

## Florida Medicaid Preauthorization and Notification List

**Effective Date: April 1, 2018**

**Revision Date: May 8, 2018**

We have updated our preauthorization and notification list for Humana Medicaid plans in Florida. 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.

Please note the term "preauthorization" (prior authorization, precertification, preadmission) is a process through which the physician or other health care provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

"Notification" refers to the process of the physician or other health care provider notifying Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

***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:

- **Florida Medicaid Members:**
  - For Medicaid plans in Florida, PCPs should ensure referrals are in place before services are provided.
  - 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 <https://www.humana.com/provider/> 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. Visit <https://www.caresource.com/providers/kentucky/medicaid/> for information.
- **Humana Medicare Advantage (MA) and dual Medicare-Medicaid plans:** This list **does not** affect Humana MA or dual Medicare-Medicaid plans. For a list of preauthorization requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. For a list of preauthorization requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)

**Please note that urgent/emergent services do not require a referral or preauthorization.**

If a health care provider does not obtain authorization/notification *prior to the date of service*, it could result in financial penalties for the practice and reduced benefits for the member, based on the health care provider's contract and the member's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

**How to request preauthorization:**

Except where noted via links on the following pages, preauthorization requests for **medical services** may be initiated:

- Online via the secure provider area of Humana's website at **Humana.com/providers** (registration required)
- Online via Availity.com (registration required)
- By calling Humana's interactive voice response (IVR) line at 1-800-523-0023

***Please note:* Online preauthorization requests are encouraged. Additionally, clinical information for a medical service preauthorization request may be faxed to 1-813-321-7220.**

Except where noted via links on the following pages, preauthorization requests for **medications** may be initiated:

- By sending a fax to 1-888-447-3430 (request forms are available at [Humana.com/medpa](https://www.humana.com/medpa))
- By calling 1-866-461-7273 (available Monday through Friday, 8 a.m. to 8 p.m. Eastern time)

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.

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
<b>Inpatient Admissions</b>	Acute Hospital	Inpatient hospice, transplant and planned inpatient medical and surgical admissions
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health, Substance Use and Partial Hospital/Residential Treatment	<a href="#">North Florida (Region 1), Central and South Florida (Regions 6, 9, 10, 11)</a>
<b>Durable Medical Equipment (DME)</b>	Augmentative and Alternative Communicative Systems	
	Cochlear and Auditory Brainstem Implants	
	Cranial Orthotics*	
	DME Repair	
	Beds and Accessories	<a href="#">South Florida Regions 9, 10 and 11</a>
	High Frequency Chest Compression Vests	
	Insulin Infusion Pump*	
	Negative Pressure Wound Therapy*	
	Orthotics	
	Prosthetics	
	Stimulator Devices: Bone Growth, Neuromuscular and Spinal Cord	
	Transfer Bench*	
	Volume Control Ventilator*	
	Wheelchairs and Scooters	<a href="#">South Florida Regions 9, 10 and 11</a>
<b>Plastic Surgery/ Cosmetic</b>	Blepharoplasty	
	Breast Procedures	Excludes breast reconstruction following medically necessary mastectomy for breast cancer
<b>Ancillary Services</b>	Non-emergent Medical Transportation: Cross-country, Air, Water and Ambulance	
<b>Outpatient Services</b>	Computerized Tomography (CT) Scan	
	Electroencephalogram (EEG)	
	Facility-based Sleep Studies (PSG)	
	<a href="#">Genetic/Molecular Diagnostic Testing</a>	
	Infertility Testing and Treatment	
	Magnetic Resonance Imaging (MRI)	
	Physical, Occupational and Speech Therapy	

	Respiratory Therapy	
	Routine Maternity Care	Notification only
	Single Photon Emission Computerized Tomography (SPECT) Scan	
<b>Other</b>	Home Health/Home Infusion	South Florida Regions 9, 10 and 11

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 preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms.	
Brand	Generic
<b>Botox</b>	onabotulinumtoxinA
<b>Kymriah</b> <sup>1, ++</sup>	tisagenlecleucel <sup>1, ++</sup>
<b>Luxturna</b> <sup>▲, 1</sup>	voretigene neparvovec-rzyl <sup>▲, 1</sup>
<b>Yescarta</b> <sup>1, ++</sup>	axicabtagene ciloleucel <sup>1, ++</sup>

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

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

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All 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.

<sup>++</sup> Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).