



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

Share this information
with your billing and
authorization
departments!

2020 Authorization Lists



Authorizations

Preferred Care PPO Services that Require an Authorization in 2020:

Services in Blue are new for 2020

- 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**
- **Cellular Immunotherapy**
- Compound Drugs greater than \$250
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- **Gene Therapy**
- Genetic Testing
- Hip Arthroscopy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators and insulin pumps)
- Inpatient Hospital Services (except routine maternity stays)
- Intensive Outpatient Programs
- Interventional Spine Pain Management
- Joint Replacement (hip, knee & shoulder)
- Meniscal Allograft Transplantation of the Knee
- MRI/MRA
- Nuclear Cardiology
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- **Pulmonary Rehabilitation**
- Radiation Therapy for Oncology
- Residential Treatment Centers
- Resting Transthoracic Echocardiography
- Sleep Studies (except for those performed as a home sleep study)
- Spine Surgery
- Stress Echocardiography
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography
- Transplant Evaluation & Transplants
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy

Member Benefit Plans Included

Fully-insured: applies for all policies

Self-funded: may vary for policies

To Request Prior Authorization

Please use the authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue). They are located under the "Authorizations" menu option.

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available online at www.BCBSLA.com/providers, then click on "Resources."

Authorizations

HMO Louisiana, Inc., Blue Connect, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2020:

Services in Blue are new for 2020

- 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
- Cellular Immunotherapy
- Compound Drugs greater than \$250
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic Testing
- Hip Arthroscopy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators and insulin pumps)
- Infusion Therapy – includes home and facility administration (exception: Physician office, unless the drug to be infused may require authorization)
- Inpatient Hospital Services (except routine maternity stays)
- 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 office)
- Orthotic Devices greater than \$300
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology
- Residential Treatment Centers
- Resting Transthoracic Echocardiography
- Sleep Studies, except for those performed as a home sleep study
- Spine Surgery
- Stress Echocardiography
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography
- Transplant Evaluation & Transplants
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy

Member Benefit Plans Included

Fully-insured: applies for all policies

Self-funded: may vary for policies

To Request Prior Authorization

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Authorizations

Office of Group Benefits (OGB)

Services That Require An Authorization in 2020:

Services in Blue are new for 2020

- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- **Cellular Immunotherapy**
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- **Gene Therapy**
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000, 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 Admissions (Except routine maternity stays)
- Inpatient Mental Health and Substance Use Disorder Admissions
- Inpatient Organ, Tissue and Bone Marrow Transplant Services
- Inpatient Skilled Nursing Facility Services
- Intensive Outpatient Programs
- Low Protein Food Products
- MRI/MRA
- Nuclear Cardiology
- Oral Surgery (not required when performed in a Physician's office)
- Orthotic Devices (greater than \$300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs
- 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.BCBSLA.com/providers >Pharmacy
- Prosthetic Appliances (greater than \$300)
- **Pulmonary Rehabilitation**
- Residential Treatment Centers
- Sleep Studies (except those performed as a home sleep study)
- **Transplant Evaluation and Transplant**
- Vacuum Assisted Wound Closure Therapy

OGB Member Benefit Plans Included

Pelican HRA 1000

Pelican HSA 775

Magnolia Local

Magnolia Local Plus

Magnolia Open Access

To Request Prior Authorization

Please use the authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue). They are located under the "Authorizations" menu option.

For OGB members, failure to obtain prior authorization, when required, will result in the denial of payments for services. Full details are outlined in our provider manuals.

Authorizations

Federal Employee Program (FEP) Services that Require an Authorization in 2020:

Services in Blue are new for 2020

FEP Blue Standard / FEP Blue Basic Options

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)*
- Intensity-Modulated Radiation Therapy (IMRT)
- Organ/Tissue Transplants (including [autologous pancreas islet cell](#), [heart](#), artificial heart implant, [heart-lung](#), [intestinal](#), [liver](#), [lung](#), [pancreas](#), [simultaneous liver-kidney](#), [simultaneous pancreas-kidney](#); excluding cornea and kidney transplants)
- Outpatient Surgery Needed to Correct Accidental Injuries (to jaws, cheeks, lips, tongue, roof and floor of mouth)
- Residential Treatment Center
- Skilled Nursing Facility
- Sleep Studies (when performed outside the home)
- Surgical Correction of Congenita Anomalies
- Surgical Treatment for Morbid Obesity

Failure to obtain prior authorization for these services will result in a \$500 penalty for inpatient services.

FEP Blue Focus Option

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Breast Reduction/Augmentation (not related to the treatment of cancer)
- Cardiac Rehabilitation
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)*
- Intensity-Modulated Radiation Therapy (IMRT)
- MRI
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Organ/Tissue Transplants (including [autologous pancreas islet cell](#), [heart](#), artificial heart implant, [heart-lung](#), [intestinal](#), [liver](#), [lung](#), [pancreas](#), [simultaneous liver-kidney](#), [simultaneous pancreas-kidney](#); excluding cornea and kidney transplants)
- Orthognathic Surgery Procedures
- Orthopedic Procedures
- Outpatient Residential Treatment Center
- PET Scan
- Prosthetic Devices
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Rhinoplasty
- Septoplasty
- Surgical Correction of Congenital Anomalies
- Surgical Treatment for Morbid Obesity
- Specialty DME Services
- Travel Benefits
- Varicose Vein Treatment

Failure to obtain prior authorization for these services will result in a \$100 penalty for outpatient services and a \$500 penalty for inpatient services.

Providers may request authorization by calling 1-800-523-6435 or by using our authorizations tool available on iLinkBlue (www.BCBSLA.com/ilinkblue > Authorizations).