

Prior authorization requirement changes effective [mm/dd/yyyy]

Effective [mm/dd/yyyy], prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Healthy Blue for Healthy Louisiana members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Note:

- Precertification is required if the request is for **gender affirming care services**, including but not limited to diagnoses codes F64.0, F64.1, F64.2, F64.8, F64.9, or Z87.890.
- Medicaid MCOs are prohibited from reimbursing for any medical service, surgical service, or prescription drug related to gender transition for Medicaid beneficiaries.

Code	Description
11401	Excise, Benign Skin Lesion, Incl Margins, Except Skin Tag, Trunk/Arms/Legs; Excised Diam 0.6-1.0 Cm
11406	Excise, Benign Skin Lesion, Incl Margins, Except Skin Tag, Trunk/Arms/Legs; Excised Diam > 4.0 Cm
11420	Excise Benign Skin Lesion W/Marg, Excpt Skin Tag Scalp/Neck/Hands/Feet/Genital; Excise Diam 0.5cm/<
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
13121	Repair, Complex, Scalp, Arms, &/Or Legs; 2.6 To 7.5 Cm
13122	Repair, Complex, Scalp/Arms/Legs; Add'l 5.0 Cm/<
14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children

Code	Description
15770	Graft; Derma-Fat-Fascia
20902	Bone graft, any donor area; major or large
20912	Cartilage graft; nasal septum
21085	Impression & Custom Preparation; Oral Surgical Splint
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
30140	Submucous resection inferior turbinate, partial or complete, any method
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
51610	Injection Proc, Retrograde Urethrocytography
51703	Insertion, Temporary Indwelling Bladder Catheter; Complicated
52000	Cystourethroscopy (Sep Proc)
52281	Cystourethroscopy, W/Calibration &/Or Dilation, Urethral Stricture/Stenosis, Male/Female
53010	Urethrotomy/Urethrostomy, Ext (Sep Proc); Perineal Urethra, Ext
53400	Urethroplasty; 1st Stage, Fistula/Diverticulum/Stricture
53405	Urethroplasty; 2nd Stage (Formation, Urethra), W/Urinary Diversion
55120	Removal, Fb In Scrotum
64874	Suture, Nerve; W/Extensive Mobilization/Transposition, Nerve
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach
67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach
67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling
67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection
67923	Repair, Entropion; Blepharoplasty, Excision Tarsal Wedge
67924	Repair, Entropion; Blepharoplasty, Extensive
97606	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)

Code	Description
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Q4116	Alloderm, per square centimeter

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity Essentials at [[Availity.com](https://www.availity.com)].
- **Fax:**
 - [888-822-5595] for Inpatient
 - [888-822-5658] for Outpatient
- **Phone:** [844-521-6942]

Not all PA requirements are listed here. Detailed PA requirements are available to providers on [<https://provider.healthyblueca.com>] on the *Resources* tab or for contracted providers by accessing [[Availity.com](https://www.availity.com)]. Providers may also call Provider Services at [844-521-6942] for assistance with PA requirements.



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form: <https://bit.ly/signup-hlb-la>.