

Effective Date: January 24, 2010

Revised: January 3, 2011

We have updated our Preauthorization and Notification list for Humana Medicare Advantage (MA) plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. However, for MA Private-Fee-for-Service (PFFS) plans, notification is requested, not required.

The list represents services and medications [1] that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS) and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.

[1] These medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

Investigational and experimental procedures are not usually covered benefits. Please consult the member's Evidence of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Humana MA HMO Members:** The full list of preauthorization requirements applies to Humana MA HMO members. For MA HMO plans in Florida, specialists should direct all service and medication administration preauthorization requests to the member's primary care physician for referral issuance. In addition, certain services outlined in the Medicare Preauthorization and Notification list may not be applicable for Chicago, Nevada or California providers affiliated with an independent physician association (IPA) via a capitated arrangement. Please refer to your provider agreement for clarification.
- **Humana MA PPO Members:** The full list of preauthorization requirements applies to Humana MA PPO members.
- **Humana MA PFFS Members:** For Humana MA PFFS members, notification is requested, but not required, so that members may be referred to appropriate case management and disease management programs. For procedures or services that are investigational, experimental or may have limited benefit coverage, or for any questions about whether Humana will pay for a service, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service. You may be contacted if additional information is needed.

Advanced Coverage Determinations (ACDs) for PFFS members may be initiated by submitting a written request to:

Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

- This list does not apply to members enrolled in a Humana Medicare supplement plan.
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See Humana's Commercial Preauthorization and Notification List.)
- **Exclusions for Pain Management Procedures:** This preauthorization requirement does not apply to Medicare Advantage PFFS members, Medicare Advantage HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana, and Medicare Advantage HMO members in Alabama, California, Florida, Georgia, Louisiana, Mississippi, Nevada, South Carolina and Tennessee.

There are exceptions to this list. Not all procedures and medications are covered by all health plans. Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services.

Reminder:

Except where noted via a link on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana's Web site at www.humana.com/providers (registration required), via Availity at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line at 1-800-523-0023.

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

Medicare Advantage Preauthorization and Notification List

CATEGORY	DETAILS	COMMENTS	HMO	PPO	PFFS
Inpatient Admissions	Acute Hospital		Authorization	Authorization	Notification
	Acute Rehab Facilities		Authorization	Authorization	Notification
	Long-term Acute Care		Authorization	Authorization	Notification
	Skilled Nursing Facilities		Authorization	Authorization	Notification
	Mental Health and Partial Hospital/Residential Treatment		Authorization	Authorization	Notification
Observation	Observation Stays		Authorization	Notification	Notification
Durable Medical Equipment (DME)	*Cochlear and Auditory Brainstem Implants		Authorization	Authorization	Not applicable
	CPAP/BiPAP		Authorization	** Authorization	Not applicable
	CPM Machines		Authorization	** Authorization	Not applicable
	Cranial Orthotics		Authorization	** Authorization	Not applicable
	Electric Beds		Authorization	** Authorization	Not applicable
	Electric Wheelchairs/Scooters		Authorization	** Authorization	Not applicable
	High Frequency Chest Compression Vests		Authorization	** Authorization	Not applicable
	*Pain Infusion Pump		Authorization	** Authorization	Not applicable
	Stimulator Devices	Includes Bone Growth, Neuromuscular and *Spinal Cord	Authorization	** Authorization	Not applicable
	Prosthetics		Authorization	** Authorization	Not applicable
	Any other DME item greater than \$750.00		Authorization	** Authorization	Not applicable
Plastic Surgery/Cosmetic	Abdominoplasty		Authorization	Authorization	Not applicable
	Blepharoplasty		Authorization	Authorization	Not applicable
	Breast Procedures		Authorization	Authorization	Not applicable
	Otoplasty		Authorization	Authorization	Not applicable
	Penile Implant		Authorization	Authorization	Not applicable
	Rhinoplasty		Authorization	Authorization	Not applicable
	Septoplasty		Authorization	Authorization	Not applicable
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)		Authorization	** Authorization	Notification
	Pain Management Procedures	**Spinal Fusion, *Other Decompression Surgeries, **Facet Injections, *Epidural Injections (outpatient only), *Kyphoplasty, *Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator	Authorization	** Authorization	Not applicable
	Home Health Care/Home Infusion		Authorization	** Authorization	Not applicable
	Hyperbaric Therapy		Authorization	** Authorization	Not applicable
	Infertility Testing and Treatment		Authorization	** Authorization	Not applicable
	Obesity Surgeries		Authorization	Authorization	Notification
	Oral Surgeries		Authorization	** Authorization	Not applicable
	Radiation Therapy		Authorization	** Authorization	Notification
	Transplant Services		Authorization	Authorization	Notification
	Uvulopalatopharyngoplasty (UPPP)		Authorization	** Authorization	Not applicable
	Varicose Vein: Surgical Treatment and Sclerotherapy		Authorization	** Authorization	Not applicable
	Ventricular Assist Devices		Authorization	** Authorization	Notification
Radiology: Outpatient Imaging	CT Scan		Authorization	** Authorization	Notification
	MRA		Authorization	** Authorization	Notification
	MRI		Authorization	** Authorization	Notification
	Nuclear Stress Test		Authorization	** Authorization	Notification
	PET Scan/National Oncology PET Registry (NOPR)		Authorization	** Authorization	Notification
	SPECT Scan		Authorization	** Authorization	Notification
Outpatient Therapy Services	Physical Therapy		Authorization	Authorization	Notification
	Occupational Therapy		Authorization	Authorization	Notification

Medicare Advantage Preauthorization and Notification List

	Speech Therapy		Authorization	Authorization	Notification
Nonparticipating Providers	All Services		Authorization	Notification	Not applicable
Maternity	Routine Maternity Care		Authorization	Notification	Notification
Clinical Trials	Clinical Trials		***	***	****

Medication Preauthorization List

Preauthorization is required for Humana MA HMO and Humana MA PPO. Notification is requested, not required for Humana MA PFFS for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.**

To request authorization/notification, please click [here](#) to access the fax forms.

Brand	Generic	Brand	Generic
*Actemra	*tocilizumab	Increlex	mecasermin
Aloxi	palonosetron HCl	*Istodax	*romidepsin
Aranesp	darbepoetin alfa	Ixempra	ixabepilone
Arcalyst	rilonacept	*Jevtana	*cabazitaxel
Avastin	bevacizumab	Kineret	anakinra
Avonex	interferon beta-1a	*Krystexxa	*pegloticase
*Arzerra	*ofatumumab	Lucentis	ranibizumab
*Berinert	*c1 esterase inhibitor	*Mozobil	*plerixafor
Betaseron	interferon beta-1b	Myobloc	rimabotulinumtoxinB
*Boniva	*ibandronate sodium	Neulasta	pegfilgrastim
Botox	onabotulinumtoxinA	*Nplate	*romiplostim
*Cerezyme	*imiglucerase	Orencia	abatacept
Cimzia	certolizumab pegol	*Ozurdex	*dexamethasone intravitreal implant
*Cinryze	*c1 esterase inhibitor	Pegasys	peginterferon alfa-2a
Copaxone	glatiramer acetate	PegIntron	peginterferon alfa-2b
Dacogen	decitabine	Procrit	epoetin alfa
*Dysport	*abobotulinumtoxin A	*Prolia	*denosumab
Emend IV	aprepitant	*Provence	*sipuleucel-T
Enbrel	etanercept	*Qutenza	*capsaicin/skin cleanser
Epogen	epoetin alfa	Rebif	interferon beta-1a
Erbix	cetuximab	Reclast	zoledronic acid
*Extavia	*interferon beta-1b	Relistor	methylxanthone bromide
*Flolan	*epoprostenol (injection)	Remicade	infliximab
Forteo	teriparatide	*Remodulin	*treprostinil (injection)
*Folotyn	*pralatrexate	*Revatio	*sildenafil citrate (injection)
Fusilev	levoleucovorin	Rituxan	rituximab
*Gilenya	*fingolimod	*Sandostatin LAR	*octreotide
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin	*Simponi	*golimumab
*Halaven	*eribulin mesylate	Soliris	eculizumab
Herceptin	trastuzumab	Somavert	pegvisomant
Humira	adalimumab	*Stelara	*ustekinumab
*Ilaris	*canakinumab	Synagis	palivizumab
Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, * Hizentra, Octagam, Polygam S/D, Privigen, Vivagloblin	immune globulin	Torisel	temsirolimus
		Treanda	bendamustine HCl
		*Tyvaso	*treprostinil (inhaled)
		Vectibix	panitumumab
		Velcade	bortezomib
		*Ventavis	*iloprost (inhaled)
		Vidaza	azacitidine
		*Vpriv	*velaglucerase alfa
		*Xeomin	*incobotulinumtoxinA
		*Xgeva	*denosumab
		Xolair	omalizumab
		Zometa	zoledronic acid

Find precertification request forms for the medications listed above [here](#).

Find Medicare Part D prescription drug authorization requirements [here](#).

*New preauthorization requirement

Medicare Advantage Preauthorization and Notification List

**New preauthorization process

***Indicates procedures or services that may be investigational, experimental or have limited benefit coverage.

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