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 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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*New Prior authorization requirement
790807ALL0725-C GHHMXVMEN

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: July 1, 2026
Revision date: September 1, 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 **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, 47384, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55881, 55882, 55877, 0582T, 0600T, 0601T, 0950T
	Cardiac ablation/electrophysiology Managed by Cohere **Please submit authorizations to:**	93650, 93653, 93654, 93656

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	www.Next.Coherehealth.com.	
Behavioral health services	Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869
Blepharoplasty	For prior authorization requests for **South Florida (Broward, Miami-Dade, Monroe, and Palm Beach Counties; Mandatory Network)**, providers should contact iCare Health Solutions: • Log onto eHealthDeck (www.eHealthDeck.com), • Select UM Prior Authorization under UM Actions, and • click on Create New Request. If providers are unable to access eHealthDeck, they should contact their Provider Relations Representative at providers@myicarehealth.com. Requests may also be submitted by email to UM@myicarehealth.com Or by fax to 305-675-8010	15820, 15821, 15822, 15823, 67900, 67903, 67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950

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	For all other counties in Florida and states submit via Availity.	
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	Breast cancer biopsy (excisional) **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	19120, 19125
	Breast lumpectomy **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-	19301, 19302

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*New Prior authorization requirement

	oncology@newcenturyhealth.com	
	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 0970T, 0971T, C1789, L8600
	Simple mastectomy and gynecomastia surgery (excludes radical and modified) **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	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T, 0977T
Cardiac devices **Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere**	Aortic repair	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

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Requests can be submitted via:
• 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**.
	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0933T, 0934T, 0981T, 0982T, 0983T, 1050T*, 1051T*, 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

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	Wearable cardiac monitoring devices	93228, 93229

Cardiac procedures/surgeries
 	
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	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, 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, J3386*, J3387, J3389, J3391, J3392, J3393, J3394, J3402*, J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7,

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		XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, 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	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

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	*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 Tivity Health 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 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.	
Cranial Electrotherapy Stimulation and Auricular Electrostimulation		0783T, E0721, E0732

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<table>
<tr><td>Cutaneous vascular lesion removal</td><td></td><td>17106, 17107, 17108</td></tr>
<tr><td>Decompression of peripheral nerve (i.e., carpal tunnel surgery)</td><td></td><td>29848, 64721, 64728</td></tr>
<tr><td rowspan="4">Diagnostic/cardiac imaging

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Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
Fax: 857-557-6787
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For questions, call Cohere: 833-283-0033.</td><td>Notification Required
Computed tomography (CT) scan
Magnetic resonance imaging (MRI)</td><td>70460, 70470, 70471, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 70540, 70542, 70551, 70552, 70553, 73218, 73219, 73220, 73718, 73719, 73720</td></tr>
<tr><td>Computed tomography (CT) scan

Note: The following services will be managed via Cohere (EXCEPT FOR THE STATES OF: Florida, Georgia, North Carolina, South Carolina and Virginia which will be managed by Humana).</td><td>71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, 74175, 74177, 74178, 75572, 75573, 75574, 75635</td></tr>
<tr><td>Electrophysiology Study (EPS) or EPS with 3D mapping</td><td>93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T</td></tr>
<tr><td>Magnetic resonance angiography (MRA)

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</table>

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	Magnetic resonance imaging (MRI) Note: **The following services will be managed via Cohere (EXCEPT FOR THE STATES OF: Florida, Georgia, North Carolina, South Carolina and Virginia which will be managed by Humana).**	70336, 70543, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73221, 73222, 73223, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791
	Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT)	78451, 78452, A9611
	Nuclear stress test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR) Note: **The following services will be managed via Cohere (EXCEPT FOR THE STATES OF: Florida, Georgia, North Carolina, South Carolina and Virginia which will be managed by Humana).**	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816

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	Prostate-specific membrane antigen (PSMA/PET CT) Note: **The following services will be managed via Cohere (EXCEPT FOR THE STATES OF: Florida, Georgia, North Carolina, South Carolina and Virginia which will be managed by Humana).**	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616, A9800
	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Durable medical equipment (DME)	Airway Clearance Devices	E0469, E0481, E0482
	Augmentative and Alternative Communication Devices – **Notification Required**	E2508, E2510, E2599
	Augmentative and Alternative Communication Devices	E3000
	Diabetic Treatment and Supplies	A4238, A4239, A9274, E0784, E2102, E2103
	Electrical Stimulators	E0762, E0766
	Obstructive Sleep Apnea Non-Surgical Treatments	E0486, E0490, E0491, E0492, E0493, K1027
	Pneumatic Compression	E0650, E0651, E0652, E0658, E0659, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673,

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*New Prior authorization requirement

		E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0683
	Unlisted DME	K0900
	UV Light Therapy	E0691, E0692, E0693, E0694
Hospital beds and accessories		E0193, E0194, E0265, E0266, E0277, E0296, E0297, E0301, E0302, E0303, E0304
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T, 0339T, 0446T, 0447T, 0448T, 0716T (Managed by Cohere), 0745T, 0746T, 0747T, C1735, C1736, 0935T, 0947T, E0738, E0739
Epidural injections (outpatient only)	Managed by Cohere **Please submit authorizations to:** **www.Next.Coherehealth.com.**	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD)	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere** Requests can be submitted via: • Cohere Health's portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding • Additional provider information:	43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259

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*New Prior authorization requirement

	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**.	
Facet injections	Managed by Cohere **Please submit authorizations to: www.Next.Coherehealth.com.**	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	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere** Requests can be submitted via: • Cohere Health's portal (online): • Information and to request a new account: https://next.coherehealth.com/organization_onboarding	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641

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*New Prior authorization requirement

	• 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**.	
Gastric pacing		43647, 43648, 43881, 43882
Genicular Nerve Ablation and Genicular Nerve Blocks	Managed by Cohere **Please submit authorizations to: www.Next.Coherehealth.com.**	64454, 64624
High-frequency chest compression vests		E0483
Home health/home infusion	**All states require prior authorization for home health. Please see below for state-specific guidance.** **Tango** will manage all prior authorization requests for home health services for Humana Medicare Advantage (MA) [HMO and PPOs] members residing	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

	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 www.tangocare.com. **Please note: Tango participation excludes patients with Humana MA private fee-for-service (PFFS) coverage**. **Humana Home Solutions** manages authorizations for home health services for MA, including skilled nursing, home health aide, therapies (PT,OT,ST), wound care, behavioral health and medical social worker for some members 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,	

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*New Prior authorization requirement

	OK, OR, PA, SC, TN, TX, UT, VA, WA and WV. - 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 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	

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*New Prior authorization requirement

	(including any treatment in a residential setting) Skilled nursing facilities	

Laparoscopic hiatal hernia repair	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**
	
	Prior authorization requests for services managed by Cohere
	Requests can be submitted via:
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	  • Information and to request a new account: https://next.coherehealth.com/organization_onboarding
	  • Additional provider information: www.coherehealth.com/provider/resources
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	• 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**.
		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	32096, 32097, 32505, 32607, 32608, 32666

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*New Prior authorization requirement

	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	
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 and 0450T)**, providers should contact iCare Health Solutions: • Log onto eHealthDeck (www.eHealthDeck.com), • Select UM Prior Authorization under UM Actions, and • click on Create New Request. If providers are unable to access eHealthDeck, they should contact their Provider Relations Representative at	66989, 66991, 0253T, 0449T, 0450T, 0660T, 0661T, 0671T

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*New Prior authorization requirement

	providers@myicarehealth.com. Requests may also be submitted by email to UM@myicarehealth.com Or by fax to 305-675-8010 **For all other counties in Florida and states please submit via Availity**	
Molecular diagnostic and genetic testing		81105, 81112, 81120, 81121, 81161, 81162, 81163, 81165, 81166, 81167, 81168, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81203, 81204, 81205, 81212, 81216, 81218, 81219, 81220, 81223, 81225, 81226, 81227, 81229, 81230, 81231, 81233, 81234, 81236, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81286, 81287, 81290, 81291, 81292, 81294, 81295,

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*New Prior authorization requirement

		81297, 81298, 81300, 81302, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81317, 81319, 81320, 81321, 81323, 81324, 81325, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81347, 81348, 81350, 81351, 81352, 81354, 81355, 81357, 81361, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81418, 81419, 81422, 81425, 81426, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81471, 81479, 81490, 81503, 81518, 81519, 81520, 81521, 81522, 81524,81525, 81529, 81540, 81546, 81554, 81558, 81595,

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*New Prior authorization requirement

		81599, 83080, 0020M, 0005U, 0018U, 0026U, 0037U, 0045U, 0087U, 0088U, 0089U, 0090U, 0118U, 0172U, 0211U, 0212U, 0213U, 0214U, 0216U, 0217U, 0239U, 0242U, 0245U, 0250U, 0299U, 0313U, 0315U, 0326U, 0329U, 0333U, 0334U, 0340U, 0345U, 0347U, 0349U, 0355U, 0356U, 0358U, 0359U, 0378U, 0379U, 0388U, 0411U, 0419U, 0422U, 0433U, 0434U, 0437U, 0449U, 0473U, 0475U, 0485U, 0486U, 0487U, 0489U, 0493U, 0510U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0540U, 0543U,0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0575U, 0576U, 0567U, 0569U, 0571U, 0572U, 0578U, 0585U, 0602U, 0605U, 0611U, 0612U, 0613U, 0616U, 0617U*, 0618U, 0619U, 0620U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0628U, 0630U, 0631U*, 0633U*, 0634U*, 0635U*, 0641U*, 0642U*, 0643U*, 0644U*, 0645U*, 0646U*, 0647U*, 0648U*, 0649U*, 0650U*, 0651U*, 0652U*,

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*New Prior authorization requirement

		0653U*, 0657U*, 0658U*, 0659U*
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, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 0988T, 0989T, 1013T, 1014T, 1015T, 1027T*, 1028T*, 1029T*, C1607, C1767, C1787, C1826, C9807, E0734, E0735, E0736, E0737, E0743, L8683
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889, C9785
Observation	Observation notification required	All

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*New Prior authorization requirement

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	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**
	
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	  • 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
		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 GHHMXVMEN

	monitored on the Cohere portal at Next.Coherehealth.com. • For questions, call Cohere: **833-283-0033**.	

Orthopedic surgeries: hip, knee and shoulder arthroscopy	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**
	
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		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, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C9781, J7330

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*New Prior authorization requirement

Orthotics		K1007, 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, L8701, L8702
Pain infusion pump	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806,

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*New Prior authorization requirement

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	• Fax: **857-557-6787**
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	• For questions, call Cohere: **833-283-0033**.
		E0782, E0783, E0785, E0786

Penile implant		54405
Percutaneous lumbar intravertebral disc injection	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere** Requests can be submitted via: • Cohere Health's portal (online): • Information and to request a new account:	0627T, 0628T, 0629T, 0630T

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*New Prior authorization requirement

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Peripheral revascularization (atherectomy, angioplasty)	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere** Requests can be submitted via: • 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):	0234T, 0235T, 0236T, 0237T, 0238T, 37236, 37238, 37254, 37256, 37258, 37260, 37262* 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37279*, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 37296, 37298, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775 37242, 37243 (Only for Embolization for MSK Pain Management, BPH

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*New Prior authorization requirement

	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**.	(Benign Prostatic Hypertrophy) and Hemorrhoids)
Prostate surgeries (prostatectomy)	**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	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55868, 55869, 55880
Prosthetics		21081, 21082, 21084, A9282, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540,

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 GHHMXVMEN

		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, L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855,

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*New Prior authorization requirement

		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, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694,

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*New Prior authorization requirement

		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	**All states require prior authorization for radiation therapy. Please see below for state-specific guidance.** **Evolent (formerly New Century Health) will manage all prior authorization requests for all states.** Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com	**Evolent (formerly New Century Health) will manage the following codes:** 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, 77763, 77767, 77768, 77770, 77771, 77772,

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

	• Or call Evolent (formerly New Century Health) at **844-926-4528, option 4** for Radiation Therapy, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com	77778, G0339, G0340, G0458 *For MA PFFS-covered patients, if you would like an ACD for this service, please contact Humana's Clinical Intake team at 800-523-0023.*
Radiofrequency Ablation for the SI Joint	Managed by Cohere **Please submit authorizations to: www.Next.Coherehealth.com.**	64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
Sacroiliac (SI) joint injections	Managed by Cohere **Please submit authorizations to: www.Next.Coherehealth.com.**	27096
Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016,

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*New Prior authorization requirement

		A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, A2030, A2031, A2032, A2033, A2034, A2035, A2036, A2037, A2038, A2039, A4100, C1832, C8002, C9354, C9358, C9360, C9361, C9363, C9364, Q4101, Q4102, Q4103, Q4104, Q4105, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116**, Q4117, Q4118, Q4121, Q4122**, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128**, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193,

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*New Prior authorization requirement

		Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, 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,

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*New Prior authorization requirement

		Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, 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, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425,

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*New Prior authorization requirement

		Q4426, Q4427, Q4428, Q4429, Q4431, Q4432, Q4433, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440 **For codes Q4116, Q4122 and Q4128, no prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Spinal cord stimulators	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding** **Prior authorization requests for services managed by Cohere** Requests can be submitted via: • 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**	0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682

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*New Prior authorization requirement

	• Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.com. • For questions, call Cohere: **833-283-0033**.	

Spinal fusion, decompression, kyphoplasty and vertebroplasty	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**
	
	Prior authorization requests for services managed by Cohere
	Requests can be submitted via:
	• 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**.
		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,

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*New Prior authorization requirement
790807ALL0725-C GHHMXVMEN

		63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 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
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31242, 31243, 31253, 31254, 31255, 31256, 31257,

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*New Prior authorization requirement

		31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706

Therapy (physical and occupational)	**Please submit authorizations to www.Next.Coherehealth.com. If not registered, please use https://next.coherehealth.com/organization_onboarding**
	
	Prior authorization requests for services managed by Cohere
	Requests can be submitted via:
	• 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**.
		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

Transplant Evaluation – **Notification Required**		99199*

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

Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 0584T, 0585T, 0586T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473,, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs) Managed by Cohere **Please submit authorizations to:** www.Next.Coherehealth.com.	33990, 33991, 33995
	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983
Wearable Cardioverter Defibrillators		K0606
Wheelchairs/scooters – **Notification Required**		E2351
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1234, E1235,

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*New Prior authorization requirement

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

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*New Prior authorization requirement