



Humana Dual Fully Integrated Illinois Prior Authorization and Notification List

We updated our prior authorization and notification list (PAL) for Humana Dual Fully Integrated Illinois. Read about the prior authorization requirements below and select the appropriate link to access services, codes and medication.

Please note the term “prior authorization,” (preauthorization, 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 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 before 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 [Medicare Coverage Database](#).

To view Humana’s medical coverage policies, please [visit our medical coverage policies page](#).

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

Important notes

- **Humana’s Medicare Advantage (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 PAL and should refer to their IPA or risk network for guidance on processing their requests including services treated by non-contracted providers. For exclusion to the prior authorization process, please visit [Provider.Humana.com](#).
- **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 advanced coverage determination (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 telephone 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 telephone at **866-461-7273**

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.

[Learn more](#)

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

- Member's Humana ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes (up to 10 maximum per authorization request)
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request
- Service location

- Inpatient location (acute hospital, skilled nursing, hospice)
- Outpatient location (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, 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) of treatment facility where service is rendered
- TIN and NPI of the provider performing the service
- Caller/requestor's name and telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

How to request prior authorization

- **Prior authorization requests managed by Humana:**
 - **Medical services:**
 - Online at www.availity.com (registration required)
 - By calling Humana's interactive voice response (IVR) line at 800-523-0023

Please note: Online prior authorization requests are encouraged. For certain PAL services requested via Availity Essentials™, healthcare providers have the 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 will help Humana expedite the review.

- **Prior authorization requests managed by Carelon Behavioral Health**
 - **Online at <https://www.carelonbehavioralhealth.com/>** Register at www.carelonbehavioralhealth.com/providers/resources/provider-portals
 - **Phone:**
 - IVR: 855-371-9234 You will need your practice or organization's TIN, the member's ID number and date of birth, and the date of service.
 - Direct: 855-235-8530
 - If you use a TTY, call 855-539-5884.
 - Fax: 855-371-9232
 - If you have questions, please call 855-371-9234.



Humana Dual Fully Integrated Illinois Prior Authorization and Notification List

Effective Date: July 1, 2026

Revision Date: May 1, 2026

Humana Fully Integrated Illinois Prior Authorization and Notification List		
Category	Subcategory/notes	Codes
Abdominoplasty		15830, 15847
Ablation	<p>Bone, liver, kidney, prostate cancer and irreversible electroporation</p> <p><u>Evolut (formerly New Century Health)</u> will manage all prior authorization requests. Requests can be submitted via: Evolut's website at https://my.newcenturyhealth.com</p> <ul style="list-style-type: none"> • Or call Evolut (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, 47384, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55881, 55882, 55877, 0582T, 0600T, 0601T, 0950T
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health services	Notification Required Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
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>Breast cancer biopsy (excisional)</p> <p><u>Evolut (formerly New Century Health)</u> will manage all prior authorization requests. Requests can be submitted via: Evolut's website at https://my.newcenturyhealth.com</p>	19120, 19125

	<ul style="list-style-type: none"> • 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 	
	<p>Breast lumpectomy</p> <p>Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent’s website at https://my.newcenturyhealth.com</p> <ul style="list-style-type: none"> • 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 	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>Simple mastectomy and gynecomastia surgery (excludes radical and modified)</p> <p>Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent’s website at https://my.newcenturyhealth.com</p> <ul style="list-style-type: none"> • 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, 0977T
<p>Cardiac devices</p> <p>Please submit authorizations to www.Next.Coherehealth.com. If not</p>	Aorta repair	33875, 33877, 33880, 33881, 33882, 33883, 33886, 34701, 34702, 34703, 34704, 34705,

<p>registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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. 		34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0994T, 0995T
	<p>Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)</p>	33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 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, C1825, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555
	<p>Implantable Carotid Sinus Stimulator</p>	64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146, C1825
	<p>Loop recorders</p>	33285, 33286
<p>Wearable cardiac monitoring devices</p>	93228, 93229	

<p>Cardiac procedures/surgeries</p> <p>Please submit authorizations to www.Next.CoHEREhealth.com. If not registered, please use https://next.coHEREhealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by CoHERE</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • CoHERE Health’s portal (online): • Information and to request a new account: https://next.coHEREhealth.com/organization_onboarding • Additional provider information: www.coHEREhealth.com/provider/resources • Portal login (prior authorization 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. 	<p>Cardiac catheterizations</p>	<p>93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597</p>
	<p>Carotid revascularization</p>	<p>35301, 37215, 37216, 37217, 37218</p>
	<p>Coronary angioplasty/stent</p>	<p>92920, 92924, 92928, 92930, 92933, 92937, 92943, 92945, 92972, 0913T, 0914T, C1761, C7571, C9600, C9602, C9604, C9607</p>
	<p>Patent foramen ovale (PFO) and atrial septal defect (ASD) closure</p>	<p>93580</p>
	<p>Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)</p>	<p>33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T</p>
<p>Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies</p>		<p>38225, 38226, 38227, 38228, 38999, 60699, C9399, J3387, J3389, J3391, J3392, J3393, J3394, J3402, 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,</p>

		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, 64728
Diagnostic/cardiac imaging	Notification Required	70460, 70470, 70471, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 70540, 70542, 70551, 70552, 70553, 73218, 73219, 73220, 73718, 73719, 73720
<p>The following services will now be managed via Cohere. Please submit authorizations to www.Next.CoHEREhealth.com. If not registered, please use https://next.coHEREhealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coHEREhealth.com/organization_onboarding • Additional provider information: www.coHEREhealth.com/provider/resources • Portal login (prior authorization 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. 	Computed tomography (CT) scan	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, 70543, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 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, 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, 78811, 78812, 78813, 78814, 78815, 78816
	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
Durable medical equipment (DME)		E0637, E0638, E0641, E0642, V5336
	Airway Clearance Devices	E0469, E0481, E0482
	Augmentative and Alternative Communication Devices	E2508, E2510, E2511, E2599, E3000

	Diabetic Treatment and Supplies	A4238, A4239, A9274, E0784, E2102, E2103
	Electrical Stimulators	E0762, E0766
	Obstructive Sleep Apnea Non-Surgical Treatments	E0486, E0490, E0491, E0492, E0493, K1027
	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, E0277, E0296, E0297, E0301, E0302, E0303, E0304
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T, 0339T, 0446T, 0447T, 0448T, 0716T (Managed by Cohere) , 0716T, 0745T, 0746T, 0747T, 0935T, 0947T, C1735, C1736, E0738, E0739
Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD)	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal (online): <ul style="list-style-type: none"> • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources 	43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259

	<ul style="list-style-type: none"> • Portal login (prior authorization 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. 	
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	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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. 	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, S5125, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric therapy		99183, G0277
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	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): <ul style="list-style-type: none"> • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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 	43280, 43281, 43282

	<p>Cohere portal at Next.Coherehealth.com.</p> <ul style="list-style-type: none"> For questions, call Cohere: 833-283-0033. 	
Lung biopsy and resection	<p><u>Evolut (formerly New Century Health)</u> will manage all prior authorization requests.</p> <p>Requests can be submitted via: Evolut’s website at https://my.newcenturyhealth.com</p> <ul style="list-style-type: none"> Or call Evolut (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, 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, 81354, 81355, 81357, 81361, 81364, 81370, 81371, 81372, 81373, 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, 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, 0020M, 0005U, 0026U, 0029U, 0037U, 0045U, 0087U, 0088U, 0089U, 0090U, 0118U, 0172U, 0211U, 0212U, 0213U, 0214U, 0216U, 0217U,
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		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, 0605U, 0611U, 0612U, 0613U, 0620U, 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
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	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding 	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003

	<ul style="list-style-type: none"> • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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. 	
<p>Orthopedic surgeries: hip, knee and shoulder arthroscopy</p>	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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. 	<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>K1007, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635,</p>

		<p>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, L3973, L3977, L3999, L4631, L8701, L8702</p>
<p>Pain infusion pump</p>	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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 	<p>62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, E0782, E0783, E0785, E0786</p>

	<p>Cohere portal at Next.Coherehealth.com.</p> <ul style="list-style-type: none"> For questions, call Cohere: 833-283-0033. 	
Penile implant		54405
Percutaneous lumbar intravertebral disc injection	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> Cohere Health’s portal (online): <ul style="list-style-type: none"> Information and to request a new account: https://next.coherehealth.com/organization_onboarding Additional provider information: www.coherehealth.com/provider/resources Portal login (prior authorization 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. 	0627T, 0628T, 0629T, 0630T
Peripheral revascularization (atherectomy, angioplasty)	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> Cohere Health’s portal (online): <ul style="list-style-type: none"> Information and to request a new account: https://next.coherehealth.com/organization_onboarding Additional provider information: www.coherehealth.com/provider/resources Portal login (prior authorization request): Next.Coherehealth.com 	0234T, 0235T, 0236T, 0237T, 0238T, 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, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775,

	<ul style="list-style-type: none"> • 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. 	37242, 37243 (Only for Embolization for MSK Pain Management, BPH (Benign Prostatic Hypertrophy) and Hemorrhoids)
Prostate surgeries (prostatectomy)	<p>Evolut (formerly New Century Health) will manage all prior authorization requests.</p> <p>Requests can be submitted via: Evolut’s website at https://my.newcenturyhealth.com</p> <ul style="list-style-type: none"> • Or call Evolut (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, 55868, 55869, 55880
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, 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, 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, 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,
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		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, 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><u>Evolut (formerly New Century Health)</u> will manage all prior authorization requests for all states.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> o Evolut’s website at https://my.newcenturyhealth.com • Or call Evolut (formerly New Century Health) at phone number 844-926-4528, option 4 for radiation therapy, to 	<p><u>Evolut (formerly New Century Health)</u> will manage the following codes:</p> 32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 77387, 77402, 77407, 77412, 77423, 77424, 77425, 77436, 77437, 77438, 77439, 77520,

	<p>speaking to a live representative, Monday – Friday, 8 a.m. – 8 p.m. Eastern time.</p> <ul style="list-style-type: none"> eFax # 213-596-3783 or efax-carepro-oncology@newcenturyhealth.com 	<p>77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458</p> <p><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></p>
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, 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, 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,
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		Q4227, Q4229, Q4230, Q4232, Q4233, 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,
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<p>Spinal cord stimulators</p>	<p>Please submit authorizations to www.Next.CoHEREhealth.com. If not registered, please use https://next.coHEREhealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by CoHERE Requests can be submitted via:</p> <ul style="list-style-type: none"> • CoHERE Health’s portal (online): • Information and to request a new account: https://next.coHEREhealth.com/organization_onboarding • Additional provider information: www.coHEREhealth.com/provider/resources • Portal login (prior authorization 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. 	<p>0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682</p>
<p>Spinal fusion, decompression, kyphoplasty and vertebroplasty</p>	<p>Please submit authorizations to www.Next.CoHEREhealth.com. If not registered, please use https://next.coHEREhealth.com/organization_onboarding</p>	<p>20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533,</p>

	<p>Prior authorization requests for services managed by Cohere</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): <ul style="list-style-type: none"> • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provide/r/resources • Portal login (prior authorization 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. 	<p>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, 22870, 22899, 27278, 27279, 27280, 62287, 62330, 62331, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 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,</p>
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		63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 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
Therapy (physical and occupational)	<p>Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding</p> <p>Prior authorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): <ul style="list-style-type: none"> • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization 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. 	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, G0281, G0283

Transplant Evaluation – Notification Required		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 (VADs)	Percutaneous ventricular assist devices (VADs)	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.	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, 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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