

Humana Healthy Horizons™ in South Carolina Preauthorization and Notification List (PAL)

After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:

[To view the 2022 South Carolina Medicaid Medical \(physical health\)/ Behavioral health preauthorization list, please click here.](#)

[To view the 2022 South Carolina Medicaid Medication preauthorization list, please click here.](#)

The following list describes services and medications that are commonly reviewed and may require additional clinical information. Medications include those delivered in the physician's office, clinic, outpatient or home setting.

Please note that the term "preauthorization"—also known as prior authorization, precertification and preadmission—is 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 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 Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

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

Important notes:

- **South Carolina Medicaid members:**
 - In addition to the information noted above, certain services outlined in the Medicaid Preauthorization and Notification List may not be applicable for practitioners affiliated with an independent practice association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
 - Exclusions may change; please refer to [Humana.com/Provider](https://www.humana.com/Provider) for up-to-date information. Choose "Authorization/Referrals" and then the appropriate topic.
 - The enclosed Preauthorization and Notification List applies only to **Humana Healthy Horizons in South Carolina**. It does not apply to Humana commercial, Medicare or other state Medicaid plans.

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina Inc.

- **Emergent services do not require a referral or preauthorization.**
- **Failure by a healthcare provider to obtain authorization/notification prior to the date of service could result in denial of services.** Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.
- **Except where noted via links on the following pages, preauthorization requests for medical services may be initiated:**
 - Online via Availity.com (registration required)
 - By calling Humana Healthy Horizons in South Carolina's interactive voice response (IVR) line at **800-523-0023**
 - By faxing the preauthorization form to **833-441-0950**
- **How to request preauthorization for behavioral health services:**

Except where otherwise noted via links on the following pages, preauthorization for medical services may be initiated:

 - Behavioral Health Crisis Line: **833-364-2274**
 - Online via Availity.com (registration required)
 - By calling Humana Healthy Horizons in South Carolina's interactive voice response line (IVR) at **866-432-0111**
 - By faxing the preauthorization form to **833-441-0950**
- **How to request preauthorization for medications:**

Preauthorization requests for medications may be initiated by:

 - Faxing requests to **888-447-3430** (request forms at [Humana.com/medPA](https://www.humana.com/medPA))
 - Calling **866-461-7273** (available Monday through Friday, 6 a.m. to 8 p.m., Eastern time)

This list is subject to change with notification. However, it may be modified throughout the year, without notification via U.S. postal mail, for additions of new-to-market medications or step-therapy requirements for medications.

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