



## **Humana Dual Highly Integrated Michigan Prior Authorization and Notification List**

We have updated our prior authorization and notification list for Humana Dual Highly Integrated Michigan.

Please note that the term “prior authorization” (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 prior authorization. Humana does not issue an approval or denial for notifications.

The list details services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require prior authorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines on the [CMS website](#).

To view Humana’s medical coverage policies, please visit [Humana's Medical and Pharmacy Coverage Policies webpage](#).

Investigational and experimental procedures and devices usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.

Please note that certain services may not be covered under the member's plan.

### **Important notes:**

Humana MA health maintenance organization (HMO): The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent physician association (IPA) or other risk network with delegated services are subject to the prior authorization list and should refer to their IPA or risk network for guidance on processing their requests including services treated by non-contracted providers. Exclusions may change, so please refer to [Provider.Humana.com](#) for the most up-to-date information. Choose “Authorization & Referrals” at the bottom of the page and then the appropriate topic.

Humana MA private fee-for-service (PFFS): Prior authorization is not required for MA PFFS plans. However, notification is requested, as it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination (ACD) for review and determination of coverage in advance of the services being provided on behalf of the patient for any service not on our prior authorization list. See “Advance Coverage Determinations” for instructions.

Humana MA preferred provider organization (PPO): The full list of prior authorization requirements applies to patients with Humana MA PPO coverage.

Humana Medicare Supplement plan: This list does not apply to policyholders of a Humana Medicare Supplement plan.

- All Humana MA plans – For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
  - ACDs for medical services can be initiated by submitting a written, fax or telephone request:
    - Mail written requests to:  
Humana Correspondence  
P.O. Box 14601  
Lexington, KY 40512-4601
    - Submit by fax to 800-266-3022.
    - Submit by phone at 800-523-0023.
  - ACDs for medications on the list can be initiated by submitting a fax or telephone request:
    - Submit by fax to 888-447-3430.
    - Submit by phone at 866-461-7273.
  - To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review services furnished during an active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment, please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), which is found on [Humana's website](#), or include medical records with evidence the member is in an active course of treatment.

**Please note that urgent/emergent services do not require referrals, prior authorization or notification.**

Not obtaining prior authorization or notification for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider’s contract and the patient’s evidence of coverage. Services provided without prior authorization or notification 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 prior authorization or notification requirements with Humana prior to providing services.

## **New rule improves the prior authorization process**

Effective Jan. 1, 2026, CMS requires prior authorization decisions within 7 days for certain medical items/services requests. Providing supporting clinical information at the time of the prior authorization request submission helps support timely adjudication. Failure to do so may result in a delayed or adverse decision.

Adherence to this process should begin immediately.

Submitting all relevant clinical information at the time of the request will help with timely processing of the determination. If additional clinical information is required, a Humana representative will contact the individual who submitted the prior authorization request and request the specific information needed to complete the authorization process.

## **[New rule improves the prior authorization process](#)**

**Information required for a prior authorization request or notification may include, but is not limited to, the following:**

- Humana member ID number, member name and member date of birth
- Date of actual service or hospital admission
- Procedure codes (up to a maximum of 10 per authorization request)
- Date of proposed procedure (if applicable)
- Primary and secondary diagnosis codes (up to a maximum of 6 per authorization request)
- Service location
- Inpatient (acute hospital, skilled nursing facility or hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital or ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) number of treatment facility where service is being rendered
- TIN and NPI number of the provider performing the service
- Caller/requester's name/phone number
- Attending physician's phone number
- Relevant clinical information
- Discharge plans

## **How to request prior authorization:**

Except where noted via links on the following pages, prior authorization requests for medical services may be initiated:

- Online at the [Availity Essentials™ website](#) (registration required)
- By calling Humana's interactive voice response line at 800-523-0023

**Please note:** Online prior authorization requests are encouraged. For certain PAL services requested from Availity, healthcare providers have an 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 may help Humana with the review.



## Humana Dual Highly Integrated Michigan Prior Authorization and Notification List

Effective date: July 1, 2026

Revision date: May 13, 2026

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Category	Subcategory/notes	Codes and comments
Abdominoplasty		15830, 15847
Ablation	<p><a href="#">Bone, liver, kidney prostate cancer and irreversible electroporation</a></p> <p>Evolut, formerly New Century Health, will manage all preauthorization requests. Requests can be submitted on <a href="#">Evolut's website</a>, or you can call Evolut at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a>.</p>	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55881, 55882, 55877, 0582T, 0600T, 0601T, 0950T
	<a href="#">Cardiac ablation/electrophysiology</a>	93650, 93653, 93654, 93656
Behavioral health services	Applied behavior analysis (ABA) /adaptive behavior treatment (ABT)	97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T
	Community support services	H0023, H0025, H0036, H0046, H2016, H2033
	Crisis services	H2011, S9445
	Intensive outpatient (IOP)	H0015, S9480
	Neuropsychological testing	96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146

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Category	Subcategory/notes	Codes and comments
	Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	Substance use disorder (SUD) services	H0010
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, E0732
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67903, 67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	<p><b>Breast cancer biopsy (excisional)</b></p> <p>Evolent, formerly New Century Health, will manage all prior authorization requests. Requests can be submitted on <a href="#">Evolent's website</a> or by calling Evolent at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a>.</p>	19120, 19125
	<p><b>Breast lumpectomy</b></p> <p>Evolent, formerly New Century Health, will manage all prior authorization requests. Requests can be submitted on <a href="#">Evolent's website</a>, or you can call Evolent at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</p>	19301, 19302

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	eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a> .	
	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 0970T, 0971T, C1789, L8600
	<b>Simple mastectomy and gynecomastia surgery (excludes radical and modified)</b>  Evolent, formerly New Century Health, will manage all prior authorization requests. Requests can be submitted on <a href="#">Evolent's website</a> or by calling Evolent at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a> .	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T, 0977T
<b>Cardiac devices</b>  The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.  Prior authorization requests for services managed by Cohere Health. Requests can be	<b>Aortic repair</b>  <b>Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless</b>	33875, 33877, 33880, 33881, 33882, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0994T, 0995T  33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224,

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<p>submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>	<a href="#">pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)</a>	33225, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0933T, 0934T, 0981T, 0982T, 0983T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555
	<a href="#">Implantable Carotid Sinus Stimulator</a>	64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146, C1825
	<a href="#">Internal loop recorders</a>	33285, 33286
	<a href="#">Wearable cardiac monitoring devices</a>	93228, 93229
<p><b>Cardiac procedures/surgeries</b></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p>	<a href="#">Cardiac catheterizations</a>	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597
	<a href="#">Carotid revascularization</a>	35301, 37215, 37216, 37217, 37218

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	<a href="#">Patent foramen ovale (PFO) and atrial septal defect (ASD) closure</a>	93580
	<a href="#">Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)</a>	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T
Cellular (including chimeric antigen receptor T-cell therapy [CAR T]), genetic, tissue and transplant therapies		38225, 38226, 38227, 38228, 38999, 60699, C9399, J3387, J3389, J3392, J3391, J3393, J3394, J3490, J3590, J3402, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8, XW143G8, XW133J8, XW143J8
<a href="#">Chemotherapy agents, supportive drugs and symptom management drugs category</a>		This list is subject to change as new prescription drugs are brought to market.

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		Please follow the link (left) for current codes.
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721, 64728
<p>Diagnostic/cardiac imaging</p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>	<p><b>Notification Required</b></p> <p>Computed tomography (CT) scan</p> <p>Magnetic resonance imaging (MRI)</p>	70460, 70470, 70471, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 70540, 70542, 70551, 70552, 70553, 73218, 73219, 73220, 73718, 73719, 73720
	<p><a href="#">Computed tomography (CT) scan</a></p>	71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, 74175, 74177, 74178, 75572, 75573, 75574, 75635
	<p><a href="#">Electrophysiology study (EPS) or EPS with 3D mapping</a></p>	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T
	<p><a href="#">Magnetic resonance angiography (MRA)</a></p>	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	<p><a href="#">Magnetic resonance imaging (MRI)</a></p>	70336, 70543, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196,

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Category	Subcategory/notes	Codes and comments
		72197, 73221, 73222, 73223, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791
	Myocardial perfusion imaging single-photon emission computed tomography (MPI-SPECT)	78451, 78452
	Nuclear stress test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan/National Oncologic PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816
	Prostate-specific membrane antigen (PSMA/PET CT)	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9611, A9616, A9800
	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Durable medical equipment (DME)	Airway Clearance Devices	E0469, E0481, E0482
	Augmentative and Alternative Communication Devices	E2508, E2510, E2511, E2599, E3000

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	Diabetic Treatment and Supplies	A4238, A4239, A9274, E0784, E2102, E2103
	Obstructive Sleep Apnea Non-Surgical Treatments	E0486, E0490, E0491, E0492, E0493, K1027
	Electrical Stimulators	E0762, E0766
	Pneumatic Compression	E0650, E0651, E0652, E0658, E0659, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0683
	Unlisted DME	K0900
	UV Light Therapy	E0691, E0692, E0693, E0694
Hospital beds and accessories		E0193, E0194, E0265 E0266, E0296, E0297, E0277, E0301, E0302, E0303, E0304
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T, 0339T, 0446T, 0447T, 0448T, <a href="#">0716T (managed by Cohere Health)</a> , 0745T, 0746T, 0747T, 0935T, 0947T, C1735, C1736, E0738, E0739
<a href="#">Epidural injections (outpatient only)</a>		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
<a href="#">Esophagogastroduodenoscopy (EGD)</a>  The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259

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<p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		
<a href="#">Facet injections</a>		64490, 64491, 64492,  64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based sleep studies (PSG)		95807, 95808, 95810, 95811
<p><a href="#">Foot surgeries, bunionectomy and hammertoe</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p>		26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641

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Gastric pacing		43647, 43648, 43881, 43882, 64590
<a href="#">Genicular nerve ablation and genicular nerve blocks</a>		64454, 64624
High-frequency chest compression vests		E0483
Home Health (managed by One Home Care)		99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, T1000
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice)	ALL
Inpatient admissions	Acute rehab facility	ALL
	Long-term acute care	ALL
	<a href="#">Mental health and substance use treatment (including any treatment in a residential setting)</a>	

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	Skilled nursing facilities	
<p><a href="#">Laparoscopic hiatal hernia repair</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		43280, 43281, 43282
<a href="#">Lung biopsy and resection</a>	Evolut, formerly New Century Health, will manage all preauthorization requests. Requests can be submitted on <a href="#">Evolut’s website</a> or by calling Evolut at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative	32096, 32097, 32505, 32607, 32608, 32666

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	Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a> .	
Micro-Invasive Glaucoma Surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0660T, 0661T, 0671T
<a href="#">Molecular diagnostic and genetic testing</a>		81105, 81112, 81120, 81121, 81161, 81162, 81163, 81165, 81166, 81167, 81168, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81203, 81204, 81205, 81212, 81216, 81218, 81219, 81220, 81223, 81225, 81226, 81227, 81229, 81230, 81231, 81233, 81234, 81236, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81286, 81287, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81317, 81319, 81320, 81321, 81323, 81324, 81325, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81347, 81348, 81350, 81351, 81352, 81355, 81357, 81361, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381,

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<b>Category</b>	<b>Subcategory/notes</b>	<b>Codes and comments</b>
		81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81418, 81419, 81354, 81422, 81425, 81426, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81471, 81479, 81490, 81503, 81518, 81519, 81520, 81521, 81522, 81524, 81525, 81529, 81540, 81546, 81554, 81558, 81595, 81599, 83080, 0005U, 0020M, 0026U, 0029U, 0037U, 0045U, 0620U, 0630U, 0087U, 0088U, 0089U, 0090U, 0118U, 0172U, 0211U, 0212U, 0213U, 0214U, 0216U, 0217U, 0239U, 0242U, 0245U, 0250U, 0299U, 0313U, 0315U, 0326U, 0329U, 0333U, 0334U, 0340U, 0345U, 0347U, 0349U, 0355U, 0356U, 0358U, 0359U, 0378U, 0379U, 0388U, 0411U, 0419U, 0422U, 0433U, 0434U, 0437U, 0449U, 0473U, 0475U, 0485U, 0486U, 0487U, 0489U, 0493U, 0510U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0540U, 0543U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0575U, 0576U, 0578U, 0585U, 0602U,

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		0605U, 0611U, 0612U, 0613U, 0616U, 0618U, 0619U, 0620U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0628U, 0630U
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators		A4593, A4594, E0764, E0770
Neurostimulators		61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 0988T, 0989T, 1013T, 1014T, 1015T, C1607, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889, C9785
Observation	Observation notification required	All

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Oral, orthognathic, temporomandibular joint (TMJ) surgeries		20910, 21010, 21050, 21070, 21085, 21100, 21110, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804
<p><a href="#">Orthopedic surgeries: hip, knee and shoulder arthroplasty</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul>		23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487

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Category	Subcategory/notes	Codes and comments
<p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		
<p><a href="#">Orthopedic surgeries: hip, knee and shoulder arthroscopy</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		<p>23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C8003, C9781, J7330</p>
<p>Orthotics</p>		<p>K1007, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0720, L0999</p>

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		L1000, L1200, L1499, L1680, L1685, L1686, L1690, L1700, L1730, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1933, L1945, L1950, L1951, L1952, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2128, L2136, L2350, L2525, L2526, L2627, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3971, L3973, L3977, L3999, L4631, L8701, L8702
<p><a href="#">Pain infusion pump</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> </ul>		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, E0782, E0783, E0785, E0786

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Category	Subcategory/notes	Codes and comments
<ul style="list-style-type: none"> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		
Penile implant		54405
<p><a href="#">Percutaneous lumbar intravertebral disc injection</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		0627T, 0628T, 0629T, 0630T
<a href="#">Peripheral revascularization</a>		0234T, 0235T, 0236T,

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Category	Subcategory/notes	Codes and comments
<p><a href="#">(atherectomy, angioplasty)</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		<p>0237T, 0238T, 0505T, 37236, 37238, 37254, 37256, 37258, 37260, 37262, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37279, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 37296, 37298, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775</p> <p>37242, 37243 ((Only for Embolization for MSK Pain Management, BPH (Benign Prostatic Hypertrophy) and Hemorrhoids)</p>
<p><a href="#">Prostate surgeries (prostatectomy)</a></p>	<p>Evolent, formerly New Century Health, will manage all preauthorization requests. Requests can be submitted on <a href="#">Evolent's website</a> or by calling Evolent at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a>.</p>	<p>55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55868, 55869, 55867, 55868, 55869, 55880</p>

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Prosthetics		21081, 21082, 21084, A9282, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5657, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795,

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		L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6026, L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694,

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		L6695, L6696, L6697, L6698, L6700, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7406, L7499, L7510, L7520, L8035, L8499, L8720, L8721
Radiation therapy	<p><b>Evolent</b>, formerly New Century Health, will manage all preauthorization requests. Requests can be submitted on <a href="#">Evolent’s website</a> or by calling Evolent at 844-926-4528, option 5, for Surgical Services. You can speak to a live representative Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax number: 213-596-3783 eFax email: <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></p>	32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 77402, 77407, 77412, 77423, 77424, 77425, 77436, 77437, 77438, 77439, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77387, G0339, G0340, G0458
<a href="#">Radiofrequency ablation for the sacroiliac (SI) joint</a>		64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
<a href="#">Sacroiliac joint injections</a>		27096

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Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, A2030, A2031, A2032, A2033, A2034, A2035, A2036, A2037, A2038, A2039, A4100, C1832, C8002, C9354, C9358, C9360, C9361, C9363, C9364, Q4101, Q4102, Q4103, Q4104, Q4105, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, 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,

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		Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, Q4234, Q4235, Q4237, Q4236, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339,

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Category	Subcategory/notes	Codes and comments
		<p>Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4431, Q4432, Q4433, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440</p> <p>* For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p>
Spinal cord stimulators		0784T, 0785T, 63650, 63655, 63663, 63664,

Humana Dual Highly Integrated Michigan Prior Authorization and Notification List		
Category	Subcategory/notes	Codes and comments
<p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: 857-557-6787</li> </ul> <p>Expedited/urgent cases can be submitted and monitored on the <a href="#">Cohere Health portal</a>.</p>		63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682
<p><a href="#">Spinal fusion, decompression, kyphoplasty and vertebroplasty</a></p> <p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health’s portal (online):</a></li> </ul>		20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836,

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		0220T, 0221T, 0222T, 0274T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757
Surgery for obstructive sleep apnea		21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31242, 31243, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706
<a href="#">Therapy (physical and occupational)</a>	<p>The following services will now be managed by Cohere Health®. Please submit authorizations on Cohere Health's website. If not registered, please <b>register</b> here.</p> <p>Prior authorization requests for services managed by Cohere Health. Requests can be submitted using the options below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cohere Health's portal (online):</a></li> <li>• <a href="#">Information and to request a new account</a></li> <li>• <a href="#">Additional provider information</a></li> <li>• <a href="#">Portal login (prior authorization request)</a></li> <li>• Phone: 833-283-0033, Monday – Friday,</li> </ul>	97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, G0281, G0283

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Transplant Evaluation – <b>Notification Required</b>		99199
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 0584T, 0585T, 0586T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Ventricular assist devices	<a href="#">Percutaneous ventricular assist devices (VADs)</a>	33990, 33991, 33995
	Ventricular assist devices	33975, 33976, 33979, 33981, 33982, 33983
Wearable cardioverter defibrillators		K0606
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161,

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