



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana

## 2026 Product Enhancements Guide



18NW2619 R12/25

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

# HOW IT WORKS

Blue Cross and Blue Shield of Louisiana (Louisiana Blue), including HMO Louisiana, Inc. (HMOLA), works to ensure that it offers comprehensive products and benefits to our members. Each year, we explore and implement enhancements to our member products and provider networks. The 2026 product enhancements are outlined in this guide.

# WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning Jan. 1, 2026, for new sales and as Louisiana Blue and HMO Louisiana policies renew throughout the year. Not all member policies renew on Jan. 1. For such policies, the new product enhancement will apply upon the renewal of the policy. It is important to always verify member benefits prior to rendering services. Benefits and eligibility information is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)). Federal Employee Program (FEP) and BlueCard® members (those with benefits from another Blue Plan) are not included in these product enhancements. Self-funded groups, including The Office of Group Benefits (OGB), determine their own benefits and for this reason, product enhancements are often optional.

# POLICY TERMINOLOGY

Below is the member policy terminology referenced in the [Member Benefit Plans Included](#) section for the product enhancements listed in this guide.

Abbreviation	Term	Definition
GF	Grandfathered	Grandfathered policies were in place before March 23, 2010, when the Affordable Care Act was signed into law. A grandfathered status policy might not include certain benefits or consumer protections that non-grandfathered plans are required to include.
NGF	Non-grandfathered	Non-grandfathered policies are issued after March 23, 2010, and include required benefits and consumer protections.
	Small Group	Employer groups with 50 or fewer members.
	Large Group	Employer groups with 51 or more members.
	Individual	This refers to a privately purchased policy for an individual and/or individual's family (not issued through an employer).
	Fully Insured	This refers to group and individual policies issued by Louisiana Blue/HMOLA and claims are funded by Louisiana Blue/HMOLA.
	Self-funded	This refers to group policies issued by Louisiana Blue/HMOLA but claims payments are funded by the employer group, not Louisiana Blue/HMOLA.
SBF	Small Business Funding	This is a simplified self-funded product for small business group policies issued by Louisiana Blue/HMOLA. It is designed to ensure cash flow stability for the small business and lessen claims volatility for Louisiana Blue.

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Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana.

# Preventive

*These benefits are offered at no cost to the member when seeing a provider in the member's network.*

## Screening for Osteoporosis

The United States Preventive Services Task Force (USPSTF) issued a recommendation updating the 2018 recommendation on osteoporosis screening. Previously, one osteoporosis screening was available once per benefit period for all women 65 years or older.

### 2026 Enhancement

Louisiana Blue will cover this screening at no-cost once every two years for women 65 years and older, or for ages 40-64 classified at increased risk.

### Effective

Existing Policies: Jan. 1, 2026, and as policies renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: NGF group and individual policies

Self-funded: NGF group and SBF policies

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## Patient Navigation for Breast and Cervical Cancer Screenings

The Women's Preventive Services Initiative (WPSI) recommends patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services. Patient navigation services involve person-to-person contact with the patient and include, but are not limited to, person-centered assessment and planning, healthcare access and health system navigation, referrals to appropriate support services and patient education.

### 2026 Enhancement

Louisiana Blue will also cover patient navigation services for women eligible for routine breast cancer or cervical cancer screenings at no cost when the members are experiencing barriers and follow-up when those services are initiated by a clinician and obtained from our Care Management Department.

Access these services by calling or emailing our Care Management Department at 1-800-317-2299 or [CareManagementTeam@lablue.com](mailto:CareManagementTeam@lablue.com).

### Effective

Existing Policies: Jan. 1, 2026, and as policies renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: NGF group and individual policies

Self-funded: NGF group and SBF policies

# Preventive

## Screening and Counseling for Intimate Partner and Domestic Violence

The WPSI recommends screening adolescent and adult women for intimate partner and domestic violence, at least annually, and, when needed, providing intervention services.

### 2026 Enhancement

Louisiana Blue will cover screening and counseling for intimate partner and domestic violence for adolescent and adult women 14 years of age and older at wellness benefits.

### Effective

Existing Policies: Jan. 1, 2026, and as policies  
renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: NGF group and individual  
policies

Self-funded: NGF group and SBF policies

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# Benefits

## No Cost Virtual Telehealth Visits

Telehealth visits for Louisiana Blue members are covered at the terms in the member's contract benefits.

### 2026 Enhancement

Members on certain plans will receive telehealth services from Primary Care Providers (PCPs), urgent care and behavioral health providers at no cost. These no-cost virtual visits are limited to two visits per benefit period. Subsequent visits will be subject to applicable copayments, deductibles and coinsurance.

### Effective

Existing Policies: Jan. 1, 2026, and as policies  
renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: Certain NGF group and individual  
policies

Self-funded: Optional for groups that offer  
telehealth benefits

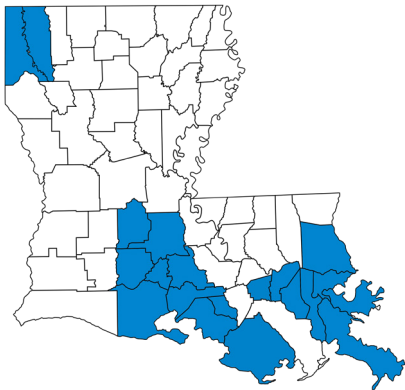
# Networks

## Expansion of the Blue Connect Network


The Blue Connect Network consists of a select group of physicians, hospitals and other allied providers. Some Blue Connect providers are contracted for limited services only.

Blue Connect members are identifiable by the HMO Louisiana, Inc. logo and Blue Connect Network name printed on the member ID card. Blue Connect members must select a primary care provider. Tiered benefits apply to members of Blue Connect. More details about this coverage can be found in iLinkBlue.

For 2025, it was available in the Greater New Orleans/Northshore Area: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes; Lafayette Area/Acadiana: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes and Shreveport/Bossier Area: Bossier and Caddo parishes.



Sample Member ID Card

**HMO Louisiana**

**Blue Connect**  
HMO/POS Network  
**FULLY INSURED**

Member Name BLUE SUBSCRIBER	Grp/Subgroup AAA00FF1/0001
Member ID XUG000000000	RxBIN ID 200000000
	RxBIN 000000 PCN-A4
	RxGrp BSLA

MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	\$0	\$2000
Out of Network	\$1000	\$4000

04100 01320 0325R

Vision


HMO

## 2026 Enhancement

Beginning Jan. 1, 2026, the Blue Connect Network is also being offered in St. James and Terrebonne parishes.

## Effective

New sales for Jan. 1, 2026


**HMO Louisiana**

**Blue Connect Network Speed Guide**

This guide will help you quickly locate key information about the Blue Connect Network, which consists of a select group of physicians, hospitals and other allied providers. Some Blue Connect providers are contracted for limited services only. Please refer Blue Connect members to providers within the network so they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the *Professional Provider Office Manual*, which is available online at [www.lablue.com/providers](http://www.lablue.com/providers) > Resources.

**Blue Connect Member ID Card**  
Prefix: XUF, XUG, XUJ or XUV




Blue Connect members are identifiable by the HMO Louisiana, Inc. logo and Blue Connect Network name printed on the member ID card. Fully insured Blue Connect members must select a primary care provider.

Tiered benefits apply to members of Blue Connect. More details about this coverage can be found in iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)).

**Submitting Claims**  
**Electronically**  
• iLinkBlue (CMS-1500 only)  
• Clearinghouses  
**Hardcopy**  
HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

**Service areas for the Blue Connect Network**



- Acadia
- Bossier
- Caddo
- Evangeline
- Iberia
- Jefferson
- Lafayette
- Orleans
- Plaquemines
- St. Bernard
- St. Charles
- St. James
- St. John the Baptist
- St. Landry
- St. Martin
- St. Mary
- St. Tammany
- Terrebonne
- Vermilion

**Maternity Admissions**  
Inpatient Hospital Admissions in connection with childbirth do not require authorization. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

**Blue Connect Savings Plus**  
Blue Connect Savings Plus offers a BlueSaver style benefit plan, but Blue Connect authorization list and network hospital language still applies. (If patient is admitted to an out-of-network hospital, once stabilized, the patient must be moved to a network hospital or a penalty applies.)

Please refer to the **HMO Louisiana, Inc. Network Speed Guide** for more information on the following topics:

- Behavioral Health Claims & Authorizations
- Provider Responsibilities
- PCP Office Responsibilities
- Physician Services

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

The Blue Connect Network Speed Guide is available online under the "Resources" section of our Provider page.



# State Mandates

## Louisiana Act 762 – Qualified Lactation Care Providers

This act provides for coverage of qualified lactation care provider services. Lactation care services are covered at no cost to members. These services may be obtained from qualified physicians or other Allied Health professionals including the following: breastfeeding counselor, lactation consultant, certified breastfeeding specialist, certified lactation counselor, certified lactation educator, etc.

### Effective

Existing Policies: Jan. 1, 2026, and as policies renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: NGF and GF group and individual policies

Self-funded: GF and NGF policies. GF and NGF SBF policies.

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## Louisiana Act 227 – Integrative Cancer Treatments

This act provides for coverage for integrative cancer treatments, including acupuncture, cryotherapy and scalp cooling systems used in connection with medical treatment for cancer when recommended by nationally recognized cancer treatment guidelines. Some limits apply. Always verify member benefits prior to administering services.

### Effective

Existing Policies: Jan. 1, 2026, and as policies renew

New Sales: Jan. 1, 2026

### Member Benefit Plans Included

Fully Insured: NGF and GF group, GF individual, and certain NGF individual policies.

Self-funded: NGF and GF SBF policies.  
Optional for GF and NGF ASO policies.



# Authorizations

## Preferred Care PPO Services that Require an Authorization in 2026:

*Services in blue are changes for 2026*

- 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
- **Cardiac Resynchronization Therapy\***
- **Cardiac Rhythm Monitors\***
- Cellular Immunotherapy (no benefit without written authorization)
- Compound Drugs Greater than \$250
- Coronary Arteriography\*
- CT Scans\*
- Day Rehabilitation Programs
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without prior authorization)
- Genetic or Molecular Testing\*
- Hearing Aids age 18 & older (no benefit without prior authorization)
- Hip Arthroscopy\*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- **Implantable Cardioverter Defibrillators\***
- **Inpatient Hospital Admissions (except those in connection with childbirth)**
- 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\*
- **Peripheral Revascularization\***
- **Permanent Implantable Pacemakers\***
- PET Scans\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology\*
- Residential Treatment Centers
- 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) (if benefits available)
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography\*
- Transplant Evaluation & Transplants (no benefit without written authorization)
- Treatment of Osteochondral Defects
- Vacuum Assisted Wound Closure Therapy
- **Wearable Cardioverter\***

### Member Benefit Plans Included

Fully Insured: applies for all policies

Self-funded: may vary for policies

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available online at [www.lablue.com/providers](http://www.lablue.com/providers), then click on "Resources."

### To Request Prior Authorization

Louisiana Blue does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Louisiana Blue Authorizations application. This application is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)), located under the "Authorizations" menu option.

\* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the "Carelon Authorizations" link.

# Authorizations

**HMO Louisiana, Inc., Blue Connect, BlueHPN®, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2026:**

## *Services in blue are changes for 2026*

- 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
- **Cardiac Resynchronization Therapy\***
- **Cardiac Rhythm Monitors\***
- Cellular Immunotherapy (no benefit without written authorization)
- Compound Drugs Greater than \$250
- Coronary Arteriography\*
- CT Scans\*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without written authorization)
- Genetic and Molecular Testing\*
- Hearing Aids age 18 & older (no benefit without prior authorization)
- Hip Arthroscopy\*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- **Implantable Cardioverter Defibrillators\***
- **Inpatient Hospital Admissions (except those in connection with childbirth)**
- 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 an office)
- Orthotic Devices greater than \$300
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty\*
- **Peripheral Revascularization\***
- **Permanent Implantable Pacemakers\***
- PET Scans\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology\*
- Residential Treatment Centers
- 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) (if benefits available)
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography\*
- Transplant Evaluation & Transplants (no benefit without written authorization)
- Treatment of Osteochondral Defects\*
- Vacuum Assisted Wound Closure Therapy
- **Wearable Cardioverter\***

## Member Benefit Plans Included

Fully-insured: applies for all policies

Self-funded: may vary for policies

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available online at [www.lablue.com/providers](http://www.lablue.com/providers), then click on "Resources."

## To Request Prior Authorization

Louisiana Blue does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Louisiana Blue Authorizations application. This application is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)), located under the "Authorizations" menu option.

\* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the "Carelion Authorizations" link.



# Authorizations

## Office of Group Benefits (OGB)

### Services That Require An Authorization in 2026:

*Services in blue are changes for 2026*

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Arterial Ultrasound\*
- Arthroscopy and Open Procedures (shoulder & knee)\*
- Bariatric Surgery Benefit (enrollment & surgery)
- Bone Growth Stimulator
- Cardiac Rehabilitation
- **Cardiac Resynchronization Therapy\***
- **Cardiac Rhythm Monitors\***
- Cellular Immunotherapy
- Coronary Arteriography\*
- CT Scans
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Genetic and Molecular Testing\*
- Hip Arthroscopy\*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- **Implantable Cardioverter Defibrillators**
- Inpatient Hospital Admissions (except routine delivery stays)
- Intensive Outpatient Programs
- Interventional Spine Pain Management\*
- Joint Replacement (hip, knee & shoulder)\*
- Low-protein Food Products
- Meniscal Allograft Transplantation of the Knee\*

## OGB Member Benefit Plans Included:

Pelican HRA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus & Magnolia Open Access

- 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\*
- **Peripheral Revascularization\***
- **Permanent Implantable Pacemakers\***
- 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.lablue.com/providers](http://www.lablue.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\*
- **Surgical Treatment of Urinary Dysfunction or Sexual Dysfunction Resulting from Cancer or Cancer Treatment (Including penile implants)\***
- Transesophageal Echocardiography\*
- Transplant Evaluation and Transplant
- Treatment of Osteochondral Defects\*
- Vacuum Assisted Wound Closure Therapy
- **Wearable Cardioverter\***

## To Request Prior Authorization

Louisiana Blue does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Louisiana Blue Authorizations application. This application is available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)), 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.**

\* High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the "Carelon Authorizations" link.

# Authorizations

## Federal Employee Program (FEP) Services that Require an Authorization in 2026:

*Services in blue are changes for 2026*

### FEP Blue Standard™/FEP Blue Basic™ Options

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Certain High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs)
- Certain Prescription Drugs and Supplies (including medical foods)
- Clinical Trials for Certain Stem Cell Transplants
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Hearing Aids
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)
- **Non-urgent Outpatient Surgical Orthopedic Procedures on the hip, knee and spine**
- 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 Facility-based Sleep Studies
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Proton Beam Therapy
- Reproductive Services
- Residential Treatment Center
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- 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 or Augmentation (not related to the treatment of cancer)
- Cardiac Rehabilitation
- Certain High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs)
- Clinical Trials for Certain Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gender Affirming Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Inpatient Hospital Services (except routine maternity stays)
- 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
- Proton Beam Therapy
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Reproductive Services
- Residential Treatment Center Care
- Rhinoplasty
- Septoplasty
- Specialty Durable Medical Equipment
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- 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.**