



Network Notification

Date: April 27, 2016
To: Kentucky Medicaid Health Care Providers
From: Humana – CareSource®
Subject: Medical Necessity Criteria for Prior Authorization Requests

When you request prior authorization for covered services from Humana – CareSource, we use nationally recognized criteria to determine the medical necessity of the requested service. The criteria are based on applicable state and federal guidelines.

If a patient's clinical information does not meet the criteria, the case is forwarded to a medical director for further review and determination.

If you have questions regarding the criteria used in prior authorization determinations, please call the Humana – CareSource Provider Relations department at 1-855-852-7005. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Eastern time.