Humana

Commercial 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 Commercial Medical (physical health)/ Behavioral health preauthorization list, please click here

To view the Commercial Medication preauthorization list, please click here

We have updated our preauthorization and notification list for **all** commercial fully insured plans. Each of the lists hyperlinked below list represent services and medications that require preauthorization prior to being provided or administered. 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), 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 so that Humana-covered patients may be referred to appropriate case management and disease management programs. 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 patient's Certificate of Coverage or contact Humana for confirmation of coverage.

Important notes:

- **Humana Medicare Advantage (MA):** This list does not affect Humana MA plans. For a list of preauthorization and notification requirements, please see our preauthorization page: **http://apps.humana.com/marketing/documents.asp?file=3483311**.
- **Commercial Health Maintenance Organization (HMO):** The full list of preauthorization requirements applies to patients with Humana commercial HMO coverage. For HMO point-of-service (HMO POS) plans, notification is requested, but not required for covered services from nonparticipating healthcare providers. 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 any questions or guidance processing their requests. Exclusions may change; refer to Humana.com/provider for the most up-to-date information. Choose "Authorization & Referrals" at the bottom of the page and then the appropriate topic.

- **Administrative-services-only (ASO) groups:** It is important to note that some employer groups for which Humana provides administrative services only (self-insured, employer-sponsored programs) may customize their plans with different requirements.

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

"Emergency care" means services provided in a hospital emergency facility for a bodily injury or sickness manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of that individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency care does not mean services for the convenience of the covered person or the provider of treatment or services.

Not obtaining preauthorization for a service could result in payment denials for the healthcare provider or reduced benefits for the patient.

Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that a healthcare provider 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.

Humana's medical coverage policies can be found here:
http://apps.humana.com/tad/tad_new/home.aspx?type=provider

How to request preauthorization:

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

- 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. For certain preauthorization 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**)
- 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, it 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.