

Humana Healthy Horizons in Louisiana Prior Authorization and Notification List (PAL)

Effective date: Jan. 1, 2025

Revision date: Oct. 23, 2025

Humana Healthy Horizons in Louisiana PAL		
Category	Details/notes	Codes and comments
Nonparticipating providers	Nonemergency services	
Mental health—general and substance use disorder	All acute inpatient admissions	All psychiatric inpatient admissions
	Adult crisis services (mobile crisis response and behavioral health crisis center [BHCC] follow-up and community brief crisis support [CBCS])—specifically, intervention/unit, follow-up and if CBCS refers to BHCC	H2011* *Prior authorization is required for CBCS for services beyond 16 units
	Applied behavioral analysis (ABA)	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T
	Assertive community treatment (ACT) and forensic assertive community treatment (FACT)	H0039
	Crisis stabilization—individual	H0045* *Prior authorization is required for CBCS for services beyond 16 units
	Crisis intervention—follow-up (children/adolescents)	H2011* *Prior authorization is required for CBCS for services beyond 16 units
	Community psychiatric supportive treatment (CPST) (individual office/community, homebuilders and functional family therapy [FFT] and FFT with child welfare)	H0036
	Inpatient admissions—substance use disorder	H0011, H0012
	Intensive outpatient program (IOP)	H0015

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Category	Details/notes	Codes and comments
	Multisystemic therapy (MST)	H2033
Mental health—general and substance use disorder (continued)	Peer support services	H0038
	Psychosocial rehabilitation (PSR)	H2017
	Psychological and neuropsychological testing	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
	Psychiatric residential treatment facility (PRTF)	H2013
	Residential: substance use	H0019, H2034, H2036
	Specialized services for adults with serious mental illness (individual placement support and personal care services)	H2024, S5125, S5126
	Specialized behavioral health services (coordinated system of care)—for transition purposes	H2014, S5110, S5150,
	Therapeutic group home (TGH)	H0018
Chimeric antigen receptor T-cell therapy (CAR-T) and gene cell therapies	Transcranial magnetic stimulation (TMS) therapy	0858T, 64999, 90867, 90868, 90869
	CAR-T	C9399, J3490, J3590, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, 38999, 60699, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133J8, XW143J8 Preauthorization requests are reviewed by the Humana National Transplant Network by: - Submitting by fax to 1-502-508-9300 - Submitting by telephone to 1-866-421-5663 Submitting by email to transplant@humana.com
Cosmetic	Potentially cosmetic	15773, 15774, 17999, 21120, 21121, 21122, 21137, 21138, 21139, 21245, 21246, 21270,

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Category	Details/notes	Codes and comments
		21899, 30120, 31599, 31750, 31899, 36468, 40799, 41872, , Q2026, Q2028
Durable medical equipment	Augmentative and alternative communication systems/auditory osseointegrated device	E1902, L8690, L8691
	Bone growth stimulators	E0747, E0748, E0760
	Cranial orthotics	S1040
	Hearing aids	V5120, V5150, V5211, V5212, V5213, V5214, V5215, V5221, V5269, V5272
	High-frequency chest compression vests	E0483
	Hospital bed	E0260, E0261, E0265, E0266, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304,
	Negative pressure wound therapy (NPWT)	E2402
	Neuromuscular stimulators	E0770
	Noninvasive home ventilators	E0466
	Orthotics	L0457, L0464, L0482, L0484, L0486, L0639, L0700, L0710, L0810, L0820, L0830, L0999, L1000, L1200, , 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
	Other durable medical equipment	A6550, E0482, E0638, E0642, E0651, E0652, E0656, E0657, L3999
	Oxygen	E0470, E0471, E0601
	Programmable, implantable infusion pump	E0783, E0786
	Prosthetics	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,

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		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, 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, , L8499,
Durable medical equipment (continued)	Speech generating device	E2506, E2508, E2510, E2512, E2599
	Wearable cardiac devices (e.g., LifeVest®)	K0606
	Wheelchairs/scooters (including accessories)	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,

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		K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Experimental and investigational (E and I)	Potentially E and I	19105 , 20983, 22526 , 22527, 22869, 30468 , 33274 , 33289, 36465, 36466, 36473, 36474, 36482, 36483, 41512 , 41530, 43284 , 53855, 53860, 55880 , 62292 , 64454 , 64624 , 64625, 64912 , 69705 , 69706 , 77605 , 81222 , 81419, 93590 , 97610 , 99510 , 0202U , 0223U , 0225U , E0487, E1800, E1802, E1805, E1810, E1815, E1825, E1830, E1840, L6895, L8033
Genetic and molecular testing		81162, 81163, 81164, 81165, 81166, 81167, 81192, 81193, 81194, 81201, 81202, 81203, 81210, 81212, 81215, 81216, 81217, 81223, , 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81307, 81308, 81317, 81318, 81319, 81351, 81352, 81353, 81425, 81426, 81427, 81519
Home health/home infusions		G0151, G0152, G0153, G0156, G0299, G0300, S9123, S9124
Inpatient admissions	Acute hospital (includes inpatient hospice)	*For neonatal intensive care unit (NICU) and obstetrical admission preauthorization and notification clarification, please see the note following this grid.
	Acute rehabilitation facilities	
	Long-term acute care	
	Routine maternity care (notification)	
	Skilled nursing facilities	
Observations >48 hours		G0378, G0379, 99234, 99235, 99236
Other services	Drug test	G0483
	Nonemergent air ambulance transportation—fixed wing and rotary wing	A0430, A0431, A0435, A0436
	Personal care services (PCS)/pediatric day healthcare (PDHC)	T1019, T1025, T1026, T2002
Physical, occupational and		92507, 92508, 92524, 92630,

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speech therapy		92633, 97110, 97530, 97761
Radiology	Positron emission tomography (PET) scan	78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
Surgery	Abdominoplasty	15830, 15847
	Blepharoplasty	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Surgery (Continued)	Breast procedures	11920, 11921, 11970, 11971, 19030, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396
	Cochlear and auditory brain stem implants	69930, L8614, L8619, L8627, L8628
	Gender affirmation	11922, 11960, 14000, 14001, 15769, 15771, 15772, 19301, 19303, 19328, 19330, 53410, 53415, 53420, 53425, 53430, 53450, 53460, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55899, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57426, 58150, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 58999, 64856, 64892, 64896, C1789, C1813, C2622, L8600, L8699, S0189
	Neurostimulators	61885, 61888, 64568, 64569, 64570
	Obesity surgeries	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Oral, orthognathic, temporomandibular joint	21208, 21209

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	(TMJ) surgeries	
	Pain infusion pump	62350, 62351, 62360, 62361, 62362
	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Transplant		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50547, 50370, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81560, 81595, 0018M, 0055U , 0087U, 0088U, 0118U, 0319U, 0320U, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, 02WA3QZ, 02WA4QZ, Preauthorization requests are reviewed by Humana National Transplant Network by: - Submitting by fax to 1-502-508-9300 - Submitting by telephone to 1- 866-421-5663 Submitting by email to transplant@humana.com
Ventricular assist devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983

* For **NICU** preauthorization and notification, Humana Healthy Horizons® in Louisiana expects notification within 48 hours of admission to conduct a concurrent review for care coordination, assess appropriate level of care and begin discharge planning. For **obstetrical admissions**, Humana Healthy Horizons expects notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean section(s) to conduct a concurrent review for care coordination and discharge planning. For **crisis intervention, behavioral health crisis care** and **mobile crisis**, Humana Healthy Horizons expects notification in 48 to 72 hours to conduct any concurrent review and care coordination activities. For **electroconvulsive therapy (ECT)**, Humana Healthy Horizons expects preauthorization for initiation of ECT while member is inpatient only.

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