Please note: HMO Louisiana providers should follow the guidelines set forth in this manual. Differences and additional guidelines can be found in the Professional Provider Office Manual. View a copy online at www.bcbsla.com/providers >Education on Demand >Provider Office Manuals.

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.
This manual is designed to be a supplement to your Blue Cross and Blue Shield of Louisiana Professional Provider Office Manual.

**Please Note:** HMO Louisiana, Inc. providers should follow the guidelines set forth in this manual. Differences and additional guidelines can be found in the Professional Provider Office Manual. View a copy online at www.bcbsla.com/providers > Education on Demand.

To use your manual, first familiarize yourself with the Network Overview and Definitions sections. From that point on, the Table of Contents should direct you to the information you need.

Periodically, we send newsletters and informational notices to providers. Please keep this information and a copy of your respective provider agreement(s) along with your manual for your reference. Updated office manuals and provider newsletters may be found on the Provider page of our website at www.bcbsla.com/providers > Education on Demand.

If you have questions about the information in this manual or your participation as a network provider, please call Network Development at 1-800-716-2299, option 1.

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**Please note:**
This manual contains a general description of Benefits that are available subject to the terms of a Member’s contract and our corporate medical policies. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed. This manual is provided for informational purposes and is an extension of your Professional Provider Agreement. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

**As stated in your agreement:** This manual is intended to set forth in detail HMO Louisiana policies. We retain the right to add to, delete from and otherwise modify the HMO Louisiana, Inc. Provider Manual as needed. This manual is designed to be a supplement to your Professional Provider Office Manual. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

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ICD-10 2017 © 2017 Ingenix, Inc.  
HCPCS 2017© 2017 Practice Management Information Corporation
HMO LOUISIANA NETWORK OVERVIEW

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. Since 1996, HMO Louisiana has worked to develop business relationships with doctors, hospitals and other healthcare providers throughout Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefits. The HMO Louisiana network is offered statewide.

HMO Louisiana Select Network is a subset of HMO Louisiana providers who have signed a separate agreement with plan to provide services to members with HMO Louisiana select network contracts/certificates.

The HMO Louisiana Select Network Provider is any physician or group of physicians, or any facility, including but not limited to, a hospital, clinical laboratory, free-standing ambulatory surgery facility, skilled nursing facility, hospice, home health agency, or any other health care practitioner or provider of medical services who has entered into a HMO Louisiana Select Network contractual agreement with HMO Louisiana to provide covered services to members.

HMO Louisiana members pay a lower copayment when they receive services from primary care physicians (PCPs) and receive the highest level of benefits when they receive care from in-network providers.

HMO Louisiana offers two managed care benefit plans:

Health Maintenance Organization (HMO)
This benefit design is similar to the POS benefit design in that members with either a POS or HMO benefit plan access the same network of providers and have the same type of benefits, except there is no out-of-network option with the HMO benefit.
- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
- Member has no benefits for out-of-network providers (without Plan approval)

HMO Louisiana members enrolled in an HMO product have no benefits for services provided by nonparticipating providers without obtaining prior approval. When we both (1) issue an authorization that the services are Medically Necessary, and (2) approve a member to receive the medically necessary covered services from a nonparticipating provider, benefits will be at the highest level possible to limit the member’s out-of-pocket expenses.

HMO (HMO and HMO POS) members do not have to obtain prior authorization to receive emergency medical services. A member should seek emergency care at the nearest facility.

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 and receive reduced benefits. Members with a POS benefit plan receive the highest level of benefits when using network providers with the proper authorization (when services require plan approval) and a lower level of benefits when receiving care that is not authorized or from providers who are not in the HMO Louisiana network.
- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)

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- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
- Member has no benefits for out-of-network providers (without Plan approval)

HMO Louisiana members enrolled in an HMO product have no benefits for services provided by nonparticipating providers without obtaining prior approval. When we both (1) issue an authorization that the services are Medically Necessary, and (2) approve a member to receive the medically necessary covered services from a nonparticipating provider, benefits will be at the highest level possible to limit the member’s out-of-pocket expenses.

HMO (HMO and HMO POS) members do not have to obtain prior authorization to receive emergency medical services. A member should seek emergency care at the nearest facility.

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 and receive reduced benefits. Members with a POS benefit plan receive the highest level of benefits when using network providers with the proper authorization (when services require plan approval) and a lower level of benefits when receiving care that is not authorized or from providers who are not in the HMO Louisiana network.
- Uses HMO Louisiana providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
Members usually pay significant costs when using non-participating providers. This is because the amounts that providers charge for covered services are usually higher than the fees that are accepted by participating and HMO Louisiana providers. In addition, participating and HMO Louisiana providers waive the difference between the actual billed charge for covered services and the allowable charge, while non-participating providers do not. The member will pay the amounts shown in the “non-network” column on their schedule of benefits, and the provider may balance bill the member for all amounts not paid by Blue Cross and Blue Shield of Louisiana or HMO Louisiana.

There is a $1,000 penalty toward the allowable charge to HMO Louisiana’s POS inpatient network facilities for failure to obtain an authorization for inpatient facility confinements. No 30 percent penalty or $1,000 penalty will be applied to the professional services for the inpatient stay. There is no penalty for professional services rendered during the inpatient stay. For new group HMO Louisiana’s POS plans with deductibles, there is no copay. Therefore, the $1,000 penalty will be applied to Blue Cross’ payment based on the deductible/co-insurance benefit.

Please note the following:
The member’s benefit plan is an agreement between the member and Blue Cross or HMO Louisiana only. Providers cannot waive the member’s cost sharing obligations, such as deductibles, coinsurance (including out-of-network differentials), penalties or the balance of the bill. A claim that is filed that includes any amounts the provider waives may be a fraudulent claim because it includes amounts that the member is not being charged, and will be reduced by the total amount waived.

Non-participating Hospital Penalty
When a member receives covered services from a non-participating hospital, the benefits that we will pay under the member’s benefit plan will be reduced by 30 percent. This penalty is the member’s responsibility. The member may also be responsible for higher copayments, coinsurances and deductibles when receiving services from non-participating providers.

HMO Louisiana Service Area
In January 2016, our HMO Louisiana service expanded to be a statewide network. We rely on the vast amount of healthcare data at our disposal to identify providers who are delivering the highest-quality, most cost-efficient care among their peers. These are the providers we are contracting with to evolve our HMO Louisiana network.

Identifying HMO Louisiana Members
When HMO Louisiana members arrive at your office, be sure to ask them for their current HMO Louisiana ID card. The main identifier for HMO Louisiana members is the HMO Louisiana logo in the top left corner of the card. Cards also indicate the product type as either an HMO Plan or Point of Service (POS) Plan. HMO Louisiana members carry an ID card similar to the one shown here. HMO members are issued ID cards with the same member ID number for each covered member.
Blue Connect

Blue Connect is an HMO Point of Service product available to groups and individuals in (Lafayette Area) - Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion Parishes and (New Orleans Area) Jefferson, Orleans and St. Tammany Parishes. Members with Blue Connect may choose each time they need care—at the point of service—whether to use a network provider or go out-of-network. Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers who are not in the Blue Connect network. The Blue Connect logo on the ID card identifies a member participating in this network.

Please note: While the Blue Connect product is offered only in the Lafayette and New Orleans areas, Blue Connect members may still access Blue Connect network providers located in other parishes.

Community Blue

Community Blue is a HMO POS product available to groups and individuals in the Baton Rouge Area: Ascension, East Baton Rouge and West Baton Rouge Parishes; and Shreveport Area: Bossier and Caddo Parishes. Members may choose each time they need care—at the point of service—whether to use a network provider or go out-of-network.

Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers who are not in the Community Blue network. The Community Blue logo on the ID card identifies a member as participating in this HMO Louisiana select network.
Magnolia Local
Blue Cross and Blue Shield of Louisiana administers Office of Group Benefits’ (OGB’s) healthcare benefits for the state of Louisiana employees, retirees and dependents.

OGB’s Magnolia Local benefit plan began on March 1, 2015. This benefit plan utilizes our Blue Connect or Community Blue provider network. Magnolia Local is an HMO Point of Service (POS) product that allows members to choose each time they need care—at the point of service—whether to use a PCP or a specialist without a referral. This benefit plan is only available to state of Louisiana employees, retirees and dependents located in the select parishes as follows:

- **Blue Connect**- (Lafayette Area) - Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion Parishes; (New Orleans Area) - Jefferson, Orleans, and St. Tammany Parishes
- **Community Blue**- (Baton Rouge Area) - Ascension, East Baton Rouge and West Baton Rouge Parishes; (Shreveport Area) - Bossier and Caddo Parishes

Direct Access
Direct Access is an innovative approach to managed care that was implemented by Blue Cross and HMO Louisiana. Members may choose to receive care from a primary care physician (PCP) or go directly to a network specialist for office visits without receiving a referral. Members with Direct Access have “Direct Access” printed on their ID cards.

How does Direct Access affect the member’s benefits?
Copayments for members with Direct Access are different depending on whether or not the services are rendered by a network PCP or by a network specialist. The applicable copayment for each provider type is listed on the member’s ID card.

Who Is Eligible for the PCP Copayment
The following specialties are considered PCPs by HMO Louisiana:
- Family Practice
- General Practice
- Internal Medicine
- Pediatrics

Please note that the following provider types should also collect the PCP copayment:
- Chiropractors
- Federally Qualified Rural Health Clinics
- Occupational Therapists
- Physical Therapists
- Speech Therapists
SUBMITTING CLAIMS FOR HMO LOUISIANA MEMBERS

Providers file claims for services related to inpatient, outpatient and professional services. To ensure prompt and accurate payment, it is important that you provide all patient information on the required claim form including appropriate HCPCS, CPT codes and ICD-10-CM diagnosis and procedure codes. Also, remember to include your HMO Louisiana assigned five-position or ten-position provider number. All completed claim forms should be forwarded to the following address for processing:

HMO Louisiana, Inc.
P.O. Box 98024
Baton Rouge, LA 70898-9024

Electronic Submission of Claims

By filing your claims electronically, you will have less paperwork and your claims will be paid faster, often within 7 to 14 days. If you are interested in submitting electronic claims to HMO Louisiana, you may choose from the following options. Get more information by calling the phone numbers listed for each below:

Clearinghouse Submissions (225) 291-4334
System-to-System Electronic Transactions (225) 291-4334
ACTS 2000 (225) 293-LINK (225-293-5465)
iLinkBlue 1-800-216-BLUE (1-800-216-2583) or (225) 293-LINK (225-293-5465)

What is the timely filing limit for claim submissions?

All claims for HMO Louisiana, Blue Connect and Community Blue members must be filed within 15 months, or length of time stated in the member’s contract, of the date of service. Claims received after 15 months, or length of time stated in the member’s contract, will be denied, and the member and HMO Louisiana should be held harmless for these amounts.

What is the timely filing limit for OGB’s Magnolia Local claim submissions?

Blue Cross claims for OGB members must be filed within 12 months of the date of service. Claims received after 12 months will be denied and the OGB member and Blue Cross should be held harmless. Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.
Services That Require Authorization
The following services may require prior authorization for HMO Louisiana, Blue Connect and Community Blue members (this list may vary for self-insured groups). Please always verify the member’s eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbsla.com/ilinkblue):

- Air ambulance (Non-emergency)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Compound Drugs greater than $250
- CT Scans*
- Day Rehabilitation Programs
- DME greater than $300
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over $2000 including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: physician’s office, unless the drug to be infused may require authorization)
- Inpatient Hospital Services (except routine maternity stays)
- Intensive Outpatient Programs
- Low Protein Food Products
- MRI/MRA*
- Nuclear Cardiology*
- Oral Surgery (major medical only)
- Orthotic Devices greater than $300
- Outpatient Pain Rehabilitation /Pain Control Programs
- Partial Hospitalization Programs
- PET/SPECT Scans*
- Certain Prescription Drugs - the complete list of drugs requiring an authorization is available online at www.bcbsla.com/providers >Pharmacy Management >Drug Authorizations
- Private Duty Nursing
- Prosthetic Appliances
- Residential Treatment Centers
- Sleep Studies (except those performed in the home)
- Stereotactic Radiosurgery including but not limited to gamma knife and cyberknife procedures
- Transplant Evaluations & Transplants
- Vacuum Assisted Wound Closure Therapy

* Request for prior authorization for these services may be completed online through iLinkBlue (www.bcbsla.com/ilinkblue)

Authorization Penalties for HMO Louisiana’s POS Providers
If a provider fails to obtain a required authorization for an HMO Louisiana POS member, Blue Cross will reduce the provider’s benefit payment by 30 percent of the allowable charge. This penalty applies to all services and supplies requiring an authorization, other than inpatient charges. The HMO Louisiana’s POS provider is responsible for all charges not covered and for the penalty amount. The HMO Louisiana POS member remains responsible for the member’s copayment, deductible amount and applicable coinsurance percentage. If a service is determined as not medically necessary, the service or supply is not covered.
Authorization Services for OGB's Magnolia Local
The following services may require Plan approval. Providers may request authorization by calling 1-800-523-6435 or fax request to 1-800-586-2299. The authorization requirements for the following services apply for all OGB benefit plans.

**INPATIENT**
- Inpatient Hospital Services (except routine maternity stays*) including continued stay review (CSR)
- Mental Health/Substance Abuse Services (including residential treatment center and partial hospitalization program services)
- Skilled Nursing Facility
- Transplant Services (organ and bone marrow)

* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery. Inpatient services for newborn well-baby services are included in the mother’s stay. However, authorization is required for inpatient sick-baby services.

**OUTPATIENT**
- Air Ambulance (non-emergency)
- Applied Behavioral Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Day Rehabilitation Programs
- Dialysis
- DME greater than $300 (including electric & custom wheelchairs)
- High-tech Diagnostic Imaging Services (including but not limited to CT/CAT Scan, MRI/MRA, Nuclear Cardiology and PET Scan)**
- Home Health Care
- Hospice Care
- Hyperbarics
- Implantable Medical Devices over $2000 including but not limited to defibrillators and insulin pumps
- Infusion Therapy (includes home and facility administration). Exception: Infusion therapy performed in a physician’s office (the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- Oral Surgery (not required when performed in the physician’s office)
- Orthotic Devices greater than $300
- Outpatient Non-Surgical Procedures (exceptions: x-rays, lab work, speech therapy and chiropractic services do not require prior authorization. Non-surgical procedures performed in a physician’s office do not require prior authorization.)
  - Outpatient Pain Rehabilitation/Pain Control Programs
  - Outpatient Surgical Procedures (not performed in the physician’s office)
  - Partial Hospitalization Programs
  - Physical/Occupational Therapy for visits over the combined benefit limit of 50 visits, including when Medicare is primary.
  - Prosthetic Appliances greater than $300
  - Residential Treatment Centers
  - Sleep Studies (except those performed in home)
  - Specialty Pharmacy (see billing guidelines in the Professional Provider Office Manual, available online at www.bcbsla.com/providers > Education on Demand)
  - Stereotactic Radiosurgery including but not limited to gamma knife & cyberknife
  - Transplant Evaluations and Procedures (organ and bone marrow)
  - Vacuum Assisted Wound Closure Therapy

**Requests for prior authorization for these services may be completed online through iLinkBlue (www.bcbsla.com/ilinkblue) using AIM’s Provider Portal. For more information on Imaging Authorizations, visit www.bcbsla.com/providers > Imaging Authorizations.**

**Please note:** Failure to obtain prior authorization will result in the denial of payment for services.
Ambulance Authorization Requirements
HMO Louisiana, Blue Connect, Community Blue and OGB’s Magnolia Local

Emergency services (air or ground) - Prior authorization is not required but the provider is advised to submit the trip notes with the claim. Claims are reviewed for medical necessity.

Non-emergency services (air) - An authorization must be obtained prior to services being rendered. No payment will be made for non-emergency air services rendered without prior authorization and services are not billed to the member. If a member contacts you to request non-emergency air services, you must obtain an authorization from HMO Louisiana prior to rendering services.

Non-emergency services (ground) - An authorization is not required for non-emergency ground services. Please note our criteria for approval of non-emergency ambulance transport described below. If the non-emergency transport criteria listed below is not met, an authorization is recommended to determine medical necessity for the services prior to being provided. Failure to obtain an authorization of non-emergency ambulance services will result in our review for medical necessity prior to any payment determination.

Non-Emergency Transport (ground) - Blue Cross and HMO Louisiana member benefits may be available for ambulance services for local transportation of members for non-emergency conditions to obtain medically necessary diagnostic or therapeutic outpatient services (e.g., MRI, CT scan, dialysis, wound care, etc.) when the member is bed-confined and:
1) unable to get up from bed without assistance; and
2) unable to ambulate; and
3) unable to sit in a chair or wheelchair

If a member is admitted as an inpatient and requires medically necessary diagnostic services not otherwise available at the inpatient facility and requires ground ambulance transport to receive additional services, the inpatient hospital lacking the needed services is responsible for the costs of all ambulance services.

Authorization Penalties for Providers
Outpatient Authorization Penalty (PPO and HMO Louisiana/POS Providers)
A 30 percent penalty will be imposed on Preferred Care PPO and HMO Louisiana network providers for failing to obtain authorization prior to performing outpatient services that require authorization on a PPO or HMOPOS member. This penalty will be applied to the provider’s benefit payment of the allowable charge. The network provider is responsible for the penalty amount. The member is only responsible for any applicable copayment, deductible, coinsurance percentage and/or non-covered services. This does not apply to PPO providers of other Blue Plans not participating with Blue Cross and Blue Shield of Louisiana.

Outpatient Authorization Penalty (OGB’s Magnolia Local)
Failure to obtain prior authorization for services that require an authorization will result in the denial of payment of services. Therefore, no penalty will be applied.

Inpatient Authorization Penalty (HMO Louisiana/POS Facilities)
A penalty of $1,000 will be applied to inpatient hospital claims if the patient’s policy requires an inpatient stay to be authorized, and the provider fails to obtain the authorization prior to the stay. This penalty will be applied to inpatient stays of patients covered by any Blue Cross and/or Blue Shield plan or subsidiary, when the patient’s policy requires the authorization to be performed. When a patient is covered by Blue Cross or HMO Louisiana, and the patient’s policy contains a different penalty for failure to authorize an inpatient stay, the terms of the patient’s policy will control and not this $1,000 penalty provision. Examples are the policies with OGB or HMO (failure to prior authorize an inpatient stay results in a claim denial). When a patient is covered...
by a policy issued by another (non-Louisiana) Blue Cross and/or Blue Shield plan or subsidiary, and the patient’s policy contains a different penalty for failure to authorize an inpatient stay, this $1,000 penalty provision will control and not the terms of the patient’s policy.

**Inpatient Authorization Penalty (OGB’s Magnolia Local)**

Failure to obtain prior authorization for services that require an authorization will result in the denial of payment of services. Therefore, no penalty will be applied. The member must be held harmless in this situation.

Note: Network providers are responsible for penalty amounts. The member is only responsible for any applicable copayment, deductible, coinsurance percentage and/or noncovered services.

**Preferred Reference Lab Program**

HMO Louisiana uses a preferred lab program with multiple statewide and regional lab vendors. Physicians who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts. Laboratory services provided to HMO Louisiana members must be submitted to one of the following labs:

### Statewide Labs

- Clinical Pathology Labs (CPL)  
  [www.cpllabs.com](http://www.cpllabs.com)  
  1-800-595-1275
- Laboratory Corporation of America (LabCorp)  
  [www.labcorp.com](http://www.labcorp.com)  
  1-800-621-8037
- Quest Diagnostics  
  [www.questdiagnostics.com](http://www.questdiagnostics.com)  
  1-866-MYQUEST (1-866-697-8378)

### Regional Labs

#### Baton Rouge Region

<table>
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<tr>
<th>Provider Name</th>
<th>Phone Number</th>
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<tr>
<td>Mobile Tech Medical, Inc.</td>
<td>(225) 267-6860</td>
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#### Lafayette Region

<table>
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<tr>
<th>Provider Name</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Acadiana Family Practice Lab, Inc.</td>
<td>(337) 334-7558</td>
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<tr>
<td>Acadia Laboratory LLC</td>
<td>(337) 783-0961</td>
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<tr>
<td>Eunice Medical Laboratory, Inc.</td>
<td>(337) 457-5562</td>
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#### Lake Charles Region

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<tr>
<th>Provider Name</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>The Pathology Laboratory</td>
<td>(337) 436-9557</td>
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#### New Orleans Region

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<tr>
<th>Provider Name</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Advanced Clinical Laboratory</td>
<td>(504) 520-8970</td>
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<tr>
<td>Laboratory Management Services</td>
<td>(318) 841-9526</td>
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<tr>
<td>Morgan City Lab &amp; X-Ray</td>
<td>(985) 384-3848</td>
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<tr>
<td>Physicians Group Laboratories LLC</td>
<td>(985) 872-5572</td>
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#### Shreveport Region

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<th>Provider Name</th>
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<tr>
<td>Drs Lab</td>
<td>1-800-828-9227</td>
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**Please note** that this is the current list of preferred statewide and regional reference labs as of the date this manual was published. To view the most current list of preferred labs, visit our website at [www.bcbsla.com/providers >Doctor & Hospital Search](http://www.bcbsla.com/providers >Doctor & Hospital Search) and enter the member’s ID number or network, City, Parish or ZIP, type Laboratory for Specialty or Keyword and click search.
**In-office Labs**

Physicians may perform a selection of lab tests in their CLIA certified offices, which may be covered under the member’s office copayment. See the In-office Lab List on the next page. *Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by HMO Louisiana participating hospitals.*

**Blue Connect** Network physicians may ONLY perform the selection of laboratory test listed in the In-Office Lab List (Please see In-Office Lab List below). Physicians who do not perform any of the test below in their office **must** send Blue Connect member-patients to one of the following preferred reference labs and may bill for the specimen collection handling fee with CPT® Code 36415 or 99000.

- Clinical Pathology Labs  www.cpllabs.com  1-800-595-1275
- Quest Diagnostics  www.questdiagnostics.com  1-866-MYQUEST (1-866-697-8378)

**Community Blue** Network physicians may ONLY perform the selection of laboratory test listed in the In-Office Lab List (Please see In-Office Lab List below). Physicians who do not perform any of the tests below in their office must send Community Blue member-patients to one of the following preferred reference labs and may bill for the specimen collection handling fee with CPT code 36415 or 99000.

**Baton Rouge & Shreveport Areas**
- Clinical Pathology Labs  www.cpllabs.com  1-800-595-1275
- Quest Diagnostics  www.questdiagnostics.com  1-866-MYQUEST (1-866-697-8378)

**Baton Rouge Area Only**
- LabCorp  www.labcorp.com  1-800-621-8037

**In-office Lab List**

HMO Louisiana, Blue Connect and Community Blue physicians may perform the following selection of lab tests (CPT codes shown) in their CLIA certified offices, which may be covered under the member’s office copayment.

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**Clinical Laboratory Improvement Amendments**

If you perform laboratory testing procedures in your office, we require that a copy of your Clinical Laboratory Improvement Amendments (CLIA) certification be provided along with your Louisiana Standardized Credentialing Application when applying for credentialing or recredentialing with Blue Cross.
Out-of-state Labs
If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference laboratory must be a participating provider for the member’s plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits. Please note that if a physician uses an out of state lab that is not a Preferred Lab of HMO Louisiana, the physician may experience compensation penalties as outlined in the Physician Provider contract.

What does this mean to your office? If you are collecting the specimen and sending the specimen to an out-of-state reference lab, you need to ensure that the out-of-state reference lab you are using is participating in the member’s network, otherwise your patient will be subject to a much higher cost share for the service or receive no benefits at all. In addition, using a non-participating reference lab could subject you to a lower allowable charges if the services are available by a participating provider.

Handling Fee
To compensate physicians for their time and effort associated with handling lab tests sent to a preferred reference lab, physicians will be paid a handling fee per member/per visit for tests. To be paid the handling fee, you must bill CPT code 36415 or 99000. Please note: Physicians are not eligible to bill for the handling fee when they refer lab work to labs other than our preferred reference labs. Physicians will not be paid for the handling fee in addition to their fee-for-service reimbursement for lab tests performed in their offices.

Special Arrangements
To make special arrangements for weekend or after-hour pickups, please call the labs at the numbers listed on previous page.

Provider Inquiries and Satisfaction
Providers can access member’s benefits, eligibility and allowable charges using the iLinkBlue. If you have questions regarding a member’s coverage, please call Provider Services at 1-800-922-8866. Please let us know if any quality issues arise so we can work with the appropriate lab to improve service and ensure that you and your patients receive the service you expect and deserve.
ADDITIONAL INFORMATION

Provider Office Manuals

Please Note: HMO Louisiana providers should follow the guidelines set forth in the Professional Provider Office Manual found online at www.bcbsla.com/providers >Education on Demand and the Member Provider Policies & Procedures Manual found online on our iLinkBlue at www.bcbsla.com/ilinkblue. Differences and additional guidelines are found in this manual, which is a supplement to the manuals listed above.

Provider Services

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. offer an enhanced Interactive Voice Response (IVR) system that lets you and your office staff take care of many routine services by phone 24 hours a day, seven days a week. Call the customer service phone number on the back of your patient’s Blue Cross ID card and enter your NPI number and the patient’s member number when prompted and select one of the following options:

• Benefits
  - Voice back of benefits
  - Fax back of benefits

• Claims
  - Voice back of claims status
  - Fax back of claims status

• Medical Management*
  - Status of authorization
  - Request new authorization

*Note that Medical Management requests are handled by transfer - not currently by self-service.

Customer Service

If your patients have questions about their healthcare benefits, you should tell them to call the number on their ID card. If they don’t have their card, you may refer them to the Customer Service Center at 1-800-376-7741.

Provider Network Administration

If you need assistance with any of the material contained in this manual, you may call Provider Network Administration at 1-800-716-2299, option 3 or email us at network.administration@bcbsla.com.

Provider Relations Services

Provider Relations Representatives assist providers and their office staff and provide information about Blue Cross and its programs and procedures. To determine who your Provider Relations Representative is, see the Provider Representatives map at www.bcbsla.com/providers >Provider Tools. Please do not call your Provider Relations Representative with routine claim or benefit questions. You may obtain immediate answers to those questions through iLinkBlue or by calling the Provider Services at 1-800-922-8866.
How do I update my practice information with HMO Louisiana?

Please notify us if you have changes to your name, address or tax identification number (TIN). If your TIN changes, we will have to assign new provider numbers for claims filing. Please notify HMO Louisiana by sending a copy of your IRS Employer Identification Number Letter and W-9 to the address below prior to the effective date of the new TIN.

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

1-800-716-2299, option 3 or (225) 297-2758  
(225) 297-2750 (fax)

www.bcbsla.com
network.administration@bcbsla.com

Update of Practice Information: Hospital-based Physicians

The Health Care Consumer Billing and Disclosure Protection Act* requires that facilities provide health plans with a listing of the physicians or groups who provide hospital-based services at their facility in the following specialties: anesthesiology, pathology, radiology, emergency medicine and neonatology. The legislation also requires that we, as a health plan, provide our members with an online listing of physicians or groups providing hospital-based services at each facility and the Blue Cross networks in which those physicians or groups participate.

Please notify Network Development within 30 days of the changes listed below:

Facility

• Facility Name
• Physical Address
• Phone Number
• Facility Tax ID
• Facility NPI Number

Hospital-based Physicians at the Facility

• Physician or Group Name
• Physical Address
• Phone Number
• Physician or Group Tax ID
• Physician or Group NPI Number

Note: Changes submitted to any other department will not be processed.

To view the charts for each area and more information, go to our web page at www.bcbsla.com/providers >Doctor & Hospital Search >Find Hospital-based Physician.

*View the complete text of the act: www.legis.state.la.us/billdata/streamdocument.asp?did=668373. Or, go to www.legis.state.la.us and search for Act 354, under the 2009 Regular session.
SUMMARY OF CHANGES

Below is a summary of changes to the HMO Louisiana, Inc. Provider Manual. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

December 2016

Preferred Referance Lab Program - Updated preferred reference lab listings
Preferred Referance Lab Program - Updated HMO In-office lab list
Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.

www.bcbsla.com/providers
Network Administration Division
Provider Communications
1-800-716-2299 phone • (225) 297-2750 fax
P.O. Box 98029 • Baton Rouge, LA 70898-9029
5525 Reitz Avenue • Baton Rouge, LA 70809-3802

iLinkBlue@bcbsla.com
network.administration@bcbsla.com
network.development@bcbsla.com
provider.communications@bcbsla.com
provider.relations@bcbsla.com

Please note: HMO Louisiana providers should follow the guidelines set forth in this manual. Differences and additional guidelines can be found in the Professional Provider Office Manual. View a copy online at www.bcbsla.com/providers
>Education on Demand >Provider Office Manuals.

HMO Louisiana, Inc.
Provider Manual

A supplement to your Blue Cross and Blue Shield of Louisiana Professional Provider Office Manual

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.