HMO Louisiana

PRIOR AUTHORIZATION FOR RADIATION THERAPY AMENDMENT

This Amendment is issued to all products identified in section (3) issued by HMO Louisiana, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana, and is effective August 1, 2026.

All provisions, definitions, procedures, conditions, limitations, and exclusions of the Contract, Benefit Plan or Policy are applicable to this Amendment, unless they conflict with the provisions of this Amendment. If the provisions of the Contract, Benefit Plan, Policy 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 SG HMO POS	19636EX-025	19636LA025	969315	08/11/25
NGF SG Blue Connect POS	19636OFF-027	19636LA027, 19636LA0270024-00	969347	08/11/25
NGF SG Blue Connect Savings Plus	19636OFF-058	19636LA058	969346	08/11/25
NGF SG Community Blue POS	19636OFF-026	19636LA026	969359	08/06/25
NGF SG Precision Blue POS	19636OFF-062	19636LA062	969360	08/06/25
NGF SG Signature Blue POS	19636OFF-060	19636LA060	969316	08/11/25
NGF LG HMO POS	131HR 01325	131HR 01330	976253	08/25/25
NGF LG Blue Connect POS	131HR 01323	131HR 01327, 131HR 01504	976350	08/27/25
NGF LG Blue Connect Savings Plus	131HR 01431	131HR 01432	976344	08/27/25
NGF LG Community Blue POS	131HR 01324	131HR 01329	976336	08/26/25
NGF LG HMO HMO	131HR 01321	131HR 01322	976337	08/26/25
NGF LG Precision Blue POS	131HR 01499	131HR 01500	976352	08/27/25
NGF LG Signature Blue POS	131HR 01428	131HR 01429	976351	08/27/25
GF GRP HMO HMO	13100 00004	13100 00198	976455	08/28/25
GF GRP HMO POS	13100 00027	13100 00192	976429	08/27/25
GF IND HMO POS	13100 00284	13100 00283	976685	08/28/25
NGF IND HMO POS	19636EX-022	19636LA022	969319	08/11/25
NGF IND Blue Connect POS	19636EX-024	19636LA024	969345	08/11/25
NGF IND Community Blue POS	19636EX-023	19636LA023	969358	08/06/25
NGF IND Precision Blue POS	19636EX-061	19636LA061	969360	08/06/25
NGF IND Signature Blue POS	19636EX-059	19636LA059	969318	08/11/25
STM Bridge Blue Connect POS	131HR 01482	131HR 01483	978284	09/17/25
STM Bridge HMO POS	131HR 01478	131HR 01479	978290	09/23/25

STM Bridge Community Blue POS	131HR 01480	131HR 01481	978281	09/15/25
STM Bridge Precision Blue POS	131HR 01501	131HR 01502	978285	09/17/25

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