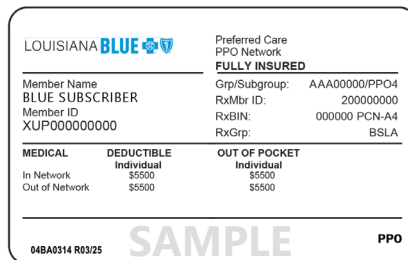


This guide will help you quickly locate key information about the Blue Cross and Blue Shield of Louisiana (Louisiana Blue) Preferred Care Preferred Provider Organization (PPO) program. Please refer Preferred Care PPO members to in-network providers so they receive the highest level of benefits. **Benefit 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.lablue.com/providers](http://www.lablue.com/providers) > Resources.

## Preferred Care PPO Member ID Card



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

## 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.

## Submitting Claims

### Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

### Hardcopy:

Louisiana Blue  
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 Louisiana Blue 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.lablue.com](http://www.lablue.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 Louisiana Blue 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
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without prior authorization)
- Genetic or 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\*
- 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](http://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 over phone or fax. 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](http://www.lablue.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 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](http://www.lablue.com/providers), then click on "Resources."

**Find a full list of provider support contacts online at**  
**[www.lablue.com/providers](http://www.lablue.com/providers) >Network Enrollment >Provider Support.**

## 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](http://www.lablue.com/providers) >Resources.