



Blue Cross and Blue Shield of Louisiana
HMO Louisiana

2024 Product Enhancements Guide



18NW2619 R12/23

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, including HMO Louisiana, Inc., 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 2024 product enhancements are outlined in this guide.

WHEN THEY APPLY

Unless otherwise stated in the specific product enhancement, changes are effective beginning January 1, 2024, for new sales and as Blue Cross and HMO Louisiana policies renew throughout the year. Not all member policies renew on January 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.bcbsla.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 Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.
	Self-funded	This refers to group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA.
SBF	Small Business Funding	This is a simplified self-funded product for small business group policies issued by Blue Cross/HMOLA. It is designed to ensure cash flow stability for the small business and lessen claims volatility for Blue Cross.

CPT® Only copyright 2024 American Medical Association. All rights reserved.

Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana.

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.

Aspirin to Prevent Cardiovascular Disease

A daily low-dose aspirin has long been prescribed to help prevent cardiovascular disease and Blue Cross covers this at no cost to the member.

2024 Enhancement

Blue Cross will no longer cover this treatment at no-cost. The United States Preventive Services Task Force (USPSTF) has downgraded the use of aspirin to prevent cardiovascular disease to a Grade C recommendation. This indicates that the treatment should only be prescribed based on professional judgment and member preference.

Effective

Existing Policies: January 1, 2024

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF and GF group and individual policies

Self-funded: NGF and GF group and SBF policies, ASO groups with carve-in RX benefits

Screening for Anxiety in Adults

The Women's Preventive Services Initiative (WPSI) recommends screening for anxiety disorders in pregnant and postpartum women. The USPSTF recommends screening for anxiety disorders in all adults.

2024 Enhancement

Blue Cross will expand wellness benefits for anxiety screenings for women to all adults, including pregnant and postpartum persons as well as older adults (age 65 years or older).

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF group and individual policies, and Bridge Blue policies

Self-funded: NGF group and SBF policies

Networks

Expansion of the Signature Blue Network

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

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

For 2023, it was available in Orleans and Jefferson parishes.

2024 Enhancement

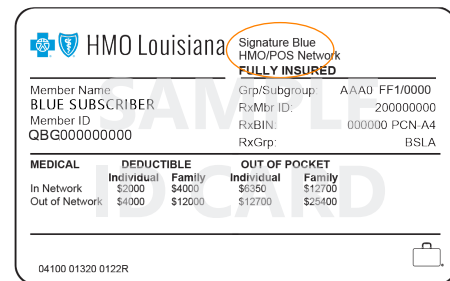
Beginning January 1, 2024, the Signature Blue Network is also being offered in St. Tammany Parish.

Effective

New sales for January 1, 2024



Sample Member ID Card



Signature Blue Network Speed Guide

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer Signature Blue 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.bcbsla.com/providers > Resources.

Signature Blue Member ID Card
Prefix: QB8, QB6, QB6G and QB5

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

Tiered benefits apply to members of Signature Blue. More details about this coverage can be found in iLinkBlue (www.bcbsla.com/ilinkblue).

Submitting Claims

Electronically

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hard Copy:

HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Service areas for the Signature Blue Network

New Orleans Area

- Jefferson
- Orleans
- St. Tammany

Admitting Privileges
Members receive a lower level of benefits when using a facility that is not in the Signature Blue Network.

Providers—who are required to have admitting privileges—must have admitting privileges to ICMC Health to be a part of the Signature Blue Network. The following list includes some but not all of the participating facilities in Signature Blue:

- Children's Hospital
- East Jefferson General Hospital
- Lakeview Regional Medical Center
- New Orleans East Hospital
- Ysais Infirmary
- Tulane Lakeside Hospital
- Tulane Medical Center
- University Medical Center
- West Jefferson Medical Center

Maternity Admissions
Maternity admissions do not require authorization if the inpatient stay is 48 hours or less, for vaginal delivery and 96 hours or less for cesarean section delivery. Member receives the highest level of benefits when services are performed at a Signature Blue facility.

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.

HMO Louisiana, Inc. is a member of the Core and BlueCross of Louisiana Independent Branches of the Blue Cross Blue Shield Association. www.bcbsla.com

Some health benefits may not be available in all areas. Please refer to the member handbook for more information. ©2023 HMO Louisiana, Inc.

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

www.bcbsla.com/providers

Other Benefits

Private Duty Nursing

Blue Cross covers private duty nursing as an essential health benefit. The benefit is limited to 400 hours per member, and requires prior authorization.

2024 Enhancement

Coverage for private duty nursing will now be limited to 300 hours per member per benefit period. Once that limit is exhausted, private duty nursing will deny as non-covered, benefit exhausted.

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF group and individual policies

Self-funded: NGF SBF group policies; optional for NGF ASO group policies

Sleep Disorder Treatment

Blue Cross covers facility-based sleep studies and sleep-disorder treatments with prior authorization.

2024 Enhancement

All sleep studies and sleep disorder treatments are now covered with prior authorization. A list of additions to testing and treatment services is available with the listing of services that require prior authorization on pages 9-10.

Effective

Existing Policies: January 1, 2024,

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF and GF group and individual policies and Bridge Blue policies

Self-funded: Not applicable



State Mandates

Louisiana Act 457 – Psychiatric Collaborative Care

This Act requires coverage of mental health and substance use disorder (MH/SUD) services that are delivered through evidence-based, integrated behavioral healthcare model, such as psychiatric collaborative care.

Psychiatric Collaborative Care is a model of behavioral health integration where care is typically provided by a team consisting of a primary care physician (PCP) and a care manager who work in collaboration with a psychiatric consultant.

CPT® codes 99492, 99493, 99494 and G2214 represent the various services within the Collaborative Care Model.

Services will bill monthly as part of this program. Broadly, these codes include care management services provided to the member and weekly virtual rounds between the PCP, the behavioral healthcare manager and the psychiatrist to discuss care for the patient.

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF and GF group policies and NGF individual policies and Bridge Blue policies

Self-funded: NGF and GF group and SBF policies

LA Act 281 – Smoking Cessation

First dollar coverage for smoking cessation benefits is now available to members, regardless of age.

There is an existing federal USPSTF recommendation which requires non-grandfathered plans to provide first dollar coverage for smoking cessation benefits today. The USPSTF recommendation begins at age 18.

As a result of Act 281, non-grandfathered fully insured and Non-ERISA ASO plans and grandfathered fully insured and Non-ERISA ASO plans will be required to provide first dollar coverage for smoking cessation benefits for all ages.

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: NGF and GF group and individual policies

Self-funded: NGF and GF group and SBF and non-ERISA ASO policies; ERISA ASO group policies optional

State Mandates

LA Act 299 – Fertility Preservation Services

Coverage for standard fertility preservation services is now available for members who have been diagnosed with cancer for which the necessary cancer treatment may directly or indirectly cause iatrogenic infertility.

Standard fertility preservation services include extraction, cryopreservation (freezing) and storage. These benefits are limited to three years or a lifetime maximum of \$10,000, whichever limit is exhausted first.

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: GF and NGF individual policies (excluding qualified health plans), and group policies

Self-funded: GF and NGF non-ERISA group policies, and SBF policies. ERISA ASO group policies optional



State Mandates

LA Act 270 – Maternity Support Services Provided by Doulas

Coverage for maternity support services for pregnant and birthing women before, during and after childbirth is now available when services are provided by a doula registered with the Louisiana Doula Registry Board.

Coverage is limited to \$1,500 per pregnancy.

Doulas must be registered with the Louisiana Doula Registry Board.

Effective

Existing Policies: January 1, 2024, and as policies renew

New Sales: January 1, 2024

Member Benefit Plans Included

Fully Insured: GF and NGF group, and individual policies

Self-funded: GF and NGF SBF and non-ERISA policies, ERISA ASO group policies optional



Authorizations

Preferred Care PPO Services that Require an Authorization in 2024:

Services in blue are changes for 2024

- 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
- 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)
- 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*
- 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 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 prior authorization)
- 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

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."

To Request Prior Authorization

Blue Cross 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 Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.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.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

HMO Louisiana, Inc., Blue Connect, BlueHPN_{SM}, Community Blue, Precision Blue, Signature Blue & Bridge Blue Services that Require an Authorization in 2024:

Services in blue are changes for 2024

- 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 (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)
- Infusion Therapy – includes home and facility administration (exception: not required when performed in an office, 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 an 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 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

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.bcbsla.com/providers, then click on "Resources."

To Request Prior Authorization

Blue Cross 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 Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.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.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

Office of Group Benefits (OGB)

Services That Require An Authorization in 2024:

Services in blue are changes for 2024

- 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
- Cellular Immunotherapy
- Coronary Arteriography*
- 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)
- 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

OGB Member Benefit Plans Included

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

- 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 >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

To Request Prior Authorization

Blue Cross 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 Blue Cross Authorizations application. This application is available on iLinkBlue (www.bcbsla.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.

** Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Authorizations

Federal Employee Program (FEP) Services that Require an Authorization in 2024:

Services in blue are changes for 2024

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
- Certain Prescription Drugs and Supplies (including medical foods)
- [Clinical Trials for Certain Stem Cell Transplants](#)
- Gender Affirming Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- [Hearing Aids](#)
- 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 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
- Skilled Nursing Facility
- [Sperm/Egg Storage](#)
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- Surgical Correction of Congenital 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 High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at www.fepblue.org/highcostdrugs
- Certain Prescription Drugs and Supplies (including medical foods)
- [Clinical Trials for Certain Stem Cell Transplants](#)
- Cochlear Implants
- CT Scan
- Gender Affirming 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 and Transplant Travel (including autologous pancreas islet cell, heart, artificial heart implant, heart-lung, intestinal, liver, lung, pancreas, simultaneous liver-kidney, simultaneous pancreaskidney; 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 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.

* Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.