

## Humana Healthy Horizons in South Carolina Prior authorization and Notification List

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

2025 South Carolina Medicaid Medical (physical health)/Behavioral health prior authorization list

## 2025 South Carolina Medicaid Provider Administered Medication prior authorization list

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

Please note that the term prior authorization—also known as precertification and preadmission is a process through which the provider or other healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

Notification refers to the process of the provider or other healthcare provider notifying Humana Healthy Horizons in South Carolina of the intent to provide an item or service. Humana Healthy Horizons in South Carolina requests notification to help coordinate care for covered patients. This process is distinguished from prior authorization. Humana does not issue an approval or denial related to a notification.

Investigational and experimental procedures usually are not covered benefits. Please consult the patient's Certificate of Coverage or contact Humana Healthy Horizons in South Carolina for confirmation of coverage.

## Important notes:

- South Carolina Medicaid recipients:
  - In addition to the information noted above, certain services outlined in the Medicaid Prior authorization and Notification List may not be applicable for providers affiliated with an independent practice association via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
  - Exclusions may change; please refer to <u>Humana.com/Provider</u> for up-to-date information. Choose "Authorization/Referrals" and then the appropriate topic.
  - The enclosed Prior authorization and Notification List applies only to Humana Healthy Horizons<sup>®</sup> in South Carolina. It does not apply to Humana commercial, Medicare or other state Medicaid plans.

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc.

- Emergent services do not require a referral or prior authorization.
- Failure to obtain authorization/notification prior to the date of service could result in denial of services. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an

individual provider making a specific request for services or medications verify benefits and prior authorization requirements with Humana prior to providing services.

- Except where noted via links on the following pages, prior authorization requests for medical services may be initiated:
  - Online via <u>Availity.com</u> (registration required)
  - By calling Humana Healthy Horizons in South Carolina's interactive voice response (IVR) line at **800-523-0023**
  - By faxing the prior authorization form to **833-441-0950**
  - How to request prior authorization for behavioral health services: Except where otherwise noted via links on the following pages, prior authorization for medical services may be initiated:
    - By calling the Behavioral Health Crisis Line: 833-364-2274
    - o Online via <u>Availity.com</u> (registration required)
    - By calling Humana Healthy Horizons in South Carolina's IVR line at 800-523-0023
    - By faxing the prior authorization form to 833-441-0950
- How to request prior authorization for medications:

Prior authorization requests for medications may be initiated by:

- o Faxing requests to 888-447-3430 (request forms at Humana.com/medPA)
- Calling **866-461-7273** (available Monday through Friday, 8 a.m. to 11 p.m., Eastern time)

**This list is subject to change with notification.** However, it may be modified throughout the year, without notification via U.S. postal mail, for additions of new-to-market medications or step-therapy requirements for medications.