



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

**Effective date: Jul. 1, 2025**  
**Revision date: Sept. 22, 2025**

<b>Humana Healthy Horizons in Louisiana PAL</b>		
<b>Category</b>	<b>Details/notes</b>	<b>Codes and comments</b>
<b>Nonparticipating providers</b>	Nonemergency services	
<b>Mental health—general and substance use disorder</b>	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
	Multisystemic therapy (MST)	H2033

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<b>Mental health—general and substance use disorder</b> <i>(continued)</i>	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, 99367, 99368
	Therapeutic group home (TGH)	H0018
	Transcranial magnetic stimulation (TMS) therapy	0858T, 64999, 90867, 90868, 90869
<b>Chimeric antigen receptor T-cell therapy (CAR-T) and gene cell therapies</b>	CAR-T	C9399, J3392, J3393, J3394, J3490, J3590, Q2041, Q2042, Q2056, Q2053, Q2054, Q2055, 38999, 60699, XW0338A, XW0438A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133J8, XW143J8  Prior authorization requests are reviewed by the Humana National Transplant Network by: <ul style="list-style-type: none"> <li>• Submitting by fax to 1-502-508-9300</li> <li>• Submitting by telephone to 1-866-421-5663</li> <li>• Submitting by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>
<b>Cosmetic</b>	Potentially cosmetic	15773, 15774, 17999, 21120, 21121, 21122, 21123, 21137, 21138, 21139, 21245, 21246, 21270, 21899, 30120, 31599, 31750, 31899, 36468, 40799, 41872, 67912, Q2026, Q2028

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Category	Details/notes	Codes and comments
<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, E0328, E0329
	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, 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
	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, 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,	

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Category	Details/notes	Codes and comments
		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
<b>Durable medical equipment</b> <i>(continued)</i>	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, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
<b>Experimental and investigational (E and I)</b>	Potentially E and I	19105, 20983, 22505, 22526, 22527, 22586, 22867, 22868, 22869, 22870, 28446, 30468, 31660, 31661, 32994, 33274, 33289, 36465, 36466, 36473, 36474, 36482, 36483, 37790, 41512, 41530, 43210, 43257, 43284, 53855, 53860, 55880, 57465, 62263, 62264, 62287, 62292, 64454, 64505, 64624, 64625, 64630, 64912, 69705, 69706,

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		76391, 77605, 77610, 77615, 81222, 81419, 81513, 93590, 96002, 97610, 99510, 0202U, 0223U, 0225U, E0487, E0935, E1800, E1802, E1805, E1810, E1815, E1825, E1830, E1840, L4396, L6895, L8033
<b>Genetic and molecular testing</b>		81162, 81163, 81164, 81165, 81166, 81167, 81170, 81192, 81193, 81194, 81201, 81202, 81203, 81210, 81212, 81215, 81216, 81217, 81220, 81223, 81235, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81307, 81308, 81311, 81317, 81318, 81319, 81351, 81352, 81353, 81425, 81426, 81427, 81460, 81519
<b>Home health/home infusions</b>		G0151, G0152, G0153, G0156, G0299, G0300, S9123, S9124
<b>Inpatient admissions</b>	Acute hospital (includes 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)	
	Skilled nursing facilities	
<b>Observations &gt;48 hours</b>		G0378, G0379, 99234, 99235, 99236
<b>Other Services</b>	Nonemergent air ambulance transportation—fixed wing and rotary win	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, 92524, 92630, 92633, 97110, 97530, 97761
<b>Radiology</b>	Positron emission tomography (PET) scan	78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, A9552
<b>Skin and tissue substitutes</b>		Q4101, Q4106, Q4121, Q4160, Q4186, Q4195, Q4196
<b>Surgery</b>	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

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	Breast procedures	11920, 11921, 11970, 11971, 19030, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396
<b>Surgery</b> <i>(continued)</i>	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, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Oral, orthognathic, temporomandibular joint (TMJ) surgeries	21208, 21209
	Pain infusion pump	62350, 62351, 62360, 62361, 62362
	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,

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		50547, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81560, 81595, 0018M, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 0055U, 0087U, 0088U, 0118U, 0319U, 0320U, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, 02WA3QZ, 02WA4QZ  Prior authorization requests are reviewed by Humana National Transplant Network by: <ul style="list-style-type: none"> <li>• Submitting by fax to 1-502-508-9300</li> <li>• Submitting by telephone to 1-866-421-5663</li> <li>• Submitting by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>
<b>Ventricular assist devices (VADs)</b>		33975, 33976, 33979, 33981, 33982, 33983

\* For **NICU** prior authorization 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 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.