



HMO Louisiana, Inc. Provider Manual



HMO Louisiana, Inc. Provider Manual

This manual outlines information as it specifically pertains to our HMO Louisiana, Inc. networks and is designed to be a supplement to your Blue Cross and Blue Shield of Louisiana *Professional Provider Office Manual*.

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana.

To use this manual, first familiarize yourself with the Quick Reference Guide, Definitions section and Summary of Changes page.

Periodically, we send newsletters and informational notices to providers. Please keep such information and a copy of your respective provider agreement(s) along with this manual for your reference. Updated office manuals and provider newsletters may be found on the Provider Page of our website (www.BCBSLA.com/providers > Resources).

If you have questions about the information in this manual or your participation as a network provider, please email network.development@bcbsla.com.

HMO Louisiana, Inc.



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ICD-10 2019 © 2019 Ingenix, Inc.
HCPCS 2019© 2019 Practice Management Information Corporation
AIM is an independent company that serves as the imaging authorization
manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

Note: This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail HMO Louisiana policies. We retain the right to add to, delete from and otherwise modify the *HMO Louisiana, Inc. Provider Manual* as needed. This manual is designed to be a supplement to your *Professional Provider Office Manual*. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

Quick Reference Guide

This reference guide contains the contact information for the services listed within this manual. Please refer to this guide as needed when reading this manual.

Appeals and Disputes	<p>Please mail appeals and disputes to the appropriate address:</p> <p>Standard Administrative Appeal</p> <p><u>Medical Benefits:</u></p> <p>BCBSLA Appeals and Grievance P.O. Box 98045 Baton Rouge, LA 70898-9045</p> <p><u>Pediatric Dental Care Benefits:</u> (applicable to non-grandfathered individual and small group only)</p> <p>BCBSLA Dental Customer Service P.O. Box 69420 Harrisburg, PA 17106-9420</p> <p><u>Pediatric Vision Care Benefits:</u> (applicable to non-grandfathered individual and small group only)</p> <p>BCBSLA c/o Davis Vision P.O. Box 791 Latham, NY 12110</p> <p>Standard Medical Appeal (if it is an expedited medical appeal, please put Attn: Expedited Medical Appeal)</p> <table data-bbox="584 1449 1429 1617"><tr><td>BCBSLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837</td><td>HMOLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837</td></tr></table> <p>Provider Dispute</p> <p>BCBSLA Appeals and Grievance P.O. Box 98021 Baton Rouge, LA 70898-9021</p>	BCBSLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837	HMOLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837
BCBSLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837	HMOLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: (225) 298-1837		

Authorizations

To request prior authorization for services, please use our authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue).

Inpatient/Outpatient Services

Use the BCBSLA Authorizations tool for services that require an authorization.

Behavioral Health

Use the Behavioral Health Authorizations tool for inpatient and outpatient behavioral health services that require an authorization. This is New Directions' Webpass Portal.

High-tech Imaging

Use the AIM Specialty Health Authorizations tool for outpatient high-tech imaging services that require an authorization. This is the AIM **ProviderPortal_{SM}**.

Utilization Management Programs

Use the AIM Specialty Health Authorizations tool for our Cardiology, Musculoskeletal (MSK) and Radiation Oncology programs. This is the AIM **ProviderPortal_{SM}**.

You may also request an authorization by calling the authorization number on the member ID card.

For inpatient/outpatient services:

BCBSLA: 1-800-523-6435 / **fax:** 1-800-586-2299

For behavioral health services:

New Directions: 1-800-991-5638

For high-tech imaging & our Utilization Management programs:

AIM Specialty Health: 1-866-455-8416

Drug

To request a prior drug authorization, providers can call:

- For medical authorizations - Blue Cross at 1-800-523-6435
- For retail authorizations - Express Scripts, Inc. at 1-800-842-2015

Claims	<p>Electronic: Please submit electronic claims through Blue Cross-approved clearinghouse locations. For more information about filing claims through Blue Cross approved clearinghouse locations, visit the Clearinghouse section of our Provider Page (www.BCBSLA.com/providers >Electronic Services >Clearinghouse Services).</p> <p>CMS-1500 claims also may be submitted through iLinkBlue (www.BCBSLA.com/ilinkblue).</p> <p>Hardcopy: BCBSLA Claims Department P.O. Box 98029 Baton Rouge, LA 70898-9029</p>
Customer Care Center	<p>Providers are required to use our self-service tools for member eligibility, claim status inquiries, professional allowable searches and medical policy searches. Our self-service options are:</p> <ul style="list-style-type: none"> • iLinkBlue (www.BCBSLA.com/ilinkblue) • Interactive Voice Recognition (IVR) - (1-800-922-8866) • HIPAA 27x Transactions <p>For all other inquiries, please have your NPI, the member ID number, patient date of birth and the date of service when calling.</p> <p>phone: 1-800-922-8866</p>
EDI Services	<p>Claims may be submitted electronically to Blue Cross directly from your office or through a Blue Cross-approved clearinghouse.</p> <p>For more information about filing claims electronically and/or approved clearinghouse locations, please contact our EDI Services:</p> <p>email: EDIServices@bcbsla.com phone: 1-800-216-BLUE (1-800-216-2583)</p>
Electronic Funds Transfer	<p>All providers must be part of our electronic funds transfer (EFT) program. With EFT, Blue Cross deposits your payment directly into your checking or savings account.</p> <p>For more information on EFT, visit the EFT section of the Provider page at www.BCBSLA.com/providers >Electronic Services >Electronic Funds or contact us:</p> <p>email: network.administration@bcbsla.com phone: 1-800-716-2299, option 3 (data management)</p>

<p>iLinkBlue</p>	<p>iLinkBlue is a free online provider tool that includes services such as:</p> <ul style="list-style-type: none"> • Eligibility verification • Benefits (copayments, deductible and coinsurance) • Claims status (paid, rejected and pending) • Allowable charges • Action requests • Payment registers • Medical policies • Authorization requests • and more! <p>iLinkBlue: www.BCBSLA.com/ilinkblue</p> <p>For questions regarding iLinkBlue please contact EDI Services:</p> <p>email: EDIServices@bcbsla.com phone: 1-800-216-BLUE (1-800-216-2583)</p>
<p>Medical Policy Inquiry</p>	<p>Medical policy coverage eligibility guidelines or investigational status determination of treatments, procedures, devices, drugs or biological products will be considered upon written request by a member provider.</p> <p>Hardcopy: BCBSLA - Medical Director of Medical Policy P.O. Box 98031 Baton Rouge, LA 70809-9031</p>
<p>Network Administration</p>	<p>Network Administration handles credentialing or recredentialing as well as demographic changes.</p> <p>phone: 1-800-716-2299, option 2 (credentialing) 1-800-716-2299, option 3 (provider file) fax: (225) 297-2750</p> <p>Blue Cross and Blue Shield of Louisiana ATTN: Network Administration P.O. Box 98029 Baton Rouge, LA 70898-9029</p> <p>To change your address, phone number, tax ID number, etc., please use the Provider Update Form, located on our Provider Page (www.BCBSLA.com/providers >Resources >Forms).</p>

<p>Provider Credentialing and Data Management</p>	<p>Network Administration handles credentialing or recredentialing as well as demographic changes.</p> <p>phone: 1-800-716-2299, option 2 (provider credentialing) 1-800-716-2299, option 3 (data management)</p> <p>fax: (225) 297-2750</p> <p>Blue Cross and Blue Shield of Louisiana ATTN: Network Administration P.O. Box 98029 Baton Rouge, LA 70898-9029</p> <p>To change your address, phone number, tax ID number, etc., please use the Provider Update Form, located on our Provider Page (www.BCBSLA.com/providers >Resources >Forms).</p>
<p>Network Development</p>	<p>Network Development supports inquiries related to your provider agreement(s).</p> <p>email: network.development@bcbsla.com</p> <p>phone: 1-800-716-2299, option 1</p>
<p>Overpayments</p>	<p>If you believe an overpayment has occurred on a claim, please complete and submit an Overpayment Notification Form. Blue Cross will then review the claim to ensure that an overpayment did occur.</p> <p>The Overpayment Notification Form is located on our Provider Page (www.BCBSLA.com/providers >Resources >Forms).</p>
<p>Provider Identity Management Team (PIM)</p>	<p>PIM is a dedicated team that helps establish and manage system access to our secure electronic services, including the setup process for administrative representatives.</p> <p>email: PIMTeam@bcbsla.com</p> <p>phone: 1-800-716-2299, option 5</p>

<p>Provider Page</p>	<p>Our Provider Page is designed to serve provider needs. Use this page to help locate important information such as:</p> <ul style="list-style-type: none"> • Authorizations • Credentialing • Resources • Newsletters • OGB • Pharmacy Management • Provider Tools • Quality Blue <p>website: www.BCBSLA.com/providers</p>
<p>Provider Relations</p>	<p>Provider Relations representatives assist providers and office staff with information about Blue Cross and its programs and procedures. Provider Relations representatives do not handle routine claim inquiries and benefit questions.</p> <p>email: provider.relations@bcbsla.com phone: 1-800-716-2299, option 4</p>

Table of Contents

Section 1: HMO Louisiana Program Overview	1-1
HMO Louisiana Offers Two Managed Care Benefit Plans	1-1
HMO Louisiana Service Area	1-2
Identifying HMO Louisiana Members	1-3
Direct Access	1-6
Section 2: Submitting Claims for HMO Louisiana Members	2-1
Electronic Submission of Claims	2-1
Timely Filing Limit for Claim Submissions	2-1
Timely Filing Limit for OGB Claim Submissions	2-1
HMO Services that Require Authorization Prior to Rendering Services	2-2
OGB Plan Services Requiring Authorization	2-3
Ambulance Authorization Requirements	2-4
Authorization Penalties for Providers	2-5
Preferred Reference Lab Program	2-6
Appendix I: Online Resources	I-1
Summary of Changes	24

Section 1: HMO LOUISIANA NETWORK OVERVIEW

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. Since 1996, HMO Louisiana has worked to develop business relationships with doctors, hospitals and other healthcare providers throughout Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefits. The HMO Louisiana network is offered statewide.

HMO Louisiana Select Network is a subset of HMO Louisiana providers who have signed a separate agreement with plan to provide services to members with HMO Louisiana select network contracts/certificates.

The HMO Louisiana Select Network Provider is any physician or group of physicians, or any facility, including but not limited to, a hospital, clinical laboratory, free-standing ambulatory surgery facility, skilled nursing facility, hospice, home health agency, or any other health care practitioner or provider of medical services who has entered into a HMO Louisiana Select Network contractual agreement with HMO Louisiana to provide covered services to members.

HMO Louisiana members pay a lower copayment when they receive services from primary care physicians (PCPs) and receive the highest level of benefits when they receive care from in-network providers.

HMO LOUISIANA OFFERS TWO MANAGED CARE BENEFIT PLANS

Health Maintenance Organization (HMO)

This benefit design is similar to the POS benefit design in that members with either a POS or HMO benefit plan access the same network of providers and have the same type of benefits, except there is no out-of-network option with the HMO benefit.

- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
- Member has no benefits for out-of-network providers (without Plan approval)

HMO Louisiana members enrolled in an HMO product have no benefits for services provided by nonparticipating providers without obtaining prior approval. When we both (1) issue an authorization that the services are medically necessary, and (2) approve a member to receive the medically necessary covered services from a nonparticipating provider, benefits will be at the highest level possible to limit the member's out-of-pocket expenses.

HMO (HMO and HMO POS) members do not have to obtain prior authorization to receive emergency medical services. A member should seek emergency care at the nearest facility.

Point of Service (POS)

Allows members to choose each time they need care—at the point of service—whether to use a network provider or go out-of-network and receive reduced benefits. Members with a POS benefit plan receive the highest level of benefits when using network providers with the proper authorization (when services require plan approval) and a lower level of benefits when receiving care that is not authorized or from providers who are not in the HMO Louisiana network.

- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)

Members usually pay significant costs when using non-participating providers. This is because the amounts that providers charge for covered services are usually higher than the fees that are accepted by participating and HMO Louisiana providers. In addition, participating and HMO Louisiana providers waive the difference between the actual billed charge for covered services and the allowable charge, while non-participating providers do not. The member will pay the amounts shown in the “non-network” column on their schedule of benefits, and the provider may balance bill the member for all amounts not paid by Blue Cross and Blue Shield of Louisiana or HMO Louisiana.

There is a \$1,000 penalty toward the allowable charge to HMO Louisiana's POS inpatient network facilities for failure to obtain an authorization for inpatient facility confinements. No 30 percent penalty or \$1,000 penalty will be applied to the professional services for the inpatient stay. There is no penalty for professional services rendered during the inpatient stay. For new group HMO Louisiana's POS plans with deductibles, there is no copay. Therefore, the \$1,000 penalty will be applied to Blue Cross' payment based on the deductible/co-insurance benefit.

Please Note: The member's benefit plan is an agreement between the member and Blue Cross or HMO Louisiana only. Providers cannot waive the member's cost sharing obligations, such as deductibles, coinsurance (including out-of-network differentials), penalties or the balance of the bill. A claim that is filed that includes any amounts the provider waives may be a fraudulent claim because it includes amounts that the member is not being charged, and will be reduced by the total amount waived.

Non-participating Hospital Penalty

When a member receives covered services from a non-participating hospital, the benefits that we will pay under the member's benefit plan will be reduced by 30 percent. This penalty is the member's responsibility. The member may also be responsible for higher copayments, coinsurances and deductibles when receiving services from non-participating providers.

HMO LOUISIANA SERVICE AREA

The HMO Louisiana Network is offered statewide. We rely on the vast amount of healthcare data at our disposal to identify providers who are delivering the highest-quality, most cost-efficient care among their peers. These are the providers we are contracting with for our HMO Louisiana network.

IDENTIFYING HMO LOUISIANA MEMBERS

When HMO Louisiana members arrive at your office, be sure to ask them for their current HMO Louisiana ID card. The main identifier for HMO Louisiana members is the HMO Louisiana logo in the top left corner of the card. Cards also indicate the product type as either an HMO Plan or Point of Service (POS) Plan. HMO Louisiana members carry an ID card similar to the one shown here. HMO members are issued ID cards with the same member ID number for each covered member.

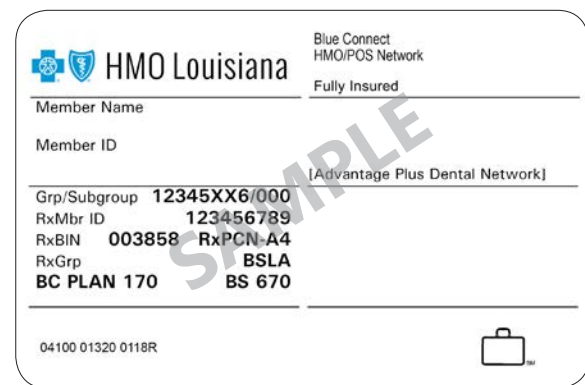
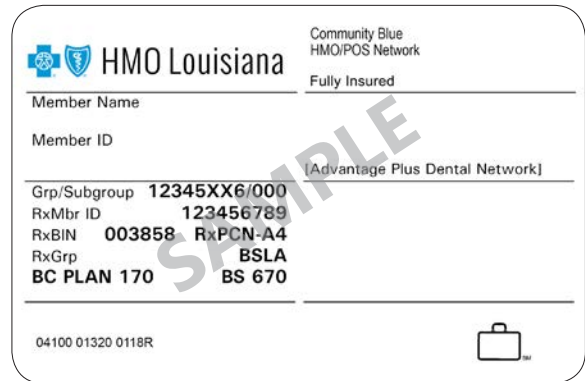
Blue Connect

Blue Connect is an HMO Point of Service product available to groups and individuals in:

- Baton Rouge Area: Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes
- Lafayette Area: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes
- New Orleans Area: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes
- Shreveport Area: Bossier and Caddo parishes

Members with Blue Connect may choose each time they need care—at the point of service—whether to use a network provider or go out-of-network. Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers not in the Blue Connect network. The Blue Connect logo on the member ID card identifies the member as participating in this network.

Please Note: While the Blue Connect product is offered only in the Lafayette, New Orleans and Shreveport areas, Blue Connect members may still access Blue Connect network providers located in other parishes.

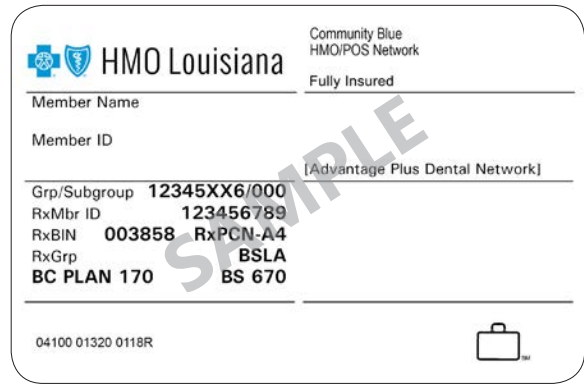


Community Blue

Community Blue is an HMO Point of Service product available to groups and individuals in the:

- Baton Rouge Area: Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes

Members may choose each time they need care—at the point of service—whether to use a network provider or go out-of-network. Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers not in the Community Blue network. The Community Blue logo on the member ID card identifies the member as participating in this network.

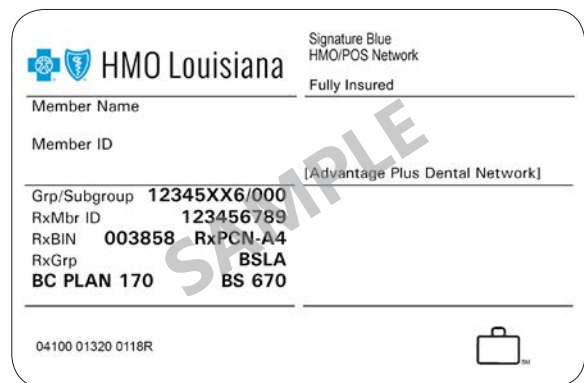


Signature Blue

Signature Blue is an HMO Point of Service product available to groups and individuals in the:

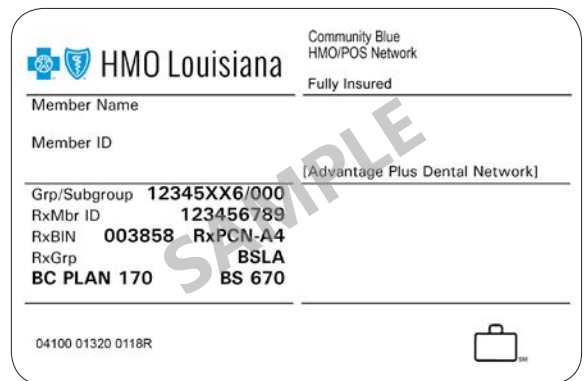
- New Orleans Area: Jefferson and Orleans parishes

Members may choose each time they need care—at the point of service—whether to use a network provider or go out-of-network. Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers not in the Signature Blue network. The Signature Blue logo on the member ID card identifies the member as participating in this network.



Bridge Blue

Customers can enroll for Blue Cross and HMO Louisiana individual medical policies through the healthcare marketplace (the exchange) or buy off-exchange policies during open enrollment only, for a January 1 effective date. Once open enrollment ends, these customers are unable to purchase individual policies until the next open enrollment period. HMO Louisiana, Inc. will offer individual short-term medical (STM) policies to qualifying customers. We accept applications anytime throughout the year. Members may carry up to 11 months of coverage, with underwriting approval. These policies may be renewed. Individuals can maintain healthcare coverage until the next open enrollment in the marketplace. Exclusions and limitations apply for these STM policies.



We offer three individual benefits products:

- Bridge Blue POS accesses the HMO Louisiana, Inc. Network
- Bridge Community Blue POS accesses the Community Blue Network
- Bridge Blue Connect POS accesses the Blue Connect network

Magnolia Local (active employees & retirees with and without Medicare)

This benefit plan uses our Blue Connect or Community Blue provider network. Magnolia Local is an HMO Point of Service product that allows members to choose each time they need care—at the point of service—whether to use a Primary Care Physician (PCP) or a specialist without a referral. This benefit plan is only available as follows:

Blue Connect network

- Lafayette Area - Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes
- New Orleans Area - Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes
- Shreveport Areas - Bossier and Caddo parishes

Community Blue network

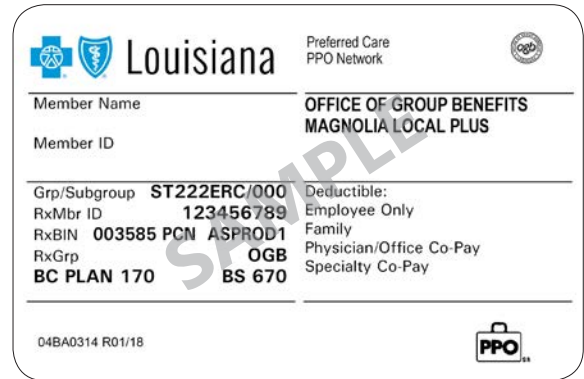
- Baton Rouge Area - Ascension, East Baton Rouge and West Baton Rouge parishes

Magnolia Local members in Blue Connect parishes do not have coverage if they choose to see Community Blue, providers just as Magnolia Local members in the Community Blue parishes do not have coverage if they choose to see Blue Connect providers. With this benefit plan, there is no coverage for services performed by non-network providers. Please refer your patients to providers within their network to ensure they receive the highest level of benefits available.



Magnolia Local Plus (active employees & retirees with and without Medicare)

This benefit plan has an HMO benefit design but through a PPO network. Members with this benefit plan are not limited to a local-area only network. Members who choose the Magnolia Local Plus benefit plan access to the OGB Preferred Care network, which is Blue Cross' statewide Preferred Care PPO network. With this benefit plan, there is no coverage for services performed by non-network providers.



DIRECT ACCESS

Direct access allows HMO Louisiana POS members to receive care through their network PCP or they may go directly to the network specialist of their choice without a referral.

As a part of the Direct Access Program, HMO Louisiana POS members are responsible for different copayments for physician services—PCPs, specialists, urgent care clinics and emergency room services. This means that members will pay a lower copayment when they receive services from PCPs.

The following provider specialties are considered primary care under HMO Louisiana's POS. Physicians who specialize in these areas of medicine and who are classified as PCPs by Blue Cross should collect the PCP copayment from members with Direct Access:

Family Practice	Geriatric Medicine	Pediatrics
General Practice	Internal Medicine	

Please Note: The following specialties also should collect the PCP copayment when they perform services for members with Direct Access:

Chiropractors	Physician Assistants
Nurse Practitioners	Retail Health Clinics
Optometrists	

The member ID card will list the copayment amount you should collect. Authorizations are still required for some services under the Direct Access Program. Please review the following lists of services that require authorization from the Plan. Authorization requirements may vary by group. For any questions about the Direct Access Program, please call the Customer Care Center.

Section 2: SUBMITTING CLAIMS FOR HMO LOUISIANA MEMBERS

Providers file claims for services related to inpatient, outpatient and professional services. To ensure prompt and accurate payment, it is important that you provide all patient information on the required claim form including appropriate HCPCS, CPT codes and ICD-10-CM diagnosis and procedure codes. Also, remember to include your HMO Louisiana assigned five-position or ten-position provider number. All completed claim forms should be forwarded to the address found in the Quick Reference Guide.

ELECTRONIC SUBMISSION OF CLAIMS

By filing your claims electronically, you will have less paperwork and your claims will be paid faster, often within seven to 14 days.

TIMELY FILING LIMIT FOR CLAIM SUBMISSIONS

All claims for HMO Louisiana, Blue Connect, Community Blue, Signature Blue and Blue Bridge members must be filed within 15 months, or length of time stated in the member agreement, of the date of service. Claims received after 15 months, or length of time stated in the member agreement, will be denied, and the member and HMO Louisiana should be held harmless for these amounts.

TIMELY FILING LIMIT FOR OGB CLAIM SUBMISSIONS

Claims for OGB members must be filed within 12 months of the date of service. Claims received after 12 months will be denied and the OGB member and Blue Cross should be held harmless. Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

HMO SERVICES THAT REQUIRE AUTHORIZATION PRIOR TO RENDERING SERVICES

The following services and/or procedures may require Blue Cross/HMO Louisiana approval. The lists below may vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue. See the following pages of this manual for more information on drug and high-tech imaging authorizations.

HMO Louisiana, Inc., Blue Connect, Community Blue, Signature Blue and Bridge Blue

- 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*
- Compound Drugs greater than \$250**
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)**
- Electric & Custom Wheelchairs
- Genetic Testing
- Hip Arthroscopy*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators and insulin pumps)**
- Infusion Therapy – includes home and facility administration (exception: physician 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
- 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*
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography*
- Transplant Evaluation & Transplants
- Treatment of Osteochondral Defects*
- Vacuum Assisted Wound Closure Therapy

*Requests for authorization for these services are handled directly by AIM Specialty Health (AIM).

**Dollar amounts are based on billed charges.

OGB PLAN SERVICES REQUIRING AUTHORIZATION

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, an authorization is required once the combined benefit limit of 50 visits of PT/OT have been achieved. Providers may request authorization by calling our Authorization line. Failure to obtain prior authorization for these services will result in the denial of payment for services.

Authorization requirements for the following services apply for all OGB benefit plans.

INPATIENT

- Hospital Admissions (except routine maternity stays*)
- Mental Health/Substance Use Disorder Admissions
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility

* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) 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.

**Request for prior authorization for these services are handled directly by AIM Specialty Health (AIM).



Failure to obtain prior authorization for these services for OGB members will result in denial of payment for services.

OUTPATIENT

- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- CT Scans**
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- MRI/MRA**
- Nuclear Cardiology**
- Oral Surgery (not required when performed in a physician's office)
- Organ Transplant Evaluation
- Orthotic Devices (greater than \$300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs
- PET Scans**
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Physical/Occupational Therapy (greater than 50 visits)
- Prosthetic Appliances (greater than \$300)
- Residential Treatment Centers
- Sleep Studies (except those performed as a home sleep study)
- Stereotactic Radiosurgery, including but not limited to gamma knife and cyberknifeprocedures
- Vacuum Assisted Wound Closure Therapy

AMBULANCE AUTHORIZATION REQUIREMENTS

HMO Louisiana, Blue Connect, Community Blue, Signature Blue, Blue Bridge and OGB's Magnolia Local

Emergency services (air or ground) - Prior authorization is not required but the provider is advised to submit the trip notes with the claim. Claims are reviewed for medical necessity.

Non-emergency services (air) - An authorization must be obtained prior to services being rendered. No payment will be made for non-emergency air services rendered without prior authorization and services are not billed to the member. If a member contacts you to request non-emergency air services, you must obtain an authorization from HMO Louisiana prior to rendering services.

Non-emergency services (ground) - An authorization is not required for non-emergency ground services. Please note our criteria for approval of non-emergency ambulance transport described below. If the non-emergency transport criteria listed below is not met, an authorization is recommended to determine medical necessity for the services prior to being provided. Failure to obtain an authorization of non-emergency ambulance services will result in our review for medical necessity prior to any payment determination.

Non-Emergency Transport (ground) - Member benefits may be available for ambulance services for local transportation of members for non-emergency conditions to obtain medically necessary diagnostic or therapeutic outpatient services (e.g., MRI, CT scan, dialysis, wound care, etc.) when the member is bed-confined and:

1. unable to get up from bed without assistance; and
2. unable to ambulate; and
3. unable to sit in a chair or wheelchair

If a member is admitted as an inpatient and requires medically necessary diagnostic services not otherwise available at the inpatient facility and requires ground ambulance transport to receive additional services, the inpatient hospital lacking the needed services is responsible for the costs of all ambulance services.

AUTHORIZATION PENALTIES FOR PROVIDERS

Outpatient Authorization Penalty

For Fully-insured BCBSLA PPO and HMO/POS Members:

A 30 percent penalty will be imposed for failing to obtain authorization prior to performing outpatient services that require authorization. This penalty will be applied to the network provider's benefit payment of the allowable charge. The network provider is responsible for the penalty amount. The member is responsible for any applicable copayment, deductible, coinsurance percentage and/or non-covered services. This does not apply to PPO providers of other Blue Plans.

For Fully-insured BCBSLA HMO/HMO Members and OGB Members:

Failure to obtain prior authorization of service(s) will result in a claim denial.

For Self-funded PPO and HMO Members:

Authorization requirements and penalties vary for self-funded members. Always verify authorization requirements and benefits on iLinkBlue, prior to rendering services.

Inpatient Authorization Penalty

For Fully-insured BCBSLA PPO and HMO/POS Members:

A \$1,000 penalty will be applied to inpatient hospital claims if the member's policy requires an authorization for inpatient stays, and the network provider fails to obtain the authorization prior to the stay. This penalty will be applied to inpatient stays of members covered by any Blue Plan or subsidiary, when the member's policy requires a pre-service authorization.



When a member is covered by a policy issued by another (non-Louisiana) Blue Plan or subsidiary, and the member's policy contains a different penalty for failure to authorize an inpatient stay, this \$1,000 penalty provision will be applied before the terms of the member's policy.



For Fully-insured BCBSLA HMO/HMO Members and OGB Members:

Failure to authorize service(s) will result in a claim denial. OGB does not authorize Blue Cross to reconsider these denials at the appeal level.

For Self-funded PPO and HMO Members:

For Blue Cross or HMO Louisiana, Inc. member policies that contain a different penalty for failure to authorize an inpatient stay, the terms of the member's policy will apply.

		Preferred Care PPO Network Fully Insured
Member Name		
Member ID		
		[Advantage Plus Dental Network]
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN	170	BS 670
04BA0314 R01/18		

		Preferred Care PPO Network
Member Name		Alpha Company
Member ID		
		[Advantage Plus Dental Network]
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN	170	BS 670
04BA0314 R01/18		

When a member is covered by a policy issued by another (non-Louisiana) Blue Plan or subsidiary, and the member's policy contains a different penalty for failure to authorize an inpatient stay, this \$1,000 penalty provision will be applied before the terms of the member's policy.

PREFERRED REFERENCE LAB PROGRAM

We use a preferred lab program with multiple statewide and regional lab vendors. Laboratory services provided to HMO Louisiana, Blue Connect, Community Blue, Signature Blue and Blue Bridge members **must** be submitted to a preferred reference laboratory in the member-patient's network.

For the most current list of statewide reference labs and full details on laboratory requirements for our HMO Louisiana products, please refer to the HMO Louisiana Reference Lab Guide. For Blue Connect, Community Blue and Signature Blue products, please refer to the corresponding network speed guide. All of these guides are available online at www.BCBSLA.com/providers, click on "Resources" then "Speed Guides."

In-office Labs

Physicians may perform a selection of lab tests in their CLIA-certified offices, which may be covered under the member's office copayment. Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by HMO Louisiana participating hospitals.

In-office Lab List

HMO Louisiana, Blue Connect, Community Blue and Signature Blue physicians may perform the following selection of lab tests (CPT codes shown) in their CLIA-certified offices, which may be covered under the member's office copayment.

80305	81003	82570	83036	85007	85651	87172	87490	87880	88341
80306	81015	82947	83037	85008	85652	87177	87491	88311	88342
80307	81025	82948	83518	85013	86308	87205	87502	88312	89190
80320	82044	82951	84030	85014	86403	87210	87510	88313	89220
80321	82247	82952	84112	85018	86485	87220	87590	88314	89230
80322	82270	82962	84132	85025	86490	87275	87591	88329	
81000	82272	83013	84337	85027	86510	87276	87660	88331	
81001	82274	83014	84702	85032	86580	87430	87804	88332	
81002	82565	83026	84830	85610	86756	87480	87807	88333	
81003	82947	83518	85014	86485	87275	87660	88342	88334	

Clinical Laboratory Improvement Amendments

If you perform laboratory testing procedures in your office, we require that a copy of your Clinical Laboratory Improvement Amendments (CLIA) certification be provided along with your Louisiana Standardized Credentialing Application when applying for credentialing or recredentialing with Blue Cross.

Out-of-state Labs

If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference laboratory must be a participating provider for the member's plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits. Please note that if a physician uses an out-of-state lab that is not a Preferred Lab of HMO Louisiana, the physician may experience compensation penalties as outlined in the Physician Provider agreement.

If you are collecting the specimen and sending the specimen to an out-of-state reference lab, you need to ensure that the out-of-state reference lab you are using is participating in the member's network, otherwise your patient will be subject to a much higher cost share for the service or receive no benefits at all. In addition, using a non-participating reference lab could subject you to a lower allowable charge if the services are available by a participating provider.

Handling Fee

To compensate physicians for their time and effort associated with handling lab tests sent to a preferred reference lab, physicians will be paid a handling fee per member/per visit for tests. To be paid the handling fee, you must bill CPT code 36415 or 99000.

Please Note: Physicians are not eligible to bill for the handling fee when they refer lab work to labs other than our preferred reference labs. Physicians will not be paid for the handling fee in addition to their fee-for-service reimbursement for lab tests performed in their offices.

Special Arrangements

Special arrangements for weekend or after-hour pickups may not be available at all preferred reference labs. Please contact the preferred reference labs directly to make special arrangements.

Provider Inquiries and Satisfaction

Providers can access member's benefits, eligibility and allowable charges using our self-service tools: iLinkBlue (www.BCBSLA.com/ilinkblue), Interactive Voice Recognition (IVR) 1-800-922-8866 and HIPAA transactions.

Please let us know if any quality issues arise so we can work with the appropriate lab to improve service and ensure that you and your patients receive the service you expect and deserve.

Appendix I - Online Resources

Blue Cross Provider Page
iLinkBlue







Page I-2
Page I-3

Provider Page

Blue Cross and Blue Shield of Louisiana's provider website serves your provider needs. Use this page to help locate important information.

Hello, Providers

www.BCBSLA.com/providers >Resources

 <p>Provider Networks</p> <p>Learn more about our network requirements and credentialing program.</p> <p>Read the Requirements</p>	 <p>Electronic Services</p> <p>Access electronic services including iLinkBlue, online authorizations and more.</p> <p>Find Your Account Details</p>	 <p>Newsletters</p> <p>Stay connected with what is going on at Blue Cross with our provider newsletters.</p> <p>Read the Latest News</p>
 <p>Resources</p> <p>Access manuals, speed guides, tidbits, presentations, tutorials and forms.</p> <p>Find Your Information</p>	 <p>Pharmacy</p> <p>Find information and requirements to help manage Blue patients' pharmacy benefits.</p> <p>Learn About Prescriptions</p>	 <p>Programs</p> <p>Learn more about the many programs that can benefit you and your patients.</p> <p>Learn About Our Programs</p>

You will find information on:

- Authorizations
 - Inpatient & Outpatient
 - Imaging
- Credentialing
- Resources
 - Manuals
 - Speed Guides
 - Tidbits
 - Forms for Providers
- Newsletters
- OGB
- Pharmacy Management
- Provider Tools
- Quality Blue
- And more!

www.BCBSLA.com/providers

iLinkBlue

iLinkBlue is our secure online tool for facility and professional healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

To gain access to iLinkBlue, you must complete the iLinkBlue agreement packet. The iLinkBlue provider agreement packet is available on our Provider Page.

iLinkBlue is your one-stop for:

- Benefits
- Eligibility
- Claims Research
- Payment Information
- Authorizations
- Electronic Funds Transfer
- BlueCard Medical Record Requests
- Medical Policies
- Manuals
- Allowable Charges
- Estimated Treatment Cost
- Grace Period Notices
- Medical Code Editing
- And so much more!

www.BCBSLA.com/ilinkblue

SUMMARY OF CHANGES

Below is a summary of changes to the *HMO Louisiana Provider Manual*. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

December 2018

Quick Reference Guide

- Authorizations - Made changes to the list of services that require a prior authorization for PPO, HMO and OGB plan members.
- Claims - Updated FEP contact
- EDI Customer Operations - Updated email address

Section 1: HMO Louisiana Network Overview

- Updated graphics for all member ID cards.
- Blue Connect - Added new coverage area.
- Magnolia Local - Added new coverage area.
- Bridge Blue - Added product enhancement language.

Section 2: Submitting Claims for HMO Louisiana Members

- HMO Louisiana, Inc. Services That Require Authorization Prior to Rendering Services - Updated procedure list.
- OGB Plan Services Requiring Authorization - Updated procedure list.
- Preferred Reference Lab Program - Updated section.



www.BCBSLA.com/providers

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