



## **Humana Healthy Horizons® in Indiana Preauthorization and Notification List (PAL) for Indiana PathWays for Aging**

Please note the term prior authorization when used in this communication, is defined as a process through which the 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 healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification as it helps coordinate care for members. This process is distinguished from preauthorization. Humana does not issue approval or denial for notifications.

### **Important notes:**

- To join the Humana Healthy Horizons network, all providers must be actively enrolled with Indiana Health Coverage Programs.

### **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.

Information required for a preauthorization request or notification may include:

- Member's name, Medicaid ID, and date of birth
- Date of 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 (e.g., acute hospital, skilled nursing, hospice)
- Outpatient location (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (e.g., office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, 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's/requestor's name and telephone number
- Attending provider'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 for medical and behavioral health services:**

- Except where otherwise noted, healthcare providers can request preauthorization through [Availity Essentials](#)™. If you have registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- For medical preauthorization, healthcare providers can request preauthorization from Humana's Clinical Intake team by the following methods:
  - By email at [IN\\_MCD\\_Intake@humana.com](mailto:IN_MCD_Intake@humana.com)
  - Providers can request by fax at 502-324-6376.
- For behavioral health preauthorization, healthcare providers can request preauthorization from Humana's Clinical Intake team by the following methods:
  - Providers can request by email at [IN\\_BHMCD\\_Intake@humana.com](mailto:IN_BHMCD_Intake@humana.com).
  - Providers can request by fax at 502-508-0447.
- If you have questions, please call the Humana Customer Care department at 866-274-5888, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

**How to request dental preauthorization:**

- Except where otherwise noted, healthcare providers can request preauthorization through [Availity Essentials](#). If you have registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

**How to request vision preauthorization:**

- Except where otherwise noted, healthcare providers can request preauthorization through [Availity Essentials](#). If you have registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



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**Effective date:** July 1, 2025

**Revision date:** April 1, 2026

Humana Healthy Horizons® in Indiana PAL		
Category	Subcategory/Notes	Codes
Abdominoplasty		15830, 15847
Behavioral health services	Partial hospitalization	H0035, H2035
	Psychological testing evaluation	96105, 96121, 96131, 96133, 96137, 96139
	Substance use disorder residential	H0010, H0019, H2034
	Intensive outpatient	H0015, S9480
Bladder slings		57288
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	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
Capsule endoscopy		91110, 91113

Cardiac devices	Cardiac implantable devices (e.g., CardioMEMS™ pacemakers, leadless pacemakers, left atrial appendage closure defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33206, 33208 33210 33211, 33212, 33213 33214, 33216, 33217 33221, 33224, 33227 33228, 33229, 33230 33231, 33233, 33234 33235, 33240, 33241 33244, 33249, 33262 33263, 33264, 33270 33271, 33272, 33273 33274, 33275, 33340 0571T, 0572T, 0573T 0574T, 0580T, 0614T C1721, C1722, C1777 C1779, C1785, C1786 C1882, C1895, C1898 C1899, C1900, C2621
	Loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
Cardiac procedures	Patent foramen ovale and atrial septal defect closure	93580
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies		38225, 38226, 38228, C9399, J3490, J3590, Q2041, Q2042, Q2053 Q2054, Q2055, Q2056, XW033C7, XW033G7 XW033H7, XW033J7 XW033K7, XW033L7 XW033M7, XW033N7 XW043C7, XW043G7 XW043H7, XW043J7 XW043K7, XW043L7 XW043M7, XW043N7
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (e.g., carpal tunnel surgery)		29848, 64721
Electric beds		E0265, E0266, E0296 E0297
Emerging technology/new		31647, 31648, 31649 31651, 43284,

indications for existing technology		
Gastric pacing		43647, 43648, 43881 43882, 64590
Gender affirmation surgery		55970, 55980
Genicular nerve ablation and genicular nerve blocks (new service)		64454, 64624
High-frequency chest compression vests		E0483
Home health/home infusion		99600, G0151, G0152 G0153, S5111, S5116 T1005, T1028
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	
	Long-term acute care	
	Mental health, substance use and residential treatment	
	Skilled nursing facilities	
Molecular diagnostic/genetic testing		81161, 81162, 81163 81164, 81165, 81166 81167, 81168, 81170 81185, 81194, 81195 81200, 81201, 81202 81203, 81212, 81215 81216, 81217, 81218 81219, 81220, 81222 81223, 81226, 81228 81229, 81230, 81231 81232, 81235, 81238 81243, 81244, 81248 81249, 81251, 81252 81254, 81255 81257, 81258, 81259 81269, 81276, 81277 81278, 81279, 81288 81292, 81293, 81294 81295, 81296, 81297 81298, 81299, 81300 81301, 81302, 81303 81304, 81307, 81308 81309,

		81310, 81311, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81328, 81329, 81330, 81335, 81336, 81338, 81346, 81349, 81351, 81352, 81353, 81361, 81362, 81364, 81403, 81404, 81405, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81441, 81442, 81443, 81445, 81448, 81449, 81451, 81456, 81460, 81465, 81479, 81518, 81519, 81520, 81521, 81522, 81523, 81546, 83006, 83080, 83951, 0026U, 0029U, 0037U, 0045U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0129U, 0130U, 0134U, 0136U, 0138U, 0169U, 0205U, 0209U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0231U, 0235U, 0236U, 0237U, 0238U, 0242U, 0265U, 0267U, 0287U, 0326U, 0327U, 0335U, 0336U, 0345U, 0523U, 0530U G9143, S3842, S3844 S3846, S3850, S3853 S3861, S3865, S3866
Negative pressure wound therapy		97605, 97606, A6550 E2402

Neuromuscular stimulators		E0770
Neurostimulators		61860, 61863, 61867 61885, 61886, 64553 64555, 64561, 64566 64568, 64575, 64581 64590, 0587T, 0588T L8683
Noninvasive home ventilators		E0466
Observation	Observation notification required	All
Oral, orthognathic, temporomandibular joint surgeries		20910, 21010, 21050 21060, 21070, 21085 21100, 21110, 21116 21125, 21127, 21141 21142, 21143, 21145 21146, 21147, 21150 21151, 21154, 21155 21159, 21160, 21188 21193, 21194, 21195 21196, 21198, 21199 21206, 21208, 21210 21215, 21240, 21242 21243, 21244, 21247 29800, 29804
Other durable medical equipment		A9274 E0277, E0301, E0302 E0303, E0304, E0481, E0482, E0486 E0637, E0638, E0641 E0650, E0651, E0652, E0660, E0665, E0666 E0667, E0668, E0669 E0670, E0671, E0672 E0673, E0691 E0692, E0693, E0694 E0766, E0784, E1399 E2102, E2103, E2508, E2510, E2511 E2599, K1027, L0452 L0456, L0457, L0458 L0460, L0462, L0464 L0480, L0482, L0484 L0486, L0488, L0624 L0629, L0631, L0632 L0634, L0635, L0636 L0637, L0638, L0639 L0640,

		L0700, L0710 L0999, L1000, L1200, L1310, L1499 L1680, L1685, L1686 L1690, L1700, L1710 L1720, L1730, L1755 L1834, L1840, L1843 L1844, L1845, L1846 L1848, L1851, L1852 L1860, L1907, L1932 L1945, L1950, L1951 L1960, L1970, L2000 L2005, L2006, L2010 L2020, L2030, L2034 L2036, L2037, L2038 L2060, L2106, L2108 L2126, L2128, L2134, L2136, L2350 L2525, L2526, L2627 L2628, L2999, L3671 L3674, L3720, L3730 L3740, L3763, L3764 L3765, L3766, L3900 L3901, L3904, L3905 L3961, L3967, L3971 L3973, L3976 L3977, L3999 L4631, L8701, L8702, S1030
	Oxygen therapy	E0424
Otoplasty		69300, 69320
Pain infusion pumps		62324, 62325, 62326 62327, 62350, 62351 62360, 62361, 62362 64999, E0782, E0783 E0785, E0786

Peripheral revascularization (atherectomy, angioplasty)		0234T, 0235T, 0236T 0237T, 0238T, 37238, 37254, 37256, 37258, 37260, 37263, 37265, 37271, 37273, 37267, 37269, 37275, 37277, 37280, 37282, 37288, 37290, 37284, 37286
Prosthetics		21081, 21082, 21084 L3250, L5000, L5010 L5020, L5050, L5060 L5100, L5105, L5150 L5160, L5200, L5210 L5220, L5230, L5250 L5270, L5280, L5301 L5312, L5321, L5331 L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620 L5622, L5624, L5626 L5628, L5629, L5630 L5631, L5632, L5634 L5636, L5637, L5638 L5639, L5640, L5642 L5643, L5644, L5645 L5646, L5647, L5648 L5649, L5650, L5651 L5652, L5653, L5654 L5655, L5656, L5658 L5661, L5665, L5666 L5668, L5670, L5671 L5672, L5673, L5676 L5677, L5678, L5679 L5681, L5682, L5683 L5684, L5685, L5686 L5688, L5690, L5692 L5694, L5695, L5696 L5697, L5698, L5699 L5700, L5701, L5702 L5703, L5704, L5705 L5706,

		L5707, L5710 L5711, L5712, L5714 L5716, L5718, L5722 L5724, L5726, L5728 L5780, L5781, L5782 L5785, L5790, L5795, L5810, L5811, L5812 L5814, L5816, L5818 L5822, L5824, L5826 L5828, L5830, L5840 L5845, L5848, L5850, L5855, L5856, L5857 L5858, L5859, L5910 L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964 L5966, L5968, L5969 L5970, L5971, L5972 L5974, L5975, L5976 L5978, L5979, L5980 L5981, L5982, L5984 L5985, L5986, L5987 L5988, L5991, L5999 L6026, L6050, L6055 L6100, L6110, L6120 L6130, L6200, L6205 L6250, L6300, L6310 L6320, L6350, L6360 L6370, L6400, L6450 L6500, L6550, L6570 L6580, L6582, L6584 L6586, L6588, L6590 L6600, L6605, L6610 L6611, L6615, L6616 L6620, L6621, L6623 L6624, L6625, L6628 L6629, L6630, L6632 L6635, L6637, L6638, L6640, L6641, L6642 L6645, L6646, L6647 L6648, L6650, L6655 L6660, L6665, L6670 L6672, L6675, L6676 L6677, L6686, L6687 L6688, L6689, L6690
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		L6693, L6694, L6695, L6696, L6698, L6703 L6704, L6706, L6707 L6708, L6709, L6711 L6712, L6713, L6714 L6715, L6721, L6722 L6805, L6810, L6880 L6881, L6882, L6883, L6884, L6885, L6895 L6900, L6905, L6910 L6915, L6920, L6925 L6930, L6935, L6940, L6945, L6950, L6955 L6960, L6965, L6970 L6975, L7007, L7008 L7009, L7040, L7045 L7170, L7180, L7181 L7185, L7186, L7190 L7191, L7259, L7400 L7401, L7402, L7403 L7404, L7405, L7499 L7510, L7520, L7600 L8035, L8499
Rhinoplasty		30400, 30410, 30420 30430, 30435, 30450 30460, 30462, 30468

Skin and tissue substitutes		A2001, A2002, A2004 A2005, A2006, A2007 A2008, A2009, A2010 A2011, A2012, A2013 A2014, A2015, A2016 A2017, A2018, A2019 A2020, A2021, A2022 A2023, A2024, A2025 A4100, C1832, C9358 C9360, C9361, C9364 Q4100, Q4101, Q4102 Q4103, Q4104, Q4105 Q4106, Q4107, Q4108 Q4110, Q4111, Q4112 Q4113, Q4114, Q4115 Q4116, Q4117, Q4118 Q4121, Q4122, Q4123 Q4124, Q4125, Q4126 Q4127, Q4128, Q4130 Q4132, Q4133, Q4134 Q4135, Q4136, Q4137 Q4138, Q4139, Q4140 Q4141, Q4142, Q4143 Q4145, Q4146, Q4147 Q4148, Q4149, Q4150 Q4151, Q4152, Q4153 Q4154, Q4155, Q4156 Q4157, Q4158, Q4159 Q4160, Q4161, Q4162 Q4163, Q4164, Q4165 Q4166, Q4167, Q4168 Q4169, Q4170, Q4171 Q4173, Q4174, Q4175 Q4176, Q4177, Q4178
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		<p>Q4179, Q4180, Q4181  Q4182, Q4183, Q4184  Q4185, Q4186, Q4187  Q4188, Q4189, Q4190  Q4191, Q4192, Q4193  Q4194, Q4195, Q4196  Q4197, Q4198, Q4199  Q4200, Q4201, Q4202  Q4203, Q4204, Q4205  Q4206, Q4208, Q4209  Q4211, Q4212, Q4213  Q4214, Q4215, Q4216  Q4217, Q4218, Q4219  Q4220, Q4221, Q4222  Q4224, Q4225, Q4226  Q4227, Q4229, Q4230,  Q4232, Q4233 Q4234,  Q4235, Q4237 Q4238,  Q4239, Q4240 Q4241,  Q4242, Q4245 Q4246,  Q4247, Q4248 Q4249,  Q4250, Q4251 Q4252,  Q4253, Q4254 Q4255,  Q4256, Q4257 Q4258,  Q4259, Q4260 Q4261,  Q4262, Q4263 Q4264,  Q4265, Q4266 Q4267,  Q4268, Q4269 Q4270,  Q4271, Q4272 Q4273,  Q4274, Q4275 Q4276,  Q4278, Q4280 Q4281,  Q4282, Q4283 Q4284,  Q4285, Q4286</p> <p>For codes Q4116, Q4122  and Q4128, no  preauthorization is  required for breast  reconstruction following  medically necessary  mastectomies for breast  cancer.</p>
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Spinal cord stimulators		63650, 63655, 63663 63664, 63685, 63688 64999, L8679, L8680 L8682, L8685, L8686 L8687, L8688
Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22100, 22101 22102, 22103, 22116 22510, 22511, 22512 22513, 22514, 22515 22526, 22527, 22532 22533, 22534, 22548 22551, 22552, 22554 22556, 22558, 22585 22590, 22595, 22600 22610, 22612, 22614 22630, 22632, 22633 22634, 22800, 22802 22804, 22808, 22810 22812, 22818, 22819 22830, 22840, 22842 22843, 22844, 22845 22846, 22847, 22848 22849, 22853, 22854 22856, 22857, 22858 22859, 22860, 22867 22868, 22869, 22870 22899, 27279, 27280 62287, 62380, 63001 63003, 63005, 63011 63012, 63015, 63016 63017, 63020, 63030 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, C9757 S2348
Surgery for obstructive sleep apnea		21685, 41512, 41530 41599, 42140, 42145 42299, 42950, 64582
Therapy (physical, occupational)		97012, 97014, 97016 97018, 97022, 97024 97026, 97028, 97032 97033, 97034, 97035 97036, 97039, 97110 97112, 97113, 97116 97124, 97129, 97130 97139, 97140, 97150 97164, 97168, 97530 97533, 97535, 97537 97542, 97760, 97761 97763, 97799, G0283
Transplant surgeries		32851, 32852, 32853 32854, 33927, 33928 33929, 33935, 33945 38205, 38206, 38230 38232, 38240, 38241 38243, 44135, 47133 47135, 48160, 48550 48554, 48556, 50300 50320, 50340, 50360 50365, 50370, 50547 L8698, 02WA3QZ 02WA4QZ

Varicose veins: surgical treatment and sclerotherapy		36465, 36470, 36471 36474, 36475, 36476 36478, 36479, 36482 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785
Ventricular assist devices (VADs)		33975, 33976, 33979 33981, 33982, 33983
Wearable cardioverter defibrillators		K0606
Wheelchairs and scooters		E0986, E1002, E1003 E1004, E1005, E1006 E1007, E1008, E1010 E1012, E1161, E1220 E1229, E1231, E1234 E1235, E2298, E2310 E2311, E2312, E2321 E2322, E2325, E2327 E2328, E2329, E2330 E2331, E2343, E2358 E2359, E2360, E2362 E2364, E2368, E2369 E2375, E2376, E2383 E2398, K0005, K0009 K0010, K0011, K0012 K0800, K0801, K0802 K0806, K0807, K0808 K0812, K0813, K0814 K0815, K0816, K0820 K0821, K0822, K0823 K0824, K0825, K0826 K0827, K0828, K0829 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
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