

Humana Healthy Horizons® in Ohio Preauthorization and Notification List (PAL)

After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:

View the [Ohio Medicaid medical \(physical health\)/behavioral health PAL](#)

View the [Ohio Medicaid medication PAL](#)

Please note: An authorization is not a guarantee of payment. Be sure to check all applicable resources.

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

Please note the term "preauthorization," also known as prior authorization, precertification and preadmission, refers to a process that requires healthcare providers to obtain advance approval from the plan as to whether an item or service may be covered.

"Notification" refers to the process by which a healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. This process differs from preauthorization. Humana does not issue an approval or denial related to a notification.

Investigational and experimental procedures usually are not covered benefits. Please contact Humana for confirmation of coverage.

Important notes:

Emergent services do not require a referral or preauthorization.

A provider may request an urgent prior authorization in situations where the provider considers a delay in providing services, supplies or prescription drugs requiring prior authorization to be detrimental to the health of the consumer. The absence of authorization and/or notification prior to the date of a service could result in financial penalties for the practice and reduced benefits for the member, based on the healthcare provider's contract and the member's Certificate of Coverage. 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. Providers can request prior authorization to exceed coverage or benefit limits for members under the age of 21.

Preauthorization requirements for chiropractic services:

- Preauthorization is required for greater than 15 visits per year for members 21 years old or older.

How to request preauthorization for medical and behavioral health services:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials™ at www.availity.com/Humana. For registration issues, call Availity Client Services at **800-282-4548**, Monday through Friday, 8 a.m. to 8 p.m., Eastern time.

How to request dental preauthorizations:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials at www.availity.com/Humana. For registration issues, call Availity Client Services at **800-AVAILITY (282-4548)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern time.

How to request vision preauthorizations:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials at www.availity.com/Humana. For registration issues, call Availity Client Services at **800-AVAILITY (282-4548)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern time.

How to request preauthorization for self-administered medications:

- Gainwell Technologies handles all preauthorization requests for medications typically received from a pharmacy and can be initiated by visiting Gainwell's website at [Gainwell Pharmacy Services \(https://spbm.medicaid.ohio.gov/\)](https://spbm.medicaid.ohio.gov/).

How to request preauthorization for physician-administered medications:

- Humana handles all preauthorization requests for medications typically received as an injection at a healthcare provider's office. The preauthorization can be initiated by:
 - [Submitting on the web at www.covermymeds.com]
 - Faxing requests to **888-447-3430** (request forms at Humana.com/medPA)
 - Calling **866-461-7273** [(available Monday through Friday, 8 a.m. to 11 p.m., Eastern time)]

This list is subject to change with notification. However, this list may be modified throughout the year for additions of new-to-market medications or step-therapy requirements for medications without notification via U.S. Postal Service mail.

Preauthorization requirements for outpatient therapy services:

- Occupational therapy, physical therapy and speech therapy do not require prior authorization for the first 30 visits.