

Medicaid Preauthorization and Notification List

Effective Date: Jan. 26, 2015

Revised date: Jun. 23, 2015

We have a new preauthorization and notification list for Humana Medicaid plans. Please note that precertification, preadmission, preauthorization and notification all refer to the same process of preauthorization. The list represents services and medications that are commonly reviewed and may require additional clinical information. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

We believe that guidance to our members can best be achieved when we are notified of specific services. This gives us the ability to provide information on benefits and an opportunity to refer members to appropriate clinical programs. To achieve this goal, we have several items for which we are requesting notification; please note these items on the following pages.

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

Important Notes:

- **Illinois Medicaid Members:** The full list of preauthorization requirements applies to Humana Integrated Care Program of Illinois members.
- **Florida Medicaid Members:**
 - For Medicaid plans in south Florida (regions 9, 10 and 11), specialists should direct all service and medication administration preauthorization requests to the member's primary care provider (PCP) for referral issuance.
 - For Medicaid plans in north and central Florida (regions 1 and 6) PCPs are responsible for member referral issuance. Once a referral has been obtained, a preauthorization must be submitted for services requiring preauthorization. A preauthorization request can be submitted by either PCPs or designated participating specialists.
 - In addition to the information noted above, certain services outlined in the Medicaid Preauthorization and Notification List may not be applicable for practitioners affiliated with an independent practice association (IPA) via a capitated or delegated arrangement. 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.
- **Kentucky Medicaid Members:** This list **does not** affect Medicaid plans in Kentucky.
- **Humana Medicare Advantage (MA):** This list **does not** affect Humana MA plans. (See Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List.)
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See Humana's Commercial Preauthorization and Notification List.)

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 are covered by all health plans. Since a single document cannot reflect all possible exceptions, we recommend that an individual practitioner making a specific request for services verify benefits and authorization requirements prior to providing services.

Reminder: Except where noted via the links on the following pages, health care 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, available by calling the phone number on the back of the member's ID card. 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 following list of services requiring preauthorization applies to participating as well as nonparticipating health care providers.

Medicaid Preauthorization and Notification List

Additional information is available by clicking on an underlined listing.

CATEGORY	DETAILS	COMMENTS
Inpatient Admissions	Acute Hospital	Includes Inpatient Hospice
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health, Substance Abuse and Partial Hospital/Residential Treatment	Illinois , North Florida (region 1) , Central and South Florida (regions 6, 9, 10, 11) Includes Pet and Art Therapy†
Durable Medical Equipment (DME)	Augmentative and Alternative Communicative Systems††	
	Cochlear and Auditory Brainstem Implants	
	Cranial Orthotics	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	Pain Infusion Pump	Illinois
	Prosthetics	
	Stimulator Devices	Illinois Includes Bone Growth, Neuromuscular and Spinal Cord
	Any other DME item greater than \$750	
Plastic Surgery/Cosmetic	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
Other Services	Balloon Sinuplasty	
	Cardiac Devices	Illinois Includes Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®)
	Outpatient Coronary Angioplasty/Stent	Illinois
	Facility-based Sleep Studies (PSG)	Illinois , Florida
	Home Health Care/Home Infusion	
	Hyperbaric Therapy	
	Infertility Testing and Treatment	
	Molecular Diagnostic/Genetic Testing	
	Obesity Surgeries	
	Oral, Orthognathic, Temporomandibular Joint Surgeries	
	Pain Management Procedures	Illinois Includes 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
	Radiation Therapy	Illinois
	Surgeries for Obstructive Sleep Apnea	
	Transplant Surgeries	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	

Additional information is available by clicking on an underlined listing.

Radiology: Outpatient Imaging	Cardiac Catheterizations	Illinois
	CT Scan	Illinois
	MRA	Illinois
	MRI	Illinois
	Nuclear Stress Test	Illinois
	PET Scan	Illinois
	SPECT Scan	Illinois
	Outpatient Transthoracic Echocardiogram (TTE)	Illinois
Outpatient Therapy Services	Physical Therapy	Illinois
	Occupational Therapy	Illinois
	Speech Therapy	Illinois
	Chiropractic Therapy†	
Maternity	Routine Maternity Care	Notification Requested
Chemotherapy	Chemotherapy Agents †	Illinois
	Supportive Drugs†	
	Symptom Management Drugs †	

† Not applicable to Florida

†† Not applicable to Illinois

Illinois Medicaid Preauthorization Drug List

Illinois

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

Epogen¹	epoetin alfa ¹		Ruconest	c1 esterase inhibitor
Erbix	cetuximab		Sandostatin LAR	octreotide
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
Folotylin	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
			Tyvaso	treprostinil (inhaled)
			Tysabri	natalizumab
			Valstar	valrubicin
			Varizig	varicella zoster immune globulin
			Vectibix	panitumumab
			Velcade	bortezomib
			Velettri¹	epoprostenol ¹
Halaven	eribulin mesylate		Ventavis	iloprost (inhaled)
Herceptin	trastuzumab		Vidaza	azacitidine
Ilaris	canakinumab		Vimizim	elosulfase alfa
[▲]Iluvien	[▲]fluocinolone acetonide		Visudyne	verteporfin
Immune Globulin¹: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin	immune globulin ¹		Vpriv	velaglucerase alfa
			Xeomin	incobotulinumtoxin A
			Xgeva¹	denosumab ¹
			Xolair	omalizumab
			Yervoy	ipilimumab
			Zaltrap	ziv-aflibercept
			Zevalin	ibritumomab tiuxetan
			Zemaira¹	alpha 1-proteinase inhibitor ¹
			Zometa¹	zoledronic acid ¹
Istodax	romidepsin		Zyprexa Relprevv	olanzapine
Ixempra	ixabepilone			
Jetrea	ocriplasmin		Chemotherapy	Chemotherapy Agents Supportive Drugs Symptom Management Drugs
Jevtana	cabazitaxel			

*New preauthorization requirement

**New preauthorization process

[▲] New-to-market drug addition

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

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

Find authorization requirements for medications dispensed at the pharmacy [here](#).

Florida Medicaid 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
Botox	onabotulinumtoxinA

*New preauthorization requirement

**New preauthorization process

▲ New-to-market drug addition

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

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