

Effective Date: January 23, 2012

Revised: October 18, 2011

We have updated our Preauthorization and Notification List for Humana Medicare Advantage (MA) plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. However, for MA Private Fee-for-Service (PFFS) plans, notification is requested, not required.

The list represents services and medications¹ that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS) and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.

¹These medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

Investigational and experimental procedures are not usually covered benefits. Please consult the member's Evidence of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Humana MA Health Maintenance Organization (HMO) Members:** The full list of preauthorization requirements applies to Humana MA HMO and HMO-POS members. **For HMO-POS plans, notification is requested, but not required for covered services from nonparticipating providers.** For MA HMO plans in Florida, specialists should direct all service and medication administration preauthorization requests to the member's primary care physician for referral issuance. In addition, certain services outlined in the Medicare Preauthorization and Notification List may not be applicable for providers affiliated with an independent physician association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification. Exclusions may change; refer to Humana.com/providers for the most up-to-date information. Choose "Authorizations/Referrals" and then the appropriate topic.
- **Humana MA Preferred Provider Organization (PPO) Members:** The full list of preauthorization requirements applies to Humana MA PPO members. **For covered services from nonparticipating providers, notification is requested, but not required.**
- **Humana MA Private Fee-for-Service (PFFS) Members:** For Humana MA PFFS members, notification is requested, but not required, so that members may be referred to appropriate case management and disease management programs. For procedures or services that are investigational, experimental or may have limited benefit coverage, or for any questions about whether Humana will pay for a service, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service. You may be contacted if additional information is needed.

Advanced Coverage Determinations (ACDs) for PFFS members may be initiated by submitting a written request to:

Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

- This list does not apply to members enrolled in a Humana Medicare supplement plan.

- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See Humana's Commercial Preauthorization and Notification List.)
- **Exclusions for Pain Management Procedures:** This preauthorization requirement does not apply to Medicare Advantage PFFS members, Medicare Advantage HMO members in California, Florida and Nevada and Medicare Advantage HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana.
- **Exclusions for Molecular Diagnostics and Genetic Testing:** This preauthorization requirement does not apply to Medicare Advantage PFFS members, MA HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana, and Medicare Advantage HMO members in Florida, Illinois, Nevada, Arizona and California

Failure to obtain preauthorization for a service could result in payment reductions for the provider and benefit reductions for the member, based upon the provider's contract and the member's Evidence of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review.

There are exceptions to this list. Not all procedures and medications are covered by all health plans. Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services.

Reminder:

Except where noted via links on the following pages, health care providers and facilities may submit preauthorization requests by logging into the secure section (enter the user ID and password in the boxes to the left, registration required), via Availity at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line at 1-800-523-0023. Online preauthorization requests are encouraged.

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 mail.

The below list of services requiring preauthorization applies to participating and nonparticipating health care providers. **For MA PPO and MA HMO-POS plans, notification is requested, but not required for covered services from nonparticipating providers:**

CATEGORY	DETAILS	COMMENTS	HMO & HMO-POS	PPO	PFFS
Inpatient Admissions	Acute Hospital		Authorization	Authorization	Notification
	** Acute Rehab Facilities		Authorization	Authorization	Notification
	** Long-term Acute Care		Authorization	Authorization	Notification
	** Skilled Nursing Facilities		Authorization	Authorization	Notification
	Mental Health and Partial Hospital/Residential Treatment		Authorization	Authorization	Notification
Observation	Observation Stays		Authorization	Notification	Notification
Durable Medical Equipment (DME)	Cochlear and Auditory Brainstem Implants		Authorization	Authorization	Not applicable
	CPAP/BiPAP		Authorization	Authorization	Not applicable
	CPM Machines		Authorization	Authorization	Not applicable
	Cranial Orthotics		Authorization	Authorization	Not applicable
	Electric Beds		Authorization	Authorization	Not applicable
	Electric Wheelchairs/Scooters		Authorization	Authorization	Not applicable
	High Frequency Chest Compression Vests		Authorization	Authorization	Not applicable
	Pain Infusion Pump		Authorization	Authorization	Not applicable
	Stimulator Devices	Includes Bone Growth, Neuromuscular and Spinal Cord	Authorization	Authorization	Not applicable
	Prosthetics		Authorization	Authorization	Not applicable
	Any other DME item greater than \$750.00		Authorization	Authorization	Not applicable
Plastic Surgery/Cosmetic	Abdominoplasty		Authorization	Authorization	Not applicable
	Blepharoplasty		Authorization	Authorization	Not applicable
	Breast Procedures		Authorization	Authorization	Not applicable
	Otoplasty		Authorization	Authorization	Not applicable
	Penile Implant		Authorization	Authorization	Not applicable
	Rhinoplasty		Authorization	Authorization	Not applicable
	Septoplasty		Authorization	Authorization	Not applicable
*Chemotherapy	** Chemotherapy Agents	ONLY * Chicago, Cincinnati, Kentucky and Milwaukee ; Tampa, Broward County, Dade County and Palm Beach County, FL	Authorization	Authorization	Notification
	** Supportive Drugs		Authorization	Authorization	Notification
	** Symptom Management Drugs		Authorization	Authorization	Notification

Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)		Authorization	Authorization	Notification
	*Cardiac Devices	Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®)	Authorization	Authorization	Notification
	*Facility-based Sleep Studies (PSG)		Authorization	Authorization	Not applicable
	Home Health Care/Home Infusion		Authorization	Authorization	Not applicable
	Hyperbaric Therapy		Authorization	Authorization	Not applicable
	Infertility Testing and Treatment		Authorization	Authorization	Not applicable
	Molecular Diagnostic/Genetic Testing		*Authorization	*Authorization	Not applicable
	Obesity Surgeries		Authorization	Authorization	Notification
	Oral Surgeries		Authorization	Authorization	Not applicable
	Pain Management Procedures	Spinal Fusion, Other Decompression Surgeries, Facet Injections, Epidural Injections (provider office and outpatient only), Kyphoplasty, Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator	Authorization	Authorization	Not applicable
	Radiation Therapy		Authorization	Authorization	Notification
	Transplant Services		Authorization	Authorization	Notification
	Uvulopalatopharyngoplasty (UPPP)		Authorization	Authorization	Not applicable
	Varicose Vein: Surgical Treatment and Sclerotherapy		Authorization	Authorization	Not applicable
	Ventricular Assist Devices		Authorization	Authorization	Notification
Radiology: Outpatient Imaging	Cardiac Catheterizations		*Authorization	*Authorization	*Notification
	CT Scan		Authorization	Authorization	Notification
	MRA		Authorization	Authorization	Notification
	MRI		Authorization	Authorization	Notification
	Nuclear Stress Test		Authorization	Authorization	Notification
	PET Scan/National Oncology PET Registry (NOPR)		Authorization	Authorization	Notification
	SPECT Scan		Authorization	Authorization	Notification
Outpatient Therapy Services	Physical Therapy		Authorization	Authorization	Notification
	Occupational Therapy		Authorization	Authorization	Notification
	Speech Therapy		Authorization	Authorization	Notification
Maternity	Routine Maternity Care		Authorization	Notification	Notification
Clinical Trials	Clinical Trials		***	***	****

Medication Preauthorization List

Preauthorization is required for Humana MA HMO and Humana MA PPO. Notification is requested, not required, for Humana MA PFFS for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.

[To request authorization/notification, please click here to access the fax forms.](#)

Brand	Generic	Brand	Generic
*Abraxane	*paclitaxel	Increlex	mecasermin
Actemra	tocilizumab	Istodax	romidepsin
*Adcetris	*brentuximab vedotin	Ixempra	ixabepilone
*Aldurazyme	*laronidase	Jevtana	cabazitaxel
Alimta	Pemetrexed	*Kalbitor	*ecallantide
Aloxi	palonosetron HCl	Kineret	anakinra
*Amevive	*alefacept	Krystexxa	pegloticase
Aranesp	darbepoetin alfa	Lucentis	ranibizumab
*Aralast NP	*alpha 1-proteinase inhibitor	Lumizyme	alglucosidase alfa
Arcalyst	rilonacept	*Macugen	*pegaptanib sodium
*Arranon	*nelarabine	Makena	hydroxyprogesterone caproate
Arzerra	ofatumumab	Mozobil	plerixafor
*Atgam	*lymphocyte immune globulin	Myobloc	rimabotulinumtoxinB
Avastin	bevacizumab	Myozyme	alglucosidase alfa
Avonex	interferon beta-1a	*Naglazyme	*galsulfase
Benlysta	belimumab	Neulasta	pegfilgrastim
Berineret	c1 esterase inhibitor	Nplate	romiplostim
Betaseron	interferon beta-1b	Nulojix	belatacept
*Bexxar	*iodine I-131 tositumomab	Orencia	abatacept
Boniva	ibandronate sodium	Ozurdex	dexamethasone intravitreal implant
Botox	onabotulinumtoxinA	Pegasys	peginterferon alfa-2a
*Brovana	*arformoterol	PegIntron	peginterferon alfa-2b
*Buprenex	*buprenorphine	*Prialt	*ziconotide
*Campath	*alemtuzumab	Procrit	epoetin alfa
*Ceredase	*alglucerase	*Prolastin-C	*alpha 1-proteinase inhibitor
Cerezyme	imiglucerase	Prolia	denosumab
Cimzia	certolizumab pegol	Provenge	sipuleucel-T
Cinryze	c1 esterase inhibitor	Qutenza	capsaicin/skin cleanser
Copaxone	glatiramer acetate	Rebif	interferon beta-1a
*Cyklokapron	*tranexamic acid	Reclast	zoledronic acid
Dacogen	decitabine	Relistor	methylnaltrexone bromide
Dysport	abobotulinumtoxin A	Remicade	infliximab
*Elaprase	*idursulfase	Remodulin	treprostinil (injection)
*Elitek	*rasburicase	Revatio	sildenafil citrate (injection)
*Ellence	*epirubicin HCL	Rituxan	rituximab
*Eloxatin	*oxaliplatin	Sandostatin LAR	octreotide
Emend IV	aprepitant	Simponi	golimumab
Enbrel	etanercept	*Somatuline Depot	*lanreotide
Epogen	epoetin alfa	Soliris	eculizumab
Erbix	cetuximab	Somavert	pegvisomant
Extavia	interferon beta-1b	Stelara	ustekinumab
*Fabrazyme	*agalsidase beta	Sylatron	peginterferon alfa-2b
*Firazyr	*icatibant	Synagis	palivizumab
Flolan	epoprostenol (injection)	Torisel	temsirolimus
Forteo	teriparatide	Treanda	bendamustine HCl
Fototyn	pralatrexate	Tyvaso	treprostinil (inhaled)
Fusilev	levoleucovorin	*Valstar	*valrubicin
Gilenya	fingolimod	Vectibix	panitumumab

