



## Medicare Advantage Preauthorization and Notification List

Effective Date: September 14, 2013

Revised: June 14, 2013

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<sup>1</sup> 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 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>.

<sup>1</sup>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 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 Advantage Preauthorization and Notification List may not be applicable for providers affiliated with an independent physician association (IPA) via a capitated or delegated arrangement. For California MA HMO products, health care providers who participate in an IPA or other risk network with delegated services should refer to their IPA or risk network for further guidance on claims issues and policies. Please refer to your provider agreement for clarification. Exclusions may change; refer to [Humana.com/providers](http://Humana.com/providers) for the most up-to-date information. Choose "Authorizations/Referrals" and then the appropriate topic.

**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 in Florida and Nevada and some Medicare



## Medicare Advantage Preauthorization and Notification List

Advantage HMO members assigned to independent physician associations (IPAs) or other provider groups that have a capitated or delegated arrangement with Humana. Please refer to your provider agreement for clarification. Exclusions may change; refer to the Preauthorization and Notification lists posted on [Humana.com/providers](http://Humana.com/providers) for the most up-to-date information.

**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 Evidence 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](http://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.

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

CATEGORY	DETAILS	COMMENTS	HMO & HMO-POS	PPO	PFFS
<b>Inpatient Admissions</b>	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
<b>Observation</b>	Observation Stays		Authorization	Notification	Notification
<b>Durable Medical Equipment (DME)</b>	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
	<a href="#">Pain Infusion Pump</a>		Authorization	Authorization	Not applicable
	<a href="#">Stimulator Devices</a>	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	
<b>Plastic Surgery/Cosmetic</b>	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
<b>Chemotherapy</b>	Chemotherapy Agents	<a href="#">Chicago, Cincinnati, Kentucky, Milwaukee, South Florida, Tampa</a>	Authorization	Authorization	Notification
	Supportive Drugs	<ul style="list-style-type: none"> <li>○ **January 26, 2013: <a href="#">Arizona, Kansas City (Kansas/Missouri), Louisiana, Ohio, Tennessee, Wisconsin</a></li> <li>○ **April 1, 2013: <a href="#">Illinois, Indiana, North Carolina, South Carolina</a></li> <li>○ **June 3, 2013:</li> </ul>	Authorization	Authorization	Notification
			<a href="#">Virginia, West Virginia</a>	Authorization	Authorization
	Symptom Management Drugs	<ul style="list-style-type: none"> <li>○ **July 8, 2013: <a href="#">Florida</a> (excluding Broward, Dade, Palm Beach and Tampa counties already participating)</li> <li>○ **August 5, 2013: <a href="#">Colorado</a></li> <li>○ **October 7, 2013: <a href="#">Georgia, Michigan, Minnesota</a></li> </ul>			

<b>Other Services</b>	*Balloon Sinuplasty		Authorization	Authorization	Notification
	<a href="#">Cardiac Devices</a>	Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®)	Authorization	Authorization	Notification†
	<a href="#">Facility-based Sleep Studies (PSG)</a>		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
	<a href="#">Molecular Diagnostic/Genetic Testing</a>		Authorization	Authorization	Not applicable
	Obesity Surgeries		Authorization	Authorization	Notification
	Oral Surgeries		Authorization	Authorization	Not applicable
	<a href="#">Pain Management Procedures</a>	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
	<a href="#">Radiation Therapy</a>		Authorization	Authorization	Notification†
	Transplant Services		Authorization	Authorization	Notification
	*Surgery for Obstructive Sleep Apnea		Authorization	Authorization	Not applicable
	Varicose Vein: Surgical Treatment and Sclerotherapy		Authorization	Authorization	Not applicable
	Ventricular Assist Devices		Authorization	Authorization	Notification
<b>Radiology: Outpatient Imaging</b>	<a href="#">Cardiac Catheterizations</a>		Authorization	Authorization	Notification†
	<a href="#">CT Scan</a>		Authorization	Authorization	Notification†
	<a href="#">MRA</a>		Authorization	Authorization	Notification†
	<a href="#">MRI</a>		Authorization	Authorization	Notification†
	<a href="#">Nuclear Stress Test</a>		Authorization	Authorization	Notification†
	<a href="#">PET Scan/National Oncology PET Registry (NOPR)</a>		Authorization	Authorization	Notification†
	<a href="#">SPECT Scan</a>		Authorization	Authorization	Notification†
<b>Outpatient Therapy Services</b>	<a href="#">Physical Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Occupational Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Speech Therapy</a>		Authorization	Authorization	Notification
<b>Maternity</b>	Routine Maternity Care		Authorization	Notification	Notification
<b>Clinical Trials</b>	Clinical Trials		***	***	****

## Medication Preauthorization List

Preauthorization is required 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
Abilify Maintena	aripiprazole
Abraxane	paclitaxel-nab
Actemra	tocilizumab
Acthar Gel	corticotropin
Adcetris	brentuximab vedotin
Aldurazyme	laronidase
Alimta	Pemetrexed
Aloxi	palonosetron HCl
Aranesp	darbepoetin alfa
Aralast NP	alpha 1-proteinase inhibitor
Arcalyst	rilonacept
Arranon	nelarabine
Arzerra	ofatumumab
Atgam	lymphocyte immune globulin
Avastin	bevacizumab
Avonex	interferon beta-1a
Benlysta	belimumab
Berinert	c1 esterase inhibitor
Betaseron	interferon beta-1b
Bexxar	iodine I-131 tositumomab
Boniva	ibandronate sodium
Botox	onabotulinumtoxinA
Brovana	arformoterol
Buprenex	buprenorphine
Campath	alemtuzumab
Ceredase	alglucerase
Cerezyme	imiglucerase
Cimzia	certolizumab pegol
Cinryze	c1 esterase inhibitor
Copaxone	glatiramer acetate
Cyklokapron	tranexamic acid
CytoGam	cytomegalovirus immune globulin
Dacogen	decitabine
Dysport	abobotulinumtoxin A
Elaprase	idursulfase
Ellelyso	taliglucerase alfa
Elitek	rasburicase
Ellence	epirubicin HCl
Eloxatin	oxaliplatin
Emend IV	aprepitant
Enbrel	etanercept
Epogen	epoetin alfa
Erbix	cetuximab
Erwinaze	asparaginase Erwinia chrysanthemi
Extavia	interferon beta-1b

Brand	Generic
Ixempra	ixabepilone
Jetrea	ocriplasmin
Jevtana	cabazitaxel
Kadcyla	ado-trastuzumab emtansine
Kalbitor	ecallantide
Kineret	anakinra
Krystexxa	pegloticase
Kyprolis	carfilzomib
Kynamro	mipomersen sodium
Lucentis	ranibizumab
Lumizyme	alglucosidase alfa
Macugen	pegaptanib sodium
Makena	hydroxyprogesterone caproate
Mozobil	plerixafor
Myobloc	rimabotulinumtoxinB
Myozyme	alglucosidase alfa
Naglazyme	galsulfase
Neulasta	pegfilgrastim
Nplate	romiplostim
Nulojix	belatacept
Omontys	peginesatide
Ontak	denileukin diftitox
Orencia	abatacept
Ozurdex	dexamethasone intravitreal implant
Pegasys	peginterferon alfa-2a
Peg-Intron	peginterferon alfa-2b
Perjeta	pertuzumab
Prialt	ziconotide
Procrit	epoetin alfa
Prolastin-C	alpha 1-proteinase inhibitor
Prolia	denosumab
Provenge	sipuleucel-T
Qutenza	capsaicin/skin cleanser
Rebif	interferon beta-1a
Reclast	zoledronic acid
Relistor	methylnaltrexone bromide
Remicade	infliximab
Remodulin	treprostinil (injection)
Revatio	sildenafil citrate (injection)
Rituxan	rituximab
Sandostatin LAR	octreotide
Simponi	golimumab
Somatuline Depot	lanreotide
Soliris	eculizumab
Somavert	pegvisomant

<b>Eylea</b>	aflibercept	<b>Stelara</b>	ustekinumab
<b>Fabrazyme</b>	agalsidase beta	<b>Sylatron</b>	peginterferon alfa-2b
<b>Firazyr</b>	icatibant	<b>Synagis</b>	palivizumab
<b>Flolan</b>	epoprostenol (injection)	<b>Synribo</b>	omacetaxine mepesuccinate
<b>Forteo</b>	teriparatide	<b>Temodar</b>	temozolomide
<b>Folotyng</b>	pralatrexate	<b>Testopel</b>	testosterone pellet
<b>Fusilev</b>	levoleucovorin	<b>Torisel</b>	temsirolimus
<b>Gattex</b>	teduglutide	<b>Treanda</b>	bendamustine HCl
<b>Gilenya</b>	fingolimod	<b>Tyvaso</b>	treprostinil (inhaled)
<b>Glassia</b>	alpha 1-proteinase inhibitor	<b>Tysabri</b>	natalizumab
<b>Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive</b>	somatropin	<b>Valstar</b>	valrubicin
<b>Halaven</b>	eribulin mesylate	<b>Varizig</b>	varicella zoster immune globulin
<b>Herceptin</b>	trastuzumab	<b>Vectibix</b>	panitumumab
<b>Humira</b>	adalimumab	<b>Velcade</b>	bortezomib
<b>Ilaris</b>	canakinumab	<b>Veletri</b>	epoprostenol
<b>Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin</b>	immune globulin	<b>Ventavis</b>	iloprost (inhaled)
<b>Increlex</b>	mecasermin	<b>Vidaza</b>	azacitidine
<b>Istodax</b>	romidepsin	<b>Visudyne</b>	verteporfin
		<b>Vpriv</b>	velaglucerase alfa
		<b>Xeomin</b>	incobotulinumtoxin A
		<b>Xgeva</b>	denosumab
		<b>Xolair</b>	omalizumab
		<b>Yervoy</b>	ipilimumab
		<b>Zaltrap</b>	ziv-aflibercept
		<b>Zevalin</b>	ibritumomab tiuxetan
		<b>Zemaira</b>	alpha 1-proteinase inhibitor
		<b>Zometa</b>	zoledronic acid
		<b>Zyprexa Relprevv</b>	olanzapine
		<b>Chemotherapy</b>	Chemotherapy Agents 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

\*\*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:

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

† If you would like to request an ACD for this service, please contact [HealthHelp](#).

Services must be provided according to the Medicare Coverage Guidelines established by 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>.

▲ New-to-market drug addition