

# New rule improves the prior authorization process

While prior authorization helps ensure medical care is necessary and appropriate, sometimes it can be an obstacle to necessary patient care when providers must navigate complex requirements or face waits for prior authorization decisions.

Effective January 1, 2026, The Centers for Medicare & Medicaid Services (CMS) requires prior authorization decisions within seven calendar days for standard (non-urgent) requests for medical items and services (See **CMS Interoperability and Prior Authorization Final Rule - CMS-0057-F**).



Humana is committed to meeting the new streamlined timeframe for prior authorization decisions in accordance with this rule. To do so, supporting clinical information must be submitted at the time of your prior authorization request.

Failure to submit clinical information at the time of your prior authorization request may result in a delayed and/or adverse decision. **Required information may include, but is not limited to, the items shown on the right.**

## REQUIRED INFORMATION FOR PRIOR AUTHORIZATION

**Patient details:** Full name, date of birth and Humana policy ID number

**Referring and servicing provider details:** Name, National Provider Identifier (NPI), Tax Identification Number (TIN), specialty, contact information (including fax)

**Diagnosis and procedure codes:** Accurate ICD dx codes (up to 6) and procedure codes (up to 10, as applicable) specific to the request

**Treatment details:** Specific service, procedure, item or medication being requested, including planned date of service, service location, inpatient or outpatient, quantity, medication dosage, frequency, and duration

**Clinical rationale:** Detailed explanation of why the requested treatment is medically necessary for the patient's condition, including supporting evidence from medical records. See [Humana.com/coveragepolicies](https://www.humana.com/coveragepolicies) for more information on clinical guidelines.

**Relevant medical history:** Past medical conditions, current medications, allergies, and significant lab results

**Supporting documentation:** May include imaging studies, lab reports, treatments / therapies tried, progress notes, or other relevant clinical data that supports the medical necessity of the request