Humana.

ChoiceCare® NETWORK

April 22, 2022

Dear physician or administrator:

Effective Aug. 1, 2022, we will update our preauthorization and notification lists for all commercial and Medicare Advantage (MA) plans and our dual Medicare-Medicaid plans.*

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 800-4HUMANA (800-448-6262)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

NOTICE OF CHANGES TO PREAUTHORIZATION REQUIREMENTS FOR MEDICAL SERVICES

New preauthorization requirements effective Aug. 1, 2022, managed by Humana			
Medical services	**Affected plans**	**Preauthorization request reviewer**	**Procedure code(s)**
Preauthorization is required for any inpatient admit prior to delivery. Notification required at time of delivery. All maternity and newborn stays longer than the standard length of stay (LOS) require authorization. Standard deliveries are: • Vaginal delivery two days • Cesarean section four days (Previously, Humana requested notification of maternity and newborn stays early in the pregnancy--this is no longer necessary.)	Commercial	Humana	Any

*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], and dual Medicare-Medicaid plan [i.e., Illinois Medicare-Medicaid Alignment Initiative]). Preauthorization is not required for MA private fee-for-service (PFFS) plans, but notification is requested, as it helps coordinate care for your patients.

Procedure code(s) added to existing categories effective Aug. 1, 2022			
Procedure code(s)	**Existing category**	**Affected plans**	**Preauthorization requests reviewed by:**
910	Partial hospitalization	Medicare Advantage and dual Medicare-Medicaid plans	Humana
93264	CardioMems	Commercial, Medicare Advantage and dual Medicare-Medicaid plans	This service was previously reviewed by Humana and will now be reviewed by HealthHelp.

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

- Member's ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes, up to a maximum of 10 per request
- Diagnosis codes (primary and secondary), up to a maximum of six per request
- Service location
- Inpatient (acute hospital, skilled nursing, hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax ID and National Provider Identifier (NPI) number of treatment facility (where service is being rendered)
- Tax ID and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Preauthorization requests for services reviewed by Humana can be submitted:

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

Preauthorization requests for services managed by HealthHelp

- Requests 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): www.portal.healthhelp.com/webconsult
  - Phone: 866-825-1550, Monday – Friday, 7 a.m. – 7 p.m., and Saturday, 7 a.m. – 4 p.m., Central time
  - Fax: 888-863-4464
- For expedited/urgent status: phone – 866-825-1550; fax – 800-519-9935
- For questions, contact HealthHelp: 866-825-1550.

OTHER ANNOUNCEMENTS

- Online preauthorization requests are encouraged. For certain PAL services requested via Availity, healthcare providers have the option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If approval is not provided immediately, the information on the questionnaire will help Humana expedite the review.

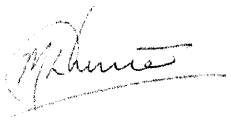
IMPORTANT NOTES

- **Urgent/emergent services do not require a referral or preauthorization.**
- Please note that the term "preauthorization" (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 approval from the plan as to whether an item or service will be covered.
- "Notification" refers to the process by which the physician or other healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification, as it helps coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial for notifications.
- Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the preauthorization list. They should refer to their IPA or risk network for guidance on processing their requests.
- For additional information, refer to **Humana.com/PAL**.
- **California physicians and healthcare providers**: These updates do not affect any contractual relationship you may have with a contracted IPA. These updates solely pertain to your participation with Humana under your ChoiceCare Network contract.

If you have questions about this information, please call **800-4HUMANA (800-448-6262 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

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

Sincerely,



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