

Humana Healthy Horizons in Florida Preauthorization and Notification List

Humana Healthy Horizons® in Florida updated the preauthorization and notification list for Humana Medicaid plans in Florida. The list describes commonly reviewed services. Obtaining preauthorization may require additional clinical information.

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.

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).
- **Please note that urgent/emergent services do not require referrals, prior authorization or notification.**

Not obtaining prior authorization or notification for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider’s contract and the patient’s evidence of coverage. Services provided without prior authorization or notification may be subject to retrospective medical necessity review. We recommend that an individual

practitioner making a specific request for services verify benefits and prior authorization or notification 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.

Humana Healthy Horizons in Florida Prior authorization and Notification List (PAL)

Effective date: July 1, 2025

Revision date: March 27, 2026

Humana Healthy Horizons® in Florida PAL		
Category	Subcategory/notes	Codes and comments
Inpatient admissions	Acute hospital	Transplants and planned inpatient medical and surgical admissions
	Acute rehab facility	
	Long-term acute care	
	Skilled nursing facility	
	Mental health, substance use disorder and partial hospital/residential treatment	Access Behavioral Health manages north Florida (region A). *Partial hospitalization is notification required Carelon Behavioral Health Manages central and south Florida (regions B, C and E).
	Crisis intervention	
Advanced imaging	Computerized tomography (CT) scan	70470, 71270, 74170, 74178
	Magnetic resonance imaging (MRI) scan	72141, 72146, 72148, 72158, 73221, 73721
Behavioral health <i>Managed by Humana</i>	Applied behavioral analysis (ABA) therapy	0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97158
Behavioral health Access Behavioral Health manages north Florida (region A).	Neuropsychological testing, psychological testing <i>Managed by Access Behavioral Health if referral is by a BH provider. If referral is a non BH provider, submit request through Humana CIT at 866-856-8974</i>	Notification Required 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146

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		Phone notifications: 866-477-6725, Monday – Friday, 8 a.m. – 5 p.m., Eastern time Email: abhreferral@lifeviewgroup.com
Behavioral health <i>Managed by Carelon</i> Carelon Behavioral Health manages all regions except region A Phone authorizations: 844-265-7590 A licensed clinician is available 24 hours a day. During regular business hours (Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time).	Outpatient behavioral health treatment	97139, 97530, H0019, H0045, H2012, H2015, H2017, H2019, H2020, H2022
	Subacute Inpatient	H0008
	Acute residential substance abuse treatment for adults and adolescents	H2011
	Acute residential treatment	H2018
	Intensive outpatient (IOP)	Notification Required H0015
	Partial hospitalization	Notification Required H0035
	Community support services	H2030
	Alcohol and/or drug treatment	H2035
	Case management	T1016
	Targeted case management	T1017
Ancillary services	Nonemergent medical transportation: cross country, air, water and ambulance	A0426, A0428, A0430, A0431, A0435, A0436
Durable medical equipment	Beds and accessories	E0194 One Homecare Solutions manages south Florida regions G, H and I. Humana manages all other regions.

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Category	Subcategory/notes	Codes and comments
	Bone growth stimulators	E0747, E0748
	Cochlear and auditory brainstem implants	L8614, L8619, 69930
	Continuous glucose monitoring devices and supplies	A9276, A9277, A9278, A9279
	Cranial orthotics	S1040
	High frequency chest compression vest	E0483
	Negative pressure wound therapy	E2402
	Non-invasive home ventilator	E0466
	Orthotics	L0482, L0484, L0642, L0648, L1833, L3761, L3916, L4210
	Prosthetics	21086, L5301, L5321, L5611, L5647, L5649, L5651, L5671, L5673, L5679, L5681, L5700, L5701, L5704, L5705, L5814, L5940, L5950, L5962, L5964, L5968, L5980, L5981, L5987, L5980, L5981, L5987, L6687, V2623
	Wearable cardiac devices	K0606
	Wheelchairs and scooters	E1002, E1161, E1229, E1234, E2374, K0005, K0008, K0800, K0801, K0812, K0821, K0822, K0823, K0825, K0827, K0835, K0841, K0843, K0849, K0856, K0861, K0862, K0898 One Homecare Solutions manages south Florida regions G, H and I. Humana manages all other regions.
Molecular diagnostic and genetic testing		0018M, 0062U, 0063U, 0067U, 0087U, 0088U, 0118U, 0242U,

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		0245U, 0319U, 0320U, 81162, 81163, 81164, 81165, 81166, 81167, 81171, 81173, 81174, 81175, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81212, 81215, 81216, 81217, 81220, 81222, 81223, 81225, 81226, 81227, 81229, 81233, 81234, 81236, 81237, 81238, 81239, 81249, 81259, 81271, 81274, 81284, 81285, 81286, 81289, 81292, 81294, 81295, 81297, 81298, 81300, 81301, 81302, 81305, 81306, 81307, 81308, 81309, 81312, 81317, 81319, 81320, 81329, 81333, 81336, 81343, 81344, 81345, 81349, 81355, 81364, 81374, 81376, 81402, 81404, 81406, 81407, 81408, 81410, 81411, 81413, 81414, 81415, 81416, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81479, 81507, 81518, 81519, 81520, 81521, 81522, 81523, 81535, 81539, 81541, 81560, 81595, 81599, 86305
Outpatient services	Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy (patients 59 and younger only, includes site-of-service evaluation)	43191, 43202
	Electroencephalogram	95812, 95813, 95816, 95819
	Infertility testing and treatment	58350, 58555, 58560, 58660, 58673, S4015
	Physical, occupational and speech therapy	92507, 92508, 92520, 92524, 92526, 92607, 92608, 92609,

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		92611, 92618, 92621, 92627, 92630, 92633, 95851, 96105, 97010, 97012, 97014, 97016, 97022, 97024, 97026, 97028, 97033, 97034, 97036, 97110, 97112, 97113, 97116, 97150, 97530, 97533, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, G0129, G0237, G0283, S8990, S9117, S9152, V5362, V5363, V5364
	Routine maternity care	Notification only
Skin and tissue substitutes		Q4101, Q4102, Q4104, Q4112, Q4121, Q4124, Q4128, Q4132, Q4133, Q4137, Q4151, Q4186, Q4187, Q4252, Q4279
Surgery	Blepharoplasty	67900, 67901, 67904, 67917, 67950
	Breast procedures	19300, 19303, 19316, 19318, 19325, 19328, 19350, 19361, 19364, 19370, 19371, 19380 Excludes breast reconstruction following medically necessary mastectomy for breast cancer.
	Lipectomy	15838, 15839
	Obesity surgery	43631, 43632, 43633, 43644, 43645, 43648, 43770, 43774, 43775, 43845, 43848, 64590
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies	Prior authorization requests will be reviewed by the Humana National Transplant Network. Submit via Availity.	38241, 38999, C9399, J3392, J3393, J3394, J3490, J3590, Q2041, Q2042, Q2056, XW033C7, XW0338A, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133J8, XW143J8

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Home health/home infusions		99344, 99375, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99511, 99601, 99602, G0151, G0152, G0153, G0155, G0157, G0158, G0299, G0300, G0494, S5100, S5110, S5165, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1002, T1004, T1019, T1020, T1021, T1028, T1030, T1031, T1502, T1503 One Homecare Solutions manages south Florida regions G, H and I. Humana manages all other regions.
Transplant	Prior authorization requests will be reviewed by the Humana National Transplant Network. Submit via Availity.	02WA3QZ, 02WA4QZ, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38243, 44135, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 81370, 81371, 81372, 81373, 81375, 81377, 81378, 81379, 81380, 81381, 81382, 81383, G0341, G0342, G0343, L8698, Q2053, Q2054, Q2055, S2053, S2054, S2060, S2065, S2102, S2142
Ventricular assist devices (VADs)	Prior authorization requests will be reviewed by the Humana National Transplant Network. Submit via Availity.	33975, 33976, 33979, 33981, 33982, 33983
Specialty drugs	<ul style="list-style-type: none"> Prior authorization is required for specialty drugs listed when delivered in a provider's office, 	

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	clinic, outpatient or home setting. <ul style="list-style-type: none"> To request prior authorization or provide notification, please access the fax forms at Humana’s prior authorization for professionally administered drugs webpage. 	