



Humana Healthy Horizons in Virginia Preauthorization and Notification List and Virginia Long-Term Services and Supports Preauthorization and Notification List

View the [Humana Healthy Horizons® in Virginia preauthorization and notification List \(PAL\)](#).

After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:

View the [Humana Healthy Horizons professionally administered drug preauthorization list](#).

View the [Humana Healthy Horizons long-term services and supports \(LTSS\) PAL](#).

Please note the term preauthorization (also known as prior authorization, precertification or preadmission), when used in this communication, is defined as a process through which the healthcare provider is required to obtain advance approval from Humana Healthy Horizons as to whether an item or service will be covered.

Notification refers to the process by which the healthcare provider notifies Humana Healthy Horizons of the intent to provide an item or service. Humana Healthy Horizons requests notification as it helps coordinate care for members. This process is distinguished from preauthorization. Humana Healthy Horizons does not issue approval or denial for notifications.

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

Important notes:

- For any service or supply exceeding Virginia Department of Medical Assistance Services (DMAS) limits, preauthorization is required.
 - Please visit the [DMAS Durable Medical Equipment \(DME\) website](#) to determine limits.
- Chiropractic services are not covered by the DMAS for members over the age of 21 unless they are enrolled in the Family Access to Medical Insurance Security—MOMS (FAMIS MOMS) programs.

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

Failure to obtain preauthorization for a service could result in financial penalties for the provider and reduced benefits for the member. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. Humana Healthy Horizons recommends individual providers making specific requests for services or

medications verify benefits and preauthorization requirements with Humana Healthy Horizons prior to providing services.

Information required for a preauthorization request or notification may include the following:

- Member's name, Medicaid ID and date of birth
- Date of service or hospital admission
- Procedure codes, up to 10 maximum per authorization request or notification
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request or notification
- Service location
- Inpatient location (e.g., acute hospital, skilled nursing, hospice)
- Outpatient location (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (e.g., 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's/requestor's name and telephone number
- Attending provider'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 Healthy Horizons 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, healthcare providers can request preauthorization through [Availity Essentials™](#).
 - If you have 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 the Humana Healthy Horizons Clinical Intake team by faxing 931-650-3709.
- For behavioral health preauthorization, healthcare providers can request preauthorization from the Humana Healthy Horizons Clinical Intake team by faxing 931-650-3707.
- If you have questions, call the Humana Healthy Horizons Customer Care Service department at 844-881-4482, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

How to request LTSS preauthorization:

- Healthcare providers can fax 502-508-1607.

- Providers can send an email on behalf of the member to VAMCDLTSSUtilizationManagement@humana.com.
 - Please include the member's name, member Medicaid ID number and phone number in addition to the preauthorization request.

How to request preauthorization for professionally administered drugs:

Humana Healthy Horizons handles all preauthorization requests for medications typically received as an injection at a healthcare provider's office. You can initiate preauthorization by:

- Submitting your request online at [CoverMyMeds®](#)
- Faxing requests to 888-447-3430
 - Request forms can be found by visiting Humana's [Prior authorization for professionally administered drugs](#) webpage.
- Calling 866-461-7273, Monday – Friday, 8 a.m. – 11 p.m., Eastern time

How to request dental preauthorization:

- Healthcare providers can request preauthorization by visiting the [DentaQuest®](#) website.
- Providers can request dental preauthorization by calling Cardinal Care Smiles at 888-912-3456, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

How to request vision preauthorization:

- Healthcare providers can request preauthorization by visiting the [EyeMed®](#) webpage.
- Providers can call Humana Healthy Horizons at 844-881-4482, 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.