

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.

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[®] 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[®] in South Carolina prior authorization and notification list (PAL)

Effective date: Jul. 1, 2025

Revision date: Mar. 31, 2026

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

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
	breast reconstruction following medically necessary mastectomies for breast cancer)	19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380
Breast procedures (Continued)	Simple mastectomy and gynecomastia surgery	19300, 19303
Cellular – including chimeric antigen receptor T-cell therapy (CAR T) – genetic, tissue and transplant therapies	Cellular – including CAR T – genetic, tissue and transplant therapies	J3392, J3393, J3394, J3490, J3590, C9399, 38999, 60699, 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
Diagnostic/cardiac imaging	Myocardial perfusion imaging single-photon emission computed tomography (MPI SPECT)	78451, 78452
Diagnostic procedures	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
Durable medical equipment (DME)	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

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
Durable medical equipment (DME) <i>(Continued)</i>	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	E0744, E0770
	Noninvasive home ventilators	E0466
	Orthotics	E0942, L0456, L0457, L0458, L0460, L0462, L0480, L0482, L0484, L0486, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0639, L0640, L0648, L0700, L0810, L0820, L0830, L0859, 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

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Category	Subcategory	Codes and comments
	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, 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,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		L6900, L6910, L6915, L7402, L7405, L8035, L8499, L9900, V2623, V2627
Durable medical equipment (DME) <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, 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
Emerging technology/new indications for existing technology	Emerging technology/new indications for existing technology	31647, 31648, 31649, 31651, 93264
Home health/home infusion	Home health/home infusion	Prior authorization required after five visits for the following codes: 99344, 99501, 99502, 99511, 99512, S5165, S9001, S9128, S9129, S9131

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Category	Subcategory	Codes and comments
		Prior authorization required after five visits: T1021, T1030, T1031
Infertility testing and treatment	Infertility testing and treatment	89268, 89272, 89280, 89281, 89344, 89346, 89352, 89353, 89354, 89398
Inpatient admissions	Acute hospital (includes inpatient hospice)	*For neonatal intensive care unit (NICU) and obstetrical admission prior authorization and notification clarification, please see the note following this grid.
	Acute rehabilitation facilities	
	Long-term acute care	
	Skilled nursing facilities	
Miscellaneous codes	Miscellaneous codes	98978, A6512, A9900, A9999, E1399, S8189, S9445, S9446
Molecular diagnostic/genetic testing	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, 0018M, 0087U, 0088U, 0118U, 0319U, 0320U, S3870
Nonemergent medical transportation (NEMT)	Nonemergent medical transportation (NEMT)	A0090, A0120, A0430, A0431, A0435, A0999
Other services	Skin and tissue substitutes	A2001, A2002, A2005, A2007, A2008, A2013, A2022, A2025, Q4100, Q4112, Q4113, Q4114, Q4133, Q4134, Q4135,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		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
	Varicose veins: surgical treatment and sclerotherapy	36465, 36466, 36470, 36471, 36473, 36474, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785
Pain management	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		
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
Pain management <i>(Continued)</i>	Trigger point injections	20552, 20553
Physical, occupational and speech therapy	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, G0237, S9152
Radiology	Computed tomography (CT) scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 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
Radiology (Continued)	Nuclear stress test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
	Positron emission tomography (PET) scan	78429, 78430, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, A9552
Routine maternity care	Routine maternity care	All Notification is requested.
Surgery	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
Transplant	Transplant surgeries (includes genetic testing)	02WA3QZ, 02WA4QZ, 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,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		81383, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142, S9975
Ventricular assist devices (VADs)	VADs	33975, 33976, 33979, 33981, 33982, 33983
Wound care	Negative pressure wound therapy (NPWT)	97605, 97606, A6550, E2402

* 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](#).