

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

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

[Kentucky Medicaid medical \(physical health\)/behavioral health preauthorization list.](#)

[Kentucky Medicaid provider administered medication preauthorization list.](#)

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 provider's office, clinic, outpatient or home setting.

Please note that 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 consult the enrollee's Certificate of Coverage or contact Humana Healthy Horizons for confirmation of coverage.

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 Preauthorization 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 Preauthorization and Notification List applies only to Humana Healthy Horizons in Kentucky. This list does not apply to Humana commercial, Medicare or other state Medicaid plans.
- **Urgent/emergent services do not require a referral or preauthorization.**

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 preauthorization 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 preauthorization requirements with Humana prior to providing services.

- **How to request preauthorization for medical and behavioral health services:**

Except where otherwise noted on the following pages, healthcare providers can request preauthorization 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 preauthorization form at 833-974-0059

- **How to submit preauthorization 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 preauthorization 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

- **Preauthorization requests for medications may be initiated by:**

Except where noted below for adult oncology reviews, healthcare providers can request preauthorization by phone or fax:

- CoverMyMeds (preferred) – requests submitted at www.CoverMyMeds.com
- Faxing requests to 888-447-3430 (find request forms at Humana.com/medPA)
- Phone 866-461-7273 (available Monday through Friday, 8 a.m. to 11 p.m. Eastern time)



How to submit preauthorization requests managed by Tivity(Whole Health Living):

- Online through [Tivity's portal](#)
- Phone: 866-430-8647, Monday – Friday, 8:30 a.m. – 5:30 p.m.,
- Fax: 888-492-1025
- **For patients 18 and older, Humana partners with New Century Health for chemotherapy agent and supportive and symptom management drug preauthorization requests.**
 - [View a list of applicable drugs.](#)
 - Choose from the following options to submit a request for preauthorization 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 Coordinator at 855-427-1372. Assistance is available Monday – Friday, 8:30 a.m. – 5:30 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 requirements for medications without notification via U.S. postal