

Humana Healthy Horizons in Louisiana Preauthorization and Notification List (PAL)

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

[2023 Louisiana Medicaid medical \(physical health\)/behavioral health preauthorization list](#)

[2023 Louisiana Medicaid medication preauthorization list](#)

The lists describe services and medications that are commonly reviewed and may require additional clinical information. Medications include those delivered in the physician's office, clinic, and outpatient or home setting.

Please note that “preauthorization”—also known as prior authorization, precertification and preadmission—is 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 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 patient's Certificate of Coverage or contact Humana for confirmation of coverage.

Important notes:

- **Louisiana Medicaid members:**
 - In addition to the information noted above, certain services outlined in the Medicaid PAL 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; please refer to [Humana.com/Provider](https://www.humana.com/Provider) for up-to-date information. Choose “Medical authorizations and referrals” and then the appropriate topic.
 - The enclosed PAL applies only to **Humana Healthy Horizons® in Louisiana**. It does not apply to Humana commercial, Medicare or other state Medicaid plans.
- **Emergent services do not require a referral or preauthorization.**
- The absence of authorization and/or notification prior to the date of service could result in financial penalties for the practice and reduced benefits for the member, based on the healthcare 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.

- **Except where noted via links on the following pages, preauthorization requests for medical services may be initiated by:**
 - Accessing [Avality](#) online (registration required)
 - Calling Humana Healthy Horizons in Louisiana at **1-800-448-3810** (available Monday through Friday, 7 a.m. to 7 p.m.)
 - Faxing the preauthorization form to **1-833-974-0059**

- **Except where otherwise noted via links on the following pages, preauthorization requests for behavioral health services may be initiated by:**
 - Calling the Behavioral Health Crisis Line at **1-844-461-2848**.

- **Preauthorization requests for medications may be initiated by:**
 - Faxing requests to **1-888-447-3430** (find request forms at [Humana.com/medPA](https://www.humana.com/medPA))
 - 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, without notification via the U.S. Postal Service, for additions of new-to-market medications or step-therapy requirements for medications.