

Effective Date: Jan. 26, 2015

Revised Date: Jun. 23, 2015

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 usually are not 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 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** 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 or 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** (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.** For MA PFFS, notification is requested, but not required.

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, Substance Abuse and Partial Hospital/Residential Treatment	For Humana Gold Plus Integrated (IL) and Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan (VA), contact Beacon.	Authorization	Authorization	Notification
Observation	Observation Stays		Authorization	Notification	Notification
Durable Medical Equipment (DME)	Cochlear and Auditory Brainstem Implants		Authorization	Authorization	Not applicable
	CPM Machines		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
Chemotherapy	Chemotherapy Agents Supportive Drugs	<ul style="list-style-type: none"> Alabama, Alaska, Arizona, Arkansas, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Missouri, Louisiana, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming Connecticut, Delaware, Florida, Georgia, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Texas, Vermont 	Authorization	Authorization	Notification
	Symptom Management Drugs		Authorization	Authorization	Notification

Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

Other Services	Balloon Sinuplasty		Authorization	Authorization	Notification
	Cardiac Devices	Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest [®])	Authorization	Authorization	Notification [†]
	Outpatient Coronary Angioplasty/Stent		Authorization	Authorization	Notification [†]
	**Facility-based Sleep Studies (PSG)		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
	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
	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	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 Transthoracic Echocardiogram (TTE)		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		***	***	****

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
Abraxane	paclitaxel-nab	Kadcyla	ado-trastuzumab emtansine
Actemra	tocilizumab	Kalbitor	ecallantide
Acthar Gel	corticotropin	Kineret	anakinra
Adcetris	brentuximab vedotin	Krystexxa	pegloticase
Aldurazyme	laronidase	Kyprolis	carfilzomib
Alimta	Pemetrexed	Kynamro	mipomersen sodium
Aloxi	palonosetron HCl	▲Lemtrada	▲alemtuzumab
Aralast NP ¹	alpha 1-proteinase inhibitor ¹	Lucentis	ranibizumab
Aranesp	darbepoetin alfa	Lumizyme	alglucosidase alfa
Arcalyst	rilonacept	Macugen	pegaptanib sodium
Arzerra	ofatumumab	Makena	hydroxyprogesterone caproate
Atgam	lymphocyte immune globulin	Marqibo	vincristine sulfate
Avastin	bevacizumab	Mozobil	plerixafor
Beleodaq	belinostat	Myobloc	rimabotulinumtoxinB
Benlysta	belimumab	Myozyme	alglucosidase alfa
Berinert	c1 esterase inhibitor	Naglazyme	galsulfase
▲Blincyto	▲blinatumomab	Neulasta	pegfilgrastim
Boniva	ibandronate sodium	Nplate	romiplostim
Botox	onabotulinumtoxinA	Nulojix	belatacept
Brovana	arformoterol	▲Opdivo	▲nivolumab
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 ¹	epoetin alfa ¹
CytoGam	cytomegalovirus immune globulin	Prolastin-C ¹	alpha 1-proteinase inhibitor ¹
Dacogen	decitabine	Prolia ¹	denosumab ¹
▲Duopa	▲carbidopa / levodopa	Provenge	sipuleucel-T
Dysport	abobotulinumtoxin A	Qutenza	capsaicin/skin cleanser
Elaprase	idursulfase	Reclast ¹	zoledronic acid ¹
Elelyso	taliglucerase alfa	Remicade	infliximab
Elitek	rasburicase	Remodulin	treprostinil (injection)
Emend IV	aprepitant	Revatio	sildenafil citrate (injection)
Entyvio	vedolizumab	Rituxan	rituximab
Epogen ¹	epoetin alfa ¹	Ruconest	c1 esterase inhibitor
Erbix	cetuximab	Sandostatin LAR	octreotide

Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List

Erwinaze	asparaginase Erwinia chrysanthemi	Simponi ARIA	golimumab
Eylea	aflibercept	▲Signifor LAR	▲pasireotide
Fabrazyme	agalsidase beta	Somatuline Depot	lanreotide
Firazyr	icatibant	Soliris	eculizumab
Flolan¹	epoprostenol (injection) ¹	Stelara	ustekinumab
Folotyn	pralatrexate	Sylatron	peginterferon alfa-2b
Fusilev	levoleucovorin	Synagis	palivizumab
Gattex	teduglutide	Synribo	omacetaxine mepesuccinate
Gazyva	obinutuzumab	Temodar	temozolomide
Gilenya	fingolimod	Testopel	testosterone pellet
Glassia	alpha 1-proteinase inhibitor	Torisel	temsirolimus
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin	Treanda	bendamustine HCl
Halaven	eribulin mesylate	Tyvaso	treprostinil (inhaled)
Herceptin	trastuzumab	Tysabri	natalizumab
Ilaris	canakinumab	Valstar	valrubicin
▲Iluvien	▲fluocinolone acetonide	Varizig	varicella zoster immune globulin
Immune Globulin¹: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin	immune globulin ¹	Vectibix	panitumumab
Istodax	romidepsin	Velcade	bortezomib
Ixempra	ixabepilone	Velettri¹	epoprostenol ¹
Jetrea	ocriplasmin	Ventavis	iloprost (inhaled)
Jevtana	cabazitaxel	Vidaza	azacitidine
		Vimizim	elosulfase alfa
		Visudyne	verteporfin
		Vpriv	velaglucerase alfa
		Xeomin	incobotulinumtoxin A
		Xgeva¹	denosumab ¹
		Xolair	omalizumab
		Xofigo	radium Ra 223 dichloride
		Yervoy	ipilimumab
		Zaltrap	ziv-aflibercept
		Zevalin	ibritumomab tiuxetan
		Zemaira¹	alpha 1-proteinase inhibitor ¹
		Zometa¹	zoledronic acid ¹
		Zyprexa Relprevv	olanzapine
		Chemotherapy	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 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:

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

▲ New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.