

Effective Date: December 1, 2008

We are pleased to provide you with Humana's Preauthorization and Notification List for Humana Medicare Advantage (MA) plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. The list will become effective **December 1, 2008**.

The list represents services and medications** that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS) and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.

**These medications include those when delivered in the physician's office, clinic, outpatient or home setting.

For procedures or services that are investigational, experimental or may have limited benefit coverage or for any questions about whether Humana will pay for a service, including inpatient hospital services, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service.

Important Notes:

- **Humana MA HMO Members:** The full list of preauthorization requirements **does** apply to Humana MA HMO members. In addition, MA HMO members may require referrals for care received outside of the primary care physician's office. Physicians should continue to follow the same process you follow today to request/submit referrals or contact Humana to determine if a referral is needed for services not included on the list.
- **Humana MA PPO Members:** Preauthorization for a smaller list of services applies to Humana MA PPO members and notification is requested, not required, for certain other services. You may be contacted if additional information is needed.
- **Humana MA PFFS Members:** For Humana MA PFFS members, notification is requested, but not required, so that members may be referred to appropriate case management and disease management programs. You may be contacted if additional information is needed.
- This list does not apply to members enrolled in a Humana Medicare supplement plan.
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See [Humana's Commercial Preauthorization and Notification List](#).)

Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services. You should continue to follow the same process you follow today to submit referrals or request preauthorizations (e.g., visit the secure provider area of www.humana.com or call the phone number listed on the back of the member's Humana identification card).

Reminder:

Providers and facilities may submit preauthorization requests via the provider area of Humana's Web site at www.humana.com/providers, via Availity at www.availity.com (select markets only) or via the interactive voice response (IVR) line at 1-800-523-0023.

Advanced Coverage Determinations (ACDs) may be initiated by submitting a written request to:

Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

This list is subject to change with notification.

Medical/Surgical

CATEGORY	DETAILS	HMO	PPO	PFFS
Inpatient Admissions	Acute Hospital	Authorization	Authorization	Notification
	Acute Rehab Facilities	Authorization	Authorization	Notification
	Long-term Acute Care	Authorization	Authorization	Notification
	Skilled Nursing Facilities	Authorization	Authorization	Notification
	Mental Health and Partial Hospital/Residential Treatment	Authorization	Authorization	Notification
Observation	Observation Stays	Authorization	Notification	Notification
Durable Medical Equipment (DME)	Bone Growth Stimulators	Authorization	Notification	*
	CPAP/BiPAP	Authorization	Notification	*
	CPM Machines	Authorization	Notification	*
	Cranial Orthotics	Authorization	Notification	*
	Electric Beds	Authorization	Notification	*
	Electric Wheelchairs/Scooters	Authorization	Notification	*
	High Frequency Chest Compression Vests	Authorization	Notification	*
	Neuromuscular Stimulators	Authorization	Notification	*
	Prosthetics	Authorization	Notification	*
	Any other DME item greater than \$750.00	Authorization	Notification	*
Plastic Surgery/Cosmetic	Abdominoplasty	Authorization	Authorization	*
	Blepharoplasty	Authorization	Authorization	*
	Breast Procedures	Authorization	Authorization	*
	Otoplasty	Authorization	Authorization	*
	Penile Implant	Authorization	Authorization	*
	Rhinoplasty	Authorization	Authorization	*
	Septoplasty	Authorization	Authorization	*
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)	Authorization	Notification	Notification
	Facet Injections	Authorization	Notification	*
	Home Health Care/Home Infusion	Authorization	Notification	*
	Hyperbaric Therapy	Authorization	Notification	*
	Infertility Testing and Treatment	Authorization	Notification	*
	Lumbar and Cervical Fusion Surgery	Authorization	Authorization	Notification
	Obesity Surgeries	Authorization	Authorization	Notification
	Oral Surgeries	Authorization	Notification	*
	Transplant Services	Authorization	Authorization	Notification
	Uvulopalatopharyngoplasty (UPPP)	Authorization	Notification	*
	Varicose Vein: Surgical Treatment and Sclerotherapy	Authorization	Notification	*
	Ventricular Assist Devices	Authorization	Notification	*
Radiology: Outpatient Imaging	CT Scan	Authorization	Notification	Notification
	MRA	Authorization	Notification	Notification
	MRI	Authorization	Notification	Notification
	Nuclear Stress Test	Authorization	Notification	Notification
	PET Scan/National Oncology PET Registry (NOPR)	Authorization	Notification	Notification
	SPECT Scan	Authorization	Notification	*
Outpatient Therapy Services	Physical Therapy	Authorization	Authorization	Notification
	Occupational Therapy	Authorization	Authorization	Notification
	Speech Therapy	Authorization	Authorization	Notification
Nonparticipating Providers	All Services	Authorization	Notification	Not applicable
Maternity	Routine Maternity Care	Authorization	Notification	Notification
Clinical Trials	Clinical Trials	*	*	*

* Indicates procedures or services that may be investigational, experimental or have limited benefit coverage. Although authorization or notification is not requested for these services, for questions about whether Humana will pay for these services or any other services, including inpatient hospital services, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service.

Medicare Advantage Preauthorization and Notification List

Services must be provided according to the Medicare Coverage Guidelines established by CMS and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.

Advanced Coverage Determinations (ACDs) may be initiated by submitting a written request to:

Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

Medication Preauthorization List

Preauthorization is required for Humana MA HMO and notification is requested, not required, for Humana MA PPO and PFFS for the following drugs when delivered in the physician office, clinic, outpatient or home setting.

Brand	Generic	Brand	Generic
Aloxi	palonosetron HCl	Neulasta	pegfilgrastim
Arcalyst	rilonacept	Neupogen	filgrastim
Aranesp	darbepoetin alfa	Norditropin	somatropin
Arranon	nelarabine	Nutropin, Nutropin AQ	somatropin
Avastin	bevacizumab	Octagam	immune globulin
Avonex	interferon beta-1a	Omnitrope	somatropin
Baygam	immune globulin	Orencia	abatacept
Betaseron	interferon beta-1b	Orthovisc	high molecular weight hyaluronan
Botox	botulinum toxin type A	Pegasys	peginterferon alfa-2a
Carimune NF	immune globulin	PegIntron	peginterferon alfa-2b
Cimzia	certolizumab pegol	Polygam S/D	immune globulin
Copaxone	glatiramer acetate	Privigen	immune globulin
Dacogen	decitabine	Procrit	epoetin alfa
Emend IV	aprepitant	Rebif	interferon beta-1a
Enbrel	etanercept	Reclast	zoledronic acid
Epogen	epoetin alfa	Relistor	methylnaltrexone bromide
Erbix	cetuximab	Remicade	infliximab
Euflexxa	sodium hyaluronate	Rituxan	rituximab
Flebogamma 5%	immune globulin	Serostim	somatropin
Forteo	teriparatide	Saizen	somatropin
Fusilev	levoleucovorin	Soliris	eculizumab
Gamastan	immune globulin	Somavert	pegvisomant
Gammagard S/D	immune globulin	Supartz	sodium hyaluronate
Gammagard liquid	immune globulin	Synagis	palivizumab
Gamunex	immune globulin	Synvisc	hylan G-F 20
Genotropin	somatropin	Tev-tropin	somatropin
Herceptin	trastuzumab	Torisel	temsirolimus
Humatrope	somatropin	Treanda	bendamustine hydrochloride
Humira	adalimumab	Tysabri	natalizumab
Hyalgan	sodium hyaluronate	Vectibix	panitumumab
Increlex	mecasermin	Velcade	bortezomib
Iveegam EN	immune globulin	Vidaza	azacitidine
Ixempra	ixabepilone	Vivaglobulin	immune globulin
Kineret	anakinra	Visudyne	verteporfin
Leukine	sargramostim	Xolair	omalizumab
Lucentis	ranibizumab	Zometa	zoledronic acid
Macugen	pegaptanib sodium	Zorbtive	somatropin
Myobloc	botulinum toxin type B		

For any new-to-market drugs, Humana recommends that providers verify preauthorization requirements by calling the preauthorization phone number listed on the back of the member's ID card.

For Medicare Part D prescription drug authorization requirements, please click [here](#).