



Humana Healthy Horizons in Indiana Preauthorization and Notification List for Indiana PathWays for Aging and Humana Gold Plus Integrated Indiana Long-Term Services and Supports Preauthorization and Notification List

View the Humana Healthy Horizons® in Indiana [Preauthorization and Notification List \(PAL\) for Indiana PathWays for Aging](#).

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

[PathWays Medication Preauthorization and Notification List](#)

[Humana Gold Plus® Integrated Indiana Long-Term Services and Supports \(LTSS\) Preauthorization and Notification List](#)

Please note the term preauthorization (also known as prior authorization, precertification, preadmission), 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.

The list details services and medications (e.g., medications that are delivered in the provider's office, clinic, outpatient or home setting) that require preauthorization. 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 at the [Medicare coverage database](#).

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

For dual plans, Medicaid may cover costs not covered by Medicare.

For the Indiana PathWays for Aging, Indiana may cover costs not covered by Medicaid or Medicare, depending on the types of services, which can vary both across and within subgroups.

Important notes:

- To join the Humana Healthy Horizons network, all providers must be actively enrolled with Indiana Health Coverage Programs.
- **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 practice association (IPA) or other risk network with delegated services are subject to the PAL and should refer to their IPA or risk network for guidance on processing their requests. For exclusion to the preauthorization process, please visit [Humana's main provider webpage](#).
- **All Humana MA plans:** For procedures or services that are investigational, experimental or that may have limited benefit coverage, or to learn if Humana will pay for a service, you can request advance coverage determination (ACD) on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
- You can initiate ACDs for **medical services** by:
 - Sending written requests to:
Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601
 - Faxing 800-266-3022
 - Calling 800-523-0023, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
- You can submit ACDs for **medications** on the list by:
 - Faxing 888-447-3430
 - Calling 866-461-7273, Monday – Friday, 8 a.m. – 6 p.m., Eastern time

To prevent disruption of care, Humana does not require preauthorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's MA payment policy (CP2023011), found on [Humana.com](#) or include medical records with evidence the member is in an active course of treatment.

Please note urgent/emergent services do not require referral or preauthorization.

Failure to obtain 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. Humana recommends 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 name, Medicaid ID, Medicare 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:
 - For Medicaid, providers can request by email at IN_MCD_Intake@humana.com.
 - For Medicaid, providers can request by fax at 502-324-6376.
 - For duals, providers can request by email at IN_MCD_Duals_Intake@humana.com.
 - For duals, providers can request by fax at 502-405-5020.
- For behavioral health preauthorization, healthcare providers can request preauthorization from Humana's Clinical Intake team by the following methods:
 - For Medicaid, providers can request by email at IN_BHMCD_Intake@humana.com.
 - For Medicaid, providers can request by fax at 502-508-0447.
 - For duals, providers can request by email at IN_BHMCD_Duals_Intake@humana.com.
 - For duals, providers can request by fax at 502-508-0408.
- 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 LTSS preauthorization:

- Send an email on behalf of the member to INPathWaysLTSSUM@humana.com. Include the member's name, Medicaid ID number and phone number in addition to the request.

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.

How to request preauthorization for professionally administered drugs:

- Humana handles all preauthorization requests for medications typically received as an injection at a healthcare provider's office. The preauthorization request can be initiated by:
 - Submitting online at [CoverMyMeds®](#)
 - Faxing requests to 888-447-3430
 - You can find request forms on Humana's [prior authorization for professionally administered drugs](#) webpage.
 - Calling 866-461-7273, Monday – Friday, 8 a.m. – 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.