

Commercial Preauthorization and Notification List

Effective Date: July 10, 2009

Revised: April 10, 2009

We have updated our Preauthorization and Notification List for **all** commercial fully insured plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization.

We believe that guidance to our members can best be achieved when we are notified of specific services. This gives us the ability to provide information on benefits and an opportunity to refer members to appropriate clinical programs. To achieve this goal, we have several items for which we are requesting notification; please note these items on the following pages.

Investigational and experimental procedures are not usually covered benefits. Please consult the member's Certificate of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Humana Medicare Advantage (MA):** This list **does not** affect Humana MA plans. (See [Humana's MA Preauthorization and Notification List](#).)
- **Commercial HMO Members:** The preauthorization requirements apply to Humana commercial HMO members. In addition, certain services outlined in the commercial Preauthorization and Notification List may not be applicable for Chicago providers affiliated with an independent physician association (IPA) via a capitated arrangement. Please refer to your provider agreement for clarification.
- **Administrative Services Only (ASO) Groups:** It is important to note that some employer groups for which Humana provides administrative services only (self-insured, employer-sponsored programs) may customize their plans with different requirements.
- **Radiation Therapy Exclusions:** The radiation therapy authorization requirement does not apply to Arizona and Puerto Rico commercial members, Ochsner commercial HMO members and Chicago risk and delegated providers.
- **Molecular Diagnostic/Genetic Testing (MD/GT) Exclusions:** The MD/GT authorization requirement does not apply to Humana commercial members in Puerto Rico or commercial fully insured HMO risk groups in Florida, Illinois and Texas.

There are exceptions to this list. Not all procedures are covered by all health plans. Since a single document cannot reflect all possible exceptions, we recommend that an individual practitioner making a specific request for services verify benefits and authorization requirements prior to providing services.

Reminder: Except where noted via the links on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana's Web site at <http://www.humana.com/providers> (registration required), via Availity at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line, available by calling the phone number on the back of the member's ID card.

This list is subject to change with notification.

Commercial Medical/Surgical Preauthorization List

Additional information is available by clicking on an underlined listing

CATEGORY	DETAILS	COMMENTS
Inpatient Admissions	Acute Hospital	Includes Inpatient Hospice
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health and Partial Hospital/Residential Treatment	
Durable Medical Equipment (DME)	CPAP/BiPAP	
	CPM Machines	
	Cranial Orthotics	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	Prosthetics	
	Stimulator Devices	Includes Bone Growth and Neuromuscular
	Any other DME item greater than \$750.00	
Plastic Surgery/ Cosmetic	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
	Septoplasty	
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)	
	Facet Injections	
	**Molecular Diagnostic/Genetic Testing	
	Home Health	Includes Home Hospice, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy and Home Uterine Monitoring
	Hyperbaric Therapy	
	Infertility Testing and Treatment	
	Lumbar and Cervical Fusion Surgery	
	Obesity Surgeries	
	Oral, Orthognathic, Temporomandibular Joint Surgeries	
	*Radiation Therapy	
	Transplant Surgeries	
	Uvulopalatopharyngoplasty (UPPP)	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	
Radiology: Outpatient Imaging	CT Scan	
	MRA	
	MRI	
	Nuclear Stress Test	
	PET Scan	
	SPECT Scan	
Outpatient Therapy Services	Physical Therapy	
	Occupational Therapy	
	Speech Therapy	
	Chiropractic Therapy (Only required for the states listed at right)	***Arizona, Georgia, Illinois, Kentucky, Ohio and South Florida

Commercial Medical/Surgical Notification List

CATEGORY	DETAILS	COMMENTS
Nonparticipating Physician/Facility Requests	All Services	Notification Requested
Maternity	Routine Maternity Care	Notification Requested

Commercial Medication Preauthorization List

Preauthorization is required for the following drugs when delivered in the physician's 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			

*New preauthorization requirement

**New preauthorization process

***Healthways provider contractual requirement only. Members are not required to obtain referrals/authorizations.