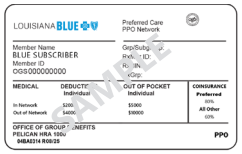
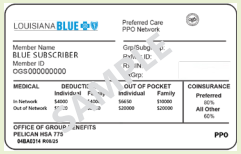
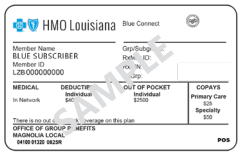
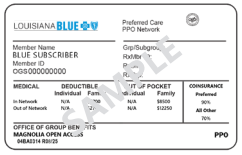
LOUISIANA BLUE

Office of Group Benefits Speed Guide

Blue Cross and Blue Shield of Louisiana (Louisiana Blue) administers benefits for the Office of Group Benefits' (OGB's) state of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HRA1000, Pelican HSA775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefits plans.

Louisiana Blue's OGB-Dedicated Customer Service: 1-800-392-4089 | ogbhelp@lablue.com

Benefit Plan Name	Provider Network (Directory Name)	Style of Member Benefits	Member ID Card	Pharmacy
Pelican HRA1000	Preferred Care PPO (OGB Pelican HRA-PrefCare)	CDHP with HRA (consumer-driven health plan with health reimbursement arrangement)		Liviniti 1-833-925-2770 SilverScript 1-888-996-0104
Pelican HSA775	Preferred Care PPO (OGB Pelican HSA-PrefCare)	CDHP with HSA (consumer-driven health plan with health savings account)		Liviniti 1-833-925-2770
Magnolia Local: Blue Connect 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 and Vermilion parishes Community Blue Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes	Blue Connect (OGB MagLocal-BlueConn) Community Blue (OGB MagLocal-CommBlue)	HMO	 	Liviniti 1-833-925-2770 SilverScript 1-888-996-0104
Magnolia Local Plus	Preferred Care PPO (OGB MagLocal Plus-PrefCare)	HMO benefit design on PPO network		Liviniti 1-833-925-2770 SilverScript 1-888-996-0104
Magnolia Open Access	Preferred Care PPO (OGB MagOpenAccess-PrefCare)	PPO		Liviniti 1-833-925-2770 SilverScript 1-888-996-0104

18NW1696 R11/25
Last reviewed on Nov. 20, 2025

Services That Require Prior Authorization

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, plan does not require prior authorization with the exception of the bariatric surgery benefit or physical/occupational therapy, until Medicare is exhausted or once the combined benefit limit of 50 visits of PT/OT has been achieved. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue. Authorization requirements for the following services apply for all OGB benefit plans effective January 1, 2026:

Authorization of Outpatient Services and Supplies

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Arterial Ultrasound*
- Arthroscopy and Open Procedures (shoulder & knee)*
- Bariatric Surgery Benefit (enrollment & surgery)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cardiac Resynchronization Therapy*
- Cardiac Rhythm Monitors*
- Cellular Immunotherapy
- Coronary Arteriography*
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than $300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic and Molecular Testing*
- Hip Arthroscopy*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over $2,000 (including but not limited to defibrillators)
- Implantable Cardioverter Defibrillators*
- 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 a Physician's 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*
- Physical/Occupational Therapy (greater than 50 visits)
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.lablue.com/providers >Pharmacy
- Prosthetic Appliances (greater than $300)
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers**
- Resting Transthoracic Echocardiography*
- Sleep Studies (except those performed as a home sleep study)
- Spine Surgery*
- Stress Echocardiography*
- Surgical Treatment of Urinary Dysfunction or Sexual Dysfunction Resulting from Cancer or Cancer Treatment (Including penile implants)
- Transesophageal Echocardiography*
- Transplant Evaluation and Transplant
- 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.

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

For OGB members, failure to obtain prior authorization, when required, will result in the denial of payments for services. Full details are in our provider manuals, available at www.lablue.com/providers, then click on "Resources."

Inpatient and Emergency

The following inpatient and emergency admissions require authorization prior to the services being rendered:

- Hospital Admissions (except routine delivery stays**)
- Mental Health and Substance Use Disorder Admissions
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility Services

**Maternity Admissions

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 caesarean 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.

Go online for more on OGB: www.lablue.com/OGB

Filing Claims

Submit via electronic claims in iLinkBlue (CMS-1500 only) or your clearinghouse. Submit hardcopy claims (only when unable to submit electronically) to:

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

Timely Filing

OGB claims must be filed within 12 months of the date of service. Claims received after 12 months will be denied and the OGB member and Louisiana Blue should be held harmless. Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

Appeals

OGB member appeals are handled by Louisiana Blue. Mail to Louisiana Blue - Appeals and Grievance Unit, P.O. Box 98045, Baton Rouge, LA 70898-9045.

Subrogation

Please file claims related to a subrogation case directly to Louisiana Blue. We make claims payments as applicable and thereafter, Louisiana Blue pursues recovery of claims payments.

Remittance Advices *(PAYMENT REGISTERS)*

For services provided to OGB members, you will receive separate provider payment registers (remittance advices), which means that you will also receive separate electronic funds transfer or checks for OGB claims. If you generally view your remittance advices using iLinkBlue, separate links for OGB payment registers will be available only when claims are processed for OGB employee members.

Care Management Programs

OGB members have access to several In Health (care management) programs* including:

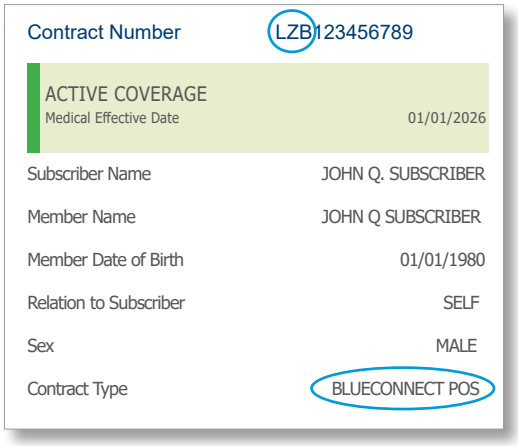
- Disease Management
- Case Management
- Maternity Management

Identifying OGB Member Coverage in iLinkBlue

There are two ways to identify the OGB plan type:

1. The contract type listed on the Medical Benefits Summary page on iLinkBlue (www.lablue.com/ilinkblue)
2. The member ID number displays as the contract number on iLinkBlue and includes the following member prefixes

- Magnolia Local uses prefixes:
  LZB – Blue Connect
  LXS – Community Blue
- Magnolia Local Plus, Magnolia Open Access, Pelican HRA 1000 and Pelican HSA 775 all use prefix OGS



Lab Services

Blue Connect and Community Blue network physicians may ONLY perform select lab tests in their offices. Physicians who do not collect specimens in their office must send OGB Magnolia Local members to their network labs as follows:

Blue Connect Lab Services:

- **Quest Diagnostics** - www.questdiagnostics.com
  1-866-MYQUEST (1-866-697-8378)
- **LabCorp** - www.labcorp.com
  1-800-621-8037
- **Clinical Pathology Labs** - www.cpllabs.com
  1-800-633-4757

Community Blue Lab Services:

- **Quest Diagnostics** - www.questdiagnostics.com
  1-866-MYQUEST (1-866-697-8378)
- **LabCorp** - www.labcorp.com
  1-800-621-8037
- **Clinical Pathology Labs** - www.cpllabs.com
  1-800-633-4757

In-office Lab List

Blue Connect and Community Blue network physicians may ONLY perform the following selection of lab tests (CPT® codes shown) in their CLIA-certified offices:

80305	81015	82948	83861	85014	86485	87276	87591	88312	89190
80306	81025	82951	84030	85018	86510	87426	87635	88313	89220
80307	82044	82952	84112	85025	86580	87428	87636	88314	89230
80320	82247	82962	84132	85027	86756	87430	87637	88329	
80321	82270	83013	84437	85032	87172	87480	87660	88331	
80322	82272	83014	84702	85610	87177	87490	87804	88332	
81000	82274	83026	84830	85651	87205	87491	87807	88333	
81001	82565	83036	85007	85652	87210	87502	87811	88334	
81002	82570	83037	85008	86308	87220	87510	87880	88341	
81003	82947	83518	85013	86403	87275	87590	88311	88342	

**Full details on these programs are available online at www.lablue.com/OGB.*

More on Pelican HRA1000

OGB offers a consumer-driven benefit plan (Pelican HRA1000) that is paired with a health reimbursement arrangement (HRA). The Pelican HRA1000 includes an employer contribution of $1,000 for employee-only plans and $2,000 for family plans. The member out-of-pocket portion of the claim will be paid directly by Louisiana Blue from the member's account. Pelican HRA1000 members will:

- not be issued debit cards or checks
- not have direct access to their funds

Providers should NOT collect out-of-pocket expenses from Pelican HRA1000 members until each member's HRA funds are exhausted at which time the member will be responsible for the out-of-pocket portion of medical claims. The HRA funds are not eligible for use on:

- wellness claims (covered at 100%)
- pharmacy claims
- dental and vision claims

Example

	HRA Funds Available		HRA Funds Exhausted	
Claim Billed Amount	$120		$120	
Blue Cross Allowed	$100	out-of-pocket paid by Louisiana Blue / do NOT collect from member	$100	out-of-pocket NOT paid by Louisiana Blue / collect from member
Member Deductible Applied	$100		$100	
Blue Cross Pays	$100		$0	

iLinkBlue reflects Pelican HRA1000 differences so you have the information you need for this benefit plan as follows:

- Claims Status Paid/Rejected Results – the Claims Status Paid/Rejected screen will display a red asterisk (*) in the Amount Paid column if there is an HRA disbursement on the claim. The * will refer to a notation at the bottom of the grid with the following verbiage.

  **This amount includes a payment from the member's health reimbursement arrangement (HRA). Click on the claim to view details.*

- Claims Status Details Screen – the Claims Status Details screen will display a new field named "HRA Paid Amount." The Amount Paid field will be renamed to Total Amount Paid.
- Eligibility Healthcare Benefits Summary Screen – there will be a new section titled Health Reimbursement Arrangement (HRA) on the Eligibility Healthcare Benefits Summary screen. The HRA remaining balance will appear here along with a notation.

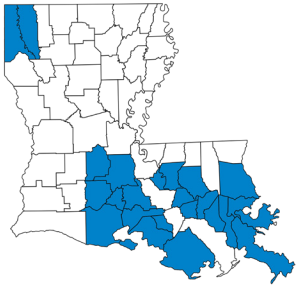
  Health Reimbursement Arrangement (HRA) remaining balance. Louisiana Blue will pay HRA funds directly to provider. Do not collect from patient until HRA balance is exhausted.

  There are no changes to claims processing or front-end editing for OGB claims.

More on Magnolia Local

Magnolia Local utilizes our Blue Connect or Community Blue provider network. Magnolia Local is an HMO product that allows members to choose each time they need care—at the point of service—whether to use a Primary Care Provider (PCP) or a specialist without a referral. This benefit plan is only available as follows:

Blue Connect:
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 and Vermilion parishes



Community Blue:
Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes

Magnolia Local members in the Blue Connect parishes do not have coverage if they choose to see Community Blue providers just as Magnolia Local members in the Community Blue parishes do not have coverage if they choose to see Blue Connect providers. With this benefit plan, there is no coverage for services performed by non-network providers. Please refer your patients to providers within their network to ensure they receive the highest level of benefits available.