St. Martin
- St. Mary
- St. Tammany
- Vermilion

## Requesting an Authorization

1. For BlueHPN members with benefits issued by another Blue Plan, please reach out to that plan for authorization requirements.
  2. For BlueHPN members with benefits issued by HMO Louisiana, the following services may require prior authorization. **This list may vary per self-funded group.** Always verify member benefits before administering services.
- 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](http://www.bcbsla.com/providers)
  - Private Duty Nursing
  - Prosthetic Appliances
  - Pulmonary Rehabilitation
  - 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

## 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 BCBSLA Authorizations application. This application is available on iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), located under the "Authorizations" menu option.

\* High-tech imaging & utilization management program services are authorized through the Carelon **ProviderPortal<sup>SM</sup>** by clicking the "Carelon Authorizations" link. These services are customized and optional for each group. Some may have the authorization requirement and some may not.

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

## Maternity Admissions

For self-funded groups that offer maternity coverage, 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. Members only receive benefits when services are performed at a BlueHPN facility.

Find a full list of provider support contacts online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers)  
> Provider Networks  
> Provider Support.