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 2022 Medical (physical health)/ Behavioral health preauthorization list, please click here

To view the Medicare 2022 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 that 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 by which the physician or other healthcare provider notifies 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 details 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/.

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 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.**
- **Florida MA HMO:** The full list of preauthorization requirements applies to Florida MA HMO-

covered patients. Healthcare providers should 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; however, notification is requested, as it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination, or ACD (for review and determination of coverage in advance of the services being provided), on behalf of the patient for any service not on our preauthorization list. See "Advance Coverage Determinations" for instructions.
- **Humana MA preferred provider organization (PPO**): The full list of preauthorization requirements applies to patients with Humana MA PPO-coverage.
- **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.)
- **All Humana MA plans** – For procedures or services that are investigational or experimental or that may have limited benefit coverage, or to learn if Humana will pay for a 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 **800-266-3022**
        - Submit by telephone at **800-523-0023**
    - ACDs for medications on the list can be initiated by submitting a fax or telephone request:
        - Submit by fax to **888-447-3430**
        - Submit by telephone at **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 Humana 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 Identification Number (TIN) and National Provider Identifier (NPI) number of treatment facility (where service is being rendered)
- TIN 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 help expedite 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 (registration required)
- By calling Humana's interactive voice response (IVR) line at **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. Answers to the questionnaire could lead to real-time approval. If 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 **888-447-3430** (request forms are available at **Humana.com/medpa**)
- By calling **866-461-7273** (Monday – Friday, 6 a.m. – 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 Service mail.