LOUISIANA BLUE

PRIOR AUTHORIZATION FOR RADIATION THERAPY AMENDMENT

This Amendment is issued to all products identified in section (3) issued by Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service and Indemnity Company, and is effective August 1, 2026.

All provisions, definitions, procedures, conditions, limitations, and exclusions of the Contract or Benefit Plan are applicable to this Amendment, unless they conflict with the provisions of this Amendment. If the provisions of the Contract or Benefit Plan or other amendments or endorsements heretofore issued conflict with those of this Amendment, the provisions of this Amendment will prevail.

1.

The following language on the Schedule of Benefits is amended to change "Radiation Therapy for Oncology" to "Radiation Therapy" and as of the Effective Date the list of services that require prior Authorization is as shown below:

CARE MANAGEMENT

Authorization of Outpatient Services, Including Other Covered Services and Supplies:
The following list of Outpatient services and supplies require Authorization prior to the services being rendered or supplies being received. The list of services requiring Authorization may change from time to time. Providers may request a pre-determination of Medical Necessity prior to rendering services. Requests for Authorization or a pre-determination of Medical Necessity must be made by calling 1-800-523-6435.

- Air Ambulance – Non-Emergency (no Benefit without prior Authorization)
- Arterial Ultrasound
- Arthroscopy and Open procedures (Shoulder & Knee)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cardiac Resynchronization Therapy
- Cardiac Rhythm Monitoring
- Cellular Immunotherapy (no Benefit without written Authorization)
- Coronary Arteriography
- CT Scans
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Gene Therapy (no Benefit without written Authorization)
- Genetic or Molecular Testing
- Hip Arthroscopy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Cardioverter Defibrillators
- Implantable Medical Devices over $2,000.00 (including but not limited to defibrillators)
- Interventional Spine Pain Management
- Joint Replacement (Hip, Knee & Shoulder)
- Low Protein Food Products
- Meniscal Allograft Transplantation of the Knee
- MRI/MRA
- Nuclear Cardiology
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty
- Peripheral Revascularization
- Permanent Implantable Pacemakers

- PET Scans
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy
- Resting Transthoracic Echocardiography
- Sleep Apnea Diagnostics and Titration (Home sleep test (HST), Polysomnograms (PSG), Multiple sleep latency testing (MSLT), Maintenance of wakefulness testing (MWT), Positive airway pressure titration studies)
- Sleep Apnea Treatment (Automatic positive airway pressure (APAP) therapy, Continuous positive airway pressure (CPAP) therapy, Bilevel, or variable, positive airway pressure (BPAP) therapy. Includes all supplies related to these devices, Oral appliance therapy and Hypoglossal nerve stimulation therapy)
- Spine Surgery
- Stress Echocardiography
- Surgical Treatment of Erectile Dysfunction (including penile implants) (required as part of the Urinary Dysfunction or Sexual Dysfunction Resulting from Cancer or Cancer Treatment)
- Transesophageal Echocardiography
- Transplant Evaluation & Transplants (no Benefit without written Authorization)
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy
- Wearable Cardioverter

2.

ALL OTHER PROVISIONS NOT CHANGED BY THIS AMENDMENT REMAIN IN FULL FORCE AND EFFECT.

3.

The following products are impacted by this Amendment:

Product Name	Form Number	Schedule of Benefits Form Number	State Tracking No.	Date of Last Approval
NGF IND Blue Max	97176EX-034	97176LA034	969320	08/11/25
NGF IND Blue Saver	97176EX-035	97176LA035	969349	08/11/25
NGF SG Blue Saver	97176EX-037	97176LA037	969362	08/06/25
NGF SG Group Care PPO	97176EX-036	97176LA036	969348	08/11/25
NGF SG Premier Blue	97176EX-038	97176LA038	982484	08/11/25
NGF LG Blue Saver	40HR1796	40HR1804	976353	08/27/25
NGF LG Group Care PPO	40HR1797	40HR1805	976335	08/26/25
NGF LG Premier Blue	40HR1798	40HR1806	976252	08/25/25
GF GRP Blue Saver	40XX0779	40XX1133	976513	08/27/25
GF GRP Group Care PPO	40XX0492	40XX1127	976427	08/28/25
GF GRP LABI Blue Chip PPO	40XX0503	40XX1173	976514	08/27/25
GF GRP LABI Blue Saver	40XX1326	40XX1327	976453	08/28/25
GF GRP Premier Blue	40XX1375	40XX1376	976428	08/28/25
GF GRP True Blue	40XX1224	40XX1225	976454	08/28/25
GF IND Blue Max	40XX0551	40XX1161	976687	08/29/25
GF IND Blue Saver	40XX0778	40XX1136	976686	08/29/25
GF IND Blue Select	40XX1278	40XX1279	976714	08/29/25
GF IND Blue Value	40XX0500	40XX1176	976713	08/29/25
NGF IND LSU Basic Blue	40HR1611	40HR1612	1004246	06/02/26

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President and Chief Executive Officer