

## **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.

### **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.

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

Effective date: July 1, 2025

Revision date: Dec. 29, 2025

Humana Healthy Horizons® in Oklahoma Prior Authorization and Notification List		
Category	Subcategory/notes	Codes and comments
Abdominoplasty		15830, 15832, 15834 15835, 15836, 15839 15847
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
Cardiac procedures/surgeries	Cardiac catheters	93451, 93454, 93458, 93460
	Patent foramen ovale and atrial septal defect closure	93580

Humana Healthy Horizons <sup>®</sup> in Oklahoma Prior Authorization and Notification List		
Category	Subcategory/notes	Codes and comments
Cellular, gene, biologic therapy		J3392, J3393, J3394 J3590
Chimeric antigen receptor (CAR)-T cell therapy		Q2041, Q2042, Q2053, Q2054, Q2055, Q2056
Cosmetic and reconstructive surgeries		15772, 15773, 15774, 15780, 15781, 15782 15783, 15786, 15788 15789, 15792, 15793 15833, 15837, 15838 15876, 15877, 15878 15879, 19301, 21270
Diagnostic/cardiac imaging	Computed tomographic angiography (CTA)	70471
	Magnetic resonance angiogram (MRA)	70544, 70545, 70546 70547, 70548
	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, 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

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Category	Subcategory/notes	Codes and comments
	Continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BiPAP)	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
	Orthotic and prosthetic procedures, devices	E1802, E1840, E1841, L0648, L0650, L0651, L1846, L1851, L1852, L3213, 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,

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Category	Subcategory/notes	Codes and comments
		L5676, L5677, L5679, L5681, L5682, L5683, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, 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, L6000, L6010, L6020, 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,

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Category	Subcategory/notes	Codes and comments
		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, L6900, L6905, L6910, L6915, L7405, L7499, L7600, L8035, L8039, L8044, L8048, L8049, L8499, L8609, L8692, L8693, L9900
	Other DME	E0231, E0232, E0277, E0350, E0352, E0617, E0642, E0652, E0675, E0676, E0694, E0761, E0766, E0948, E1300, E1310, E1354, E1356, E1357, E1358, E1594, E2511, L0464, L0629, L0635, L0637, L1843, 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, E1008, E1009, E1010, E1012, E1017, E1018, E1030, E1035, E1161,

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		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		B4157, B4158, B4159, B4160, B4162, B4187, B5200
Epidural injections		62321, 62323, 64483,
Facet injections		64633, 64634, 64635, 64636

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Category	Subcategory/notes	Codes and comments
Facility-based sleep studies (PSG)		95807, 95808, 95810, 95811
Hearing aids		L8694
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, T1019
Hyperbaric therapy		99183, G0277
Miscellaneous codes		78499, E1399
Molecular diagnostic/genetic testing		0018U, 0026U, 0037U, 0047U, 81161, 81162, 81163, 81164, 81165, 81167, 81171, 81172, 81173, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81187, 81189, 81191, 81192, 81193, 81194, 81201, 81203, 81204, 81216, 81220, 81222, 81223, 81226, 81228, 81229, 81234, 81236, 81237, 81238, 81239, 81247, 81248, 81249,

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		81259, 81269, 81271, 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, 81404, 81405, 81406, 81407, 81408, 81410, 81414, 81417, 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, 95972
Non-emergency medical transportation (NEMT)		A0430, A0431
Oral Orthognathic temporomandibular joint surgeries		21141, 21142, 21143, 21145, 21146, 21147, 21196, 21198, 21199, 21206, 21208, 21210
Other surgeries		11922, 14000, 14001, 15769, 15771, 53410, 53415, 53420, 53425,

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		53430, 53447, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55899, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426, 58999, C1789, L8699, S0189
Radiation therapy		77301, 77338, 77520, 77523, 77525
Skin and tissue substitutes		Q4101, Q4102, Q4106, Q4107
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, 27278, 27279, 63030, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63052

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Category	Subcategory/notes	Codes and comments
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
	Obesity surgery	43644, 43645, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	Other eye	0402T, 65778
	Other implantable/semi-implantable hearing aids and devices	L8691
	Otoplasty	69300
	Pain infusion pump	62324, 62325, 62326, 62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, E0782, E0785, E0786
	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30462
Urologic surgery	53450, 53460	
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, 97542, 97755, 97761
Transplant surgeries		32851, 32852, 32853, 32854, 33935, 33945,

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		38205, 38206, 38230, 38232, 38240, 38241, 44135, 47135, 48160, 48554, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595
Unlisted codes		38999, 60699, 33935, 77522, A6512, L3649
Ventricular assist devices (VADs)		33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33993, 33995
Wound care and skin substitutes		E2402