



**Office of Group Benefits**  
**P. O. Box 44036 Baton Rouge, LA 70804**  
**Local: 225-922-0218 or Toll Free: 800-215-1093**

**LaCHIP Affordable Plan**  
**Non-Contracted Benefits July 1, 2011 to December 31, 2011**  
**Verification of eligibility and/or benefits is not a guarantee of coverage**

|   |       |       |       |                                |       |       |       |
|---|-------|-------|-------|--------------------------------|-------|-------|-------|
| <b>Plan Year Deductibles</b>  |       |       |       |                                |       |       |       |
| LaCHIP members: \$0.00 per plan year  |       |       |       |                                |       |       |       |
| <b>Other Deductibles</b>  |       |       |       |                                |       |       |       |
| Emergency Room: \$150.00 (waived if admitted through the ER)  |       |       |       |                                |       |       |       |
| Inpatient Hospital: \$0.00  |       |       |       |                                |       |       |       |
| <b>Stop Loss Maximum</b>  |       |       |       |                                |       |       |       |
| For ELIGIBLE expenses per person: \$10,000 per plan year  |       |       |       |                                |       |       |       |
| <b>Member Lifetime Maximum</b>  |       |       |       |                                |       |       |       |
| Effective July 1, 2011 no dollar limits apply.  |       |       |       |                                |       |       |       |
| <b>Payable Percentages</b>  |       |       |       |                                |       |       |       |
| <b>Not to exceed OGB fee schedule;</b>  |       |       |       |                                |       |       |       |
| <b>Only for ELIGIBLE expenses to \$10,000 per person, per plan year.</b>  |       |       |       |                                |       |       |       |
| Level 0 – Any provider  |       |       |       | 100%                           |       |       |       |
| Level 1 – Network Provider:   |       |       |       | 90%                            |       |       |       |
| Level 1 – Non-Network Provider:   |       |       |       | 70%                            |       |       |       |
| Eligible expenses in excess of \$10,000 per person, per plan year:  |       |       |       | 100%                           |       |       |       |
| Federally Qualified Health Center or<br>Rural Health Clinic:  |       |       |       | Medicaid Encounter Rate        |       |       |       |
| <b>There may be a significant out-of-pocket expense to Level 1 participants when using a non-participating provider.</b>  |       |       |       |                                |       |       |       |
| <b>Immunizations</b>  |       |       |       |                                |       |       |       |
| Immunizations are now subject to the payment percentages.   |       |       |       |                                |       |       |       |
| Level 0 – Any provider  |       |       |       | 100%                           |       |       |       |
| Level 1 – Network Provider  |       |       |       | 100%                           |       |       |       |
| Level 1 – Non-Network Provider  |       |       |       | 100%                           |       |       |       |
| <b>Human Papillomavirus (HPV) Vaccine</b>   |       |       |       |                                |       |       |       |
| <i>Age</i>  |       |       |       | <i>Eligible Services (CPT)</i> |       |       |       |
| Age 9 until age 19  |       |       |       | 90649                          |       |       |       |
| <b>Other Eligible Immunization Services (CPT/HCPCS)</b>   |       |       |       |                                |       |       |       |
| 90470   | 90476 | 90477 | 90632 | 90633                          | 90634 | 90636 | 90645 |
| 90646   | 90647 | 90648 | 90650 | 90655                          | 90656 | 90657 | 90658 |
| 90660   | 90662 | 90669 | 90670 | 90680                          | 90681 | 90696 | 90698 |
| 90700   | 90701 | 90702 | 90703 | 90704                          | 90705 | 90706 | 90707 |
| 90708   | 90710 | 90712 | 90713 | 90714                          | 90715 | 90716 | 90718 |
| 90716   | 90720 | 90721 | 90723 | 90732                          | 90733 | 90734 | 90740 |
| 90743   | 90744 | 90746 | 90747 | 90748                          | G9141 |       |       |
| <b>Ambulance Services</b>   |       |       |       |                                |       |       |       |
| Air and Group transportation covered only to and from hospital with facilities to treat medical illness or injury. Benefits for transportation, medical services and supplies will be determined in accordance with the PPO fee schedule. |       |       |       |                                |       |       |       |
| <b>Genetic Testing</b>  |       |       |       |                                |       |       |       |
| Benefits will be allowed for procedures determined to be medically necessary for certain conditions.  |       |       |       |                                |       |       |       |
| <b>Hearing Aids (under age 18)</b>  |       |       |       |                                |       |       |       |
| Hearing aids billed by an audiologist or hearing aid specialist for a patient under the age of 18 will allow a \$1,400 benefit (subject to co-insurance) each 36 months per ear.  |       |       |       |                                |       |       |       |
| <b>Autism (under age 17)</b>  |       |       |       |                                |       |       |       |
| Benefits will be allowed for services with a primary diagnosis of autism for a patient age 0 up to 17 with no annual or lifetime maximum as of 7/1/2011.  |       |       |       |                                |       |       |       |
| <b>Physician Assistants and Registered Nurse Practitioners</b>  |       |       |       |                                |       |       |       |
| Providers will be reimbursed at 80% of the amounts payable for same services rendered by a physician. Services rendered by a nurse practitioner or physician assistant must be billed with the appropriate modifiers.                     |       |       |       |                                |       |       |       |
| <b>Pre-Determinations</b>   |       |       |       |                                |       |       |       |
| Pre-determinations may be faxed with supporting documentation to:<br>225-925-6733.  |       |       |       |                                |       |       |       |

|   |  |
|---|--|
| <b>Outpatient Procedure Certification (OPC) KePRO</b>   |  |
| <b>For Prior Authorizations 800-432-3432</b>  |  |
| <ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Treatment of swallowing dysfunction and/or oral function for feeding</li> <li>• Hyperbaric oxygen therapy</li> <li>• Physical &amp; occupational therapies in excess of the 50 visit maximum.</li> </ul>   |  |
| <b>Case Management (KePRO)</b>  |  |
| <b>For Prior Authorizations 800-432-3432</b>  |  |
| <b>For LaCHIP primary participants only</b>   |  |
| <ul style="list-style-type: none"> <li>• Not covered in nursing home setting.</li> <li>• Eligible hospice services are payable at 80% of fee schedule.</li> <li>• Services provided by home health such as private duty nursing, IV infusion, TPN, or Enteral nutrition.</li> <li>• Physical &amp; occupational therapies in a home setting require case management for those services in excess of the 50 visit maximum.</li> </ul>  |  |
| <b>LaCHIP Affordable Helpful Information</b>  |  |
| <ul style="list-style-type: none"> <li>• LaCHIP's Plan Document can be downloaded from <a href="http://www.groupbenefits.org">www.groupbenefits.org</a> for your reference.</li> <li>• Claims are subject to LaCHIP's fee schedules and maximum allowables.</li> <li>• Terms of the LaCHIP Plan Document are applied to the claim when processed.</li> <li>• Coverage must be in force at the time services are rendered.</li> <li>• Plan year limits for speech therapy is 26 visits; physical/occupational therapy is 50 visits. Benefits are subject to medical necessity review.</li> <li>• Bone density studies and pre-operative exams are only eligible when billed with a primary (non-routine) diagnosis.</li> <li>• Remember to request a copy of the LaCHIP member's ID card upon each visit. The LaCHIP member must furnish the Social Security number of the name listed on the ID card.</li> </ul>  |  |
| <b>Mental Health/Substance Abuse (MHSA)</b>   |  |
| <b>ValueOptions 866-492-7143</b>  |  |
| <ul style="list-style-type: none"> <li>• All inpatient mental health and substance abuse (MHSA) claims must have authorization through ValueOptions.</li> <li>• ADD &amp; ADHD claims submitted with certain diagnosis codes may be considered for medical benefits.</li> <li>• Pathology with a MHSA diagnosis is not covered by LaCHIP and requires authorization</li> </ul>  |  |
| <b>Utilization Review Pre-Admission Certification (PAC)</b>   |  |
| <b>Continued Stay Review (CSR)</b>  |  |
| <b>KePRO: 800-432-3432 Clinical Fax: 866-889-6515</b>   |  |
| <ul style="list-style-type: none"> <li>• PAC must be obtained at least 72 hours before scheduled inpatient hospitalization.</li> <li>• Outpatient or observation exceeding 23 hours must obtain certification during the same business day (if available) or next business day.</li> <li>• Emergency admissions must obtain certification within 2 business days of admission.</li> <li>• Routine vaginal delivery; PAC is required if the mother's stay exceeds or is expected to exceed 2 days.</li> <li>• Caesarean section delivery; PAC is required if the mother's stay exceeds or is expected to exceed 4 days.</li> <li>• No benefits will be paid for hospital charges incurred during any confinement for which PAC was requested, but was not certified as medically necessary by LaCHIP's utilization review contractor.</li> <li>• No benefits will be paid for hospital charges incurred during any confinement for any days in excess of the number of days certified through PAC or CSR.</li> </ul> |  |
| <b>25% penalty applies when PAC is not obtained.</b>  |  |

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