



Humana Healthy Horizons® in Louisiana Preauthorization and Notification List (PAL)

Effective date: Jan. 1, 2023

Revision date: Jan. 1, 2023

<u>Humana Healthy Horizons in Louisiana Preauthorization and Notification List</u>		
<u>Category</u>	<u>Details/notes</u>	<u>Codes and comments</u>
<u>Mental health—general and substance-use disorder</u>	<u>All acute inpatient admissions</u>	<u>All psychiatric inpatient admissions</u>
	<u>Inpatient admissions—substance-use disorder</u>	<u>H0011, H0012</u>
	<u>Psychiatric residential treatment facility (PRTF)</u>	<u>H2013</u>
	<u>Therapeutic group home (TGH)</u>	<u>H0018</u>
	<u>Residential: behavioral health or addiction program substance use</u>	<u>H0019, H2034, H2036</u>
	<u>Crisis stabilization—individual</u>	<u>H0045</u>
	<u>Crisis stabilization—per diem</u>	<u>S9485</u>
	<u>Intensive outpatient program (IOP)</u>	<u>H0015</u>
	<u>Crisis intervention—follow up (children/adolescents)</u>	<u>H2011</u>
	<u>Adult Crisis Services (MCR & BHCC follow up and CBCS)—specifically, intervention/unit, follow up and if CBCS refers to BHCC.</u>	<u>H2011</u>
	<u>Assertive community treatment (ACT/FACT)</u>	<u>H0039</u>
	<u>Specialized Services for Adults with SMI (IPS & PCS)</u>	<u>S5125, S5126, H2024</u>
	<u>Community Psychiatric Supportive Treatment (CPST) (Individual office/community, homebuilders and functional family therapy (FFT) and FFT w/child welfare)</u>	<u>H0036</u>
	<u>Psychosocial Rehabilitation (PSR)</u>	<u>H2017</u>
	<u>Peer support services</u>	<u>H0038</u>

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	<u>Specialized Behavioral Health Services (CSoc)—for transition purposes</u>	<u>S5110, H2014, S5150, 99367, 99368</u>
	<u>Multi-systemic therapy (MST)</u>	<u>H2033</u>
	<u>Applied Behavioral Analysis (ABA)</u>	<u>97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T</u>
	<u>Psychological and neuropsychological testing</u>	<u>96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146</u>
<u>Chimeric antigen receptor-T cell therapy (CAR-T)</u>	<u>CAR-T</u>	<u>0537T, 0538T, 0539T, 0540T, C9098, Q2042, Q2053, Q2054, Q2055, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7</u> <u>Preauthorization requests are reviewed by Humana National Transplant Network by:</u> • <u>Submitting by fax to 502-508-9300</u> • <u>Submitting by telephone to 866-421-5663</u> • <u>Submitting by email to transplant@humana.com</u>
<u>Cosmetic</u>	<u>Potentially cosmetic</u>	<u>15832, 17999, 21138, 21139, 21270, 21899, 31599, 31750, 31899, 40799, 67912, Q2026, Q2028, 15773, 15774, 15832, 15833, 15834, 15835, 15876, 15878, 15879, 21137, 21138, 21245, 21246, 21270, 30120, 36468, 41872, 21120, 21121, 21122, 21123, 21139</u>
<u>Durable medical equipment</u>	<u>Augmentative and alternative communication systems/auditory osseointegrated device</u>	<u>E1902, L8690, L8691</u>
	<u>Bone growth stimulators</u>	<u>E0747, E0748, E0760</u>
	<u>Cranial orthotics</u>	<u>S1040</u>

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	<u>Hearing aids</u>	<u>V5120, V5150, V5211, V5212, V5213, V5214, V5215, V5221, V5269, V5272</u>
	<u>High frequency chest compression vests</u>	<u>E0483</u>
	<u>Hospital bed</u>	<u>E0260, E0261, E0265, E0266, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0328, E0329</u>
	<u>Negative pressure wound therapy (NPWT)</u>	<u>E2402</u>
	<u>Neuromuscular stimulator</u>	<u>E0770</u>
	<u>Noninvasive home ventilators</u>	<u>E0466</u>
	<u>Orthotics</u>	<u>E0944, E0945, L0457, L0464, L0482, L0484, L0486, L0639, L0700, L0710, L0810, L0820, L0830, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1690, L1700, L1710, L1720, L1730, L1755, L1844, L2005, L2036, L2037, L2038, L2128, L2136, L2525, L2627, L2628, L2999, L3740, L3900, L3901, L3904, L4000, L4210, L4398</u>
	<u>Other durable medical equipment</u>	<u>A6550, A9274, E0482, E0638, E0642, E0651, E0652, E0656, E0657, E0784, L3999</u>
	<u>Oxygen</u>	<u>E0470, E0471, E0601</u>
	<u>Programmable, implantable infusion pump</u>	<u>E0783, E0786</u>
	<u>Prosthetics</u>	<u>L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5707, L5724, L5726, L5728, L5780, L5795, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5859, L5930, L5960, L5966, L5969, L5973, L5979, L5980, L5981, L5987, L5988, L5990,</u>

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		<u>L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6624, L6693, L6707, L6709, L6712, L6713, L6714, L6721, L6722, L6881, L6882, L6883, L6884, L6885, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7185, L7186, L7190, L7191, L7259, L7499, L7520, L8499, V2623</u>
	<u>Speech generating device</u>	<u>E2506, E2508, E2510, E2512, E2599</u>
	<u>Volume control ventilator</u>	<u>E0465</u>
	<u>Wearable cardiac devices (e.g., LifeVest®)</u>	<u>K0606</u>
	<u>Wheelchairs/scooters (including accessories)</u>	<u>E0968, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1017, E1018, E1035, E1036, E1093, E1161, E1220, E1231, E1232, E1234, E1235, E1237, E2207, E2213, E2310, E2311, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2343, E2351, E2358, E2360, E2362, E2364, E2367, E2376, K0007, K0009, K0010, K0011, K0014, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880,</u>

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		<u>K0884, K0885, K0886, K0890, K0891, K0898, K0899</u>
<u>Experimental and Investigational (E&I)</u>	<u>Potentially E&I</u>	<u>19105, 20939, 20983, 22505, 22526, 22527, 22586, 22867, 22868, 22869, 22870, 28446, 28890, 30468, 31660, 31661, 32994, 33274, 33275, 33289, 36465, 36466, 36473, 36474, 36482, 36483, 37790, 41512, 41530, 43210, 43257, 43284, 43285, 46707, 53855, 53860, 55880, 57465, 62263, 62264, 62287, 62291, 62292, 62320, 64405, 64451, 64454, 64505, 64624, 64625, 64630, 64912, 64913, 69705, 69706, 72285, 75571, 76391, 76977, 76981, 76982, 76983, 77078, 77605, 77610, 77615, 77620, 81222, 81419, 81513, 81514, 81596, 82107, 82523, 82777, 83630, 83695, 83698, 83701, 83704, 83719, 83722, 83951, 83987, 84112, 84431, 86001, 86008, 86305, 86694, 86695, 86696, 87475, 87476, 87481, 87482, 87511, 87512, 87530, 87623, 91020, 91022, 91117, 91132, 91133, 92132, 92548, 92549, 93050, 93590, 93702, 93895, 94014, 94015, 94016, 94762, 95012, 95060, 95065, 95905, 96002, 96904, 96931, 96932, 96933, 96934, 96935, 96936, 97113, 97537, 97610, 99510, 0202U, 0223U, 0225U, 0226U, A4283, A4284, A4285, E0487, E0935, E1800, E1802, E1805, E1810, E1815, E1825, E1830, E1840, G0130, G0281, G0282, G0295, G0329, L4392, L4394, L4396, L6895, L8033, L8505</u>
<u>Genetic and molecular testing</u>		<u>81162, 81163, 81164, 81165, 81166, 81167, 81201, 81202, 81203, 81210, 81212, 81215, 81216, 81217, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300,</u>

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		<u>81301, 81307, 81308, 81309, 81317, 81318, 81319</u>
<u>Home health/home infusions</u>		<u>G0151, G0152, G0153, G0156, G0299, G0300, S9123, S9124</u>
<u>Hospice</u>		<u>651, 652, 655, 656, 657, 659</u>
<u>Inpatient admissions</u>	<u>Acute hospital (includes inpatient hospice)</u>	<u>*For neonatal intensive care unit (NICU) and obstetrical admission preauthorization and notification clarification, please see the note following this grid</u>
	<u>Acute rehabilitation facilities</u>	
	<u>Long-term acute care</u>	
	<u>Routine maternity care (notification)</u>	
	<u>Skilled nursing facilities</u>	
<u>Other services</u>	<u>Personal care services (PCS)/pediatric day healthcare (PDHC)</u>	<u>T1019, T1025, T1026, T2002</u>
	<u>Drug test</u>	<u>G0483</u>
	<u>Non-emergent air ambulance transportation -fixed wing and rotary wing</u>	<u>A0430, A0431, A0435, A0436</u>
<u>Physical, occupational and speech therapy</u>		<u>92507, 92508, 92524, 92630, 92633, 97110, 97530, 97760, 97761</u>
<u>Radiology</u>	<u>Positron emission tomography (PET) scan</u>	<u>78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, A9552</u>
<u>Surgery</u>	<u>Abdominoplasty</u>	<u>15830, 15847</u>
	<u>Blepharoplasty</u>	<u>15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950</u>
	<u>Breast procedures</u>	<u>11920, 11921, 11970, 11971, 19030, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396</u>
	<u>Cochlear and auditory brainstem implants</u>	<u>69930, L8614, L8619, L8627, L8628,</u>
	<u>Gender affirmation</u>	<u>11922, 11960, 14000, 14001, 15769, 15771, 15772, 15877, 19301, 19303, 19328, 19330, 53410, 53415, 53420, 53425, 53430, 53450, 53460, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660,</u>

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		<u>54690, 55175, 55180, 55899,</u> <u>55970, 55980, 56625, 56800,</u> <u>56805, 56810, 57106, 57107,</u> <u>57110, 57111, 57291, 57292,</u> <u>57295, 57296, 57335, 57426,</u> <u>58150, 58180, 58260, 58262,</u> <u>58263, 58267, 58270, 58275,</u> <u>58285, 58290, 58291, 58292,</u> <u>58294, 58541, 58542, 58543,</u> <u>58544, 58548, 58550, 58552,</u> <u>58553, 58554, 58570, 58571,</u> <u>58572, 58573, 58661, 58720,</u> <u>58940, 58999, 64856, 64892,</u> <u>64896, C1789, C1813, C2622,</u> <u>L8600, L8699, S0189</u>
	<u>Neurostimulators</u>	<u>61885, 61888, 64568, 64569,</u> <u>64570</u>
	<u>Obesity surgeries</u>	<u>43644, 43645, 43770, 43771,</u> <u>43772, 43773, 43774, 43775,</u> <u>43843, 43845, 43846, 43847,</u> <u>43848, 43886, 43887, 43888</u>
	<u>Oral, orthognathic, temporomandibular joint (TMJ) surgeries</u>	<u>21208, 21209</u>
	<u>Other surgeries</u>	<u>32999</u>
	<u>Pain infusion pump</u>	<u>62350, 62351, 62360, 62361,</u> <u>62362</u>
	<u>Rhinoplasty</u>	<u>30400, 30410, 30420, 30430,</u> <u>30435, 30450, 30460, 30462,</u> <u>30468</u>
<u>Transplant</u>		<u>38205, 38206, 50370, 81370,</u> <u>81371, 81372, 81373, 81374,</u> <u>81375, 81376, 81377, 81378,</u> <u>81379, 81380, 81381, 81382,</u> <u>81383, 81560, 0018M, 0055U,</u> <u>0087U, 0088U, 0118U,</u> <u>02WA3QZ, 02WA4QZ, 0319U,</u> <u>0320U, 0494T, 0495T, 0496T,</u> <u>0584T, 0585T, 0586T, 0664T,</u> <u>0665T, 0666T, 0667T, 0668T,</u> <u>0669T, 0670T, 32850, 32851,</u> <u>32852, 32853, 32854, 33927,</u> <u>33928, 33929, 33935, 33945,</u> <u>38230, 38232, 38240, 38241,</u> <u>38243, 44135, 47133, 47135,</u> <u>48160, 48550, 48554, 48556,</u>

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		<u>50300, 50320, 50340, 50360, 50365, 50547, 81595, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, S9975</u> <u>Preauthorization requests are reviewed by Humana National Transplant Network by:</u> • <u>Submitting by fax to 502-508-9300</u> • <u>Submitting by telephone to 866-421-5663</u> • <u>Submitting by email to transplant@humana.com</u>
<u>Ventricular assist device (VADs)</u>		<u>33975, 33976, 33979, 33981, 33982, 33983, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509</u>

***For NICU preauthorization and notification, Humana Healthy Horizons in Louisiana expects notification within 48 hours of admission to conduct concurrent review for care coordination, assess appropriate level of care and begin discharge planning. For obstetrical admissions, Humana Healthy Horizons in Louisiana expects notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean section(s) to conduct concurrent review for care coordination and discharge planning. For Crisis Intervention, Behavioral Health Crisis Care and Mobile Crisis, Humana Healthy Horizons in Louisiana expects notification within 48-72 hours to conduct any concurrent review and care coordination activities. For Electroconvulsive Therapy (ECT) Humana Healthy Horizons in Louisiana expects preauthorization for initiation of ECT while member is inpatient only.**

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