LOUISIANA PREAUTHORIZATION LIST

Process - Healthcare Provider (HCP) when seeking authorization to exceed the $ 750.00 statutory limit for medical services completes the LWC Form 1010- Request of Authorization/Carrier or Self Insure Employer Response form.

- All non-emergency hospital admissions with an appropriate length of stay being assigned.
- Continued stay review must be performed on each approved admission.
- Emergency hospital admission must meet the specified criteria as outlined in the utilization review rules and must have concurrent review performed.
- Continued treatment beyond the statutory limit of $750 by provider, even if in compliance with the guidelines. (LA Statute, §23:1142(B))
    - Treatment that varies from the OWC Medical Guidelines, includes:
        - Care not recommended, although the diagnosis is covered
        - Care recommended, but for a different diagnosis or body part
        - Care that involves a medical condition of the claimant that complicates recovery and is not addressed by the guidelines
        - Care not covered by the OWC Medical Guidelines (i.e. diagnosis is not addressed) (LAC, Title 40, §2715(L)(2))
- Evaluation and Management Visits – first routine E&M office visit beyond $750 limit per health care provider.
    - If this visit is approved, preauth is not required for subsequent routine visits, not to exceed 12 visits, during the first year following DOI
    - Visits that occurred prior to this visit count toward the 12-visit cap
- Evaluation and Management Visits Beyond 12th visit or after 1 year from DOI
    - If approved, preauth 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))

Zenith Insurance Company Corporate Office: 21255 Califa Street Woodland Hills, CA 91367 Telephone 800-440-5020
www.TheZenith.com

- 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
    - 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)

- **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.

Zenith Insurance Company Corporate Office: 21255 Califa Street Woodland Hills, CA 91367 Telephone 800-440-5020
www.TheZenith.com