



Medicare and Medicaid Working Together

Virginia Prior Authorization and Notification List

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)

Humana Dual Fully Integrated H2875-003 (HMO D-SNP)

Humana has updated our prior authorization and notification list for the Humana Dual Fully Integrated Plan. Read about the prior authorization requirements below. Then, select the appropriate link to access information about affected services, codes and medications:

[Humana Dual Fully Integrated July 2025 medical/behavioral health prior authorization list](#)

[Medicare 2025 provider-administered medication prior authorization list](#)

Please note the term “prior authorization,” (preauthorization, precertification, preadmission) when used in this communication, is a process through which the physician or other healthcare provider must 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 prior authorization. Humana does not issue an approval or denial for notifications.

The prior authorization lists detail services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require prior authorization 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 on the [Medicare Coverage Database](#).

If needed, you can review [Humana’s medical and pharmacy coverage policies](#).

Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.

Important notes:

- **Humana’s Medicare Advantage (MA) health maintenance organization (HMO):**
The full list of prior authorization 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 prior authorization list (PAL) and should refer to their IPA or risk network for guidance on

processing their requests. For exclusion to the prior authorization process, please visit Provider.Humana.com.

- **All Humana MA plans** – To learn if Humana will cover a service—including investigational or experimental procedures or services that may have limited benefit coverage—you can request an advanced coverage determination (ACD) on behalf of the patient before providing the service. Humana may contact you if we need additional information.
- Initiate ACDs for **medical services** by submitting a request via:
 - Mail:
Humana Correspondence
P.O. Box 14359
Lexington, KY 40512-4601
 - Fax: 800-266-3022
 - Telephone: 800-523-0023, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
- Initiate ACDs for **medications** on the prior authorization list by submitting a request via:
 - Fax: 888-447-3430
 - Telephone: 866-461-7273, Monday – Friday, 8 a.m. – 11 p.m., Eastern time

Please note: Urgent/emergent services do not require referrals or prior authorizations.

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

Information required for a prior authorization request or notification may include, but is not limited to:

- Member's Humana ID number, name 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 [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, 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 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 prior authorization:

- **For services managed by Humana:**
 - **Medical services:**
 - Online: www.availity.com (registration required)
 - Call 800-523-0023. Humana's interactive voice response (IVR) line is available 24 hours a day, 7 days a week.
 - **Medications:**
 - CoverMyMeds (preferred): Submit requests at www.covermymeds.com.
 - Fax: 888-447-3430. Request forms are available at Humana.com/medPA.
 - Call 866-461-7273. Hours are Monday – Friday, 8 a.m. – 11 p.m., Eastern time.
- **For services managed by Cohere Health:**
 - Online:
 - Information and to request a new account: www.coherehealth.com/register
 - Portal login (prior authorization request): www.next.coherehealth.com
 - Phone: 833-283-0033. Hours are Monday – Friday, 8 a.m. – 8 p.m., Eastern time
 - Fax: 857-557-6787

The prior authorization list is subject to change with notification. However, the 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.

Please note: Online prior authorization requests are encouraged. For certain PAL services requested via [Availity Essentials™](#), healthcare providers have the option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If you do not receive immediate approval, the information you provide on the questionnaire will help Humana expedite the review.