

# HUMANA Preauthorization and Notification List

**Effective Date: Revised 1/1/07**

The attached document provides a list of services requiring preauthorization or requesting notification.

***Please note: investigational and experimental procedures are not usually covered benefits. Please consult the member's certification or contact Humana for confirmation of coverage.***

It is important to understand that some employer groups for whom we provide administrative services only (self - insured, employer-sponsored programs) may customize their plans with different requirements. Thus, there are exceptions to this list. Since a single document cannot reflect all possible exceptions, we recommend that an individual practitioner making a specific request for services verify benefits and authorization requirements prior to providing services. This list is subject to change with notification.

Guidance to our members can best be achieved when we are notified of specific services so that we can provide information on benefits and condition support. To achieve this goal, we have several items for which we are requesting notification; please note these items on the document.

**Notes:**

1. HMO members: The following services require authorizations and medical necessity review. In addition, HMO members may require referrals for care received outside of the Primary Care Provider's office. Providers should continue to contact Humana to determine if a referral is needed for services not included on this list.
2. HumanaOne Individual Major Medical Members: The outpatient therapy authorization requirements (physical, occupational and speech therapy) do not apply for HumanaOne members. Please check the member's ID card to verify if the member is enrolled in a HumanaOne plan.

**Reminder:**

Providers/Facilities may submit preauthorization requests via Humana's provider web portal or via the interactive voice recording (IVR) line.

## Medical/Surgical Preauthorization List

CATEGORY	DETAILS	Commercial
<b>Inpatient Admissions</b>	Acute Hospital	X
	Acute Rehab Facilities	X
	Long Term Acute Care	X
	Skilled Nursing Facilities	X
	Mental Health and Partial Hosp/Residential Treatment	X
<b>Durable Medical Equipment (DME)</b>	Bone Growth Stimulators	X
	CPAP/Bi Pap	X
	CPM Machines	X
	Cranial Orthotics	X
	Electric Beds	X
	Electric Wheelchairs/Scooters	X
	High Frequency Chest Compression Vests	X
	Neuromuscular Stimulators	X
	Prosthetics	X
	Any other DME item greater than \$750.00	X
<b>Plastic Surgery/Cosmetic</b>	Abdominoplasty	X
	Blepharoplasty	X
	Breast Procedures	X
	Otoplasty	X
	Penile Implant	X
	Rhinoplasty	X
	Septoplasty	X
<b>Other Services</b>	AICD, Automatic Implantable Cardioverter Defibrillators	X
	Obesity Surgeries	X
	Oral Surgeries	X
	Transplant Surgeries	X
	UPPP	X
	Ventricular Assist Devices	X
	Varicose Vein: Surgical Treatment and Sclerotherapy	X
	Facet Injections	X
	Home Health	X
	Hyperbaric Therapy	X
	Infertility testing and treatment	X
<b>Radiology: Outpatient Imaging</b>	CT Scan	X
	MRA	X
	MRI	X
	Nuclear Stress Test	X
	PET Scan	X
	SPECT Scan	X
<b>Outpatient Therapy Services</b>	Physical Therapy	Effective 3/1/07 for Kentucky and Ohio
	Occupational Therapy	Effective 3/1/07 for Kentucky and Ohio
	Speech Therapy	Effective 3/1/07 for Kentucky and Ohio



## Medical/Surgical Notification List

CATEGORY	DETAILS	Commercial
Non-Participating Provider/ Facility Requests	All services	Notification Requested
Maternity	Routine Maternity Care	Notification Requested

## Pharmacy Preauthorization List

Preauthorization is required for these drugs when delivered in the provider office, clinic, outpatient or home setting.		
Brand Name	Generic Name	Commercial
Aranesp	darbepoetin alfa	X
Avonex	interferon beta-1a	X
Betaseron	interferon beta-1b	X
Copaxone	glatiramer acetate	X
Eligard	leuprolide acetate	X
Enbrel	etanercept	X
Epogen	epoetin alfa	X
Genotropin	somatropin	X
Humatrope	somatropin	X
Humira	adalimumab	X
Immune Globulin	various generic names	X
Kineret	anakinra	X
Lupron	leuprolide acetate	X
Lupron Depot	leuprolide acetate depot	X
Neulasta	pegfilgrastim	X
Norditropin	somatropin	X
Nutropin	somatropin	X
Nutropin AQ	somatropin	X
Pegasys	peginterferon alfa-2a	X
Peg-Intron	peginterferon alfa-2b	X
Procrit	epoetin alfa	X
Rebif	interferon beta-1a	X
Remicade	infliximab	X
Rituxan	rituximab	X
Serostim	somatropin	X
Siazen	somatropin	X
Somavert	pegvisomant	X
Synagis	palivizumab	X
Tev-tropin	somatropin	X
Trelstar	triptorelin pamoate	X