Humana

Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List

Effective date: July 1, 2024
Revision date: December 10, 2024

Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List		
Category	**Details/Notes**	**Codes**
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer **Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 0421T, 0582T
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health services	Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, E0732
Bladder slings		57288

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

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	**Breast cancer biopsy (excisional)** **Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	19120, 19125
	Breast lumpectomy **Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.	19301, 19302

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	• eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	
	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, C1789, L8600
	Simple mastectomy and gynecomastia surgery (excludes radical and modified) **Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T
Cardiac devices	Aortic repair	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843,

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		34844, 34845, 34846, 34847, 34848
	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824*, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624
	Implantable Carotid Sinus Stimulator	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, C1825
	Internal loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229

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Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597
	Carotid revascularization	35301, 37215, 37216, 37217, 37218
	Coronary angioplasty/stent	92920, 92924, 92928, 92933, 92937, 92943, 92972*, C1761*, C9600, C9602, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	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	Preauthorization requests will be reviewed by the **Humana National Transplant Network** • Submit by fax to **502-508-9300.** • Submit by telephone to **866-421-5663.** • Submit by email to transplant@humana.com.	0537T, 0538T, 0539T, 0540T, 38999, 60699, C9399*, J3490*, J3590*, Q2041*, Q2042, Q2053, Q2054, Q2055, Q2056, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8*, XW143G8*, XW133J8*, XW143J8*
Chemotherapy agents, supportive drugs and symptom management drugs category	Cellular (including chimeric antigen receptor T-cell therapy (CAR T)),	This list is subject to change as new drugs are brought to market. Please

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	genetic, tissue and transplant therapy	follow link (left) for current codes.
Chiropractic and acupuncture therapy	<u>Tivity Health/WholeHealth Living</u> (WHL) will manage all preauthorization requests from providers within the WHL network for chiropractic therapy services for South Florida. <u>Tivity Health/WholeHealth Living</u> (WHL) will manage all preauthorization requests for acupuncture therapy from providers in the WHL network in the following states: Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Kentucky,* Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Texas,* Utah, Vermont, Virginia, Washington and Wyoming. *Certain plans in these states do not use the WholeHealth Living network and use the Humana network.	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943

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	To submit a preauthorization request: • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804 • Fax 888-492-1025 (American Specialty Health (ASH) will manage all preauthorization requests for chiropractic and acupuncture with plans in Southern California. To submit a preauthorization request: • Chiropractic therapy: Fax 877-427-4777 (Southern CA) • Acupuncture therapy: Fax 877 248-2746 Note: Preauthorization is not required in states not listed above.	
Colonoscopy (repeat only)		45378, 45380
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721
Diagnostic/cardiac imaging **The following services will now be managed via Cohere. Please submit authorizations to**	Computed tomography (CT) scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492,

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www.Next.Coherehealth.com. If not registered, please use **www.Coherehealth.com/register**. **Preauthorization requests for services managed by Cohere** Requests can be submitted via: • Cohere Health's portal (online): • Information and to request a new account: www.Coherehealth.com/register • Additional provider information: www.coherehealth.com/provider/resources • Portal login (preauthorization request): Next.Coherehealth.com • Phone: **833-283-0033**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: **857-557-6787** • Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.com. • For questions, call Cohere: **833-283-0033**.		70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175,74176, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635, 76380
	Electrophysiology Study (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T
	Magnetic resonance angiography (MRA)	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
	Magnetic resonance imaging (MRI)	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223,

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		73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, 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
	Transthoracic echocardiogram (TTE) Note: The 6 codes contained in the (TTE) subcategory only require a preauthorization for repeat requests inside of a rolling 12-month year.	93306, 93307, 93308, C8923, C8924, C8929
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Prostate-specific membrane antigen (PSMA/PET CT)C	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9800

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	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Electric beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 0446T, 0447T, 0448T, 0716T*, 0745T, 0746T, 0747T, C9769, E0738, E0739
Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0777T
Esophagogastroduodenoscopy (EGD)		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based sleep studies (PSG)	**The following services will now be managed via Cohere. Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use www.Coherehealth.com/register.** **Preauthorization requests for services managed by Cohere** Requests can be submitted via: • Cohere Health's portal (online):	95807, 95808, 95810, 95811

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	• Information and to request a new account: www.Coherehealth.com/register • Additional provider information: www.coherehealth.com/provider/resources • Portal login (preauthorization request): Next.Coherehealth.com • Phone: **833-283-0033**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: **857-557-6787** • Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.com. • For questions, call Cohere: **833-283-0033**.	
Foot surgeries, bunionectomy and hammertoe		26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882
Genicular Nerve Ablation and Genicular Nerve Blocks		64454, 64624
High-frequency chest compression vests		E0483
Home health/home infusion	**All states require preauthorization for home health. Please see**	99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300,

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	below for state-specific guidance. **Tango** will manage all preauthorization requests for home health services for Humana Medicare Advantage (MA) [HMO and PPOs] members residing and having a plan in one of these states: **Arizona, Colorado or New Mexico** **Phone: 888-705-5274** **Fax: 877-612-7066** Preauthorization requests can be faxed or uploaded through the Tango website at www.tangocare.com. **Please note: Tango participation excludes patients with Humana MA private fee-for-service (PFFS) coverage.** **Humana Home Solutions** manages authorizations for home health services for MA, including skilled nursing, home health aide, therapies (PT,OT,ST), wound care, behavioral health and medical social worker for some members	G0493, G0494, G0495, G0496, G2168, G2169

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	residing in and enrolled in plans for the following states: AR, GA, ID, IN Clark, Floyd and Harrison counties only), KS, KY, MO, NC, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, OR, PA, SC, TX, UT, VA, WA and WV.
	  - Phone: **800-572-4317**
	  - Fax: **502-508-0668** for non-CenterWell® agencies in GA, IN (Clark, Floyd and Harrison counties only), KY, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, PA, SC, TX and WV.
	  - Fax: **502-414-2135** for AR, ID, KS, MO, NC, OR, SC, UT, VA, WA and CenterWell in GA and SC.
	
	All other states will be managed by Humana's	

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	Clinical Intake team. Please call the number on the back of the member's ID card.	
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	
	Long-term acute care	
	Mental health and substance use treatment (including any treatment in a residential setting)	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection	**Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	32096, 32097, 32505, 32607, 32608, 32666
Micro-Invasive Glaucoma Surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T
Molecular diagnostic and genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120,

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		81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309,

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		81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		81493, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81560, 81595, 81599, 83006, 83080, 84433, 0004M, 0007M, 0011M, 0012M, 0013M, 0016M, 0017M, 0018M, 0020M, 0005U, 0009U, 0017U, 0018U, 0019U, 0021U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0036U, 0037U, 0045U, 0047U, 0048U, 0049U, 0050U, 0055U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0079U, 0087U, 0088U, 0089U, 0090U, 0094U, 0101U, 0102U, 0103U, 0111U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0323U, 0326U, 0327U, 0328U, 0329U, 0330U, 0331U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0380U, 0388U, 0389U, 0391U, 0392U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0448U, 0449U, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0481U, 0485U, 0486U, 0487U, 0489U, 0493U, 0496U, 0497U, 0498U, 0499U, 0500U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U
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, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, C1767, C1787, C1826, C1827, E0721, E0733, 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,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, C9784, C9785
Observation	Observation notification required	All
Oral, orthognathic, temporomandibular joint (TMJ) surgeries		20910, 21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 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
Orthopedic surgeries: hip, knee and shoulder arthroplasty		23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
Orthopedic surgeries: hip, knee and shoulder arthroscopy		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,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C9781, J7330
Other durable medical equipment (DME)		A4238, A4239, A9274, E0277, E0301, E0302, E0303, E0304, E0328, E0469, E0481, E0482, E0486, E0490, E0491, E0492, E0493, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0683, E0691, E0692, E0693, E0694, E0762, E0766, E0784, E2102, E2103, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, E3000, K0900, K1007, K1027, K1037, 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, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8701, L8702
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile implant		54405
Percutaneous lumbar intravertebral disc injection		0627T, 0628T, 0629T, 0630T
Peripheral revascularization (atherectomy, angioplasty)		0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764*, C9765*, C9766*,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		C9767*, C9772*, C9773*, C9774*, C9775*
Prostate surgeries (prostatectomy)	**Evolent (formerly New Century Health)** **will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55880
Prosthetics		21081, 21082, 21084, A9282, L3250, 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,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, 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, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, 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,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

		L5988, L5991, L5999, L6000, L6010, L6020, L6026, 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, L6695, L6696, L6697, L6698, 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,

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*New Preauthorization requirement
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		L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499, L8720, L8721
Radiation therapy	**All states require preauthorization for radiation therapy. Please see below for state-specific guidance.** **Evolent (formerly New Century Health) will manage all preauthorization requests for all states.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 4** for Radiation Therapy, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-	**Evolent (formerly New Century Health) will manage the following codes:** 32701, 61796, 61798, 63620, 77280*, 77290*, 77295*, 77301*, 77334*, 77338*, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, 0394T **Puerto Rico will manage the following codes:** 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424,

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*New Preauthorization requirement
399806ALL0224-B   GHHM8R7EN

	oncology@newcentury health.com **For Puerto Rico providers/members, please call:** • Phone: **866-488-5995 (providers) or 866-773-5959 (members)** • Fax: **800-594-5309.**	77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, 0394T *For MA PFFS-covered patients, if you would like an ACD for this service, please contact Humana's Clinical Intake team at 800-523-0023.*
Radiofrequency Ablation for the SI Joint		64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469*
Sacroiliac (SI) joint injections		27096
Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2027, A2028, A2029, A2022, A2023, A2024, A2025, A2026, A4100, C1832, C9354, C9358, C9360,

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		C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, 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, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222,

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*New Preauthorization requirement
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		Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4231, 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, Q4340, Q4341,

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*New Preauthorization requirement

		Q4342, Q4343, Q4344, Q4345 **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Spinal cord stimulators		0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682
Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22100, 22101, 22102, 22103, 22116, 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, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869,

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		22870, 22899, 27278, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145,

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		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, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 69705, 69706
Therapy (physical and occupational)		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, 0791T, G0283
Thyroid surgeries (thyroidectomy and lobectomy)	**Evolent (formerly New Century Health) will manage all preauthorization requests.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at **844-926-4528, option 5** for Surgical Services, to speak to a live representative,	60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

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	Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	
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, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 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, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991, 33995
	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1234, E1235,

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		E1239, E2207, E2298, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2398, K0005, K0008, K0009, K0013, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Zoll LifeVest®		K0606

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