

HUMANA® Medicare Advantage Preauthorization and Notification List

Effective Date: January 22, 2011

Revised: August 1, 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 medications¹ 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>.

¹These 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 Health Maintenance Organization (HMO) Members:** The full list of preauthorization requirements applies to Humana MA HMO and HMO-POS members. **For HMO-POS plans, notification is requested, but not required for covered services from nonparticipating providers.** 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 Preferred Provider Organization (PPO) Members:** The full list of preauthorization requirements applies to Humana MA PPO members. **For covered services from nonparticipating providers, notification is requested, but not required.**

Humana MA Private Fee-for-Service (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, Louisiana, Mississippi, Nevada and Tennessee.
- **Exclusions for Molecular Diagnostics and Genetic Testing:** This preauthorization requirement does not apply to Medicare Advantage PFFS members, MA HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana, and Medicare Advantage HMO members in Florida, Illinois, Nevada, Arizona and California

Failure to obtain preauthorization for a service could result in payment reductions for the provider and benefit reductions for the member, based upon the provider's contract and the member's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review.

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 links on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana's website at 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. Online preauthorization requests are encouraged.

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.

HUMANA® Medicare Advantage Preauthorization and Notification List

The below list of services requiring preauthorization applies to participating and nonparticipating health care providers.
For PPO and HMO-POS plans, notification is requested, but not required for covered services from nonparticipating providers:

CATEGORY	DETAILS	COMMENTS	HMO & HMO-POS	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
*Chemotherapy	*Chemotherapy Agents	*ONLY Cincinnati and Tampa	*Authorization	*Authorization	*Notification
	*Supportive Drugs		*Authorization	*Authorization	*Notification
	*Symptom Management Drugs		*Authorization	*Authorization	*Notification
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)		Authorization	Authorization	Notification
	Home Health Care/Home Infusion		Authorization	Authorization	Not applicable
	Hyperbaric Therapy		Authorization	Authorization	Not applicable
	Infertility Testing and Treatment		Authorization	Authorization	Not applicable
	*Molecular Diagnostic/Genetic Testing		*Authorization	*Authorization	Not applicable
	Obesity Surgeries		Authorization	Authorization	Notification
	Oral Surgeries		Authorization	Authorization	Not applicable
	Pain Management Procedures	Spinal Fusion, Other Decompression Surgeries, Facet Injections, Epidural Injections (provider office and outpatient only), Kyphoplasty, Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator	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	*Cardiac Catheterizations		*Authorization	*Authorization	*Notification
	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
	Speech Therapy		Authorization	Authorization	Notification
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	*Krystexxa	*pegloticase
*Alimta	*pemetrexed	Lucentis	ranibizumab
Aloxi	palonosetron HCl	*Lumizyme	*alglucosidase alfa
Aranesp	darbepoetin alfa	*Makena	*hydroxyprogesterone caproate
Arcalyst	rilonacept	Mozobil	plerixafor
Arzerra	ofatumumab	Myobloc	rimabotulinumtoxinB
Avastin	bevacizumab	*Myozyme	*alglucosidase alfa
Avonex	interferon beta-1a	Neulasta	pegfilgrastim
*Benlysta	*belimumab	Nplate	romiplostim
Berinert	c1 esterase inhibitor	*Nulojix	*belatacept
Betaseron	interferon beta-1b	Orencia	abatacept
Boniva	ibandronate sodium	Ozurdex	dexamethasone intravitreal implant
Botox	onabotulinumtoxinA	Pegasys	peginterferon alfa-2a
Cerezyme	imiglucerase	PegIntron	peginterferon alfa-2b
Cimzia	certolizumab pegol	Procrit	epoetin alfa
Cinryze	c1 esterase inhibitor	Prolia	denosumab
Copaxone	glatiramer acetate	Provenge	sipuleucel-T
Dacogen	decitabine	Qutenza	capsaicin/skin cleanser
Dysport	abobotulinumtoxin A	Rebif	interferon beta-1a
Emend IV	aprepitant	Reclast	zoledronic acid
Enbrel	etanercept	Relistor	methylxanthone bromide
Epogen	epoetin alfa	Remicade	infliximab
Erbitux	cetuximab	Remodulin	treprostinil (injection)
Extavia	interferon beta-1b	Revatio	sildenafil citrate (injection)
Flolan	epoprostenol (injection)	Rituxan	rituximab
Forteo	teriparatide	Sandostatin LAR	octreotide
Folotyn	pralatrexate	Simponi	golimumab
Fusilev	levoleucovorin	Soliris	eculizumab
Gilenya	fingolimod	Somavert	pegvisomant
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev- Tropin, Zorbtive	somatropin	Stelara	ustekinumab
*Halaven	*eribulin mesylate	*Sylatron	*peginterferon alfa-2b
Herceptin	trastuzumab	Synagis	palivizumab
Humira	adalimumab	Torisel	temsirolimus
Ilaris	canakinumab	Treanda	bendamustine HCl
Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, *Hizentra, Octagam, Polygam S/D, Privigen, Vivagloblin	immune globulin	Tyvaso	treprostinil (inhaled)
Increlex	mecasermin	Vectibix	panitumumab
Istodax	romidepsin	Velcade	bortezomib
Ixempra	ixabepilone	Ventavis	iloprost (inhaled)
Jevtana	cabazitaxel	Vidaza	azacitidine
Kineret	anakinra	Vpriv	velaglucerase alfa
		Xeomin	incobotulinumtoxin A
		*Xgeva	*denosumab
		Xolair	omalizumab
		*Yervoy	*ipilimumab
		Zometa	zoledronic acid
*Chemotherapy		*Chemotherapy Agents	*ONLY Cincinnati and Tampa Markets
		*Supportive Drugs	
		*Symptom Management Drugs	

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

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

*New preauthorization requirement

HUMANA Medicare Advantage Preauthorization and Notification List

**New preauthorization process

***Indicates procedures or services that may be investigational, experimental or have limited benefit coverage. Although authorization or notification is not requested for these services, individual practitioners making specific requests are encouraged to verify benefits and authorization requirements prior to providing services.

****You may request an Advanced Coverage Determination (ACD) on behalf of an MA PFFS member prior to providing the service. An ACD may be initiated by submitting a written request to:

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