



### **Humana Healthy Horizons® in Oklahoma Prior Authorization and Notification List (PAL)**

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

[Humana Healthy Horizons in Oklahoma medical physical health/behavioral health PAL](#)

[Humana Healthy Horizons in Oklahoma \(Medicaid\) Provider Administered Medication](#)

The following prior authorization and notification list describes services and medications that are commonly reviewed and may require additional clinical information. Medications include those delivered in the healthcare provider's office, clinic, outpatient or home setting.

Please note the term "prior authorization" (e.g., precertification or preadmission) refers to a process a 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 preauthorization, Humana does not issue an approval or denial related to a notification.

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

#### **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, supplies or prescription drugs 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 or medications provided without prior authorization may be subject to retrospective medical necessity review. Humana

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

**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 Oklahoma® at 855-223-9868 Monday – Friday, 7 a.m. – 7 p.m., Central time.
- Healthcare providers can fax Humana Healthy Horizons in Oklahoma® at 833-558-9712.

**How to request dental preauthorizations:**

- 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 preauthorizations:**

- 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 prior authorization for physician-administered medications:**

- Humana handles all prior authorization requests for medications typically given by injection at a healthcare provider's office. Prior authorization requests can be initiated by:
  - Submitting online at [covermymeds®](#)
  - Faxing to 888-447-3430 (request forms are available at [Humana.com/medPA](#))
  - Calling 866-461-7273, available 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.

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