

Humana Healthy Horizons in Florida Preauthorization and Notification List

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

[2024 Florida Medicaid medical \(physical health\)/behavioral health preauthorization list](#)

[2024 Florida Medicaid medication preauthorization list](#)

Humana Healthy Horizons® in Florida updated the preauthorization and notification list for Humana Medicaid plans in Florida. The list describes commonly reviewed services and medications. Obtaining preauthorization may require additional clinical information. Medications include those delivered in a physician office, clinic, outpatient or home setting.

Please note:

Preauthorization (i.e., prior authorization, precertification, preadmission) is a process through which a physician or other healthcare provider is required to obtain advance plan approval to cover an item or service.

Notification refers to the process through which a physician or other healthcare provider informs Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. Unlike 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 member's Certificate of Coverage or contact Humana for confirmation of coverage.

IMPORTANT NOTES:

Florida Medicaid members:

- For Florida Medicaid plans, primary care physicians (PCPs) should ensure referrals are in place before providing services.
- In addition to the information noted above, certain services outlined on the Medicaid preauthorization and notification list 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; refer to [Humana.com/provider](https://www.humana.com/provider) for up-to-date information. Choose “Authorizations & Referrals” and then the appropriate topic.

- **Humana Medicare Advantage (MA) and dual Medicare-Medicaid plans:** This list **does not** affect Humana MA or dual Medicare-Medicaid plans. For a list of preauthorization requirements, please see our preauthorization page at [Humana.com/PAL](https://www.humana.com/PAL).
- **Humana commercial members:** This list **does not** affect Humana commercial plans. For a list of preauthorization requirements, please see our preauthorization page at [Humana.com/PAL](https://www.humana.com/PAL).

Urgent/emergent services do not require a referral or preauthorization.

Failure to obtain authorization/notification prior to the date of service could result in financial penalties for the practice and reduced member benefits, 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 an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

How to request preauthorization:

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

- Accessing [Availity.com](https://www.availity.com) online (registration required)
- Calling **866-856-8974**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
- Faxing clinical information for a medical service preauthorization request to **813-321-7220**

Please note: Online preauthorization requests are encouraged.

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

- Accessing CoverMyMeds online (preferred): Requests can be submitted at [CoverMyMeds.com](https://www.covermymeds.com).
- Faxing **888-447-3430** (request forms are available at [Humana.com/medPA](https://www.humana.com/medPA))
- Calling **866-461-7273** (available Monday – Friday, 8 a.m. – 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 without notification via U.S. Postal Service mail.