# Humana

# Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List

We have updated our prior authorization and notification list for Humana Medicare Advantage (MA) and Dual Eligible Special Needs (D-SNP) plans.

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 an approval or denial for notifications.

The list details services and medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) that require prior authorization 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 <a href="https://example.com/here/beta/figures-necessary-beta/figures-

To view Humana's medical coverage policies, please visit our medical coverage policies page

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

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

#### **Important notes**

Humana MA health maintenance organization (HMO): The full list of prior authorization
requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO
POS) coverage. Healthcare providers who participate in an independent physician
association (IPA) or other risk network with delegated services are subject to the prior

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- authorization list (PAL) and should refer to their IPA or risk network for guidance on processing their requests. Exclusions may change, so please refer to <a href="Provider.Humana.com">Provider.Humana.com</a> for the most up-to-date information. **Choose "Authorization & Referrals" at the bottom of the page and then the appropriate topic.**
- Florida MA HMO: The full list of prior authorization requirements applies to Florida MA HMO-covered patients. Healthcare providers should submit requests directly to Humana for medications listed on the MA and D-SNPs Medication Prior Authorization Drug List for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a prior authorization request, the claim may be reviewed retrospectively for medical necessity, and the healthcare provider may be contacted for clinical information. See "How to Request Prior Authorization" for instructions on how to submit prior authorization requests for medications on the MA and D-SNPs Medication Prior Authorization List.
- Humana MA private fee-for-service (PFFS): Prior authorization is not required for MA PFFS
  plans. However, notification is requested, as it helps coordinate care for Humana-covered
  patients. Physicians and healthcare providers can request an advance coverage
  determination, or ACD (for review and determination of coverage in advance of the services
  being provided), on behalf of the patient for any service not on our prior authorization list.
- **Humana MA preferred provider organization (PPO)**: The full list of prior authorization requirements applies to patients with Humana MA PPO coverage.
- **Humana Medicare Supplement plan**: This list does not apply to policy holders of a Humana Medicare Supplement plan.
- All Humana MA plans: For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an Advance Coverage Determinations (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.
  - O To prevent disruption of care, Humana does not require prior authorization for basic

### 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 or medications 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 a maximum of 10 per authorization request)
- Date of proposed procedure (if applicable)

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- Diagnosis codes (primary and secondary) (up to a maximum of 6 per authorization request)
- Service location
- Inpatient (acute hospital, skilled nursing or hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital or ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) number of treatment facility where service is rendered
- TIN and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- · Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will help expedite determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

#### How to request prior authorization:

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

- Online at <a href="https://www.availity.com">www.availity.com</a> (registration required)
- By calling Humana's interactive voice response line at 800-523-0023

**Please note:** Online prior authorization requests are encouraged. For certain prior authorization list (PAL) services requested via Availity Essentials™, healthcare providers have an option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If approval is not provided immediately, the information on the questionnaire may help Humana with the review.

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# Humana

## Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List

Effective date: January 1, 2026 Revision date: December 1, 2025

Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization 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 prior authorization 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, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 0421T, 0582T, 0600T*, 0601T*, 0950T
	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
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67903,

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		67904, 67908, 67909, 67911, 67914, 67916,
		67917, 67921, 67923,
Pana grouth atimulators		67924, 67950
Bone growth stimulators	Durant a constitution of	E0747, E0748, E0760
Breast procedures	Breast cancer biopsy (excisional)	19120, 19125
	Evolent (formerly New Century Health) will manage all prior authorization 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@newcenturyhealt h.com	
	Breast lumpectomy	19301, 19302
	Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.co m  • 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.	
	<ul> <li>eFax # 213-596-3783 or <u>efax-carepro-</u></li> </ul>	
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	oncology@newcenturyhealt	
	h.com	11071 10010 10010
	Other breast procedures	11971, 19316, 19318,
	(excludes breast	19325, 19328, 19330,
	reconstruction following	19340, 19342, 19350,
	medically necessary	19357, 19370, 19371,
	mastectomies for breast	19380, 0970T, 0971T,
	cancer)	C1789, L8600
	Simple mastectomy and	19300, 19303
	gynecomastia surgery	
	(excludes radical and	
	modified)	
	·	
	<b>Evolent (formerly New Century</b>	
	Health) will manage all prior	
	authorization requests.	
	Requests can be submitted via: Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
	New Century Health) at <b>844</b> -	
	<b>926-4528, option 5</b> for	
	Surgical Services, to speak	
	to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	• eFax # <b>213-596-3783</b> or	
	<u>efax-carepro-</u>	
	oncology@newcenturyhealt	
	<u>h.com</u>	
		91110, 91111, 91113,
Capsule endoscopy		0651T, 0977T
Cardiac devices	Aortic repair	33875, 33877, 33880,
		33881, 33883, 33886,
		34701, 34702, 34703,
		34704, 34705, 34706,
		34830, 34831, 34832,
		34841, 34842, 34843,
		34844, 34845, 34846,
		34847, 34848
	l	<b>,</b>

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Cardiac implantable	33206, 33207, 33208,
devices (e.g., CardioMEMS	33210, 33211, 33212,
pacemakers, leadless	33213, 33214, 33216,
pacemakers, left atrial	33217, 33221, 33224,
appendage closure	33225*, 33227, 33228,
[LAAC], defibrillators	33229, 33230, 33231,
[implantable and	33233, 33234, 33235,
subcutaneous] and	33240, 33241, 33244,
cardiac resynchronization	33249, 33262, 33263,
therapy)	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
Implantable Carotid Sinus	0266T, 0267T, 0268T,
Stimulator	0269T, 0270T, 0271T,
	0272T, 0273T, C1825
Internal loop recorders	33285, 33286
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	Wearable cardiac	93228, 93229
	monitoring devices	
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, 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	Prior authorization 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.	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, XW033L7, XW033M7, XW033L7, XW043BA, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8,

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		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.
Chiropractic and acupuncture therapy	Tivity Health/WholeHealth Living (WHL) will manage all prior authorization requests from providers within the WHL network for chiropractic therapy services for South Florida.  Tivity Health/WholeHealth Living (WHL) will manage all prior authorization 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.	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943

	*Certain plans in these	
	states do not use the	
	WholeHealth Living	
	network and use the	
	Humana network.	
	To submit a prior	
	authorization request:	
	• Use the <u>Tivity Health</u>	
	online portal.	
	(www.wholehealthpro.com/)	
	• Call 855-800-9804	
	• Fax 888-492-1025	
	(American Specialty	
	Health (ASH) will manage	
	all prior authorization	
	requests for chiropractic	
	and acupuncture with	
	plans in Southern	
	California.	
	To submit a prior	
	To submit a prior authorization request:	
	Chiropractic	
	therapy: Fax 877-	
	427-4777	
	(Southern CA)	
	Acupuncture	
	therapy: Fax 877	
	248-2746	
	Note: Prior authorization is	
	not required in states not	
	listed above.	
Cutaneous vascular lesion removal		17106, 17107, 17108

Decompression of peripheral nerve		29848, 64721
(i.e., carpal tunnel surgery)		29040, 04721
	Notification Described	70400 70470 70401
Diagnostic/cardiac imaging	Notification Required	70460, 70470, 70481,
	Computed tomography (CT)	70482, 70487, 70488,
The following services will be managed via Cohere (EXCEPT FOR THE STATE OF FLORIDA	scan	70491, 70492, 70496,
which will be managed by Humana).	Magnetic resonance imaging	70498, 70540, 70542,
which with be managed by Humana).	(MRI)	70551, 70552, 70553,
Please submit authorizations to		73218, 73219, 73220,
www.Next.Coherehealth.com. If not		73718, 73719, 73720
registered, please use	Computed tomography	71260, 71270, 71275,
www.Coherehealth.com/register.	(CT) scan	72126, 72127, 72130,
Prior authorization requests for services		72132, 72133, 72191,
managed by Cohere	Note: <b>The following</b>	72193, 72194, 73206,
Requests can be submitted via:	services will be managed	73706, 74160, 74170,
Cohere Health's portal (online):	via Cohere (EXCEPT FOR	74174, 74175, 74177,
<ul> <li>Information and to request a new</li> </ul>	THE STATE OF FLORIDA	74178, 75572, 75573,
account:	which will be managed by	75574, 75635
www.Coherehealth.com/register	Humana).	70074, 70000
<ul> <li>Additional provider information: www.coherehealth.com/provider/res</li> </ul>	Humana).	
ources		
Portal login (prior authorization	FI	2222 2222 2222
request): Next.Coherehealth.com	Electrophysiology Study	93600, 93602, 93603,
<ul> <li>Phone: 833-283-0033, Monday –</li> </ul>	(EPS) or EPS with 3D	93610, 93612, 93618,
Friday, 8 a.m. – 8 p.m., Eastern time	mapping	93619, 93620, 93631,
• Fax: 857-557-6787		93640, 93641, 93642,
<ul> <li>Expedited/urgent cases can be submitted and monitored on the</li> </ul>		93644, 0577T
Cohere portal at	Magnetic resonance	70544, 70545, 70546,
Next.Coherehealth.com.	angiography (MRA)	70547, 70548, 70549,
<ul> <li>For questions, call Cohere: 833-283-</li> </ul>		71555, 72159, 72198,
0033.	Note: <b>The following</b>	73225, 73725, 74185,
	services will be managed	C8900, C8901, C8902,
	via Cohere (EXCEPT FOR	C8909, C8910, C8911,
	THE STATE OF FLORIDA	C8912, C8913, C8914,
	which will be managed by	C8918, C8919, C8920,
	Humana).	C8931, C8932, C8933,
		C8934, C8935, C8936
	Magnetic resonance	70336, 70543, 70554,
	imaging (MRI)	70555, 71550, 71551,
	imaging (ima)	71552, 72141, 72142,
		72146, 72147, 72148,

Note: <b>The following</b>	72149, 72156, 72157,
services will be managed	72158, 72195, 72196,
via Cohere (EXCEPT FOR	72197, 73221, 73222,
THE STATE OF FLORIDA	73223, 73721, 73722,
which will be managed by	73723, 74181, 74182,
Humana).	74183, 75557, 75559,
	75561, 75563, 77046,
	77047, 77048, 77049,
	C8903, C8905, C8906,
	C8908, C9762, C9763,
	C9791
Myocardial perfusion	78451, 78452, A9611
imaging single photon	
emission computed	
tomography (MPI-SPECT)	
Nuclear stress test	78453, 78454, 78466,
	78468, 78469, 78472,
	78473, 78481, 78483,
	93350, 93351, C8928,
	C8930
Peripheral angiography	36245, 36246, 36247
Positron emission	78429, 78430, 78431,
tomography (PET)	78432, 78433, 78459,
scan/National Oncology	78491, 78492, 78608,
PET Registry (NOPR)	78609, 78811, 78812,
	78813, 78814, 78815,
Note: <b>The following</b>	78816, G0219, G0235,
services will be managed	G0252
via Cohere (EXCEPT FOR	
THE STATE OF FLORIDA	
which will be managed by	
Humana).	
Prostate-specific	A9587, A9593, A9594,
membrane antigen	A9595, A9596, A9597,
(PSMA/PET CT)	A9608, A9616, A9800
Note: <b>The following</b>	
services will be managed	

	via Cohere (EXCEPT FOR THE STATE OF FLORIDA which will be managed by Humana).	
	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)		A4238, A4239, A9274, E0277, E0301, E0302, E0303, E0304, E0469, E0481, E0482, E0486, E0490, E0491, E0492, E0493, 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
Electric beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T*, 0339T*, 0446T, 0447T, 0448T, 0716T (Managed by

		Cohere), 0745T, 0746T, 0747T, C1735, C1736,
		0935T, 0947T, 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	All states require prior	99512, 99600, G0151,
	authorization for home	G0152, G0153, G0155, G0156, G0157, G0158,
	health. Please see below	G0159, G0160, G0161,
	for state-specific	G0162, G0299, G0300,
	guidance.	G0493, G0494, G0495, G0496, G2168, G2169

Tango will manage all prior authorization 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

Prior authorization requests can be faxed or uploaded through the Tango website at <a href="https://www.tangocare.com">www.tangocare.com</a>.

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 residing in and enrolled in plans for the following

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	states: AL, AR, GA, ID, IN,	
	IL, KS, KY, LA, MA, MO, MS,	
	NE, NC, NJ (Atlantic,	
	Burlington, Camden, Cape	
	May, Cumberland,	
	Gloucester, Mercer and	
	Salem counties only), OH,	
	OK, OR, PA, SC, TN, TX, UT,	
	VA, WA and WV.	
	- Phone: <b>800-572-</b>	
	4317	
	- Fax: <b>502-508-0668</b>	
	for non-	
	CenterWell®	
	agencies in GA, IN,	
	KY, NJ (Atlantic,	
	Burlington,	
	Camden, Cape	
	May, Cumberland,	
	Gloucester, Mercer	
	and Salem	
	counties only), OH,	
	OK, PA, SC, TX and	
	WV.	
	- Fax: <b>502-414-2135</b>	
	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	
	Clinical Intake	
	team. Please call the	
	number on the back of	
	the member's ID card.	
Hyperbaric therapy		99183, G0277

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Inpatient admissions	Acute hospital (includes	All
	inpatient hospice)	
	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 prior authorization requests.  Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.co m  • 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@newcenturyhealt h.com	32096, 32097, 32505, 32607, 32608, 32666
Micro-Invasive Glaucoma Surgery	11.00111	66989, 66991, 0253T,
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0214U, 0215U,	0216U,
0217U, 0230U,	0239U,
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0254U, 0258U,	0271U,
0272U, 0299U,	0300U,
0306U, 0307U,	0313U,
0314U, 0315U,	0319U,
0320U, 0323U,	0326U,
0329U, 0332U,	
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0348U, 0349U,	
0355U, 0356U,	
0359U, 0360U,	•
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0423U, 0424U,	
0426U, 0433U,	
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0474U, 0475U,	
0477U, 0478U,	•
0485U, 0486U,	
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0500U, 0506U,	•
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0530U, 0532U,0	J533U,

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0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0565U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0569U, 0571U, 0572U, 0578U, 0588U     Negative pressure wound therapy (NPWT)		
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   61886, 61883, 61886, 61888, 61881, 61892, 64553, 64555, 64561, 64566, 64568, 64575, 64581, 64596, 64597, 64598, 05871, 05881, 07201, 07831, 07861, 07877, 08167, 08171, 08181, 08197, 09081, 09097, 09107, 09117, 09127, 09567, 09587, 0		
Negative pressure wound therapy (NPWT)  Neuromuscular stimulators  Neurostimulators		
Negative pressure wound therapy (NPWT)  Rearive pressure wound therapy (NPWT)  Reuromuscular stimulators  Reurostimulators  Reurostimulato		
Negative pressure wound therapy (NPWT)  Reuromuscular 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, 05871, 05881, 07201, 07831, 07861, 07201, 07831, 07861, 07871, 08181, 08191, 09091, 09101, 09111, 09121, 09561, 09571, 09581, 09597, 09681, 09597, 09681, 09697, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  Noninvasive stimulators  E0466, E0468  Obesity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43644, 43644, 43645, 43770, 43771, 43772, 43773, 437774, 43775, 43842, 43843, 43845,		
Neuromuscular stimulators		
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, 05877, 05887, 07207, 07837, 07867, 07207, 07837, 07867, 08187, 09097, 09107, 09117, 09117, 09097, 09107, 09117, 09127, 09567, 09587, 09597, 09687, 09597, 09687, 09597, 09687, 09597, 0107, 071767, C1787, C126, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  08137, 43290, 43291, 43631, 43632, 43633, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		
E0770	(NPWT)	E2402, K0743
Neurostimulators  61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64555, 64561, 64566, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 05877, 05887, 07207, 07837, 07867, 07207, 07837, 07867, 07877, 08167, 09107, 09107, 09117, 09107, 09107, 09117, 09107, 09107, 09107, 09107, 09587, 09597, 09587, 09597, 09687, 09697, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  08137, 43290, 43291, 43631, 43632, 43633, 43644, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,	Neuromuscular stimulators	A4593, A4594, E0764,
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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, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683    Noninvasive home ventilators		61885, 61886, 61889,
64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683    Noninvasive home ventilators		61891, 61892, 64553,
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, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		64555, 64561, 64566,
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0720T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0909T, 0910T, 0911T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		64590, 64596, 64597,
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0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0909T, 0910T, 0911T, 0912T, 0956T, 0958T, 0959T, 0958T, 0959T, 0960T, 0968T, 0969T, 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,		0720T, 0783T, 0786T,
0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 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,		0787T, 0816T, 0817T,
0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 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,		0818T, 0819T, 0908T,
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0968T, 0969T, 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,		0912T, 0956T, 0957T,
C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		0958T, 0959T, 0960T,
C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683  Noninvasive home ventilators  Desity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		0968T, 0969T, C1767,
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,		C1787, C1826, C1827,
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,		C9807, E0721, E0734,
Noninvasive home ventilators  Desity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		E0735, E0736, E0737,
Obesity surgeries  0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		E0743, L8683
43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,	Noninvasive home ventilators	E0466, E0468
43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,	Obesity surgeries	0813T, 43290, 43291,
43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845,		
43773, 43774, 43775, 43842, 43843, 43845,		43634, 43644, 43645,
43773, 43774, 43775, 43842, 43843, 43845,		43770, 43771, 43772,
43842, 43843, 43845,		
		43846, 43847, 43848,

		43886, 43887, 43888,
		C9784, C9785
Observation	Observation notification	All
	required	
Oral, orthognathic,		20910, 21010, 21050,
temporomandibular joint (TMJ)		21070, 21085, 21100,
surgeries		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		23472, 23473, 23474,
shoulder arthroplasty		27125, 27130, 27132,
		27134, 27137, 27138,
		27437, 27438, 27440,
		27441, 27442, 27443,
		27445, 27446, 27447,
		27486, 27487, C8003
Orthopedic surgeries: hip, knee and		23929, 27299, 27412,
shoulder arthroscopy		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
Orthotics	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, L3973,
	L3977, L3999, L4631
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		0627T, 0628T, 0629T,
disc injection		0630T
Peripheral revascularization		0234T, 0235T, 0236T,
(atherectomy, angioplasty)		0237T, 0238T, 37220,
		37221, 37224, 37225,
		37226, 37227, 37228,
		37229, 37230, 37231,
		37236, 37238, 0505T,
		C9764, C9765, C9766,
		C9767, C9772, C9773,
		C9774, C9775
		37242*, 37243* (Only for
		Embolization
		for MSK Pain
		Management, BPH
		(Benign Prostatic
		Hypertrophy) and
		Hemorrhoids)
Prostate surgeries (prostatectomy)	Evolent (formerly New Century	55801, 55810, 55812,
	Health) will manage all prior	55815, 55821, 55831,
	authorization requests.  Requests can be submitted via:	55840, 55842, 55845,
	Evolent's website at	55866, 55867, 55880
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
	New Century Health) at <b>844-</b>	
	926-4528, option 5 for	
	Surgical Services, to speak to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	• eFax # <b>213-596-3783</b> or	
	efax-carepro-	
	oncology@newcenturyhealt	
	<u>h.com</u>	
Prosthetics		21081, 21082, 21084,
	25	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,
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L5615, L5616, L5617,
L5618, L5620, L5622,
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		L6660, L6665, L6670,
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		L6677, L6680, L6682,
		L6684, L6686, L6687,
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		L6722, L6805, L6810,
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		L6970, L6975, L7007,
		L7008, L7009, L7040,
		L7045, L7170, L7180,
		L7181, L7259, L7400,
		L7401, L7402, L7403,
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Radiofrequency Ablation for the SI Joint	64625
Rhinoplasty and other nasal	30400, 30410, 30420,
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	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,
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	A2029, A2030, A2031,
	A2032, A2033, A2034,
	A2035, A2036, A2037,
	A2038, A2039, A4100,
	C1832, C8002, C9354,
	C9358, C9360, C9361,
	C9363, C9364, Q4100,
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	**For codes Q4116,
	Q4122 and Q4128, no
	prior authorization 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,	20999, 22100, 22101,
kyphoplasty and vertebroplasty	22102, 22103, 22116,
The state of the s	22510, 22511, 22512,
	22513, 22514, 22515,
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	22586, 22590, 22595,
	22600, 22610, 22612,
	22614, 22630, 22632,
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		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	Excludes diagnostic	31237, 31240, 31242*,
procedures and balloon sinus ostial	nasal/sinus endoscopies	31243*, 31253, 31254,
dilation		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, 97037,
		97039, 97110, 97112,
		97113, 97116, 97124,
		97129, 97130, 97139,
		97140, 97150, 97164,
		97168, 97530, 97533,
		97535, 97537, 97542,
		97545, 97546, 97550,
		97551, 97552, 97750,
		97755, 97760, 97761,
		97763, 97799, G0281*,
		G0283
Thyroid surgeries (thyroidectomy and	Evolent (formerly New Century	00200
lobectomy)	Health) will manage all prior	60210, 60212, 60220,
tobectority)	authorization requests.	60225, 60240, 60252,
	Requests can be submitted via:	·

	Evolent's website at https://my.newcenturyhealth.co m  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.  Fax # 213-596-3783 or efax-carepro-oncology@newcenturyhealt h.com	60254, 60260, 60270, 60271
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, 0575U, 0576U, 0584T, 0585T, 0586T, 0540U, 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) Ventricular assist devices (VADs)	33990, 33991, 33995 33975, 33976, 33979, 33981, 33982, 33983

Wearable Cardioverter Defibrillators	K0606
Wheelchairs/scooters	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,
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	K0837, K0838, K0839,
	K0840, K0841, K0842,
	K0843, K0848, K0849,
	K0850, K0851, K0852,
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	K0856, K0857, K0858,
	K0859, K0860, K0861,
	K0862, K0863, K0864,
	K0868, K0869, K0870,
	K0871, K0877, K0878,
	K0879, K0880, K0884,
	K0885, K0886, K0890,
	K0891, K0898, K0899