



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana

Share this information  
with your billing and  
authorization  
departments!

## 2021 Authorization Lists



# Authorizations

## Preferred Care PPO Services that Require an Authorization in 2021:

*Services in blue are new for 2021*

- 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)
- Inpatient Hospital Services (except routine maternity stays)
- **Insulin Pumps (initial, replacement, supplies & accessories)**
- 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
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.BCBSLA.com/providers](http://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
- **Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)**
- 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](http://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](http://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 2021:

### *Services in blue are new for 2021*

- 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)
- 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)
- **Insulin Pumps (initial, replacement, supplies & accessories)**
- 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
- PET Scans
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.BCBSLA.com/providers](http://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
- **Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)**
- 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

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# Authorizations

## Office of Group Benefits (OGB)

### Services That Require An Authorization in 2021:

#### *Services in blue are new for 2021*

- 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
- [Coronary Arteriography](#)
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- [Hip Arthroscopy](#)
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- 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
- [Insulin Pumps \(initial, replacement, supplies & accessories\)](#)
- 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](#)
- 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](http://www.BCBSLA.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](#)
- [Transesophageal Echocardiography](#)
- Transplant Evaluation and Transplant
- [Treatment of Osteochondral Defects](#)
- 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](http://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 2021:

*No new services added for 2021*

### 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 and Transplant Travel (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](http://www.BCBSLA.com/ilinkblue) > Authorizations).