



# Louisiana



## Office of Group Benefits Speed Guide

Blue Cross and Blue Shield of Louisiana administers benefits for Office of Group Benefits' (OGB's) state of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HRA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefits plans.

Benefit Plan Name	Provider Network (Directory Name)	Style of Member Benefits	Member ID Card	Pharmacy	Behavioral Health (Directory Name)
Pelican HRA 1000	Preferred Care PPO (OGB Pelican HRA/HSA)	CDHP with HRA (consumer-driven health plan with health reimbursement arrangement)		MedImpact 1-800-788-2949	Preferred Care PPO (OGB Pelican HRA/HSA)
Pelican HSA 775	Preferred Care PPO (OGB Pelican HRA/HSA)	CDHP with HSA (consumer-driven health plan with health savings account)		Express Scripts, Inc. 1-866-781-7533	Preferred Care PPO (OGB Pelican HRA/HSA)
Magnolia Local:  Blue Connect 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 and Vermilion parishes  Community Blue Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes	Blue Connect (OGB MagLocal - BlueConn)  Community Blue (OGB MagLocal - CommBlue)	HMO	 	MedImpact 1-800-788-2949	Blue Connect (OGB MagLocal - BlueConn)  Community Blue (OGB MagLocal - CommBlue)
Magnolia Local Plus	Preferred Care PPO (OGB MagLocal Plus)	HMO benefit design on PPO network		MedImpact 1-800-788-2949	Preferred Care PPO (OGB MagLocal Plus)
Magnolia Open Access	Preferred Care PPO (OGB MagOpenAccess)	PPO		MedImpact 1-800-788-2949	Preferred Care PPO (OGB MagOpenAccess)

## Services that Require Plan 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, plan does not require prior authorization until Medicare is exhausted or once the combined benefit limit of 50 visits of PT/OT has been achieved. Providers may request authorization by calling 1-800-523-6435 or fax request to 1-800-586-2299. 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 effective January 1, 2019:

### Inpatient and Emergency

The following inpatient and emergency admissions require authorization prior to the services being rendered:

- 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

\* 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 caesarean section delivery. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

\*\* Requests for prior authorization for these services may be completed online through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) using AIM's **ProviderPortal**<sup>SM</sup>. For more information on Imaging Authorizations, visit [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Electronic Services >Authorizations.

### Authorization of Outpatient Services and Supplies

- 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\*\*
- 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](http://www.BCBSLA.com/providers) >Pharmacy
- 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 cyberknife procedures
- Vacuum Assisted Wound Closure Therapy

Go online for more on OGB  
[www.BCBSLA.com/OGB](http://www.BCBSLA.com/OGB)

**Failure to obtain prior authorization will result in the denial of payments for services.**

### Filing Claims

Submit via electronic claims in iLinkBlue (CMS-1500 only) or your clearinghouse.

Submit hardcopy claims (only when unable to submit electronically) to:

BCBSLA - OGB  
 P.O. Box 98029  
 Baton Rouge, LA 70898-9029

### Timely Filing

Blue Cross 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.

### Appeals

OGB member appeals are handled by Blue Cross and Blue Shield of Louisiana. Mail to BCBSLA - Appeals and Grievance Unit, P.O. Box 98045, Baton Rouge, LA 70898-9045.

### Subrogation

Please file claims related to a subrogation case directly to Blue Cross. We make claims payments as applicable and thereafter, Blue Cross pursues recovery of claims payments.

### Remittance Advices (PAYMENT REGISTERS)

For services provided to OGB members, you will receive separate provider payment registers (remittance advices), which means that you will also receive separate electronic funds transfer or checks for OGB claims. If you generally view your remittance advices using iLinkBlue, separate links for OGB payment registers will be available only when claims are processed for OGB employee members.

### In Health Programs

OGB members have access to several In Health (care management) programs including:

- Disease Management
- Case Management
- Maternity Management

Full details on these programs are available online at [www.BCBSLA.com/OGB](http://www.BCBSLA.com/OGB).

### More on Pelican HRA 1000

OGB offers a consumer-driven benefit plan (Pelican HRA 1000) that is paired with a health reimbursement arrangement (HRA). The Pelican HRA 1000 includes an employer contribution of \$1,000 for employee-only plans and \$2,000 for family plans. Pelican HRA 1000 members will:

- not be issued debit cards or checks
- not have direct access to their funds
- the member out-of-pocket portion of the claim will be paid directly by Blue Cross from the member's account

Providers should NOT collect out-of-pocket expenses from Pelican HRA 1000 members until each member's HRA funds are exhausted at which time the member will be responsible for the out-of-pocket portion of medical claims. The HRA funds are not eligible for use on:

- wellness claims (covered at 100 percent)
- pharmacy claims
- dental and vision claims

#### Example:

	HRA Funds Available		HRA Funds Exhausted	
Claim Billed Amount	\$120		\$120	
Blue Cross Allowed	\$100	out-of-pocket paid by Blue Cross / do NOT collect from member	\$100	out-of-pocket NOT paid by Blue Cross / collect from member
Member Deductible Applied	\$100		\$100	
Blue Cross Pays	\$100		\$0	

iLinkBlue reflects Pelican HRA 1000 differences so you have the information you need for this benefit plan as follows:

- Claims Status Paid/Rejected Results - the Claims Status Paid/Rejected screen will display a red asterisk (\*) in the Amount Paid column if there is an HRA disbursement on the claim. The \* will refer to a notation at the bottom of the grid with the following verbiage:  
*\*This amount includes a payment from the member's health reimbursement arrangement (HRA). Click on the claim to view details.*
- Claims Status Details Screen - the Claims Status Details screen will display a new field named "HRA Paid Amount." The Amount Paid field will be renamed to Total Amount Paid.
- Eligibility Health Care Benefits Summary Screen - there will be a new section titled Health Reimbursement Arrangement (HRA) on the Eligibility Health Care Benefits Summary screen. The HRA remaining balance will appear here along with a notation:  
*Health Reimbursement Arrangement (HRA) remaining balance. Blue Cross will pay HRA funds directly to provider. Do not collect from patient until HRA balance is exhausted.*

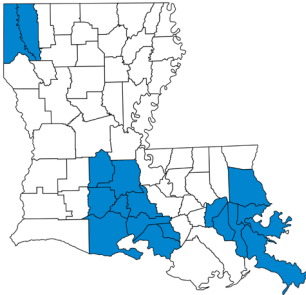
**There are no changes to claims processing or front-end editing for OGB claims.**

## More on Magnolia Local

Magnolia Local utilizes our Blue Connect or Community Blue provider network. Magnolia Local is an HMO 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:

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 and Vermilion parishes.



### Community Blue:

Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes.



Magnolia Local members in the 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.

## Lab Services

Blue Connect and Community Blue network physicians may ONLY perform select lab tests in their offices. Physicians who do not collect specimens in their office must send OGB Magnolia Local members to their network labs as follows:

Blue Connect Lab Services:

- **Quest Diagnostics** - [www.questdiagnostics.com](http://www.questdiagnostics.com)  
1-866-MYQUEST (1-866-697-8378)
- **Clinical Pathology Labs** - [www.cpllabs.com](http://www.cpllabs.com)  
1-800-633-4757

Community Blue Lab Services:

- **Quest Diagnostics** - [www.questdiagnostics.com](http://www.questdiagnostics.com)  
1-866-MYQUEST (1-866-697-8378)
- **LabCorp** - [www.labcorp.com](http://www.labcorp.com)  
1-800-621-8037
- **Clinical Pathology Labs** - [www.cpllabs.com](http://www.cpllabs.com)  
1-800-633-4757

## In-office Lab List

BlueConnect and Community Blue network physicians may ONLY perform the following selection of lab tests (CPT® codes shown) in their CLIA-certified offices:

80305	81025	82952	84437	85610	87177	87510	88329
80306	82044	82962	84702	85651	87205	87590	88331
80307	82247	83013	84830	85652	87210	87591	88332
80320	82270	83014	85007	86308	87220	87660	88333
80321	82272	83026	85008	86403	87275	87804	88334
80322	82274	83036	85013	86485	87276	87807	88341
81000	82565	83037	85014	86490	87430	87880	88342
81001	82570	83518	85018	86510	87480	88311	89190
81002	82947	84030	85025	86580	87490	88312	89220
81003	82948	84112	85027	86756	87491	88313	89230
81015	82951	84132	85032	87172	87502	88314	

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## Identifying OGB Member Coverage in iLinkBlue

There are two ways to identify the OGB plan type:

1. The contract type listed on the Medical Benefits Summary page on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))

2. The member ID number displays as the contract number on iLinkBlue and includes the following member prefixes

- Magnolia Local uses prefixes:
  - LZB** – Blue Connect
  - LXS** – Community Blue
- Magnolia Local Plus, Magnolia Open Access, Pelican HRA 1000 and Pelican HSA 775 all use prefix **OGS**.

Contract Number	<b>LZB</b> 123456789
ACTIVE COVERAGE	
Medical Effective Date	01/01/2017
Subscriber Name	JOHN Q. SUBSCRIBER
Member Name	JOHN Q. SUBSCRIBER
Member Date of Birth	01/01/1980
Relation to Subscriber	SELF
Sex	MALE
Contract Type	<b>BLUECONNECT POS</b>