Humana Healthy Horizons® in Indiana Preauthorization and Notification List (PAL) for Indiana PathWays for Aging and Humana Gold Plus® Integrated Indiana Long-Term Services and Supports (LTSS) Preauthorization and Notification List

View the Humana Healthy Horizons® in Indiana Preauthorization and Notification List (PAL) for Indiana PathWays for Aging
https://assets.humana.com/is/content/humana/JAN2025_BH_MED_MCD_PALpdf

After reading the applicability of the preauthorization requirements below, access services, codes, and medication by selecting the appropriate link:
https://assets.humana.com/is/content/humana/2025%20IN%20Medicaid%20Prior%20Authorization%20Listpdf

View the Humana Gold Plus Integrated Indiana Long-Term Services and Supports (LTSS) PAL https://assets.humana.com/is/content/humana/LTSS%20PALpdf

Please note the term "preauthorization" (prior authorization, precertification, preadmission), when used in this communication, is defined as a process through which the physician 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 by which the physician or other healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification, as it helps coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial for notifications.

The list details services and medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at the Medicare coverage database.

Investigational and experimental procedures usually are not covered benefits. Please contact Humana for confirmation of coverage.

For dual plans, Medicaid may cover costs not covered by Medicare.

For the Indiana PathWays for Aging, Indiana may cover costs not covered by Medicaid or Medicare, depending on the types of services, which can vary both across and within subgroups.

Important notes:

- To join the Humana Healthy Horizons network, all providers must be actively enrolled with Indiana Health Coverage Programs (IHCP).
- **Humana's Medicare Advantage (MA) health maintenance organization (HMO):** The full list of preauthorization requirements applies to patients with Humana MA HMO and HMO
  point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the PAL and should refer to their Independent Physicians Association (IPA) or risk network for guidance on processing their requests. For exclusion to the preauthorization process, please visit Humana.com/Provider.

- **All Humana MA plans** – For procedures or services that are investigational or experimental or that may have limited benefit coverage, or to learn if Humana will pay for a service, you can request an advanced coverage determination (ACD) on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.

- ACDs for **medical services** can be initiated by submitting a written, fax or telephone request:
  - Send written requests to:
    Humana Correspondence
    P.O. Box 14601
    Lexington, KY 40512-4601
  - Submit by fax to 800-266-3022
  - Submit by telephone at 800-523-0023
- ACDs for **medications** on the list can be initiated by submitting a fax or telephone request:
  - Submit by fax to 888-447-3430
  - Submit by telephone at 866-461-7273

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

Please note urgent/emergent services do not require referrals or preauthorization.

Not obtaining preauthorization for a service could result in financial penalties for the practice and reduced benefits for the patient. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend individual practitioners making specific requests for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

Information required for a preauthorization request or notification may include, but is not limited to, the following:

- Member's name, Medicaid ID, Medicare ID, and date of birth
- Date of actual service or hospital admission
- Procedure codes, up to 10 maximum per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request
- Service location
- Inpatient location (acute hospital, skilled nursing, hospice)
- Outpatient location (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) of treatment facility where service is rendered
- TIN and NPI of the provider performing the service
- Caller/requestor's name and telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will help expedite determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

How to request preauthorization for medical and behavioral health services:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials at www.availity.com/Humana. For registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- For Medical preauthorization, healthcare providers can request preauthorization from Humana's Clinical Intake Team by the following:
  - For Medicaid, providers can request by email at IN_MCD_Intake@humana.com .
  - For Medicaid, providers can request by fax at 502-324-6376.
  - For Duals, providers can request by email at IN_MCD_Duals_Intake@humana.com.
  - For Duals, providers can request by fax at 502-405-5020.
- For behavioral health preauthorization, healthcare providers can request preauthorization from Clinical Intake Team by the following:
  - For Medicaid, providers can request by email at IN_BHMCD_Intake@humana.com .
  - For Medicaid, providers can request by fax at 502-508-0447.
  - For Duals, providers can request by email at IN_BHMCD_Duals_Intake@humana.com .
  - For Duals, providers can request by fax at 502-508-0408.
- For questions, call the Humana customer care service department telephone number at 1-866-274-5888, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

How to request dental preauthorizations:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials at www.availity.com/Humana. For registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday,
  8 a.m. – 8 p.m., Eastern time.

How to request Long-term services and supports (LTSS) preauthorizations:

- Send an email on behalf of the member to INPathWaysLTSSUM@humana.com. Include the member name, member Medicaid ID number and phone number in addition to the question(s).

How to request vision preauthorizations:

- Except where otherwise noted on the following pages, healthcare providers can request preauthorization through Availity Essentials at www.availity.com/Humana. For registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

How to request preauthorization for physician-administered medications:

- Humana handles all preauthorization requests for medications typically received as an injection at a healthcare provider's office. The preauthorization can be initiated by:
  - Submitting on the web at www.covermymeds.com
  - Faxing requests to 888-447-3430 (request forms at Humana.com/medPA)
  - Calling 866-461-7273, available Monday – Friday, 8 a.m. – 11 p.m., Eastern time

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