

Effective Date: January 18, 2014

Revised Date: June 12, 2014

We have updated our preauthorization and notification list for Humana Medicare Advantage (MA) plans and Humana Medicare-Medicaid plans. Please note that prior authorization, precertification, preadmission, preauthorization and notification 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 (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) 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>.

***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 practice 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 Medicare-Medicaid Plan (MMP) Members:** The full list of preauthorization requirements only applies to Humana Gold Plus Integrated (Illinois) and Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan (Virginia).
- **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 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.
- **Humana's Medicare Advantage Medication Preauthorization Drug list** has been updated to request, but not require, that health care providers submit an Advanced Coverage Determination (ACD) for medications listed on the MA Medication Preauthorization Drug list when requesting the medication for a Humana MA PFFS member. If a health care provider does not request an ACD for a medication for a Humana MA PFFS member, the claim may be reviewed for medical necessity and the provider may be contacted for clinical information. ACDs for medications on the list below may be initiated by submitting a fax or telephone request:
  - Submit by fax to 1-888-447-3430
  - Submit by telephone at 1-866-461-7273
- **All Humana MA Members:** For procedures or services that are investigational, experimental or may have limited benefit coverage, or for questions regarding 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.

ACDs may be initiated by submitting a written request, fax or telephone request:

- Send written requests to the following address: Humana Correspondence, P.O. Box 14601, Lexington, KY 40512-4601
- Submit by fax to 1-800-266-3022
- Submit by telephone at 1-800-523-0023
- This list does not apply to policyholders of 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 MA PFFS members, MA HMO members in Florida and Nevada and some MA HMO members assigned to independent practice 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 MA PFFS members, MA HMO members assigned to IPAs that have a capitated or delegated arrangement with Humana, and MA 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.

## Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

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
	<a href="#">Mental Health, Substance Abuse and Partial Hospital/Residential Treatment</a>	<a href="#">For Humana Gold Plus Integrated (IL) and Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan (VA), contact Beacon.</a>	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
<b>Chemotherapy</b>	Chemotherapy Agents Supportive Drugs	<a href="#">Kentucky, Wisconsin, Arizona, Kansas City (Kansas/Missouri), Louisiana, Ohio, Tennessee, Wisconsin, Illinois, Indiana, North Carolina, South Carolina, Virginia, West Virginia, Florida, Colorado, Georgia, Michigan, Minnesota</a>	Authorization	Authorization	Notification
	Symptom Management Drugs	Upon completion of training in 2014: Texas, Washington, Oregon, Idaho, Iowa, Nevada, California, Utah, New Mexico, Oklahoma, Arkansas, New Hampshire, Wyoming, Montana, South Dakota, North Dakota, Nebraska, Massachusetts, Pennsylvania, New York, Connecticut, Maine, Delaware, Rhode Island, Mississippi, Alabama, Maryland, New Jersey, Vermont, Alaska, Hawaii**	Authorization	Authorization	Notification

## Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

Other Services	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 <sup>†</sup>
	<a href="#">*Outpatient Coronary Angioplasty/Stent</a>		Authorization	Authorization	Notification <sup>†</sup>
	<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 <sup>†</sup>
	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
Radiology: Outpatient Imaging	<a href="#">Cardiac Catheterizations</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">CT Scan</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">MRA</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">MRI</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">Nuclear Stress Test</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">PET Scan/National Oncology PET Registry (NOPR)</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">SPECT Scan</a>		Authorization	Authorization	Notification <sup>†</sup>
	<a href="#">*Outpatient Transthoracic Echocardiogram (TTE)</a>		Authorization	Authorization	Notification <sup>†</sup>
Outpatient Therapy Services	<a href="#">Physical Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Occupational Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Speech Therapy</a>		Authorization	Authorization	Notification
Maternity	Routine Maternity Care		Authorization	Notification	Notification
Clinical Trials	Clinical Trials		***	***	****

## Medicare Advantage and Medicare-Medicaid Plan Preauthorization Drug 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	Brand	Generic
Abilify Maintena	aripiprazole	Kadcyla	ado-trastuzumab emtansine
Abraxane	paclitaxel-nab	Kalbitor	ecallantide
Actemra	tocilizumab	Kineret	anakinra
Acthar Gel	corticotropin	Krystexxa	pegloticase
Adcetris	brentuximab vedotin	Kyprolis	carfilzomib
Aldurazyme	laronidase	Kynamro	mipomersen sodium
Alimta	Pemetrexed	Lucentis	ranibizumab
Aloxi	palonosetron HCl	Lumizyme	alglucosidase alfa
Aralast NP	alpha 1-proteinase inhibitor	Macugen	pegaptanib sodium
Aranesp	darbepoetin alfa	Makena	hydroxyprogesterone caproate
Arcalyst	rilonacept	Marqibo	vincristine sulfate
Arranon	nelarabine	Mozobil	plerixafor
Arzerra	ofatumumab	Myobloc	rimabotulinumtoxinB
Atgam	lymphocyte immune globulin	Myozyme	alglucosidase alfa
Avastin	bevacizumab	Naglazyme	galsulfase
Benlysta	belimumab	Neulasta	pegfilgrastim
Berinert	c1 esterase inhibitor	Nplate	romiplostim
Boniva	ibandronate sodium	Nulojix	belatacept
Botox	onabotulinumtoxinA	Omontys	peginesatide
Brovana	arformoterol	Ontak	denileukin diftitox
Cerezyme	imiglucerase	Orencia	abatacept
Cimzia	certolizumab pegol	Ozurdex	dexamethasone intravitreal implant
Cinryze	c1 esterase inhibitor	Perjeta	pertuzumab
Cyklokapron	tranexamic acid	Prialt	ziconotide
^Cyramza	^ramucirumab	Procrit	epoetin alfa
CytoGam	cytomegalovirus immune globulin	Prolastin-C	alpha 1-proteinase inhibitor
Dacogen	decitabine	Prolia	denosumab
Dysport	abobotulinumtoxin A	Provenge	sipuleucel-T
Elaprase	idursulfase	Qutenza	capsaicin/skin cleanser
Elelyso	taliglucerase alfa	Reclast	zoledronic acid
Elitek	rasburicase	Remicade	infliximab
Ellence	epirubicin HCl	Remodulin	treprostnil (injection)
Eloxatin	oxaliplatin	Revatio	sildenafil citrate (injection)
Emend IV	aprepitant	Rituxan	rituximab
^Entyvio	^vedolizumab	Sandostatin LAR	octreotide
Epogen	epoetin alfa	Simponi ARIA	golimumab
Erbitux	cetuximab	Somatuline Depot	lanreotide

## Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

<b>Erwinaze</b>	asparaginase Erwinia chrysanthemi	<b>Soliris</b>	eculizumab
<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>Folotyng</b>	pralatrexate	<b>Temodar</b>	temozolomide
<b>Fusilev</b>	levoleucovorin	<b>Testopel</b>	testosterone pellet
<b>Gattex</b>	teduglutide	<b>Torisel</b>	temsirolimus
<b>Gazyva</b>	obinutuzumab	<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>Ilaris</b>	canakinumab	<b>Velcade</b>	bortezomib
<b>Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin</b>	immune globulin	<b>Veletri</b>	epoprostenol
<b>Istodax</b>	romidepsin	<b>Ventavis</b>	iloprost (inhaled)
<b>Ixempra</b>	ixabepilone	<b>Vidaza</b>	azacitidine
<b>Jetrea</b>	ocriplasmin	<b>^Vimizim</b>	<b>^</b> elosulfase alfa
<b>Jevtana</b>	cabazitaxel	<b>Visudyne</b>	verteporfin
		<b>Vpriv</b>	velaglucerase alfa
		<b>Xeomin</b>	incobotulinumtoxin A
		<b>Xgeva</b>	denosumab
		<b>Xolair</b>	omalizumab
		<b>Xofigo</b>	radium Ra 223 dichloride
		<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.



## Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

\*\*\*\* 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. ACDs may be initiated by submitting a written request, fax or telephone request:

- Send written requests to the following address: Humana Correspondence, P.O. Box 14601, Lexington, KY 40512-4601
- Submit by fax to 1-800-266-3022
- Submit by telephone at 1-800-523-0023

ACDs for medications on the list above may be initiated by submitting a fax or telephone request:

- Submit by fax to 1-888-447-3430
- Submit by telephone at 1-866-461-7273

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

▲ New-to-market drug addition