LOUISIANA BLUE

Select Network EPO HMO/POS Plan Speed Guide

This guide will help you quickly locate key information about Blue Cross and Blue Shield of Louisiana (Louisiana Blue)'s select network exclusive provider organization (EPO) HMO/Point of Service (POS) products: Blue Connect EPO HMO/POS, Community Blue EPO HMO/POS, Precision Blue EPO HMO/POS and Signature Blue EPO HMO/POS. These select network EPO designs are available exclusively to self-funded groups. Tiered benefits apply to members of a select network EPO. More details about this coverage can be found in iLinkBlue (www.lablue.com/ilinkblue).

Please refer EPO HMO 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.**

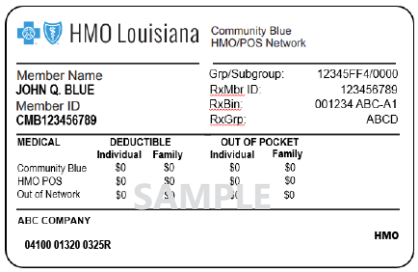
Please also refer to the *Professional Provider Office Manual*, which is available online at www.lablue.com/providers >Resources.

Tiered Benefits

In-network benefits will apply to Tier 1 and Tier 2 network providers. Members receive the highest level of benefits when using Tier 1 network providers and when required authorization of services is obtained. The provider must participate in the member-patient's specific select network to be considered a Tier 1 provider for that member.

For members of a select network EPO HMO POS product, the HMO POS network provider is Tier 2.

EPO HMO/POS Member ID Card


HMO Louisiana Community Blue HMO/POS Network

Member Name
JOHN Q. BLUE
Member ID
CMB123456789

Grp/Subgroup: 12345FF4/0000
RxMbr ID: 123456789
RxBin: 001234 ABC-A1
RxGrp: ABCD

MEDICAL	DEDUCTIBLE Individual	DEDUCTIBLE Family	OUT OF POCKET Individual	OUT OF POCKET Family
Community Blue	$0	$0	$0	$0
HMO POS	$0	$0	$0	$0
Out of Network	$0	$0	$0	$0

SAMPLE

ABC COMPANY

04100 01320 0325R

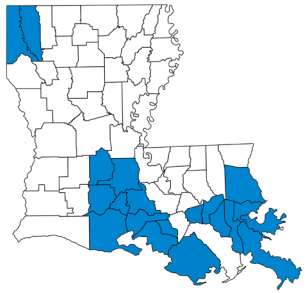
HMO

The member ID card identifies a self-funded group member as participating in a select network EPO under the medical deductible and out of pocket information.

Service areas for the EPO HMO/POS Networks

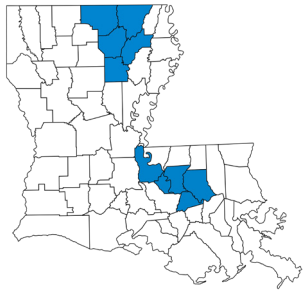
Blue Connect

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



- St. Mary
- St. Tammany
- Terrebonne
- Vermilion

Precision Blue



Baton Rouge Area

- Ascension
- East Baton Rouge
- Livingston
- Pointe Coupee
- West Baton Rouge

Greater Monroe/West Monroe Area

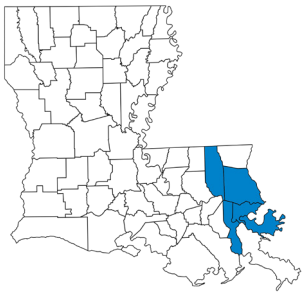
- Caldwell
- Morehouse
- Ouachita
- Richland
- Union

Community Blue

Baton Rouge Area

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

Signature Blue



New Orleans Area

- Jefferson
- Orleans
- St. Bernard

Hammond/Northsore Area

- Tangipahoa
- St. Tammany

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Last reviewed on Aug. 21, 2026

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

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

To Request Prior Authorization

Louisiana Blue 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 Louisiana Blue Authorizations Application. This application is available on iLinkBlue (www.lablue.com/ilinkblue), located under the "Authorizations" menu option. Full details are in our provider manuals, available at www.lablue.com/providers, then click on “Resources.”

* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the “Carelon Authorizations” link.

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 network facility.

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
- Cardiac Resynchronization Therapy*
- Cardiac Rhythm Monitors*
- Cellular Immunotherapy (no benefit without written authorization)
- Compound Drugs Greater than $250
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than $300)
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without written authorization)
- 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)
- Implantable Cardioverter Defibrillators*
- Inpatient Hospital Admissions (except those in connection with childbirth)
- 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 an office)
- Orthotic Devices greater than $300
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty*
- Peripheral Revascularization*
- Permanent Implantable Pacemakers*
- PET Scans*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.lablue.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers
- Resting Transthoracic Echocardiography*
- Sleep Apnea Diagnostics and Titration* (home sleep test [HST], polysomnograms [PSG], multiple sleep latency testing [MSLT], maintenance of wakefulness testing [MWT], positive airway pressure titration studies)
- Sleep Apnea Treatment* (automatic positive airway pressure [APAP] therapy, continuous positive airway pressure [CPAP] therapy, bilevel, or variable, positive airway pressure [BPAP] therapy. Includes all supplies related to these devices, oral appliance therapy and hypoglossal nerve stimulation therapy.)
- 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 (no benefit without written authorization)
- Treatment of Osteochondral Defects*
- Vacuum Assisted Wound Closure Therapy
- Wearable Cardioverter*

Admitting Privileges

Members receive a lower level of benefits when using a facility that is not their network.

Providers — who are required to have admitting privileges — must have admitting privileges to at least one of the following hospitals to be a part of our respective EPO HMO/POS networks:

Blue Connect

Greater Baton Rouge:

- Assumption Community Hospital
- Our Lady of the Lake Regional Medical Center
- Our Lady of the Lake Children's Hospital
- Our Lady of the Lake Ascension
- Our Lady of the Lake Livingston
- Pointe Coupee General Hospital
- Surgical Specialty Center of Baton Rouge
- The Spine Hospital of Baton Rouge
- Woman's Hospital

New Orleans Area:

- Ochsner Baptist
- Ochsner Medical Center
- Ochsner Medical Center Kenner
- Ochsner Medical Center Westbank
- Slidell Memorial Hospital
- Slidell Memorial Hospital East
- St. Bernard Parish Hospital
- St. Charles Parish Hospital
- St. Tammany Parish Hospital

Lafayette Area:

- Abbeville General Hospital
- Iberia Medical Center
- Ochsner Abrom Kaplan Memorial Hospital
- Ochsner Acadia General Hospital
- Ochsner Lafayette General Medical Center
- Ochsner St. Martin Hospital
- Ochsner St. Mary
- Ochsner University Hospital & Clinics
- Oil Center Surgical Plaza
- Opelousas General Health System
- Savoy Medical Center

Shreveport Area:

- Christus Health Shreveport - Bossier
- Ochsner LSU Health Shreveport
- Ochsner LSU Health Shreveport - St. Mary Medical Center

Greater Monroe/West Monroe:

- Monroe Surgical Hospital
- St. Francis Medical Center
- Richland Parish Hospital
- Union General Hospital

Community Blue

Providers must have admitting privileges to Baton Rouge General to be a part of the Community Blue Network.

Precision Blue

Greater Baton Rouge:

- Assumption Community Hospital
- Our Lady of the Lake Regional Medical Center
- Our Lady of the Lake Children's Hospital
- Our Lady of the Lake Ascension
- Our Lady of the Lake Livingston
- Pointe Coupee General Hospital
- Surgical Specialty Center of Baton Rouge
- The Spine Hospital of Baton Rouge
- Woman's Hospital

Greater Monroe/West Monroe:

- Monroe Surgical Hospital
- St. Francis Medical Center
- Richland Parish Hospital
- Union General Hospital

Signature Blue

Providers must have admitting privileges to LCMC Health to be a part of the Signature Blue Network. The following list includes some but not all of the participating facilities in Signature Blue:

- Children's Hospital
- East Jefferson General Hospital
- Lakeview Regional Medical Center
- New Orleans East Hospital
- North Oaks Medical Center
- Touro Infirmary
- Tulane Lakeside Hospital
- Tulane Medical Center
- University Medical Center
- West Jefferson Medical Center