

## **Humana Healthy Horizons in South Carolina Prior authorization and Notification 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 of the intent to provide an item or service. Humana Healthy Horizons 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.**

To view Humana's South Carolina specific medical coverage policies, please visit [Humana Healthy Horizons in South Carolina Clinical coverage policies](#).

### **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 [Humana.com/Provider](https://www.humana.com/Provider) 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.
  
- **Please note that urgent/emergent services do not require referrals, prior authorization or notification.**

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.

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- **Except where noted via links on the following pages, prior authorization requests for medical services may be initiated:**
  - Online via [Availity.com](https://www.availity.com) (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**
  - Online via [Availity.com](https://www.availity.com) (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:

  - Faxing requests to **888-447-3430** (request forms at [Humana.com/medPA](https://www.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.

**Humana Healthy Horizons<sup>®</sup> in South Carolina prior authorization and notification list (PAL)**

**Effective date: Jul. 1, 2025**

**Revision date: May 31, 2026**

| <b>Humana Healthy Horizons in South Carolina PAL</b> |                                                                                                                                                                |                                                                                                                                                                                           |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category</b>                                      | <b>Subcategory</b>                                                                                                                                             | <b>Codes and comments</b>                                                                                                                                                                 |
| <b>Ablation</b>                                      | Cardiac ablation/<br>electrophysiology study and<br>ablation for bone, liver, kidney<br>and prostate cancer                                                    | 20982, 20983, 47370, 47371, 47380,<br>47381, 47382, 47383, 50250, 50541,<br>50542, 50592, 50593, 53850, 53854,<br>55873, 93650, 93653, 93654, 93656                                       |
| <b>Behavioral health</b>                             | Alcohol and/or drug treatment<br>– day treatment/partial<br>hospitalization                                                                                    | H2035                                                                                                                                                                                     |
|                                                      | All residential admissions                                                                                                                                     | All residential admissions                                                                                                                                                                |
|                                                      | Applied behavioral analysis<br>(ABA) therapy                                                                                                                   | 0362T, 0373T, 97153, 97154, 97155,<br>97157, 97158, 97156                                                                                                                                 |
|                                                      | Assertive community<br>treatment (ACT)                                                                                                                         | H0040                                                                                                                                                                                     |
|                                                      | Community support services                                                                                                                                     | H2017                                                                                                                                                                                     |
|                                                      | Inpatient admissions                                                                                                                                           | All inpatient admissions                                                                                                                                                                  |
|                                                      | Intensive outpatient program<br>(IOP)                                                                                                                          | H0015, S9480                                                                                                                                                                              |
|                                                      | Partial hospitalization                                                                                                                                        | H0035                                                                                                                                                                                     |
|                                                      | Psychological and<br>neuropsychological testing<br>(inclusive of development<br>testing, neurobehavioral<br>status exams and cognitive<br>performance testing) | 96116, 96121, 96125, 96130, 96131,<br>96132, 96133, 96136, 96137, 96138,<br>96139, 96146                                                                                                  |
|                                                      | Transcranial magnetic<br>stimulation (TMS)                                                                                                                     | 90869                                                                                                                                                                                     |
| <b>Breast procedures</b>                             | Other breast procedures<br>(excludes breast<br>reconstruction following<br>medically necessary<br>mastectomies for breast<br>cancer)                           | 11920, 11921, 11970, 11971, 19030,<br>19305, 19306, 19316, 19318, 19325,<br>19328, 19330, 19340, 19342, 19350,<br>19355, 19357, 19361, 19364, 19367,<br>19368, 19369, 19370, 19371, 19380 |
|                                                      | Simple mastectomy and<br>gynecomastia surgery                                                                                                                  | 19300, 19303                                                                                                                                                                              |

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| <b>Humana Healthy Horizons in South Carolina PAL</b>                                                                    |                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |
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| <b>Category</b>                                                                                                         | <b>Subcategory</b>                                                                                                                   | <b>Codes and comments</b>                                                                                                                                                                                                                                                                              |
| <b>Cellular – including chimeric antigen receptor T-cell therapy (CAR T) – genetic, tissue and transplant therapies</b> | Cellular – including CAR T – genetic, tissue and transplant therapies                                                                | 38999, 60699, C9399, J3392, J3393, J3394, J3490, J3590, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8, XW133J8, XW143G8, XW143J8 |
| <b>Diagnostic/cardiac imaging</b>                                                                                       | Myocardial perfusion imaging single-photon emission computed tomography (MPI SPECT)                                                  | 78451, 78452                                                                                                                                                                                                                                                                                           |
| <b>Diagnostic procedures</b>                                                                                            | Capsule endoscopy                                                                                                                    | 91110, 91111                                                                                                                                                                                                                                                                                           |
|                                                                                                                         | Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy (for patients 59 and younger only; includes site-of-service evaluation) | 43191, 43193, 43197, 43198, 43200, 43202, 43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259                                                                                                                                                                                                       |
|                                                                                                                         | Facility-based sleep studies – polysomnography (PSG)                                                                                 | 95807, 95808, 95810, 95811                                                                                                                                                                                                                                                                             |
| <b>Durable medical equipment (DME)</b>                                                                                  | Augmentative and alternative communication systems                                                                                   | E2508, E2510, E2512, E2599                                                                                                                                                                                                                                                                             |
|                                                                                                                         | Beds and accessories                                                                                                                 | E0272, E0277, E0301, E0302, E0303, E0304, E0372, E0912                                                                                                                                                                                                                                                 |
|                                                                                                                         | Continuous glucose monitoring devices and supplies                                                                                   | A9277, A9278                                                                                                                                                                                                                                                                                           |
|                                                                                                                         | Continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BiPAP)                                                  | E0470, E0471, E0472, E0601                                                                                                                                                                                                                                                                             |
|                                                                                                                         | Cough-stimulating device                                                                                                             | E0482                                                                                                                                                                                                                                                                                                  |
|                                                                                                                         | Cranial orthotics                                                                                                                    | S1040                                                                                                                                                                                                                                                                                                  |
|                                                                                                                         | High-frequency chest compression vests                                                                                               | E0483                                                                                                                                                                                                                                                                                                  |
|                                                                                                                         | Insulin infusion pump                                                                                                                | A9274, A9276, E0784, E0787                                                                                                                                                                                                                                                                             |
|                                                                                                                         | Neuromuscular stimulators                                                                                                            | E0770                                                                                                                                                                                                                                                                                                  |

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| Humana Healthy Horizons in South Carolina PAL |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Category                                      | Subcategory                  | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                               | Noninvasive home ventilators | E0466                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                               | Orthotics                    | L0456, L0457, L0458, L0460, L0462, L0480, L0482, L0484, L0486, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0639, L0640, L0648, L0700, L0970, L0974, L0976, L0980, L0984, L1000, L1200, L1310, L1499, L1681, L1685, L1686, L1690, L1720, L1730, L1755, L1834, L1836, L1845, L1846, L1848, L1850, L1852, L1860, L1902, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2108, L2126, L2134, L2350, L2526, L2628, L2999, L3202, L3203, L3204, L3370, L3410, L3420, L3430, L3440, L3450, L3460, L3649, L3671, L3710, L3720, L3730, L3740, L3761, L3762, L3763, L3765, L3766, L3900, L3901, L3904, L3905, L3916, L3918, L3925, L3930, L3961, L3967, L3971, L3976, L3977, L3981, L3999, L4000, L4010, L4020, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4110, L4130, L4210, L9900 |
|                                               | Pneumatic compression        | E0651, E0652, E0655, E0656, E0657, E0660, E0667, E0668, E0670, E0675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                               | Prosthetics                  | 21081, L5000, L5010, L5020, L5050, L5100, L5150, L5160, L5210, L5250, L5301, L5321, L5341, L5505, L5520, L5530, L5535, L5540, L5560, L5580, L5595, L5600, L5610, L5611, L5613, L5616, L5618, L5620, L5622, L5624, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5640, L5642, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5665, L5666, L5668, L5670, L5671, L5673, L5676, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5688, L5690, L5692,                                                                                                                                                                                                                                                                                                                                                       |

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| Humana Healthy Horizons in South Carolina PAL                |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Category                                                     | Subcategory                                            | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                              |                                                        | L5694, L5695, L5696, L5697, L5698, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5780, L5781, L5782, L5785, L5790, L5810, L5811, L5812, L5814, L5816, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5910, L5920, L5925, L5930, L5940, L5950, L5962, L5964, L5966, L5970, L5971, L5972, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5991, L6055, L6110, L6120, L6130, L6200, L6205, L6300, L6310, L6320, L6350, L6360, L6370, L6450, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6620, L6624, L6625, L6628, L6637, L6638, L6640, L6645, L6646, L6647, L6648, L6650, L6686, L6687, L6688, L6689, L6690, L6694, L6695, L6698, L6703, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6883, L6884, L6885, L6900, L6910, L6915, L7402, L7405, L8035, L8499, L9900 |
| <b>Durable medical equipment (DME)</b><br><i>(Continued)</i> | Standing systems/devices                               | E0637, E0638, E0641, E0642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                              | Wearable/non-wearable cardiac devices (e.g., LifeVest) | 93228, 93229, 93242, 93244, 93745, 93246, 93248, E0617, K0606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                              | Wheelchairs and scooters                               | E0968, E0983, E1002, E1005, E1007, E1008, E1010, E1011, E1012, E1015, E1050, E1060, E1070, E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2207, E2213, E2227, E2228, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2330, E2331, E2343, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2372, E2373, E2374, E2375, E2376, E2383, E2386, E2387, E2388, E2389, E2390,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| Humana Healthy Horizons in South Carolina PAL                               |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Category                                                                    | Subcategory                                                                                                                          | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                             |                                                                                                                                      | E2391, E2392, K0007, K0011, K0014, K0108, K0669, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0827, K0828, K0829, K0835, K0836, K0837, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0898                                            |
| <b>Emerging technology/<br/>new indications for<br/>existing technology</b> | Emerging technology/new indications for existing technology                                                                          | 31647, 31648, 31649, 31651, 93264                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Home health/home infusion</b>                                            | Home health/home infusion                                                                                                            | Prior authorization required after five visits for the following codes:<br><br>99344, 99501, 99502, 99511, 99512, S5165, S9001, S9128, S9129, S9131, T1021, T1030, T1031                                                                                                                                                                                                                                                            |
| <b>Infertility testing and treatment</b>                                    | Infertility testing and treatment                                                                                                    | 89268, 89272, 89280, 89281, 89344, 89346, 89352, 89353, 89354, 89398                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inpatient admissions</b>                                                 | Acute hospital (includes inpatient hospice)<br>Acute rehabilitation facilities<br>Long-term acute care<br>Skilled nursing facilities | *For neonatal intensive care unit (NICU) and obstetrical admission prior authorization and notification clarification, please see the note following this grid.                                                                                                                                                                                                                                                                     |
| <b>Miscellaneous codes</b>                                                  | Miscellaneous codes                                                                                                                  | 98978, A6512, A9900, A9999, E1399, S8189, S9445, S9446                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Molecular diagnostic/<br/>genetic testing</b>                            | Molecular diagnostic/genetic testing                                                                                                 | 81162, 81163, 81164, 81165, 81166, 81167, 81201, 81202, 81203, 81212, 81215, 81216, 81217, 81220, 81228, 81229, 81235, 81240, 81241, 81243, 81252, 81254, 81256, 81287, 81291, 81302, 81304, 81321, 81322, 81323, 81324, 81325, 81326, 81331, 81374, 81376, 81418, 81448, 81451, 81456, 81479, 81500, 81503, 81509, 81510, 81511, 81512, 81525, 81535, 81536, 81538, 81540, 81546, 81560, 81595, 81599, 86305, 88120, 88121, 88377, |

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| Humana Healthy Horizons in South Carolina PAL    |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Category                                         | Subcategory                                                  | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                  |                                                              | 0018M, 0087U, 0088U, 0118U, 0319U, 0320U, S3870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Nonemergent medical transportation (NEMT)</b> | Nonemergent medical transportation (NEMT)                    | A0090, A0120, A0430, A0431, A0435, A0999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Other services</b>                            | Skin and tissue substitutes                                  | A2001, A2002, A2005, A2007, A2008, A2013, A2022, A2025, Q4100, Q4112, Q4113, Q4114, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4147, Q4148, Q4149, Q4150, Q4151, Q4153, Q4154, Q4155, Q4157, Q4159, Q4161, Q4162, Q4163, Q4164, Q4169, Q4173, Q4174, Q4176, Q4180, Q4181, Q4184, Q4186, Q4187, Q4188, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4199, Q4203, Q4204, Q4205, Q4206, Q4208, Q4212, Q4217, Q4218, Q4219, Q4221, Q4222, Q4225, Q4226, Q4227, Q4229, Q4232, Q4234, Q4235, Q4237, Q4238, Q4239, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4256, Q4257, Q4259, Q4261, Q4262, Q4263, Q4310 |
| <b>Other services</b><br><i>(Continued)</i>      | Varicose veins: surgical treatment and sclerotherapy         | 36465, 36466, 36470, 36471, 36473, 36474, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Pain management</b>                           | Epidural injections (outpatient only)                        | 62320, 62321, 62323, 64479, 64480, 64483, 64484, 64999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                  | Facet injections                                             | 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                  | Pain infusion pump                                           | 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                  | Sacroiliac (SI) joint injections                             | 27096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                  | Spinal cord stimulators                                      | 63650, 63655, 63663, 63664, 63685, 63688, 64999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                  | Spinal fusion, decompression, kyphoplasty and vertebroplasty | 20999, 22206, 22207, 22210, 22212, 22214, 22222, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586,                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Humana Healthy Horizons in South Carolina PAL    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Category                                         | Subcategory                               | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                  |                                           | 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22867, 22868, 22869, 22870, 22899, 27279, 27278, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63075, 63076, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63173, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307 |
| <b>Pain management</b><br><i>(Continued)</i>     | Trigger point injections                  | 20552, 20553                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Physical, occupational and speech therapy</b> | Physical, occupational and speech therapy | 92507, 92508, 92520, 92526, 92606, 92609, 92610, 92611, 95851, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97750, 97755, 97760, 97761, 97763, 97799, S9152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Radiology</b>                                 | Computed tomography (CT) scan             | 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| Humana Healthy Horizons in South Carolina PAL |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Category                                      | Subcategory                             | Codes and comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                               |                                         | 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76125, 76380, 77078                                                                                                                                                                                                                                                                                                                                                               |
|                                               | Magnetic resonance angiogram (MRA)      | 70544, 70546, 70548, 70549, 73725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | Magnetic resonance imaging (MRI)        | 70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76390, 76391, 77022, 77046, 77047, 77048, 77049, 77084                                                                                                                                      |
|                                               | Nuclear medicine                        | 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78185, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832 |
| <b>Radiology</b><br><i>(Continued)</i>        | Nuclear stress test                     | 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | Positron emission tomography (PET) scan | 78429, 78430, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, A9552                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Routine maternity care</b>                 | Routine maternity care                  | All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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| <b>Humana Healthy Horizons in South Carolina PAL</b> |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category</b>                                      | <b>Subcategory</b>                                             | <b>Codes and comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                      |                                                                | Notification is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Surgery</b>                                       | Abdominoplasty                                                 | 15830, 15847                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                      | Cochlear and auditory brainstem implants                       | 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8625                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      | Gender affirmation                                             | 55970, 55980                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                      | Neurostimulators                                               | 61863, 61867, 61885, 61886, 61888, 64561, 64566, 64568, 64569, 64570, 64581, 64590                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                      | Obesity surgeries                                              | 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43846, 43847, 43848, 43886, 43887, 43888                                                                                                                                                                                                                                                                                                                                       |
|                                                      | Other implantable or semi-implantable hearing aids and devices | 69710, 69711, L8691                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                      | Otoplasty                                                      | 69300, 69320                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                      | Rhinoplasty                                                    | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Transplant</b>                                    | Transplant surgeries (includes genetic testing)                | 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 81370, 81371, 81372, 81373, 81375, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, S9975, 02WA3QZ, 02WA4QZ |
| <b>Ventricular assist devices (VADs)</b>             | VADs                                                           | 33975, 33976, 33979, 33981, 33982, 33983                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Wound care</b>                                    | Negative pressure wound therapy (NPWT)                         | 97605, 97606, A6550, E2402                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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\* For **neonatal intensive care unit (NICU)** prior authorization and notification, Humana Healthy Horizons expects notification within 48 hours of admission to conduct a concurrent review for care coordination, assess the appropriate level of care and begin discharge planning.

For **obstetrical admissions**, Humana Healthy Horizons expects notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean section(s) to conduct a concurrent review for care coordination and discharge planning.

**Specialty drugs:** Prior authorization is required for the following list of specialty drugs when delivered in the physician's office, clinic, outpatient or home setting.

To request prior authorization or provide notification, please access the [fax forms](#).