

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

The lists describe services and medications that are commonly reviewed and may require additional clinical information. Medications include those delivered in the provider's office, clinic, and outpatient or home setting.

Please note that the prior authorization, precertification and preadmission process requires a healthcare provider to obtain advance approval from the plan as to whether an item or service will be covered.

“Notification” refers to the process of a healthcare provider notifying Humana Healthy Horizons® in Louisiana of the intent to provide an item or service. Humana Healthy Horizons requests notification to help coordinate care for covered patients. This process is distinguished from prior authorization. Humana Healthy Horizons does not issue an approval or denial related to a notification.

To view Humana's Louisiana specific medical coverage policies, please visit [Humana Healthy Horizons in Louisiana Clinical coverage policies](#).

### **Important notes:**

- **Humana Healthy Horizons members with Medicaid coverage:**
  - In addition to the information noted above, certain services outlined in the Medicaid PAL may not be applicable for practitioners affiliated with an independent practice association via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
  - Exclusions may change; please refer to [Humana.com/PAL](#) for up-to-date information.
  - The PAL linked above applies only to **Humana Healthy Horizons**. It does not apply to Humana commercial, Medicare or other state Medicaid plans.
- **Please note that urgent/emergent services do not require referrals, prior authorization or notification.**

Not obtaining prior authorization or notification for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider's contract and the patient's evidence of coverage. Services provided without prior authorization or notification may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services verify benefits and prior authorization or notification requirements with Humana prior to providing services.

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- **Except where noted via links on the following pages, prior authorization requests for medical services may be initiated by:**
  - Accessing [Availity Essentials™](#) online (registration required)
  - Calling Humana Healthy Horizons in Louisiana at 1-800-448-3810, Monday through Friday, 7 a.m. to 7 p.m.
  - Faxing the prior authorization form to 1-833-974-0059
- **Except where otherwise noted via links on the following pages, prior authorization requests for behavioral health services may be initiated by:**
  - Calling the Behavioral Health Crisis Line at 1-844-461-2848

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**Effective date: Jul. 1, 2026**

**Revision date: Jun. 2, 2026**

<b>Humana Healthy Horizons in Louisiana PAL</b>		
<b>Category</b>	<b>Subcategory</b>	<b>Codes and comments</b>
<b>Nonparticipating providers</b>	Nonemergency services	
<b>Behavioral health services</b>	All acute inpatient admissions	All psychiatric inpatient admissions
	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
	Community psychiatric supportive treatment (CPST) (individual office/community, homebuilders and functional family therapy [FFT] and FFT with child welfare)	H0036
	Crisis intervention <i>(follow-up children/adolescents) and (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)</i>	H2011*, S9485**  *Prior authorization is required for CBCS for services beyond 16 units **No prior authorization required for initial visit, only concurrent
	Crisis stabilization—individual	H0045*, S9484**, S9485**  *Prior authorization is required for CBCS for services beyond 16 units **No prior authorization required for initial visit, only concurrent
	Inpatient admissions - residential: substance use	H0019, H2034, H2036
	Inpatient admissions—substance use disorder	H0011, H0012

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Humana Healthy Horizons in Louisiana PAL		
Category	Subcategory	Codes and comments
<b>Behavioral health services</b> <i>(continued)</i>	Intensive outpatient program (IOP)	H0015
	Multisystemic therapy (MST)	H2033
	Peer support services	H0038*  *Service eligibility for members 21 years old and over.
	Psychiatric residential treatment facility (PRTF)	H2013
	Psychological and neuropsychological testing	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
	Psychosocial rehabilitation	H2017
	Specialized services for adults with serious mental illness (individual placement support and personal care services [PCS])	H2024, S5125, S5126
	Therapeutic group home (TGH)	H0018
	Transcranial magnetic stimulation (TMS) therapy	0858T, 64999, 90867, 90868, 90869
	Visions of Hope community services (VOH-CS) in lieu of service (ILOS)	H2022
<b>Cardiac devices</b>	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33274
<b>Cellular (including chimeric antigen receptor T-cell therapy [CAR-T], genetic, tissue and transplant therapies</b>		38999, 60699, C9399, J3392, J3393, J3394, J3490, J3590, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7,

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		XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW0438A, XW133J8, XW143J8
<b>Cosmetic</b>	Potentially cosmetic	15773, 15774, 17999, 21120, 21121, 21122, 21123, 21137, 21138, 21139, 21245, 21246, 21270, 21899, 30120, 31599, 31750, 31899, 40799, 41872, Q2026, Q2028
<b>Durable medical equipment</b>	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	E1800, E1802, E1805, E1810, E1815, E1825, E1830, E1840, 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,

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		L2628, L2999, L3740, L3900, L3901, L3904, L4000, L4210, L4398
<b>Durable medical equipment</b> <i>(continued)</i>	Other durable medical equipment	A6550, E0482, E0638, E0642, E0651, E0652, E0656, E0657, E1399, L3999
	Continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BiPAP)	E0470, E0471, E0601
	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, 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, 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, L6895, L6900, L6905, L6910, L6920, L6925,

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		L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7185, L7186, L7190, L7191, L7259, L7499, L8499
	Speech-generating device	E2506, E2508, E2510, E2512, E2599
	Wearable cardiac devices (e.g., LifeVest)	K0606
<b>Durable medical equipment</b> <i>(continued)</i>	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, 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, K0884, K0885, K0886, K0890, K0891, K0898, K0899
<b>Home health/home infusions</b>		G0151, G0152, G0153, G0156, G0299, G0300, S9123, S9124
<b>Inpatient admissions</b>	Acute hospital (includes	

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	inpatient hospice)	For neonatal intensive care unit (NICU) and obstetrical admission prior authorization and notification clarification, please see the note following this grid*.
	Acute rehabilitation facilities	
	Long-term acute care	
	Routine maternity care (notification required)	
	Skilled nursing facilities	
<b>Molecular diagnostic/genetic testing</b>		81162, 81163, 81164, 81165, 81166, 81167, 81170, 81192, 81193, 81194, 81201, 81202, 81203, 81210, 81212, 81215, 81216, 81217, 81220, 81222, 81223, 81235, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81307, 81308, 81311, 81317, 81318, 81319, 81351, 81352, 81353, 81376, 81419, 81425, 81426, 81427, 81460, 81519, 81560, 81595, 0018M, 0087U, 0088U, 0094U, 0118U, 0319U, 0320U
<b>Observations &gt; 48 hours</b>		99222, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, G0378, G0379
<b>Other services</b>	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
<b>Physical, occupational and speech therapy</b>		92507, 92508, 97110, 97530
<b>Radiology</b>	Positron-emission tomography (PET) scan	78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
<b>Skin and tissue substitutes</b>		Q4101, Q4121, Q4160, Q4186, Q4195, Q4196
<b>Surgery</b>	Abdominoplasty	15830, 15847
	Blepharoplasty	15820, 15821, 15822, 15823,

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		67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
	Breast procedures	11920, 11921, 11970, 19030, 19361, 19364, 19367, 19368, 19369, 19396
	Breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19370, 19371, 19380
	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, 64568
	Obesity surgeries	43644, 43645, 43770, 43771,

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		43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Oral, orthognathic, temporomandibular joint (TMJ) surgeries	21208, 21209
	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
<b>Transplant</b>		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, 50370, 50547, 81370, 81371, 81372, 81373, 81375, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, 02WA3QZ, 02WA4QZ
<b>Varicose veins: Surgical treatment and sclerotherapy</b>		36465, 36466, 36468, 36471, 36473, 36474, 36475, 36478, 36482, 36483, 37700, 37765
<b>Ventricular assist devices (VADs)</b>		33975, 33976, 33979, 33981, 33982, 33983

\* For **NICU** prior authorization and notification, Humana Healthy Horizons expects notification within 48 hours of admission to conduct a concurrent review for care coordination, assess appropriate level of care and begin discharge planning.

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For **obstetrical admissions**, Humana Healthy Horizons expects notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean sections 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 prior authorization for initiation of ECT while member is inpatient only.

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