

# Humana

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

**After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:**

[To view the Medicare 2021 Medical \(physical health\)/ Behavioral health preauthorization list, please click here](#)

[To view the Medicare 2021 Medication preauthorization list, please click here](#)

We have updated our preauthorization and notification list for Humana Medicare Advantage (MA) plans and Humana dual Medicare-Medicaid plans.

Please note the term “preauthorization” (prior authorization, precertification, preadmission) when used in this communication is defined as a process through which the physician or other healthcare 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 healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification, as it helps coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial for notifications.

The list represents services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at [www.cms.gov/medicare-coverage-database/](http://www.cms.gov/medicare-coverage-database/).

**Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.**

### Important notes:

- **Humana MA health maintenance organization (HMO):** The full list of preauthorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the preauthorization list and should refer to their IPA or risk network for guidance on processing their request. Exclusions may change; refer to [Humana.com/provider](http://Humana.com/provider) for the most up-to-date information. **Choose**

**“Authorization & Referrals” at the bottom of the page and then the appropriate topic.**

- **Florida MA HMO:** The full list of preauthorization requirements applies to Florida MA HMO-covered patients. Healthcare providers need to submit requests directly to Humana for medications listed on the Medicare and dual Medicare-Medicaid Medication Preauthorization Drug List for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a preauthorization request, the claim may be reviewed retrospectively for medical necessity and the healthcare provider may be contacted for clinical information. See “How to Request Preauthorization” for instructions on how to submit preauthorization requests for medications on the Medicare and dual Medicare-Medicaid Medication Preauthorization List.
- **Humana MA private fee-for-service (PFFS):** Preauthorization is not required for MA PFFS plans; notification is requested, as it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination (ACD) on behalf of the patient for any service not on our preauthorization list for review and determination of coverage in advance of the services being provided. See “Advance Coverage Determinations” for instructions.
- **Humana Medicare Supplement Plan:** This list does not apply to policyholders of a Humana Medicare Supplement plan.
- **Humana commercial:** This list does not affect Humana commercial plans. (Find Humana’s Commercial Preauthorization and Notification List on our preauthorization page at [Humana.com/PAL](http://Humana.com/PAL).)
- **All Humana MA – advance coverage determinations (ACDs):** For procedures or services that are investigational, experimental or may have limited benefit coverage, or for questions regarding whether Humana will pay for any service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
  - ACDs for medical services can be initiated by submitting a written, fax or telephone request:
    - Send written requests to: 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 can 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

**Please note that urgent/emergent services do not require referrals or preauthorizations.**

Not obtaining preauthorization for a service could result in financial penalties for the practice and reduced benefits for the patient, based on the healthcare provider’s contract and the patient’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.

**Information required for a preauthorization request or notification may include, but is not limited to, the following:**

- Member’s ID number, name and date of birth

- Date of actual service or hospital admission
- Procedure codes, up to a maximum of 10 per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to a maximum of six per authorization request
- Service location
- Inpatient (acute hospital, skilled nursing, hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax ID and NPI number of treatment facility (where service is being rendered)
- Tax ID and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a more expeditious determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

**How to request preauthorization:**

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

- Online at [Availity.com](https://www.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. For certain PAL services requested via Availity, healthcare providers have the option to complete a questionnaire. The answers to the questionnaire may lead to a real-time approval. Even if an online approval is not provided immediately, the information on the questionnaire will help Humana expedite the review.

Except where noted via links on the following pages, preauthorization 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, 6 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 or step therapy requirements for medications without notification via U.S. postal mail.