



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 [here](#).

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 including services treated by non-contracted providers. Exclusions may change, so please refer to Provider.Humana.com for the most up-to-date information. **Choose “Authorization & Referrals” at the bottom of the page and then the appropriate topic.**

- **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.

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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)
- 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

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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

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 www.availity.com (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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Effective date: January 1, 2026

Revision date: April 7, 2026

Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List		
Category	Subcategory/notes	Codes
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney, prostate cancer and irreversible electroporation Evolut (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolut’s website at https://my.newcenturyhealth.com 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, 47381, 47382, 47383, 47384*, 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	Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, E0732

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

Blepharoplasty	<p>For prior authorization requests for South Florida (Broward, Miami-Dade, Monroe, and Palm Beach Counties; Mandatory Network), providers should contact iCare Health Solutions:</p> <ul style="list-style-type: none"> • Log onto eHealthDeck (www.eHealthDeck.com), • Select UM Prior Authorization under UM Actions, and • click on Create New Request. <p>If providers are unable to access eHealthDeck, they should contact their Provider Relations Representative at providers@myicarehealth.com.</p> <p>Requests may also be submitted by email to UM@myicarehealth.com</p> <p>Or by fax to 305-675-8010</p> <p>For all other counties in Florida and states submit via Availity.</p>	<p>15820, 15821, 15822, 15823, 67900, 67903, 67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950</p>
Bone growth stimulators		E0747, E0748, E0760

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Breast procedures	<p>Breast cancer biopsy (excisional)</p> <p>Evolent (formerly New Century Health) will manage all prior authorization requests.</p> <p>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 	19120, 19125
	<p>Breast lumpectomy</p> <p>Evolent (formerly New Century Health) will manage all prior authorization requests.</p> <p>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</p>	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350,

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	medically necessary mastectomies for breast cancer)	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 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 	<p>Aortic repair</p>	33875, 33877, 33880, 33881, 33882*, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0994T*, 0995T*
	<p>Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure</p>	33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225*, 33227, 33228, 33229, 33230,

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<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. 	[LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	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
	Implantable Carotid Sinus Stimulator	64654*, 64655*, 64656*, 64657*, 64658*, 64659*, 93145*, 93146*, C1825
	Internal loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459,

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	Carotid revascularization	35301, 37215, 37216, 37217, 37218
	Coronary angioplasty/stent	92920, 92924, 92928, 92930*, 92933, 92937, 92943, 92945*, 92972, 0913T, 0914T, C1761, C7571*, 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		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, XW0438A, XW043C7,

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		XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, 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.
Chiropractic and acupuncture therapy	<p><u>Tivity Health/WholeHealth Living</u> (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.</p> <p>*Certain plans in these states do not use the WholeHealth Living</p>	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943

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	<p>network and use the Humana network.</p> <p>To submit a prior authorization request:</p> <ul style="list-style-type: none"> • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804 • Fax 888-492-1025 <p>(American Specialty Health (ASH)) will manage all prior authorization requests for chiropractic and acupuncture with plans in Southern California.</p> <p>To submit a prior authorization request:</p> <ul style="list-style-type: none"> • Chiropractic therapy: Fax 877-427-4777 (Southern CA) • Acupuncture therapy: Fax 877 248-2746 <p>Note: Prior authorization is not required in states not listed above.</p>	
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721, 64728*
Diagnostic/cardiac imaging	Notification Required Computed tomography (CT) scan	70460, 70470, 70471*, 70481, 70482, 70487, 70488, 70491, 70492,

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	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 Study (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T
	Magnetic resonance angiography (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	Magnetic resonance imaging (MRI)	70336, 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,

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		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) Note: The following services will be managed via Cohere (EXCEPT FOR THE STATE OF FLORIDA which will be managed by Humana).	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816
	Prostate-specific membrane antigen (PSMA/PET CT) Note: The following services will be managed via Cohere (EXCEPT FOR THE STATE OF FLORIDA which will be managed by Humana).	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616, A9800

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	Single-photon emission computerized tomography (SPECT) scan	78494
	Transepophageal 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

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

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 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. 	43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		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		64454, 64624

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

Genicular Nerve Blocks		
High-frequency chest compression vests		E0483
Home health/home infusion	<p>All states require prior authorization for home health. Please see below for state-specific guidance.</p> <p>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:</p> <p>Arizona, Colorado or New Mexico</p> <p>Phone: 888-705-5274 Fax: 877-612-7066</p> <p>Prior authorization requests can be faxed or uploaded through the Tango website at www.tangocare.com.</p> <p>Please note: Tango participation excludes patients with Humana MA private fee-for-service (PFFS) coverage.</p>	99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>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 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.</p> <ul style="list-style-type: none"> - Phone: 800-572-4317 - Fax: 502-508-0668 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: 502-414-2135 for AR, ID, KS, MO, NC, OR, SC, UT, VA, WA and 	
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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	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
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	
	Long-term acute care	
	Mental health and substance use treatment (including any treatment in a residential setting)	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair	<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 	43280, 43281, 43282

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<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. 	
Lung biopsy and resection	<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 	32096, 32097, 32505, 32607, 32608, 32666
Micro-Invasive Glaucoma Surgery (MIGs)	For prior authorization requests for South Florida (Broward, Miami-Dade, Monroe, and Palm Beach Counties; Mandatory Network) and ONLY for the codes (66989, 66991, 0253T, 0450T and 0474T) ,	66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>providers should contact iCare Health Solutions:</p> <ul style="list-style-type: none"> • Log onto eHealthDeck (www.eHealthDeck.com), • Select UM Prior Authorization under UM Actions, and • click on Create New Request. <p>If providers are unable to access eHealthDeck, they should contact their Provider Relations Representative at providers@myicarehealth.com.</p> <p>Requests may also be submitted by email to UM@myicarehealth.com</p> <p>Or by fax to 305-675-8010</p> <p>For all other counties in Florida and states please submit via Availity</p>	
<p>Molecular diagnostic and genetic testing</p>		<p>81105, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81173, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184,</p>

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*New Prior authorization requirement
790807ALL0725-C GHHMQHEEN

		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, 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,
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*New Prior authorization requirement
 790807ALL0725-C GHMQHEEN

		81349, 81350, 81351, 81352, 81353, 81354*, 81355, 81357, 81360, 81361, 81363, 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, 81441, 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, 81523, 81524*, 81525, 81529, 81535, 81536, 81538, 81540, 81546, 81552, 81554, 81558, 81560, 81595, 81599, 83080, 0012M, 0013M, 0016M, 0018M, 0020M, 0005U, 0018U, 0019U, 0021U, 0026U, 0029U, 0031U, 0032U, 0037U, 0045U, 0067U, 0087U, 0088U, 0089U, 0090U, 0101U,
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*New Prior authorization requirement
 790807ALL0725-C GHMQHEEN

		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, 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, 0510U, 0516U, 0523U, 0530U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0540U,
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		0543U,0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0575U, 0576U, 0567U, 0569U, 0571U, 0572U, 0578U, 0585U, 0602U*, 0605U*, 0611U*, 0612U*, 0613U*
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,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		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 • Additional provider information: www.coherehealth.com/provider/resources • Portal login (prior authorization request): Next.Coherehealth.com 	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<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. 	
<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 	<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>

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>Next.Coherehealth.com.</p> <ul style="list-style-type: none"> For questions, call Cohere: 833-283-0033. 	
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	Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>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. 	C2626, C9804, C9806, E0782, E0783, E0785, E0786
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>	0627T, 0628T, 0629T, 0630T

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<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>Peripheral revascularization (atherectomy, angioplasty)</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: 	<p>0234T, 0235T, 0236T, 0237T, 0238T, 37236, 37238, 37254*, 37256*, 37258*, 37260*, 37263*, 37262*, 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</p>

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>www.coherehealth.com/provider/resources</p> <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. 	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,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5657, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826,
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To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6026, L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684,
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To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

		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>All states require prior authorization for radiation therapy. Please see below for state-specific guidance.</p> <p>Evolent (formerly New Century Health) will manage all prior authorization requests for all states.</p> <p>Requests can be submitted via:</p>	<p>Evolent (formerly New Century Health) will manage the following codes:</p> <p>32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 77402, 77407, 77412, 77423, 77424, 77425, 77436*, 77437*, 77438*, 77387*, 77439*, 77520, 77522, 77523, 77525, 77750, 77761, 77762,</p>

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>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 4 for Radiation Therapy, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # 213-596-3783 or efax-carepro-oncology@newcenturyhealth.com 	<p>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,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		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,
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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, Q4234, Q4235, Q4237, Q4236, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324,
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		<p>Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, 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, Q4368, Q4369, Q4370, Q4371, Q4372, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398*, Q4399*, Q4400*, Q4401*, Q4402*, Q4403*, Q4404*, Q4405*, Q4406*, Q4407*, Q4408*, Q4409*, Q4410*, Q4411,*, Q4412*, Q4413*, Q4414*, Q4415*, Q4416*, Q4417*, Q4420*, Q4431*, Q4432*, Q4433*</p> <p>**For codes Q4116, Q4122 and Q4128, no</p>
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		prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Spinal cord stimulators	<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. 	0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

<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>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>20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 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,</p>
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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 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)	Please submit authorizations to www.Next.Coherehealth.com.	97010, 97012, 97014, 97016, 97018, 97022,

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

	<p>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>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</p>
<p>Transplant Evaluation – Notification Required</p>		<p>99199</p>
<p>Transplant surgeries</p>		<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,</p>

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*New Prior authorization requirement
790807ALL0725-C GHMQHEEN

		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		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,

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

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		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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