

Humana Healthy Horizons in Illinois Prior Authorization and Notification List

The list describes commonly reviewed services and medications that may require additional clinical information. Medications include those delivered in the provider's office, clinic, and outpatient or home setting.

Please note the prior authorization (also called precertification and preadmission) process requires a healthcare provider to obtain advance approval from Humana Healthy Horizons® in Illinois as to whether an item or service will be covered.

Notification refers to the process of a healthcare provider notifying Humana Healthy Horizons® in Illinois of the intent to provide an item or service. Humana Healthy Horizons requests notification to help coordinate care for covered patients. This process is distinguished from prior authorization. Humana Healthy Horizons does not issue an approval or denial related to a notification.

To view Humana Healthy Horizons® in Illinois -specific medical coverage policies, please visit [Humana Healthy Horizons in Illinois Clinical coverage policies](#).

Important notes:

- **Humana Healthy Horizons members:**
 - In addition to the information noted above, certain services outlined in the Medicaid prior authorization and notification list (PAL) may not be applicable for practitioners affiliated with an independent practice association via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
 - Exclusions may change; please refer to our [Provider prior authorization and notification list page](#) for up-to-date information.
 - The [Provider prior authorization and notification list](#) applies only to Humana Healthy Horizons. It does not apply to Medicare or other state Medicaid plans.
- **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 Healthy Horizons prior to providing services.

Submitting all relevant clinical information at the time of the request will help expedite the determination. If additional clinical information is required, a Humana Healthy Horizons representative will request the specific information needed to complete the authorization process.

How to request prior authorization for medical and behavioral health services:

- Except where noted via links on the following pages, prior authorization requests for medical services can be initiated by:
 - Accessing [Availity Essentials™](#) (registration required)
 - Calling Humana Healthy Horizons at 800-787-3311, Monday – Friday, 8 a.m. – 8 p.m., Central time
 - Faxing the prior authorization form to 502-779-9854
- Except where otherwise noted via links on the following pages, prior authorization requests for behavioral health services can be initiated by:
 - Calling the Behavioral Health Crisis Line at 800-345-9049, 24 hours a day, 7 days a week

Humana Healthy Horizons in Illinois Prior Authorization and Notification List

Effective date: Jan. 1, 2027

Revision date: October 2, 2026

Humana Healthy Horizons in Illinois PAL		
Category	Subcategory/Notes	Codes
Ablation	Bone, liver, kidney and prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55877, 55881, 55882
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health <i>Per the Illinois Healthcare Protection Act, prior authorization is not required. Notification is required within 24 hours of initiation of outpatient, ABA, intensive outpatient, and partial hospitalization services. Services remain subject to concurrent and/or retrospective review after the notification period.</i>	Applied behavioral analysis (ABA)	97151, 97152, 97153, 97154, 97155, 97156, 97158, 0362T, 0373T
	Intensive outpatient programs (IOPs)	913/S9480, H0004, H0005
	Psychiatric Clinic Type B Partial hospitalization program (PHP).	912/S9480
	Substance use prevention and recovery	H2036, H0010, H0047
Blepharoplasty		15820, 67900, 67903, 67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	Breast lumpectomy	19301, 19302
	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380
	Simple mastectomy and gynecomastia surgery (excludes radical and modified)	19300, 19303
Capsule endoscopy		91110, 91111, 91113
Cardiac devices	Loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93580,

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Category	Subcategory/Notes	Codes
		93593, 93594, 93595, 93596, 93597
	Carotid revascularization	35301, 37215, 37216, 37217, 37218
	Transcatheter valve surgeries (transcatheter mitral valve repair [TMVR], transcatheter aortic valve replacement [TAVR]/transcatheter aortic valve implantation [TAVI] and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418
Cellular (including chimeric antigen receptor T-cell therapy [CAR T]), genetic, tissue and transplant therapies		38228, 38999, J3392, J3394, J3490, J3590, J9999, Q2057
Cutaneous vascular lesion removal		17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721, 64728
Durable medical equipment	Augmentative and alternative communication devices	E2508, E2510, E2511, E2599
	Beds and accessories	E0193, E0194, E0255, E0256, E0260, E0261, E0265, E0266, E0277, E0301, E0303, E0304
	Bilevel positive airway pressure	E0470, E0471
	Non-invasive home ventilators	E0466, E0468
	Orthotics	L1932, L1945, L1951, L1960, L1970, L3763, L1686, L1843, L1845, L1846, L1851, L1852, L0634, L0637, L0456, L0457, L0486
	Pneumatic compression	E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673
	Prosthetics	L5000, L5020, L5050, L5321, L5540, L5618, L5631, L5645, L5647, L5649, L5650, L5651, L5652, L5668, L5671, L5673, L5679, L5685, L5700, L5701, L5704, L5940, L5950, L5962, L5964, L5968, L5972, L5976, L5981, L5986, L5987, L7510
	Standing systems/devices	E0637, E0638, E0641, E0642

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	Wheelchairs and scooters	E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E2207, E2298, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, K0005, K0008, K0013, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, E1234, E1235
Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484
Esophagogastroduodenoscopy (EGD)		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636
Facility-based sleep studies (PSG)		95810, 95811
Gastric pacing		43647, 43648, 43881, 43882
Genicular nerve ablation and genicular nerve blocks		64454, 64624
High frequency chest compression vests		E0483
Home health/home infusion		G0151, G0152, G0153, G0156, G0299, G0300, G0300, T1004
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes	All inpatient admissions

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	inpatient hospice)	
	Acute rehabilitation facilities	
	Long-term acute care	
	Skilled nursing facilities	
Molecular diagnostic/genetic testing		0037U, 0172U, 0211U, 0239U, 0340U, 0449U, 0487U, 0493U, 81105, 81112, 81120, 81121, 81161, 81162, 81163, 81165, 81166, 81167, 81168, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81203, 81204, 81205, 81212, 81216, 81218, 81219, 81220, 81223, 81225, 81226, 81227, 81229, 81230, 81231, 81233, 81234, 81236, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81255, 81257, 81259, 81260, 81265, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81286, 81287, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81317, 81319, 81320, 81321, 81323, 81324, 81325, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81347, 81348, 81350, 81351, 81352, 81354, 81355, 81357, 81361, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81415, 81416, 81419, 81422, 81425, 81426, 81430, 81432, 81435,

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		81437, 81440, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81459, 81460, 81463, 81465, 81471, 81503, 81518, 81519, 81520, 81521, 81522, 81529, 81546, 81554, 81558, 83080
Negative pressure wound therapy (NPWT)		97605, 97606, E2402
Neurostimulators		61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64590
Non-emergent medical transportation (NEMT)		A0430, A0431, A0435, A0436
Obesity surgeries		43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889
Orthopedic surgeries: hip, knee and shoulder arthroplasty		23472, 23473, 23474, 23929, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487
Orthopedic surgeries: hip, knee and shoulder arthroscopy		29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, E0782
Peripheral revascularization (atherectomy, angioplasty)		0237T, 37236, 37238, 37242, 37243, 37254, 37256, 37258, 37260, 37262, 37263, 37265,

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		37267, 37269, 37271, 37273, 37275, 37277, 37279, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 37296, 37298
Physical, Occupational and Speech Therapy		97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97760, 97761, 97763, G0281, G0283
	Speech Therapy	92507, 92607, 92608
Radiation therapy		32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 77387, 77402, 77407, 77412, 77423, 77424, 77425, 77437, 77438, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778
Radiofrequency ablation for the sacroiliac (SI) joint		64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
Skin and tissue substitutes		Q4101, Q4102, Q4103, Q4104, Q4105, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4121, Q4122, Q4124, Q4132, Q4133, Q4151, Q4154, Q4159, Q4160, Q4186, Q4187, Q4191, Q4195, Q4196, Q4197, Q4271, Q4326
Spinal cord stimulators		63650, 63655, 63663, 63664, 63685, 63688
Spinal fusion, decompression, kyphoplasty and vertebroplasty		0095T, 0274T, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590,

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		22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 27278, 27279, 27280, 62287, 62330, 62331, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547,
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735,

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Category	Subcategory/Notes	Codes
		37760, 37761, 37765, 37766, 37780, 37785
Ventricular assist devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983
	Percutaneous VADs	33990, 33991, 33995
Wearable cardioverter defibrillators		K0606