Humana
Healthy Horizons®
in Oklahoma

Humana Healthy Horizons® in Oklahoma 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.

To view Humana's Oklahoma specific medical coverage policies, please visit Humana Healthy Horizons in Oklahoma: SoonerSelect Behavioral and physical health Clinical coverage policies.

Important notes:

Please note that urgent/emergent services do not require referrals, notifications 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.

Not obtaining prior authorization or notification 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 or notification 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 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 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, 2026
Revision date: November 9, 2026

Humana Healthy Horizons® in Oklahoma Prior Authorization and Notification List		
Category	**Subcategory/notes**	**Codes and comments**
Abdominoplasty		15830, 15847
Auditory Osseointegrated Surgery and Devices		L8691, L8692, L8693, L8694
Behavioral Health	Applied behavioral analysis therapy	97151, 97153, 97155, 97156
	Intensive outpatient program (IOP)	S9480
	Neuro psych testing	96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139
	Partial hospitalization	H0035
	Psychiatric residential treatment program	H0019
	Substance use disorder (SUD) services	H0010, H2034
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869
Breast Procedures	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11920, 11921, 11960, 11970, 19300, 19303, 19305, 19306, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600, S2066, S2067
Capsule Endoscopy		91110
Cardiac Devices	Cardiac implantable devices	33208, 33274, 33275, 0795T, 0823T
Cardiac Procedures/Surgeries	Cardiac catheters	93451, 93454, 93458, 93460
	Patent foramen ovale and atrial septal defect closure	93580

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Category	**Subcategory/notes**	**Codes and comments**
Cellular (including Chimeric Antigen Receptor T-Cell Therapy (CAR T)), Genetic, Tissue and Transplant Therapies		38999, 60699, J3387, J3389, J3391, J3392, J3393, J3394, J3402, J3590, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058
Cosmetic and Reconstructive Surgeries		14000, 14001, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15782, 15783, 15786, 15788, 15789, 15792, 15793, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19301, 21270
Diagnostic/Cardiac Imaging	Coronary fractional flow reserve (FFR)	75580
	Computed tomographic angiography (CTA)	70471
	Computed tomography (CT)	70496, 70498, 71275, 74170, 74177, 74178, 75573, 75574, 75635
	Magnetic resonance angiogram (MRA)	70544, 70545, 70546, 70547, 70548
	Magnetic resonance imaging (MRI)	70543, 70553, 72156, 72157, 72158, 72195, 72197, 73218, 73220, 73222, 73223, 73720, 73722, 73723, 74183, 75561, 77049
	Nuclear medicine	78072
	Nuclear stress test	78451, 78452, 78453, 78454, 78473, 78494, 93350, 93351
	Positron emission tomography scan	78429, 78430, 78431, 78432, 78433, 78459, 78492, 78608, 78811,

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Category	**Subcategory/notes**	**Codes and comments**
		78812, 78813, 78814, 78815, 78816
Drug Tests		G0480, G0481, G0482, G0483
Durable Medical Equipment (DME)	Airway clearance devices	E0481
	Augmentative and Alternative Communication Systems	E2500, E2502, E2504, E2506, E2508, E2510, E2512, E2599
	Beds and accessories	E0270, E0300, E0302, E0304, E0328, E0371, E0372, E0315, E0373, E0462
	Bone growth stimulators	E0747, E0748, E0760
	Bilevel positive airway pressure device	E0471
	Cough-stimulating device	E0482
	Electric beds	E0193, E0194, E0329
	Electric stimulators	E0755, E0769
	High frequency chest compression vests	E0483
	Insulin infusion pump	E0784
	Non-invasive home ventilators	E0466
	Other DME	E0231, E0232, E0277, E0350, E0352, E0617, E0642, E0652, E0675, E0676, E0694, E0761, E0766, E0948, E1300, E1310, E1354, E1356, E1357, E1358, E1399, E1594, E2511, L0464, L0629, L0635, L0637, L8681, L8684, L8689
	Pneumatic compression	E0651, E0667, E0668
	Standing systems/devices	E8000, E8001, E8002, E0637, E0638, E0641
	Volume control ventilator	E0465
	Wearable cardiac devices (e.g., LifeVest®)	K0606
	Wheelchairs and scooters	E0983, E0984, E0986, E1002, E1003, E1004, E1005, E1006, E1007,

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Category	**Subcategory/notes**	**Codes and comments**
		E1008, E1009, E1010, E1012, E1017, E1018, E1030, E1035, E1161, E1220, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E2228, E2230, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2343, E2351, E2367, E2372, E2373, E2298, K0005, K0010, K0011, K0012, K0014, K0108, K0669, 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, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891, K0898, K0899
Enteral Formula		B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4187, B5200

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Epidural Injections		62321, 62323, 64483, 64484
Facet Injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636
Facility-Based Sleep Studies (PSG)		95807, 95808, 95810, 95811
Hip, Knee and Shoulder Arthroscopy		29806, 29807, 29822, 29823, 29824, 29825, 29827, 29828, 29860, 29862, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, J7330
Home-Based Pre-Eclampsia Management	Notification Required for Optum	99601, 99602, S9140, S9145, S9211, S9213, S9214, S9231, S9351, S9353, S9374, S9375, S9376, S9377, S9379
Home Health/Home Infusion		551, 571, T1000, T1004, T1019
Hyperbaric Therapy		99183, G0277
Molecular Diagnostic/Genetic Testing		0001U, 0018U, 0026U, 0037U, 0047U, 0340U, 0493U, 81161, 81162, 81163, 81164, 81165, 81167, 81171, 81172, 81173, 81175, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81201, 81203, 81204, 81216,

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Category	**Subcategory/notes**	**Codes and comments**
		81220, 81222, 81223, 81226, 81228, 81229, 81234, 81236, 81237, 81238, 81239, 81247, 81249, 81259, 81269, 81271, 81277, 81274, 81284, 81285, 81286, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81305, 81306, 81307, 81312, 81317, 81319, 81320, 81321, 81323, 81324, 81325, 81329, 81333, 81334, 81336, 81343, 81344, 81345, 81349, 81351, 81352, 81381, 81404, 81405, 81406, 81407, 81408, 81410, 81414, 81417, 81425, 81426, 81431, 81432, 81434, 81435, 81437, 81439, 81441, 81448, 81479, 81518, 81519, 81520, 81521, 81522, 81523, 81529, 81541, 81542, 81546, 81552
	Molecular multianalyte assays	81166, 81176, 81188, 81411, 81412, 81413, 81415, 81430, 81442
Neurostimulators		43647, 63662, 64555, 64561, 64568, 64581, 64585, 64590, 64595
Non-Emergency Medical Transportation (NEMT)		A0430, A0431
Oral Orthognathic Temporomandibular Joint Surgeries		21141, 21142, 21143, 21145, 21146, 21147,

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Category	**Subcategory/notes**	**Codes and comments**
		21196, 21198, 21199, 21206, 21208, 21210
Orthotics		E1802, E1840, E1841, L0648, L0650, L0651, L1843, L1846, L1851, L1852, L3213, L3649
Other Surgeries		54660
Prosthetics		L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5341, L5400, L5410, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5656, L5661, L5665, L5671, L5673, L5676, L5677, L5679, L5681, L5682, L5683, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724,

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		L5726, L5728, L5780, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5962, L5964, L5966, L5968, L5972, L5975, L5976, L5979, L5980, L5981, L5982, L5984, L5986, L5987, L5988, L5990, L6050, 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, L6586, L6588, L6590, L6611, L6621, L6623, L6624, L6625, L6628, L6637, L6638, L6645, L6646, L6647, L6648, L6650, L6686, L6687, L6688, L6689, L6690, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6883, L6884, L6885, L6895,

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		L6900, L6905, L6910, L6915, L7405, L7499, L7600, L8035, L8039, L8044, L8048, L8049, L8499, L8609, L9900
Radiation Therapy		77301, 77338, 77520, 77522, 77523, 77525
Skin and Tissue Substitutes		Q4101, Q4102, Q4107, Q4133, Q4186
Spinal Cord Stimulators		63650, 63655, 63663, 63685, 63688
Spinal Fusion, Decompression, Kyphoplasty and Vertebroplasty		22100, 22101, 22102, 22214, 22510, 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, 22633, 22634, 22802, 22804, 22840, 22842, 22843, 22845, 22846, 22853, 22856, 22858, 27278, 27279, 63030, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63052
Surgery	Blepharoplasty	15820, 15821, 15822, 15823, 67900, 67902, 67903, 67904, 67906, 67908, 67909, 67917
	Cochlear and auditory brainstem implants	69710, 69930, L8615, L8619, L8627, L8628
	Cranial orthotics	S1040
	Gastric pacing	43881, 43882

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Category	**Subcategory/notes**	**Codes and comments**
	Obesity surgery	43644, 43645, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Other eye	0402T, 65778
	Other surgeries	58580 (For ages 18-60)
	Otoplasty	69300
	Pain infusion pump	62324, 62325, 62326, 62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, E0782, E0785, E0786
	Penile prosthesis	54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417
	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30462
	Tonsillectomy and adenoidectomy	42821, 42826
Therapy (occupational, physical, speech)	Per the Oklahoma Healthcare Authority, CPT® codes 97110 and 97530 are for adults only through the alternative to pain management benefit. All other therapy CPT® codes are restricted to enrollees under 21.	92507, 92508, 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97755, 97761
Transplant Surgeries		32851, 32852, 32853, 32854, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 44135, 47135, 48160, 48554, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81382, 81383, 81595

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Ventricular Assist Devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33993, 33995
Negative Pressure Wound Therapy		E2402

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