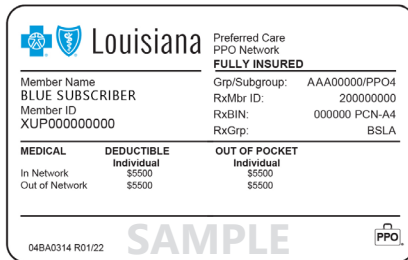




This guide will help you quickly locate key information about the Blue Cross and Blue Shield of Louisiana Preferred Care Preferred Provider Organization (PPO) program. Please refer Preferred Care PPO members to in-network providers so they receive the highest level of benefits. **Benefit plans in this 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.

Preferred Care PPO Member ID Card



Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and the Preferred Care PPO Network name printed on the member ID cards.

Maternity Admissions

Maternity admissions to facilities 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 for Preferred Care PPO members with maternity benefits.

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Provider Responsibilities

1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (see back of this speed guide).
3. Accept the Blue Cross allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer Preferred Care PPO members to in-network providers, use our online provider directory at www.bcbsla.com >Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "Preferred Care PPO" option.
5. File claims for all Preferred Care patients.

Office Copayment Option

Office Copayment Option-members with office copayment benefits may be subject to an office copayment for the following services when rendered in a provider's office or clinic:

- Office visit charges & consultations
- X-rays
- Laboratory tests & machine tests
- Radiation treatments
- Surgical procedures
- Injections, allergy serums, vials of allergy medications

The office copayment does not cover allergy testing, physical therapy, prescription drugs, well-baby care, routine physical exams, high-tech imaging or medical/surgical supplies.

Only one copayment should be collected per office visit.

BlueCard® Program PPO

The BlueCard Program enables BCBS PPO members nationwide to obtain PPO benefits when they receive out-of-area services from PPO network providers. Our Preferred Care PPO network has been designated as the BlueCard PPO network that out-of-state members should access to receive the highest level of benefits from their health plans.

Providers may verify out-of-state member coverage by calling the BlueCard Eligibility Line at 1-800-676-2583. An operator will ask you for the member's prefix on the member ID card and will connect you to the member's Blue Plan.

If you are unable to locate a prefix on the member ID card, check for a phone number on the ID card. If that is not available, then call our Customer Care Center at 1-800-922-8866.

Please refer to the Preferred Care **PPO Preferred Reference Lab Guide** for information about this network's lab program.

Services That Require Prior Authorization

The following services may require Blue Cross 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
- 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)
- 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.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

To Request Prior Authorization

Blue Cross does not accept authorization requests over phone or fax. 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), located under the "Authorizations" menu option. Exceptions for transplants or dental services covered under medical and most out-of-state services.

* High-tech imaging & utilization management program services are authorized through the Carelon **ProviderPortal**SM by clicking the "Carelon Authorizations" link.

** Behavioral health services are authorized through the Lucet 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."

Behavioral Health Claims & Authorizations

Claims should be submitted to Blue Cross and Blue Shield of Louisiana for processing. For behavioral health services requiring an authorization, Blue Cross has partnered with Lucet to manage the authorization process. Request authorization directly through iLinkBlue (www.bcbsla.com/ilinkblue), available under the "Authorizations" section, or call Lucet at 1-800-991-5638.

Additional information on authorizations, claims and member benefits can be found in the *Behavioral Health Speed Guide*, available at www.bcbsla.com/providers >Resources.

ilinkBlue

Use iLinkBlue, our secure, online self-service provider tool, to directly access:

- Eligibility & Benefits
- Allowable Charges
- Claims Research
- Authorizations
- Payment Information
- Medical Policies
- Manuals
- APTC Grace Period Information
- And more

For information on accessing iLinkBlue, go to www.bcbsla.com/providers >Electronic Services.

www.bcbsla.com/ilinkblue

Find a full list of provider support contacts online at www.bcbsla.com/providers >Provider Networks >Provider Support.