

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:

Emergent services do not require a referral or prior 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.

A provider may request an urgent prior authorization in situations where the provider considers a delay in providing services or supplies requiring prior authorization to be detrimental to the health of the member. 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 provided without prior authorization may be subject to retrospective medical necessity review.

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

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 <u>Availity Essentials™</u>. 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 <u>Availity Essentials</u>. 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 <u>Availity Essentials</u>. 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: Jan. 1, 2026 Revision date: Oct. 31, 2025

Humana Healthy Horizons® in Ohio Medicaid Prior authorization and Notification List (PAL)		
Category	Details/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,



Category	Details/Notes	Codes and comments
- Cutogory	Medically necessary mastectomies For breast cancer)	19318, 19325, 19330, 19340, 19342, 19350,
	Foi bleast calicely	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	Auditory Osseo integrated device	L8690
(DME)	Augmentative and alternative	E2500, E2502, E2504,
	communication systems	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,



Humana Health	ana Healthy Horizons® in Ohio Medicaid Prior authorization and Notification List (PAL)	
Category	Details/Notes	Codes and comments
-		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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Category	Details/Notes	Codes and comments	
		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.,	K0606	
	LifeVest)		
	Wheelchairs and scooters	E0983, 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	Details/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		28289, 28291, 28292,
and hammertoe procedures		28295, 28296, 28297,
		28298, 28299, 28740,
		28750
Hip, knee and shoulder		27599, 29805, 29806,
arthroscopy		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,



Details/Notes	Codes and comments G0152, G0153, G0155,
	G0156, G0299, G0300,
	T1000
	99183, G0277
	55550, 58350, 58660,
	58662, 58672, 58673,
	58740
	43280, 43281, 43282
	,
Acute hospital, skilled nursing,	All admissions
	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
	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,
	81302, 81303, 81307,
	81311, 81316, 81317,
	81319, 81321, 81326,
	Acute hospital, skilled nursing, rehabilitation and long-term acute care



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		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		21010, 21050, 21060,	
Temporomandibular joint (TMJ)		21070, 21141, 21142,	
surgeries		21145, 21146, 21147,	
		21150, 21151, 21196,	
		21198, 21199, 21206,	
		21209, 21210, 21215,	
		21242, 21244	
Orthopedic surgeries: hip, knee		23472, 23473, 23474,	
and shoulder arthroplasty		23929, 27130, 27132,	
		27134, 27137, 27138,	
		27299, 27412, 27437,	
		27438, 27442, 27446,	
Pain managament	Enidural injections (cutactions and)	27447, 27486, 27487	
Pain management	Epidural injections (outpatient only),	64999	
	facet injections, pain infusion		
	pump, spinal cord stimulators	64622 64624 64625	
	Facet injections	64633, 64634, 64635,	
	Spinal gard stimulators	64636	
	Spinal cord stimulators	63650, 63655, 63664,	
Podiatria recovery programs		63685, L8679, L8682	
Pediatric recovery program		S9475	



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Category	Details/Notes	Codes and comments
Penile implant		54400, 54401, 54405
Peripheral revascularization		0505T, 34848
(atherectomy, angioplasty)		
Physical, occupational and	Prior authorization requirements for	
speech therapy	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)	78432,78459, 78491,
	scan	78813
Spinal fusion decompression		20999, 22101, 22214,
kyphoplasty and vertebroplasty		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, 0275T
Surgery	Bladder slings	57288
	Cochlear auditory brain stem implants	69930, L8614, L8619,
		L8627, L8628
	Decompression of peripheral nerve	64721
	(e.g., carpal tunnel surgery)	
	Neurostimulators	61885, 61886, 64553,
		64561, 64568, 64569,
		64570, 64581, 64590
	Obesity surgeries	43644, 43645, 43771,
		43772, 43773, 43774,



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		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		36465, 36466, 36468,
treatment and sclerotherapy		36470, 36471, 36473,
		36475, 36476, 36478,
		36482, 36483, 37718,
		37722, 37735, 37761,
		37765, 37766, 0524T
Ventricular assist devices		33975, 33976, 33979,
(VADs)		33981, 33982, 33983
	Percutaneous VADs	33990, 33991, 33995
Wound therapy	Negative pressure wound therapy	97605, 97606, A6550,
• •	(NPWT)	E2402