LOUISIANA PREAUTHORIZATION LIST

Non-emergency health diagnostic testing or treatment that exceeds $750.00 is subject to preauthorization. If a health care provider renders non-emergency services in excess of $750.00 without approval, Zenith is not obligated to reimburse for those services. See La. R.S. §23:1142. Requests for services must be submitted on LWC Form 1010- Request of Authorization/Carrier or Self Insure Employer Response. Written requests for Preauthorization should be submitted to Zenith at:

Zenith Claims Solutions
PO Box 5167
Boone, IA 50950-0167

Fax: 800-364-0443

Services that do not exceed $750 do not require preauthorization. All other services, except emergency health care services that meet specified criteria, are subject to preauthorization. Failure for a provider to comply with requirements may result in services being denied, including services provided without authorization that are determined not be emergency services. Types of services subject to utilization review for purposes of preauthorization include but are not limited to:

- All non-emergency hospital admissions
- Hospital length of stay
- Concurrent review of continued stay for each approved hospital admission
- Continued treatment beyond the statutory limit of $750 by provider, even if in compliance with applicable treatment guidelines. (LA Statute, §23:1142(B))
- All nursing services and personal care services
- All home or vehicle modifications
- Roundtrip transportation when receiving treatment (except for residents of nursing or personal care homes), non-emergency air transportation and routine, non-emergency ambulance or emergency vehicle transports due to lack of transportation
- Prosthetic and Orthopedic Equipment, except for braces and other items which are not custom fitted (Physician Charge of $50 or less and Hospital Discharge charge of $150 or less)
- Respiratory Services – Equipment purchase or rental and related supplies
- Vocational Rehabilitation Consultant services
- Physical and Occupational Therapy > 8 modalities, procedures, or combination in one session
- TENS Units
- PT/OT codes PT337, PT338, OT337, and OT338 if re-testing exceeds 15 minutes for single joint, single plane; or 30 minutes for single joint multiple plane; or, 30 minutes for multiple joint, multiple plane for noninvolved side
- Psychiatric Evaluations
- Thermography and thermographic tests cannot be authorized unless the DOS is at least 45 days after the DOI (unless medical necessity is proven for an earlier date)

- Evaluation and Management ("E&M") Visits – first routine E&M office visit beyond $750 limit per health care provider

    - If the first visit is approved, preauthorization is not required for subsequent routine visits, not to exceed 12 visits, during the first year following the date of injury
    - Visits that occurred prior to this visit count toward the 12-visit cap

- E&M Visits Beyond 12th visit or after 1 year from the date of injury

    - If approved, preauthorization is only required on every fourth routine E&M visit, but the carrier may authorize more office visits over a defined period of time.

- Routine E&M office visit is limited to new and established patient E&M office/outpatient visits, which includes CPT codes 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. (LAC, Title 40, §2715(D)(2)(a))

- Active Therapeutic Exercise (AET) – if decision is Modification for the request to be in compliance with the guidelines, the approved number of AETs cannot be less than the minimum "time to produce effect" noted by the guidelines.

    - Modification can be for a number of ATE units below the minimum "time to produce effect" if ATEs beyond the "frequency" and "maximum duration" found in the guidelines have already been approved. (LAC, Title 40, §2715(D)(3)(a) and (b))

- Additionally, the Medical Reimbursement Schedule of LAC, Title 40, §5100 require prior authorization of the following for payment:

    - Non-emergency hospital admissions
    - All nursing services and personal care services
    - All home or vehicle modifications
    - Roundtrip transportation when receiving treatment (except for residents of nursing or personal care homes), non-emergency air transportation and routine, non-emergency ambulance or emergency vehicle transports due to lack of transportation
    - Prosthetic and Orthopedic Equipment, except for braces and other items which are not custom fitted (Physician Charge of $50 or less and Hospital Discharge charge of $150 or less)
    - Respiratory Services – Equipment purchase or rental and related supplies
    - Vocational Rehabilitation Consultant services
    - Physical and Occupational Therapy > 8 modalities, procedures, or combination in one session
    - TENS Units
    - PT/OT codes PT337, PT338, OT337, and OT338 if re-testing exceeds 15 minutes for single joint, single plane; or 30 minutes for single joint multiple plane; or, 30 minutes for multiple joint, multiple plane for noninvolved side
    - Psychiatric Evaluations
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Zenith Insurance Company/ZNAT Insurance Company/Zenith Claims Solutions
Corporate Office: 21255 Califa Street Woodland Hills, CA 91367 Telephone 800-440-5020
www.TheZenith.com

- **NOTICE:** (effective 3/29/18) When a medication has been previously approved, a LWC-WC-1010 shall not be required for any subsequent refills or new prescriptions of the previously approved medications exceeding $ 750.00 within a six (6) month period.

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