

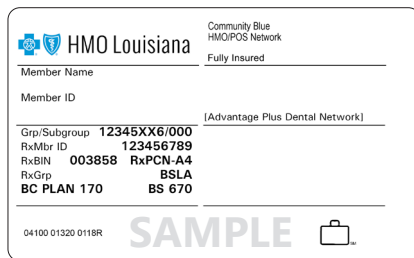


This guide will help you quickly locate key information about the Community Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Community Blue providers are contracted for limited services only. Please refer Community Blue members to providers within 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.BCBSLA.com/providers >Resources.

Community Blue Member ID Card

Prefix: XUD, XUJ or XUT



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

Tiered benefits apply to members of Community Blue. More details about this coverage can be found in iLinkBlue (www.BCBSLA.com/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 Community Blue Network



Baton Rouge Area

- Ascension
- East Baton Rouge
- Livingston
- West Baton Rouge

Admitting Privileges

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

Providers—who are required to have admitting privileges—must have admitting privileges to **Baton Rouge General** to be a part of the Community Blue Network.

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 Community 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.

Services That Require Prior Authorization

The following services may require HMO Louisiana approval. This list may vary for self-funded groups.

- 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

Find a full list of provider support contacts online at:
www.BCBSLA.com > Provider Networks > Provider Support

Please refer to the **HMO Louisiana, Inc. Network Speed Guide** for more information on the following topics:

- Behavioral Health Claims & Authorizations
- Provider Responsibilities
- PCP Office Responsibilities
- Physician Services

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. You may also call the authorization number(s) on the member ID card. Requests for initial (new) and continuation of services from acute facilities and home health agencies must be submitted electronically. Other providers will be included in this mandate on April 1, 2021.

* High-tech imaging & utilization management program services are authorized through the AIM **ProviderPortal_{SM}** by clicking the “AIM Specialty Health Authorizations” link.

** Behavioral health services are authorized through the New Directions WebPass Portal by clicking the “Behavioral Health Authorizations” link.

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

ilinkBlue
www.BCBSLA.com/ilinkblue