



## Humana Gold Plus Integrated Illinois Dual Medicare-Medicaid Plan Prior Authorization and Notification List

**Effective Date:** October 1, 2025

**Revision Date:** December 1, 2025

Humana Gold Plus Integrated Illinois Dual Medicare-Medicaid Plan Prior Authorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation	<p><b>Bone, liver, kidney and prostate cancer</b></p> <p><b>Evolent (formerly New Century Health) will manage all prior authorization requests.</b></p> <p>Requests can be submitted via: Evolent's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 0421T, 0582T, 0950T
	<b>Cardiac ablation/electrophysiology</b>	93650, 93653, 93654, 93656
Behavioral health services	<b>Partial hospitalization</b>	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	<b>Psychological testing evaluation</b>	96105, 96113, 96121, 96125, 96131, 96133, 96137, 96139
	<b>Transcranial magnetic stimulation (TMS)</b>	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	<b>Breast cancer biopsy (excisional)</b>	19120, 19125

\*New Prior authorization requirement  
653107IL0225-C ILHMPS6EN

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	<p><b>Breast lumpectomy</b></p> <p><b><a href="#">Evolent (formerly New Century Health)</a> will manage all prior authorization requests.</b>  Requests can be submitted via:  Evolent’s website at  <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	19301, 19302
	<p>Other breast procedures  (excludes breast reconstruction following medically necessary mastectomies for breast cancer)</p>	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 0970T, 0971T, C1789, L8600
	<p><b><a href="#">Simple mastectomy and gynecomastia surgery (excludes radical and modified)</a></b></p> <p><b><a href="#">Evolent (formerly New Century Health)</a> will manage all prior authorization requests.</b>  Requests can be submitted via:  Evolent’s website at  <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	19300, 19303

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653107IL0225-C ILHMPS6EN

Capsule endoscopy		91110, 91111, 91113, 0651T, 0977T
Cardiac devices	Aorta repair	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 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, 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, C1825, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555

\*New Prior authorization requirement  
653107IL0225-C ILHMPS6EN

	Implantable Carotid Sinus Stimulator	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, C1825
	Loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
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, 0913T, 0914T, C9600, C9602, C9604, C9607, C1761
	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	Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapy prior authorization requests will be reviewed by the <b>Humana National Transplant Network</b> <ul style="list-style-type: none"> <li>• Submit by fax to <b>502-508-9300</b>.</li> <li>• Submit by telephone to <b>866-421-5663</b>.</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a>.</li> </ul>	38225, 38226, 38227, 38228, 38999, 60699, C9399, J3391, J3392, J3393, J3394, J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW0438A, XW133G8, XW143G8, XW133J8, XW143J8

Chemotherapy agents, supportive drugs and symptom management drugs category		This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721
<p>Diagnostic/cardiac imaging</p> <p><b>The following services will now be managed via Cohere. Please submit authorizations to <a href="http://www.Next.CoHEREhealth.com">www.Next.CoHEREhealth.com</a>. If not registered, please use <a href="http://www.CoHEREhealth.com/register">www.CoHEREhealth.com/register</a>.</b></p> <p><b>Prior authorization requests for services managed by Cohere</b> Requests can be submitted via:</p> <ul style="list-style-type: none"> <li>• Cohere Health’s portal (online):</li> <li>• Information and to request a new account: <a href="http://www.CoHEREhealth.com/register">www.CoHEREhealth.com/register</a></li> <li>• Additional provider information: <a href="http://www.coHEREhealth.com/provide/r/resources">www.coHEREhealth.com/provide/r/resources</a></li> <li>• Portal login (prior authorization request): Next.CoHEREhealth.com</li> <li>• Phone: <b>833-283-0033</b>, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: <b>857-557-6787</b></li> <li>• Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.CoHEREhealth.com.</li> <li>• For questions, call Cohere: <b>833-283-0033</b>.</li> </ul>	Computed tomography (CT) scan	70460, 70470, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, 74175, 74177, 74178, 75572, 75573, 75574, 75635
	Electrophysiology (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T
	Magnetic resonance angiogram (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,

\*New Prior authorization requirement  
653107IL0225-C ILHMPS6EN

		73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 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, A9611
	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 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)	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616*, A9800
	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, 53865, 53866, 0446T, 0447T, 0448T, <a href="#">0716T (Managed by Cohere)</a> , 0716T, 0745T, 0746T, 0747T, 0935T, 0947T,

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		C1735, C1736, 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)		95807, 95808, 95810, 95811
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		99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric therapy		99183, G0277

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Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	
	Long-term acute care	
	Mental health, substance use and residential treatment	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection	<p><b><a href="#">Evolent (formerly New Century Health)</a> will manage all prior authorization requests.</b></p> <p>Requests can be submitted via: Evolent's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	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, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81173, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81202, 81203, 81204, 81205, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81252,

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		81254, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81286, 81287, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81327, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 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, 81418, 81419, 81422, 81425, 81426, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81471, 81479, 81490, 81493,
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\*New Prior authorization requirement  
653107IL0225-C ILHMPS6EN

		81503, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81558, 81560, 81595, 81599, 83080, 0012M, 0013M, 0016M, 0018M, 0020M, 0005U, 0018U, 0019U, 0021U, 0026U, 0029U, 0031U, 0032U, 0037U, 0045U, 0047U, 0055U, 0067U, 0087U, 0088U, 0089U, 0090U, 0101U, 0111U, 0118U, 0129U, 0138U, 0154U, 0172U, 0175U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0230U, 0239U, 0242U, 0245U, 0250U, 0254U, 0258U, 0271U, 0272U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0319U, 0320U, 0323U, 0326U, 0329U, 0332U, 0333U, 0334U, 0339U, 0340U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0378U, 0379U, 0388U, 0391U,
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\*New Prior authorization requirement  
653107IL0225-C ILHMPS6EN

		0403U, 0409U, 0411U, 0414U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0449U, 0452U, 0453U, 0454U, 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, 0523U, 0529U, 0530U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0543U, 0544U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0578U*, 0585U*
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,

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		64555, 64561, 64566, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, C1767, C1787, C1826, C1827, E0721, C9807, 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, C9784, C9785
Observation	Observation notification required	All
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
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, C8003

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653107IL0225-C ILHMPS6EN

<p>Orthopedic surgeries: hip, knee and shoulder arthroscopy</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, C9781, J7330</p>
<p>Orthotics</p>		<p>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, 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,</p>

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653107IL0225-C ILHMPS6EN

		L3973, L3977, L3999, L4631
Other durable medical equipment (DME)		A4238, A4239, A9274, E0277, E0301, E0302, E0303, E0304, E0469, E0481, E0482, E0486, E0490, E0491, E0492, E0493, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0658*, E0659*, 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, E2508, E2510, E2511, E2599, E3000, K0900, K1007, K1027, L8701, L8702, V5336
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, 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, C9767, C9772, C9773, C9774, C9775
Prostate surgeries (prostatectomy)	<b>Evolent (formerly New Century Health) will manage all prior authorization requests.</b> Requests can be submitted via:	55801, 55810, 55812, 55815, 55821, 55831,

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	<p>Evolut's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolut (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	<p>55840, 55842, 55845, 55866, 55867, 55880</p>
<p>Prosthetics</p>		<p>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, L5616, L5615, 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,</p>

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		L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, 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, L6000, L6010, L6020, 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,
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		L6688, L6689, L6690, L6691, L6692, L6693, L6694, 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, L7600, L8035, L8499, L8720, L8721
Radiation therapy	<p><b><u><a href="#">Evolent (formerly New Century Health)</a></u> will manage all prior authorization requests for all states.</b></p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> <li>o Evolent’s website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></li> <li>• Or call Evolent (formerly New Century Health) at phone number <b>844-926-4528</b>, option 4 for radiation therapy, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m. Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	<p><b><u><a href="#">Evolent (formerly New Century Health)</a></u> will manage the following codes:</b></p> 32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 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,

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		G6013, G6014, G6015, G6016, 0394T  <i>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.</i>
<a href="#">Radiofrequency Ablation for the SI Joint</a>		64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
<a href="#">Sacroiliac (SI) joint injections</a>		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, 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, 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**,

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		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, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233,
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		Q4234, Q4235, Q4236, Q4237, 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,
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		<p>Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, 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*</p> <p>**For codes Q4116, Q4122, and Q4128, no prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p>
Spinal cord stimulators		<p>0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682</p>
Spinal fusion, decompression, kyphoplasty and vertebroplasty		<p>20999, 22100, 22101, 22102, 22103, 22116,</p>

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		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, 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, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706
Therapy (physical and occupational)		97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97037, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, G0283
Thyroid surgeries (thyroidectomy and lobectomy)	<b>Evolent (formerly New Century Health) will manage all prior authorization requests.</b> Requests can be submitted via: Evolent’s website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a> • Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live	60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

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	<p>representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</p> <ul style="list-style-type: none"> <li>eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	
Transplant surgeries		<p>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, 0540U, 0575U*, 0576U*, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ</p>
Varicose vein: surgical treatment and sclerotherapy		<p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T</p>
Ventricular assist devices (VADs)	<a href="#">Percutaneous ventricular assist devices (VADs)</a>	33990, 33991, 33995
	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983
Wearable Cardioverter Defibrillators		K0606
Wheelchairs/scooters	Note: Prior authorization is not required for member owned wheelchair repairs.	<p>E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1234, E1235, 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,</p>

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		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
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