Humana
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in Ohio

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

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

Please note the term "prior authorization" (e.g., precertification, preadmission) refers to a process healthcare provider uses to obtain advance plan approval to cover an item or service.

Notification refers to the process through which a healthcare provider informs Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. Unlike prior authorization, Humana does not issue an approval or denial related to a notification.

Important notes:

Please note that urgent/emergent services do not require referrals or prior authorization. authorization.

Observation – Prior authorization is not required; however, notification is requested to assist with discharge planning and follow up with the member for any needs. Observation period cannot last more than three days or 72 hours.

Concurrent Review: Inpatient Status- Providers are required to submit notification of all inpatient admissions within one business day of the date of the admission.

Not obtaining prior authorization 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 requirements with Humana prior to providing services.

Humana recommends individual practitioners verify a member's benefits and our prior authorization requirements prior to providing services.

To view Humana's Ohio specific medical coverage policies, please visit Clinical Coverage Policies for Ohio Medicaid Providers | Humana

Prior authorization requirements for outpatient therapy services:

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

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 through Availity Essentials™. For registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

- Healthcare providers can call Humana Healthy Horizons in Ohio at 877-856-5707 Monday – Friday, 7 a.m. – 8 p.m., Eastern time.
- Healthcare providers can fax Humana Healthy Horizons in Ohio at 888-285-1114.

How to request dental prior authorizations:

- Except where otherwise noted on the following pages, healthcare providers can request prior authorization through Availity Essentials. For 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 prior authorizations:

- Except where otherwise noted on the following pages, healthcare providers can request prior authorization through Availity Essentials. For 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: Dec. 12, 2025

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Category	**Subcategory/notes**	**Codes and comments**
Acupuncture	Prior authorization begins after 30 visits	97810, 97811, 97813, 97814
Behavioral Health	Applied behavioral analysis (ABA) therapy	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T
	Assertive Community Treatment (ACT)	H0040
	Inpatient (IP) admissions (IP mental health [MH]/substance use disorder [SUD] and residential)	All admissions
	SUD partial hospitalization	H0015(TG)
	Psychological and neuropsychological testing (Inclusive of developmental testing, neurobehavioral status exams and cognitive performance testing; for code 96137, up to 20 hours/encounters per patient, per Calendar year, for all psychological testing codes; prior authorization Required for additional service)	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137
	SUD residential treatment (up to 30 consecutive days without prior authorization; prior authorization must then support the medical necessity of continued stay; if not, only the initial 30 consecutive days are reimbursed. This applies to the first 2 stays. Third and subsequent stays in the same year Require prior authorization from the first day of admission.)	H2034, H2036
	Therapeutic Behavioral Services (TBS)group (1 per day. Prior authorization is required for an additional per diem service to the same client on the same day rendered by a different billing agency.)	H2020
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869
Breast procedures	Breast reconstruction following	11971, 19306, 19316,

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Category	**Subcategory/notes**	**Codes and comments**
	Medically necessary mastectomies For breast cancer)	19318, 19325, 19330, 19340, 19342, 19350, 19355, 19357, 19368, 19370, 19371, 19380, S2068
	Simple mastectomy and Gynecomastia surgery (excludes Radical and modified)	19300, 19303
Cardiac devices	Wearable cardiac devices	93229
Cardiac procedures / surgeries	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
Cellular, gene and biologic therapy		C9399, J3490, J3590, XW033L7, XW043L7
Chimeric antigen receptor T-cell therapy (CAR-T)		Q2056
Drug tests	Prior authorization is required for all requests.	G0483
	After 12 definitive drug tests (per year), prior authorization is required.	G0480, G0481, G0482
	After 30 presumptive drug tests (per year), prior authorization is required.	80305, 80306, 80307
Durable medical equipment (DME)	Auditory Osseo integrated device	L8690
	Augmentative and alternative communication systems	E2500, E2502, E2504, E2506, E2508, E2510, E2512, E2599
	Beds and accessories	E0255, E0256, E0260, E0261, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0372
	Bone growth stimulators	E0747, E0748, E0760
	Cough stimulating device	E0482
	Continuous positive airway pressure (C PAP)/bilevel positive Airway pressure (BiPAP)	E0470, E0471, E0601
	Electric beds	E0329
	Enteral formula	B4157, B4158, B4159, B4160, B4161, B4162
	Insulin infusion pump	E0784
	Noninvasive home ventilators	E0466
	Obstructive sleep apnea (OSA) nonsurgical treatments	E0485
	Orthotics	L8702, S1040
	Parenteral formula	B4185, B4189, B4193, B4197, B4199, B4224
	Pneumatic compression	E0651, E0652, E0667,

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		E0668
	Prosthetics	L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5280, L5301, L5321, L5331, L5341, L5420, L5510, L5535, L5540, L5560, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5622, L5626, L5628, L5630, L5631, L5632, L5634, L5636, L5638, L5639, L5640, L5642, L5643, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5656, L5658, L5665, L5666, L5668, L5672, L5673, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5728, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5850, L5855, L5857, L5930, L5940, L5950, L5960, L5961, L5964, L5966, L5968, L5970, L5972, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986,

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		L5987, L5988, L5999, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6623, L6625, L6628, L6629, L6637, L6640, L6641, L6642, L6645, L6650, L6684, L6686, L6687, L6688, L6689, L6690, L6693, L6704, L6706, L6707, L6708, L6709, L6805, L6810, L6900, L6905, L6910, L6915, L7499, L8035, L8499, L8699
	Standing systems/devices	E0637, E0638, E0641
	Volume control ventilator	E0465
	Wearable cardiac devices (e.g., LifeVest)	K0606
	Wheelchairs and scooters	E0983, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1035, E1060, E1084, E1086, E1093, E1161, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1240, E1280, E1290, E2228, E2298, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2359, E2361, E2365, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2383, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2609, E2617,

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Category	**Subcategory/notes**	**Codes and comments**
		K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0108, K0800, K0801, K0802, K0806, K0807, K0808, K0812, 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
Foot surgeries: bunionectomy and hammertoe procedures		28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28740, 28750
Hip, knee and shoulder arthroscopy		27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29824, 29825, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29866, 29867, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, J7330
Home health/home infusion		99503, 99504, 99505, 99506, 99507, 99509, 99511, 99512, G0151,

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Category	**Subcategory/notes**	**Codes and comments**
		G0152, G0153, G0155, G0156, G0299, G0300, T1000
Hyperbaric therapy		99183, G0277
Infertility testing and treatment		55550, 58350, 58660, 58662, 58672, 58673, 58740
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Medical Inpatient admissions	Acute hospital	All admissions
	Skilled nursing	All admissions
	Rehabilitation	All admissions
	Long-term acute care	All admissions
Miscellaneous codes		17999,19499, 21089, 21299, 21499, 22999, 24999, 25999, 26989, 27899, 28899, 29799, 30999, 31299, 31599, 31899, 37799, 38589, 38999, 42699, 42999, 43289, 43499, 43659, 43999, 44238, 44799, 44979, 45399, 45999, 46999, 47379, 47579, 48999, 49329, 49659, 49999, 50949, 53899, 55899, 58579, 58679, 58999, 59899, 60699, 64722, 66999, 67299, 67399, 67599, 67999, 68399, 68899, 69799, 69949, 78499, E1399, T5999
Molecular diagnostic/genetic testing		81161, 81162, 81166, 81167, 81170, 81175, 81176, 81186, 81188, 81190, 81191, 81192, 81193, 81194, 81201, 81216, 81220, 81222, 81223, 81225, 81226, 81229, 81237, 81243, 81249, 81253, 81258, 81259, 81269, 81275, 81276, 81285, 81289, 81292, 81294, 81295, 81297, 81298, 81300,

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		81302, 81303, 81307, 81311, 81316, 81317, 81319, 81321, 81326, 81332, 81334, 81337, 81341, 81346, 81350, 81351, 81353, 81362, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81419, 81422, 81425, 81426, 81427, 81430, 81432, 81435, 81439, 81440, 81442, 81443, 81445, 81450, 81456, 81465, 81518, 81521, 81523, 81529, 81541, 81542, 81455, 81460, 81479, 81510, 81519, 81520, 81522, 81546, 81551, 81552, 81554, 81595, 81599, 0090U, 0037U, 0047U, 0242U, 0345U
Oral orthognathic Temporomandibular joint (TMJ) surgeries		21010, 21050, 21060, 21070, 21141, 21142, 21145, 21146, 21147, 21150, 21151, 21196, 21198, 21199, 21206, 21209, 21210, 21215, 21242, 21244
Orthopedic surgeries: hip, knee and shoulder arthroplasty		23472, 23473, 23474, 23929, 27130, 27132, 27134, 27137, 27138, 27299, 27412, 27437, 27438, 27442, 27446, 27447, 27486, 27487
Pain management	Epidural injections (outpatient only), facet injections, pain infusion pump, spinal cord stimulators	64999
	Facet injections	64633, 64634, 64635, 64636

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Category	**Subcategory/notes**	**Codes and comments**
	Spinal cord stimulators	63650, 63655, 63664, 63685, L8679, L8682
Pediatric recovery program		S9475
Penile implant		54400, 54401, 54405
Peripheral revascularization (atherectomy, angioplasty)		0505T, 34848
Physical, occupational and speech therapy	Prior authorization requirements for outpatient therapy services: Physical therapy, occupational therapy and speech therapy do not require prior authorization for the first 30 visits	
Radiation therapy		61796, 61798, 63620, 77522, 77525
Radiology	Magnetic resonance angiogram (MRA)	77084
	Magnetic resonance imaging (MRI)	76390
	Nuclear stress test	78453,78454, 78472, 78473, 78481, 78483
	Positron emission tomography (PET) scan	78432,78459, 78491, 78813
Spinal fusion decompression kyphoplasty and vertebroplasty		20999, 22101, 22214, 22510, 22511, 22513, 22514, 22515, 22533, 22551, 22552, 22554, 22558, 22590, 22600, 22612, 22614, 22630, 22633, 22800, 22802, 22804, 22840, 22841, 22845, 22846, 22849, 22853, 22856, 22857, 22869, 22899, 27279, 27280, 62380, 63003, 63005, 63015, 63016, 63017, 63020, 63030, 63042, 63045, 63046, 63047, 63056, 63075, 63081, 63190, 63200, 63265, 63266, 63267, 63277, 63281, 63285, 0165T, 0222T
Surgery	Bladder slings	57288
	Cochlear auditory brain stem implants	69930, L8614, -L8619, L8627, L8628
	Decompression of peripheral nerve (e.g., carpal tunnel surgery)	64721
	Neurostimulators	61885, 61886, 64553, 64561, 64568, 64569,

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		64570, 64581, 64590
	Obesity surgeries	43644, 43645, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Other surgeries	54520, 54660, 55970, 55980, 56805, 57335
Surgery for obstructive sleep apnea		21685, 42145
Transplant surgeries		32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38230, 38232, 38240, 38241, 38243, 44135,47133, 47135, 48160, 48550, 48554, 48556
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36475, 36476, 36478, 36482, 36483, 37718, 37722, 37735, 37761, 37765, 37766, 0524T
Ventricular assist devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983
	Percutaneous VADs	33990, 33991, 33995
Wound therapy	Negative pressure wound therapy (NPWT)	97605, 97606, A6550, E2402