LOUISIANA BLUE

Select Network EPO PPO Plans 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) products, Blue Connect EPO PPO and Precision Blue EPO PPO. 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 PPO 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.**

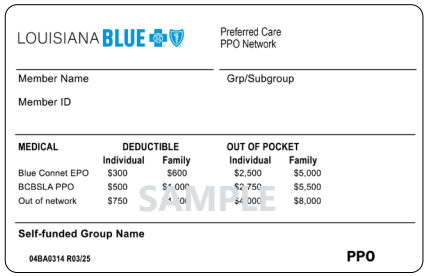
Please also refer to the *Professional Provider Office Manual*, which is available online at www.lablue.com/providers >Resources.

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 PPO product, the PPO network provider is Tier 2.

EPO PPO Member ID Card


LOUISIANA BLUE

Preferred Care PPO Network

Member Name

Grp/Subgroup

Member ID

MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
Blue Connet EPO	$300	$600	$2,500	$5,000
BCBSLA PPO	$500	$1,000	$2,750	$5,500
Out of network	$750	$1,500	$4,000	$8,000

SAMPLE

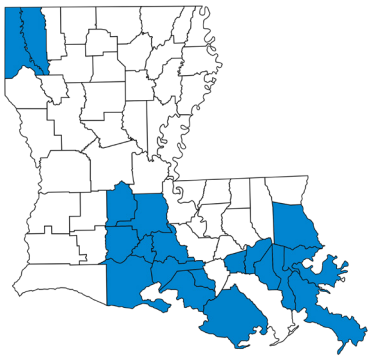
Self-funded Group Name

04BA0314 R03/25

PPO

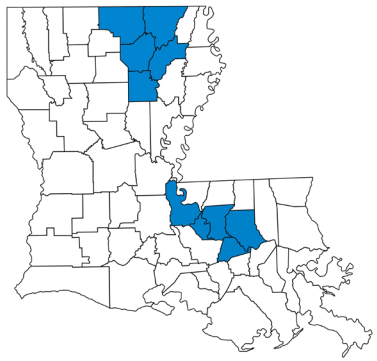
The member ID card identifies a self-funded group member as participating in a select network EPO under the medical deductible and out of pocket information.

Blue Connect Network Service Area



- 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 Network Service Area



Baton Rouge Area

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

Greater Monroe/ West Monroe Area

- Caldwell
- Morehouse
- Ouachita
- Richland
- Union

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

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

18NW4135 08/26

Last reviewed on Aug. 21, 2026

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*

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.

Admitting Privileges

Members receive a lower level of benefits when using a facility that is not in the Blue Connect or Precision Blue networks.

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 the Blue Connect or Precision Blue networks:

Blue Connect

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

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

Shreveport Area:

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

Community 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

ilinkBlue

Use iLinkBlue, our secure, online self-service provider tool. *For information on accessing iLinkBlue, go to www.lablue.com/providers >Electronic Services.*

www.lablue.com/ilinkblue