Humana

Illinois Humana Gold Plus Integrated Medicare-Medicaid Plan Preauthorization and Notification List

We updated our preauthorization and notification list for the Illinois Humana Gold Plus® Integrated Medicare-Medicaid Plan. Read about the preauthorization requirements below and select the appropriate link to access services, codes and medication:

Humana Gold Plus July 2025 medical/behavioral health preauthorization list

Medicare 2025 provider-administered medication preauthorization list

Please note the term "preauthorization," (prior authorization, precertification, preadmission), when used in this communication, is defined as a process through which the physician or other healthcare provider is required to 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 notification, as it helps coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial for notifications.

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. You can review Medicare coverage guidelines on the Medicare Coverage Database.

To view Humana's medical coverage policies, please visit.

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

Important notes:

- **Humana's Medicare Advantage (MA) health maintenance organization (HMO):** The full list of preauthorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent physician association (IPA) or other risk network with delegated services are subject to the preauthorization list (PAL) and should refer to their IPA or risk network for guidance on processing their requests. For exclusion to the preauthorization process, please visit Provider.Humana.com.

- **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 advanced 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 or telephone request:
    - Mail written requests to:
      Humana Correspondence
      P.O. Box 14601
      Lexington, KY 40512-4601
    - Submit by fax to 800-266-3022
    - Submit by telephone at 800-523-0023
- ACDs for **medications** on the list can be initiated by submitting a fax or telephone request:
    - Submit by fax to 888-447-3430
    - Submit by telephone at 866-461-7273

Please note: Urgent/emergent services do not require referrals or preauthorization.

Not obtaining preauthorization for a service could result in financial penalties for the practice and reduced benefits for the patient. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend individual practitioners making specific requests 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, the following:

- Member's Humana ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes (up to 10 maximum per authorization request)
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request
- Service location
- Inpatient location (acute hospital, skilled nursing, hospice)
- Outpatient location (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) of treatment facility where service is rendered
- TIN and NPI of the provider performing the service
- Caller/requestor's name and telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will help expedite 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:

- **Preauthorizations managed by Humana:**
  - **Medical** services:
    - Online at www.availity.com (registration required)
    - By calling Humana's interactive voice response (IVR) line at 800-523-0023
  - **Medications:**
    - By sending a fax to 888-447-3430. Request forms are available at Humana.com/MedPA.
    - By calling 866-461-7273, Monday – Friday, 8 a.m. – 11 p.m., Eastern time.

The preauthorization 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 United States Postal Service mail.

Please note: Online preauthorization requests are encouraged. For certain PAL services requested via Availity Essentials™, healthcare providers have the option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If approval is not provided immediately, the information on the questionnaire will help Humana expedite the review.

- **Preauthorizations managed by Carelon Behavioral Health**
  - **Online:** www.carelonbehavioralhealth.com (register here)
  - **Phone:**
    - IVR: 855-371-9234. You will need your practice or organization's TIN, the member's ID number and date of birth, and the date of service.
    - Direct: 855-235-8530 (TTY 855-539-5884)
    - Fax: 855-371-9232
    - For questions, please call 855-371-9234.