

## **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](#) 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, 2026**

**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/ 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
<b>Behavioral health</b>	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
<b>Breast procedures</b>	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11920, 11921, 11970, 11971, 19030, 19305, 19306, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380
	Simple mastectomy and gynecomastia surgery	19300, 19303

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<b>Humana Healthy Horizons in South Carolina PAL</b>		
<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	E0194, 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		
Category	Subcategory	Codes and comments
	New electrical stimulation device (oncology related)	E0766
	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,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		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, L6900, L6910, L6915, L7402, L7405, L8035, L8499, L9900
<b>Durable medical equipment (DME)</b> <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,

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Category	Subcategory	Codes and comments
		E2373, E2374, E2375, E2376, E2383, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2298, 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, K0891, K0898
<b>Emerging technology/ new indications for 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 is required after five visits for the following codes:  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)	*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	
<b>Miscellaneous codes</b>	Miscellaneous codes	98978, A6512, A9900, A9999, E1399, S8189, S9445, S9446
<b>Molecular diagnostic/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,

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<b>Humana Healthy Horizons in South Carolina PAL</b>		
<b>Category</b>	<b>Subcategory</b>	<b>Codes and comments</b>
		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
<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, A2004, A2005, A2007, A2008, A2013, A2014, A2022, A2025, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4121, Q4127, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4178, Q4180, Q4181, Q4182, Q4183, Q4184, Q4186, Q4187, Q4188, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4199, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4212, Q4213, 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, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4285, Q4286, 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
<b>Pain management</b>	Epidural injections (outpatient	62320, 62321, 62323, 64479, 64480,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
	only)	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, 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
	Trigger point injections	20552, 20553
<b>Physical, occupational</b>	Physical, occupational and	92507, 92508, 92520, 92526, 92606,

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<b>Humana Healthy Horizons in South Carolina PAL</b>		
<b>Category</b>	<b>Subcategory</b>	<b>Codes and comments</b>
<b>and speech therapy</b>	speech therapy	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, 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,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		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> <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 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,

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Humana Healthy Horizons in South Carolina PAL		
Category	Subcategory	Codes and comments
		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

\* 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](#).