

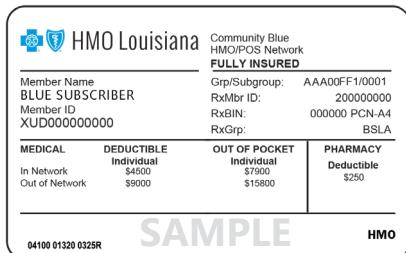


This guide will help you quickly locate key information about the Community Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Community Blue providers are contracted for limited services only. Please refer Community Blue members to providers within 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.

Community Blue Member ID Card

Prefix: XUD, XUJ or XUT



Community Blue members are identifiable by the HMO Louisiana, Inc. logo and Community Blue Network name printed on the member ID card. Fully insured Community Blue members must select a primary care provider.

Tiered benefits apply to members of Community Blue. More details about this coverage can be found in iLinkBlue (www.lablue.com/ilinkblue).

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

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

Service areas for the Community Blue Network



Baton Rouge Area

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

Admitting Privileges

Members receive a lower level of benefits when using a facility that is not in the Community Blue Network.

Providers — who are required to have admitting privileges — must have admitting privileges to **Baton Rouge General** to be a part of the Community Blue Network.

Maternity Admissions

Inpatient hospital admissions in connection with childbirth do not require authorization. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

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*

Please refer to the **HMO Louisiana, Inc. Network Speed Guide** for more information on the following topics:

- Behavioral Health Claims & Authorizations
- Provider Responsibilities
- PCP Office Responsibilities
- Physician Services

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.

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

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available at www.lablue.com/providers, then click on "Resources."