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Humana
Healthy Horizons®
in Kentucky

Humana Healthy Horizons® in Kentucky Prior Authorization and Notification List (PAL)

The following list describes services that are commonly reviewed and may require additional clinical information.

Please note that the term "prior authorization," also known as 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 prior authorization. Humana does not issue an approval or denial related to a notification.

To view Humana's Kentucky specific medical coverage policies, please visit Humana Healthy Horizons in Kentucky Clinical coverage policies.

Important notes:

- **Humana Healthy Horizons in Kentucky enrollees:**
  - In addition to the information noted above, certain services outlined in the Humana Healthy Horizons in Kentucky Prior Authorization and Notification List may not apply for providers affiliated with an independent practice association via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
  - Behavioral Health requirements may change. Please refer to Kentucky Department for Medicaid Services Prior Authorization Guidance for up-to-date information.
  - Exclusions may change. Please refer to Humana.com/Provider for up-to-date information. Choose "Authorization/Referrals" and then the appropriate topic.
  - The enclosed Prior Authorization and Notification List applies only to Humana Healthy Horizons in Kentucky. This list does not apply to Humana Medicare or other state Medicaid plans.

- **Urgent/emergent services do not require a referral or prior authorization.**

The absence of authorization and/or notification prior to the date of service could result in financial penalties for the practice and reduced benefits for the enrollee, based on the healthcare provider's contract and the member's Certificate of Coverage. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual provider making a specific request for services or medications verify benefits and prior authorization requirements with Humana prior to providing services.

- **How to request prior authorization for medical and behavioral health services:** Except where otherwise noted on the following pages, healthcare providers can request prior authorization online, by phone or fax:
  - Online via Availity Essentials™ (registration required)
  - Phone via Humana's interactive voice response line at 800-444-9137
  - Fax: Submit the prior authorization form at 833-974-0059

- **How to submit prior authorization requests for advanced imaging services**:
  - Online: eviCore healthcare
  - Phone: 866-672-8115, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
  - Fax: 800-540-2406

- **How to submit prior authorization requests for physical therapy/occupational therapy/speech therapy:**
  - Online: eviCore healthcare
  - Phone: 866-672-8115, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
  - Fax: 855-774-1319

- **How to notify Progeny Health of infants admitted to a NICU or Special Care Nursery**
  - Fax: 866-610-2034

- **How to submit prior authorization requests managed by Tivity (Whole Health Living)**:
  - Online: Tivity's portal
  - Phone: 866-430-8647, Monday – Friday, 8:30a.m. – 5:30 p.m., Eastern time
    Fax: 888-492-1025

- **For patients 18 and older, Humana partners with New Century Health for chemotherapy agent and supportive and symptom management drug prior authorization requests.**
  - Choose from the following options to submit a request for prior authorization to New Century Health:
    - Online: Sign in to New Century Health's website. Enter your username and password. If you have not yet received a username and password, call New Century Health at 855-427-1372
    - Phone: Call New Century Health's Intake

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Coordinator 855-427-1372. Assistance is available Monday -Friday 8am -8pm Eastern time.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

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Effective date: Mar. 1, 2026
Revision date: Jun. 16, 2026

Humana Healthy Horizons® in Kentucky Prior Authorization and Notification List		
Category	**Subcategory/notes**	**Codes and comments**
Nonparticipating providers	Nonemergency services	
Inpatient admissions		All inpatient admission codes require prior authorization.
	All admissions (hospitals, rehab facilities, long-term acute care, inpatient hospice, transplant, and planned inpatient medical and surgical admissions)	Prior authorization requests for transplants will be reviewed by Humana's National Transplant Network and can be submitted via Availity. For obstetrical admission prior authorization and notification clarification, please see the note following this grid. For infants admitted to a NICU or Special Care Nursery, notify Progeny Health by fax to **866-610-2034**.
	All rehabilitative services	All inpatient admission codes require prior authorization.
	Skilled nursing facilities	All inpatient admission codes require prior authorization.
Behavioral health services	Behavioral health -Inpatient admissions	All inpatient services
	Behavioral health -Residential treatment	All residential treatment services
	Behavioral health -Partial hospitalization	H0035
	Behavioral health – Intensive outpatient program (IOP) Substance use disorder (SUD)	H0015, S9480

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Category	**Subcategory/notes**	**Codes and comments**
	Behavioral health – Therapeutic behavioral health service and day treatment	H2012, H2019, H2020
	Behavioral health – Applied behavioral analysis (ABA)	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
	Behavioral health -Targeted case management	T2023
	Behavioral health-Outpatient Behavior Health Treatment	H2015,
Cardiology	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93593, 93594, 93595, 93596, 93597
	Cardiac devices	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33273, 33285, 33289, 33340, C1779, C1785, C1786, C1817, C1898, C2619, C2620, C2621
Chiropractic services *Reviewed by Tivity Health®*		Please see the Chiropractor Fee Schedule on the Kentucky Cabinet for Health and Family Services (CHFS) Fee Schedule site.
Medical supplies, equipment and accessories (MSEA), previously durable medical	Augmentative and alternative communicative systems	E1902, E2500, E2502, E2504, E2506, E2508, E2511, E2512, E2599, L8505, V5336
	Beds and accessories	E0193, E0194, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0277,

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equipment (DME) services, rentals and repair Please note that in addition to the items identified here, all MSEA items costing more than $750 are subject to retro-review. We require a signed clinical record submitted with your claim to perform the retro-review. Claims submitted without clinical records for these services are denied. Denials are only reconsidered through the claim appeal process with pertinent clinical records.		E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0462,
	Bone growth stimulator	E0747, E0748, E0760
	Cochlear and auditory implants	69930, L8614, L8619, L8627, L8628
	Continuous glucose monitoring devices and supplies	A9277, A9278, A9279, S1030, S1031, S1034
	CPAP/BiPAP	E0470, E0471, E0472, E0601
	Cranial orthotics	S1040
	Diabetic treatments and supplies	E0784
	Heat/cold therapy devices	E0217, E0225, E0236, E0239
	High frequency chest compression vests	E0483
	Lifts	E0630, E0635
	Negative pressure wound therapy	E2402
	Neuromuscular stimulators	E0744, E0745, E0764, E0770
	Noninvasive home ventilators	E0466

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	Orthotics	L0456, L0457, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0631, L0636, L0637, L0638, L0639, L0640, L0648, L0999, L1200, L1499, L1710, L1836, L1844, L1845, L1846, L1851, L1852, L1860, L2005, L2020, L2034, L2036, L2037, L2038, L2126, L2128, L2136, L2999, L3050, L3330, L3649, L3710, L3740, L3761, , L3916, L3999, L4000, L4010, L4020, L4030, L4040, L4050, L4130, L4210, L4631, E1801, E1802, E1805, E1806, E1810, E1811, E1815, E1816, E1818, E1825, E1830
	Prosthetics	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5341, L5400, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5639, L5643, L5647, L5649, L5651, L5671, L5673, L5679, L5681, L5683, L5700, L5701, L5702, L5704, L5705, L5707, L5724, L5726, L5728, L5780, L5782, L5785, L5790, L5795, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5940, L5950, L5962, L5964, L5966, L5968, L5975, L5976, L5979, L5980, L5981, L5987, L5988, L5990, L5999, L6026, L6050,

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Category	**Subcategory/notes**	**Codes and comments**
		L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6588, L6590, L6621, L6624, L6638, L6686, L6687, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6721, L6722, L6881, L6882, L6883, L6900, L6905, L6910, L6915, L6920, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7499, L8499, L8699,
	Pneumatic compression	E0651, E0652
	Speech devices	E2510
	Spinal cord stimulators	63685, 63688, C1816, C1820, C1822, L8679, L8680, L8682, L8686, L8687, L8688
	Standing systems/devices	E0637, E0638, E0641
	Unlisted medical supplies, equipment and accessories	A9900, A9999, E1399
	Volume control ventilator	E0465
	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93745, K0606, K0607, K0608, K0609
	Wheelchairs and scooters (including power wheelchairs and all accessories)	E0968, E0983, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010,

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		E1011, E1012, E1017, E1035, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1161, E1170, E1172, E1190, E1195, E1200, E1220, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1240, E1280, E1285, E1290, E1295, E2227, E2228, E2298, E2301, E2367, E2370, E2373, E2374, E2386, E2387, E2388, E2389, E2390, E2391, E2392, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0010, K0011, K0012, K0013, K0108, 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
Miscellaneous/unlisted	Miscellaneous/unlisted	39599, 42699, 43659, 44238, 45499, 45999, 47379, 48999, 49329, 49659, 51999, 55899, 58578, 58999, 69399, 87999
Plastic surgery/cosmetic	Breast surgery (excludes breast reconstruction following	19300, 19305, 19306, 19316, 19318, 19325, 19328, 19350, 19355, 19361, 19364, 19367, 19368, 19369, 19370, 19371,

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Category	**Subcategory/notes**	**Codes and comments**
	medically necessary mastectomy for breast cancer)	19380, 19396, C1789, L8600, S2066, S2067, S2068
	Cosmetic and reconstructive services (Examples include blepharoplasty, rhinoplasty, otoplasty and abdominoplasty. Please note that this is not an all-inclusive list.)	15820, 15821, 15822, 15823, 15830, 15832, 15834, 15835, 15836, 15839, 15847, 17106, 17107, 17108, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469, 67900, 67901, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67950, 69300, 69320
Ancillary services	Nonemergent medical transportation (NEMT)	A0428, A0430, A0431,
	Electroencephalogram (EEG)	95812, 95813, 95822
	Diagnostic esophagogastroduodenoscopy or esophagoscopy (For patients younger than 59)	43191, 43193, 43197, 43198, 43202, 43239
	Physical therapy/occupational therapy/speech therapy *Reviewed by EviCore*	92507, 92508, 92511, 92523, 92526, 92626, 92627, 95992, 97012, 97014, 97032, 97035, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97161 97164, 97165, 97168, 97530, 97533, 97535, 97537, 97597, 97598, 97602, 97750, G0151, G0152, G0153*, G0157, G0158, G0159, G0160, G0161, G0281, G0282, G0283,
	Respiratory therapy	G0239
	All home health and home infusions	99344, B9002, B9004, B9006, B9998, B9999, G0155, G0299, G0300, G0494, G0495, S5100, S5110, S5165, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9127, S9208, S9209, S9211, S9212, S9213, S9214, T1004, T1019, T1020,

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Category	**Subcategory/notes**	**Codes and comments**
		T1021, T1028, T1030, T1031, T1502, T1503
Molecular diagnostic/genetic testing		81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335,

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Category	**Subcategory/notes**	**Codes and comments**
		81336, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81460, 81465, 81470, 81471, 81479, 81490, 81503, 81509, 81510, 81511, 81512, 81514, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81538, 81539, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81560, 81595, 81596, 81599, 86305, 0001U, 0003U, 0004M, 0005U, 0006M, 0007M, 0009U,0016M, 0017M, 0018M, 0018U, 0019U, 0022U, 0023U, 0026U, 0029U, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0060U, 0062U, 0063U, 0067U, 0070U, 0071U, 0072U, 0073U, 0075U, 0076U, 0080U, 0084U, 0087U, 0088U, 0089U, 0090U, 0101U, 0105U, 0111U, 0118U, 0120U, 0129U, 0130U, 0133U, 0134U, 0136U, 0137U, 0138U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U,

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		0173U, 0175U, 0179U, 0203U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0236U, 0237U, 0238U, 0239U, 0242U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0323U, 0326U, 0327U, 0329U, 0330U, 0331U, 0332U, 0333U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0359U, 0360U, 0362U, 0363U, 0391U, 0392U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0419U

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Category	**Subcategory/notes**	**Codes and comments**
Advanced imaging services *Reviewed by EviCore*	Computerized tomography (CT)	0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 75571, 75574, 75635, 76380, 76497, 77078, S8092
	Computed tomography angiography (CTA)	75572, 75573
	Magnetic resonance angiography (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	Magnetic resonance imaging (MRI)	0697T, 0698T, 70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76391, 76498, 77021, 77022, 77046, 77049, 77084, C8903,

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		C8905, C8906, C8908, S8037, S8042
	Positron emission tomography (PET)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816, G0235
	Single-photon emission computed tomography (SPECT)	78451, 78452, 78469
	3D rendering	76376, 76377
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies		38999, 60699, C9399, J3392, J3393, J3394, J3490, J3590, Q2041, Q2042, Q2054, Q2055, Q2056, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133J8, XW143J8
Prescribed pediatric extended care		T1025, T1026
Transplant services		0584T, 0585T, 0586T, 0664T, 02WA3QZ, 02WA4QZ, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 33981, 33982, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 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, S2053,

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Category	**Subcategory/notes**	**Codes and comments**
		S2054, S2060, S2065, S2102, S2142
Private duty nursing (PDN)		T1000
Vein procedures		0524T, 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785,
Termination of pregnancy (abortion)		01966, 59100, 59812, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857
Epidural injections (outpatient only)		62320, 62321, 62323, 64479, 64480, 64483, 64484, 64999
Facet injections		0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999
Sacroiliac joint injections		27096
Trigger-point injections		20552, 20553
Radiation therapy		77402, 77407,
	Brachytherapy	19296, 19297, 19298, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 0395T, C2616, G0458
	Neutron beam	77423
	Proton beam therapy	77520, 77522, 77523, 77525
	Stereotactic radiation	32701, 61796, 61797, 61798, 61799, 63620, 77371, 77372, 77373
Skin and tissue substitutes		Q4101, Q4117, Q4121, Q4158, Q4160, Q4186, Q4187, Q4195, Q4196, Q4197
Surgeries	Bariatric surgery	43631, 43632, 43633, 43634, 43644, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888

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Category	**Subcategory/notes**	**Codes and comments**
	Foot surgeries: bunionectomy and hammertoe	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
	Laparoscopic hiatal hernia repair	43280, 43281, 43282
	Neurostimulator	61850, 61860, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553, 64555, 64561, 64566, 64568, 64569, 64570, 64575, 64580, 64581, 64585, 64590, 64595, 95970, 95971, 95972, C1823
	Orthopedic surgeries: hip, knee and shoulder arthroplasty	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487
	Orthopedic surgeries: hip, knee and shoulder arthroscopy	23929, 27299, 27412, 27599, 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, 29999
	Pain infusion pump	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783
	Spinal fusion, decompression, kyphoplasty and vertebroplasty	20999, 22100, 22101, 22102, 22103, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22222, 22226, 22510,

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Category	**Subcategory/notes**	**Codes and comments**
		22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 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, 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, 0274T, C1821, C2614, C9757
Ventricular assist devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983 Prior authorization requests for

Humana Healthy Horizons® in Kentucky Prior Authorization and Notification List		
Category	**Subcategory/notes**	**Codes and comments**
		transplants are reviewed by Humana's National Transplant Network and can be submitted via Availity.

For infants admitted to **NICU and Special Care Nursery** notify **Progeny Health**. Notifications can be submitted by fax to 866-610-2034. For **obstetrical admissions**, Humana Healthy Horizons requests notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean sections to conduct concurrent review for care coordination and discharge planning.