



## Puerto Rico 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:**

[Puerto Rico Medicare January 2024 Medical \(physical health\) / Behavioral health preauthorization list please click here](#)

[Medicare 2024 Medication preauthorization list, please click here](#)

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

Please note that the term “preauthorization” (prior authorization, precertification, predetermination, preadmission), when used in this communication, is defined as a process through which the physician or other healthcare provider must 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 or requires notification, as it helps coordinate care for Humana-covered patients. This process is different than preauthorization.

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. If needed, you can review Medicare coverage guidelines.

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

### Important notes:

- **Humana Puerto Rico MA health maintenance organization (HMO):** The full list of preauthorization requirements applies to patients with Humana Puerto Rico MA HMO and HMO point-of-service (HMO POS) coverage.
- **Humana Puerto Rico 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 at [Humana.com/PAL](https://www.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 Advance Coverage Determination (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, email or telephone request:
    - Send written requests to:  
Humana PR Clinical Services Department, P.O. Box 195560, San Juan, PR 00919-5560
    - Submit by fax to 800-594-5309
    - Submit by email at [citfaxpr@humana.com](mailto:citfaxpr@humana.com)
    - Submit by telephone at 866-773-5959
  - ACDs for medications on the list can be initiated by:
    - Faxing to 800-594-5309.
    - Emailing [citfaxpr@humana.com](mailto:citfaxpr@humana.com)
    - Calling 866-773-5959.
  - To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

**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:**

- Member's Humana ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary)
- Place of service
- Inpatient (elective services, skilled nursing or rehabilitation)
- Outpatient (telehealth, office, home, outpatient hospital, durable medical equipment providers, radiology facilities or ambulatory surgery center)
- 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

Submitting all relevant clinical information at the time of the request will promote an agile 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 can be initiated o**

Online at

- <https://humana.pr> (registration required) or by:
- Calling 866-773-5959
- Faxing 800-594-5309
- Emailing [citfaxpr@humana.com](mailto:citfaxpr@humana.com)

**Please note:** Online preauthorization requests are encouraged.

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

- Faxing 800-594-5309 (request forms are available at [Humana.com/Medpa](https://humana.com/Medpa))
- Calling 866-773-5959
- Emailing [citfaxpr@humana.com](mailto:citfaxpr@humana.com)

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.