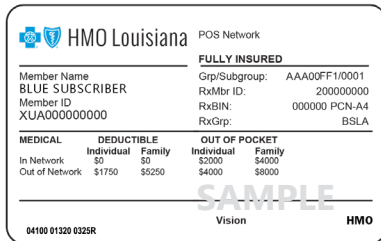




This guide will help you quickly locate key information about HMO Louisiana, Inc. This network is offered statewide. Please refer HMO Louisiana members to providers within the network so they receive the highest level of benefits. **NOTE: Benefit plans in this network vary. Please verify member benefits before rendering services.**

Additional information is available in the *Professional Provider Office Manual*, which is available online at www.lablue.com/providers > Resources.

HMO Louisiana Member ID Card



The main identifier for HMO Louisiana members is the HMO Louisiana logo in the top left corner of the member ID card. Cards also indicate the product type as either an HMO Plan or POS Plan. Fully-insured HMO Louisiana members must select a primary care provider.

Health Maintenance Organization (HMO) members are limited to the HMO Louisiana network for services and have no benefits for services provided by out-of-network providers without obtaining prior approval.

Point of Service (POS) allows members to choose each time they need care—at the point of service—whether to use a network provider or go out-of-network.

Submitting Claims

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

HMO 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 (listed on this guide).
3. Accept the HMO Louisiana allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer HMO Louisiana members to HMO Louisiana providers use our online provider directory at www.lablue.com > Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "HMO Louisiana HMO/POS" option.
5. File claims for all HMO Louisiana patients.

Physician Services

Different copayment amounts apply to primary care providers (PCPs), specialists, urgent care clinics and hospital stays.

The following HMO Louisiana network provider types should collect the PCP copayment:

- Physicians (*family or general practice, geriatric, internal medicine & pediatric*)
- Chiropractors
- Optometrists
- Retail Health Clinics
- Physician Assistants
- Nurse Practitioners

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program.

Office Copayments

Only one copayment should be collected per office visit. An office copayment may apply to the following services when rendered in a provider's office or clinic:

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

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

PCP Office Responsibilities

Provide 24-hour access to medical care for members via call coverage with another provider as well as answering service or pager access to the PCP. It is the PCP's responsibility to ensure that the covering provider accepts the HMO Louisiana allowable charge as payment in full for covered services.

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.

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*

Behavioral Health Claims & Authorizations

Claims should be submitted to Louisiana Blue for processing. Louisiana Blue manages behavioral health services for our members for authorizations, utilization management, case management and Applied Behavioral Analysis (ABA) case management. Requests for behavioral health authorization should be submitted through the Louisiana Blue Authorizations application, available on iLinkBlue, under the “Authorizations” menu option.

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

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.”

Find a full list of provider support contacts online at www.lablue.com >Network Enrollment >Provider Support.