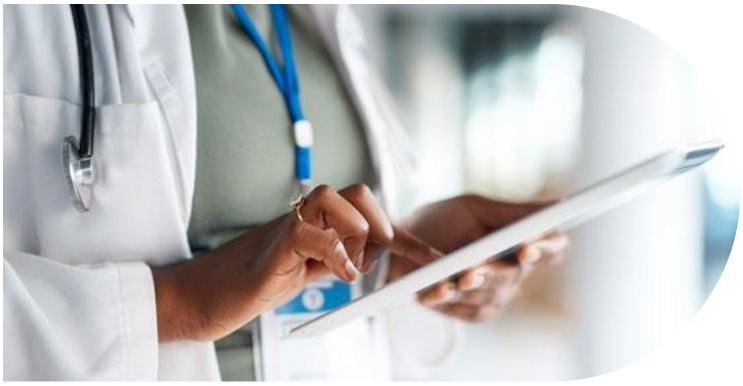
New rule improves the prior authorization process

While prior authorization helps ensure care is necessary and appropriate, it may occasionally contribute to delays when requirements are not fully met.

Effective January 1, 2026, The Centers for Medicare & Medicaid Services (CMS) requires prior authorization decisions within seven calendar days for standard (non-urgent) requests for medical items and services (See CMS Interoperability and Prior Authorization Final Rule - CMS-0057-F).



CarePlus is committed to meeting the new streamlined timeframe for prior authorization decisions in accordance with this rule. To do so, supporting clinical information must be submitted at the time of your prior authorization request.

Failure to submit clinical information at the time of your prior authorization request may result in a delayed and/or adverse decision.

Required information may include, but is not limited to, the items shown on the right.

Required information for prior authorization

Patient details:
Full name, date of birth and CarePlus policy ID number

Referring and servicing provider details:
Name, National Provider Identifier (NPI), Tax Identification Number (TIN), specialty, contact information (including fax)

Diagnosis and procedure codes:
Accurate ICD dx codes (up to 6) and procedure codes (up to 10, as applicable) specific to the request

Treatment details:
Specific service, procedure, item or medication being requested, including planned date of service, service location, inpatient or outpatient, quantity, medication dosage, frequency, and duration

Clinical rationale:
Detailed explanation of why the requested treatment is medically necessary for the patient's condition, including supporting evidence from medical records. See Humana.com/coveragepolicies for more information on clinical guidelines.

Relevant medical history:
Past medical conditions, current medications, allergies, and significant lab results

Supporting documentation:
May include imaging studies, lab reports, treatments / therapies tried, progress notes, or other relevant clinical data that supports the medical necessity of the request

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