Humana.

ChoiceCare® NETWORK

<Insert provider name>
<Insert provider address>
<Insert city, state, ZIP>

<Insert date>

Dear physician or administrator:

- **Effective Jan. 1, 2020, we will update our preauthorization and notification lists** for all commercial* fully insured, Medicare Advantage (MA) and dual Medicare-Medicaid plans.*
- We post notifications about upcoming changes to our code-editing software and policies for medical claims the first Friday of each month.

You can view the preauthorization and notification lists and find information about the changes to these lists by visiting Humana's provider website at **Humana.com/PAL**. Humana updates its lists when new preauthorization requirements are added and when new drugs or technology enter the market. **To request a copy of any of these lists, please call 1-800-4HUMANA (1-800-448-6262), Monday through Friday, 8 a.m. to 6 p.m. local time.**

NOTICE OF CHANGES TO PREAUTHORIZATION REQUIREMENTS FOR MEDICAL SERVICES

New preauthorization requirements effective Jan. 1, 2020			
Medical services	**Affected plans**	**Preauthorization requests reviewed by:**	**Procedure code(s)**
Bladder slings	Medicare Advantage and dual Medicare-Medicaid plans	Humana	57288
Emerging technology/new indications for existing technology	Medicare Advantage and dual Medicare-Medicaid plans	Humana	31647, 31648, 31649, 31651, 33289, 93264, C2624
Negative pressure wound therapy (NPWT)	Medicare Advantage and dual Medicare-Medicaid plans	Humana	97605, 97606, A6550, A9272, E2402, K0743
Skin and tissue substitutes	Medicare Advantage and dual Medicare-Medicaid plans	Humana	C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115,

*Affected plans include commercial fully insured plans [e.g., health maintenance organization (HMO), point of service (POS), preferred provider organization (PPO) and exclusive provider organization (EPO)], Medicare Advantage (MA) plans (e.g., HMO, POS and PPO), dual Medicare-Medicaid plans [e.g., Illinois Medicare-Medicaid Alignment Initiative (MMAI)]. Preauthorization is not required for MA private fee-for-service (PFFS) plans; notification is requested for these plans, as this helps coordinate care for your patients. LC1693ALL0919-A

			Q4116**, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128**, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226 **For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	Commercial, Medicare Advantage and dual Medicare-Medicaid plans	HealthHelp	93580
Prostate surgery (prostatectomy)	Commercial, Medicare Advantage and dual Medicare-Medicaid plans	HealthHelp	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866

Esophagogastroduodenoscopy (EGD)	Medicare Advantage and dual Medicare-Medicaid plans	HealthHelp	43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Therapy (physical, occupational and speech)	Commercial, Medicare Advantage and dual Medicare-Medicaid plans	OrthoNet	420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364
Neurostimulators	Commercial, Medicare Advantage and dual Medicare-Medicaid plans	OrthoNet	61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, C1767, C1787, L8683

Procedure code(s) added to existing categories effective Jan. 1, 2020			
Procedure code(s)	**Existing category**	**Affected plans**	**Preauthorization requests reviewed by:**
E0328	Other DME	Commercial	Humana
E0329	Electric beds	Commercial	Humana

Please have the following clinical information available when requesting a preauthorization:

- Patient name and Humana member ID number
- Requesting (and rendering, if applicable) physician name and provider or Tax ID number
- Telephone and fax numbers of requesting (and rendering, if applicable) physician
- Patient's diagnosis or clinical indication
- Name of test or procedure being ordered and/or Current Procedural Terminology (CPT®) code
- Clinical information that supports the procedure ordered (e.g., presenting symptoms, prior treatment, prior diagnostic and/or genetic testing results, family history, genetic history)

Preauthorization requests for services managed by HealthHelp can be submitted via:

- HealthHelp's Consult portal (online):
  - Information: www.healthhelp.com/humana (select the Consult Login button for portal login); or
  - Portal login (preauthorization request): https://portal.healthhelp.com/webconsult

- Phone: 1-866-825-1550, Monday through Friday, 7 a.m. to 7 p.m. Central time, and Saturday, 7 a.m. to 4 p.m.
- Fax: 1-888-863-4464
- Expedited/urgent status: phone – 1-866-825-1550; fax – 1-800-519-9935
- For questions, contact HealthHelp: 1-866-825-1550.

Preauthorization requests for services managed by OrthoNet can be submitted via:

- OrthoNet Provider Portal: http://www.orthonet-online.com (select Provider, then Humana). Additional contact information will be provided on the portal at a later date.
- For questions regarding the provider portal, contact OrthoNet at 1-800-771-3195.

Preauthorization requests for services reviewed by Humana can be submitted via the following options:

- Online at Availity.com (registration required)
- By phone using Humana's interactive voice response line: 1-800-523-0023

NOTICE OF CHANGES TO PREAUTHORIZATION REQUIREMENTS FOR MEDICATIONS DELIVERED IN THE PHYSICIAN'S OFFICE, CLINIC, OUTPATIENT OR HOME SETTING

New preauthorization requirements effective Jan. 1, 2020	
Medication	**Affected plans**
New medication preauthorization requirements include all medications noted with an asterisk (*) on the preauthorization lists at **Humana.com/PAL**.	Commercial, Medicare Advantage and dual Medicare-Medicaid plans

Preauthorization requests reviewed by the Humana Clinical Pharmacy Review (HCPR) Medical Team can be submitted via:

- **Fax (preferred):** 1-888-447-3430 (request forms are available at **Humana.com/medpa**)
- **Phone:** 1-866-461-7273 (available Monday through Friday, 8 a.m. to 8 p.m. Eastern time)

Step therapy requirements for Part B drugs:

- In August 2018, the Centers for Medicare & Medicaid Services (CMS) rescinded its September 2012 memo "Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services," which provided Medicare Advantage plans the option of applying step therapy for physician-administered and other Part B drugs (source: https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs). Due to this change, Humana added step therapy requirements in 2019 for some drugs on our preauthorization list.
- CMS issued a final ruling on May 16, 2019, that modernizes and improves the Medicare Advantage program (source: https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-and-part-d-drug-pricing-final-rule-cms-4180-f). These changes finalized CMS requirements for the Part B step therapy program, enabling Medicare Advantage plans to negotiate better prices for physician-administered medicines in Part C. The changes that resulted from this final ruling will be implemented Jan. 1, 2020.
- Affected drugs are noted with a step therapy indicator on the Medicare preauthorization list posted at **Humana.com/PAL**.
- Additionally, our Part B Step Therapy Preferred Drug List, which contains background information about the program and our preferred and nonpreferred drugs, is posted at **Humana.com/PAL**.
- If providers do not stock a preferred drug, they possibly can obtain the preferred drug from a pharmacy (i.e., a pharmacy can ship the medication to the office). Visit our list of specialty and mail order pharmacies at **Humana.com/mail-order** to select a pharmacy that can provide the drug. A full list of pharmacies is also available via the Pharmacy Finder Tool at **Humana.com/finder/pharmacy/**, or you can call customer care at 1-800-457-4708 (TTY: 711) for a full list of in-network pharmacies you can use to obtain the medication. During

the annual election period (or AEP, Oct. 15 through Dec. 7, 2019) and open enrollment period (or OEP, Jan. 1 through March 31, 2020), our hours of operation are 8 a.m. to 8 p.m. local time seven days a week. Otherwise, hours of operation are Monday through Friday, 8 a.m. to 8 p.m. local time.

National Drug Code (NDC) billing requirement:

- For some Healthcare Common Procedure Coding System (HCPCS) drug codes, Humana requires healthcare providers to submit each charge with a valid, corresponding NDC. For all other HCPCS drug codes, Humana requests that prescribers submit charges with valid, corresponding NDCs. Humana may reject claims for shared or not-otherwise-classified (NOC) drug codes if submitted without an NDC.

Preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs:

- Preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs may be reviewed by an oncology vendor. Please refer to the preauthorization lists posted at **Humana.com/PAL** for submission instructions.

OTHER ANNOUNCEMENTS

- **Humana enhanced its preauthorization request process on the Availity Portal.** The automation feature can provide immediate determinations for certain requests that previously may have been pended for review. For select services on Humana's preauthorization lists, physicians and their staff now have the option to get faster approvals by answering a few clinical questions online. If all necessary criteria are met, Humana will deliver instant approval. For requests that pend, uploading clinical information relevant to the questions is an option that may expedite the review process. To learn more, please visit **Humana.com/ProviderSelfService**.

IMPORTANT NOTES

- **Urgent/emergent services do not require a referral or preauthorization.**
- The term "preauthorization" (i.e., prior authorization, precertification, preadmission) when used in this communication is defined as a process through which the physician or other healthcare provider is required to obtain advance authorization from the plan as to whether an item or service will be covered.
- "Notification" refers to the process of the physician or other healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for your patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.
- Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the preauthorization list and should refer to their IPA or risk network for guidance on processing their requests.
- For additional information, refer to **Humana.com/PAL**.

CODE-EDITING SOFTWARE AND POLICY UPDATES FOR MEDICAL CLAIMS

As part of Humana's ongoing efforts toward claims process improvements, we continue to update our claims payment systems to better align with correct-coding initiatives, CMS guidelines, national benchmarks and industry standards. We post notifications about upcoming updates the first Friday of each month. Each item notification includes an implementation date for that update. To view these changes and find additional information regarding claim policy updates and submitting code-editing questions, visit **Humana.com/edits**.

California physicians and healthcare providers: These updates do not affect any contractual relationship you may have with a contracted independent practice association (IPA). These updates solely pertain to your participation with Humana under your ChoiceCare Network contract.

If you have questions about this information, please call 1-800-4HUMANA (1-800-448-6262), Monday through Friday, 8 a.m. to 6 p.m. local time.

We hope you find this information helpful. Thank you for the continued care you provide your Humana-covered patients.

Sincerely,

Kathryn Lueken, M.D.
Associate Vice President, Chief Medical Officer Organization
Healthcare Services
Humana