## Humana

## Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List

Effective date: January 1, 2025 Revision date: June 2, 2025

Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancerEvolent (formerly New Century Health) will manage all preauthorization requests. 	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721*, 53850, 53852, 53854, 55873, 55881*, 55882* 0421T, 0582T
	Cardiac	93650, 93653, 93654,
Behavioral health services	ablation/electrophysiology Partial hospitalization Transcranial magnetic stimulation (TMS)	93656 900, 904, 910, 912, 913, 914, 915, 916, 918, 942 90867, 90868, 90869, E0732
Bladder slings		57288

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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.

Disalesas		45000 45004 45000
Blepharoplasty		15820, 15821, 15822,
		15823, 67900, 67903,
		67904, 67908, 67909,
		67911, 67914, 67916,
		67917, 67921, 67923,
		67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	Breast cancer biopsy	19120, 19125
	(excisional)	
	Evolent (formerly New Century	
	Health) will manage all	
	preauthorization requests.	
	Requests can be submitted via: Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	• Or call Evolent (formerly	
	New Century Health) at 844-	
	926-4528, option 5 for	
	Surgical Services, to speak	
	to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	• eFax # <b>213-596-3783</b> or	
	efax-carepro-	
	oncology@newcenturyhealt	
	h.com	10001 10000
	Breast lumpectomy	19301, 19302
	Evolent (formerly New Century	
	<u>Health)</u> will manage all preauthorization requests.	
	Requests can be submitted via:	
	Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
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	926-4528, option 5 for	
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	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	• eFax # <b>213-596-3783</b> or	
	efax-carepro-	
	oncology@newcenturyhealt	
	<u>h.com</u>	
	Other breast procedures	11971, 19316, 19318,
	(excludes breast	19325, 19328, 19330,
	reconstruction following	19340, 19342, 19350,
	medically necessary	
	mastectomies for breast	19357, 19370, 19371,
	cancer)	19380, C1789, L8600
	Simple mastectomy and	19300, 19303
	gynecomastia surgery	
	(excludes radical and	
	•	
	modified)	
	Evelopt (formorily Now Contury	
	<u>Evolent (formerly New Century</u> <u>Health)</u> will manage all	
	preauthorization requests.	
	Requests can be submitted via:	
	Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	<ul> <li>Or call Evolent (formerly</li> </ul>	
	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 # <b>213-596-3783</b> or	
	<u>efax-carepro-</u>	
	oncology@newcenturyhealt	
	<u>h.com</u>	
		91110, 91111, 91113,
Capsule endoscopy		0651T
Cardiac devices	Aortic repair	33875, 33877, 33880,
		33881, 33883, 33886,
		34701, 34702, 34703,
		34704, 34705, 34706,
		0 + 7 0 + 7 0 + 7 0 0 , 0 + 7 0 0 ,

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.

34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34844, 34845, 34844, 34845, 34847, 34848         Cardiac implantable       33206, 33207, 33208, 34847, 34848         devices (e.g., CardioMEMS       33210, 33211, 33212, 33214, 33216, 3220, 33221, 33224, 33228, 33229, 3220, 33221, 33223, 33228, 33229, 3230, 33224, 33235, 33240, 33244, 33243, 33244, 33249, 33244, 33249, 33244, 33244, 33249, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33244, 33270, 33271, 33274, 33275, 33289, 33244, 33244, 33249, 33270, 33271, 33274, 33275, 33289, 33340, 93264, 02667, 02677, 02681, 02697, 02707, 02711, 02727, 02731, 04081, 04097, 04107, 041117, 04187, 04177, 04187, 05717, 05727, 04087, 04097, 04107, 04117, 04187, 05717, 05727, 05731, 05747, 05807, 06147, 07957, 07981, 09217*,	1	
34844, 34845, 34846, 34847, 34848           Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, leadless pacemakers, left atrial appendage closure         33217, 33211, 33212, 33227, 33228, 33229, [LAAC], defibrillators           [implantable and subcutaneous] and cardiac resynchronization therapy)         33262, 33263, 33264, 33277, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 02667, 02677, 02687, 02697, 02707, 027117, 02727, 02731, 04087, 04097, 04107, 04117, 04187, 05717, 05807, 06147, 07951, 07997, 08037, 08237, 08237, 08247, 08037, 08217, 05807, 06147, 07951, 07997, 08037, 08217, 08217, 09161*, 09161*, 09171*, 09181*, 09161*, 09171*, 09181*, 09161*, 09217*, 09217*, 09227*, 09221*, 092217*, 09217*, 09331*, 09341*, C1605, C17727, C1779, C1785, C1786, C1825, C1824, C1882,		
34847, 34848           Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless         33206, 33207, 33208, 32210, 33211, 33212, 33210, 33211, 33212, 33210, 33211, 33214, 33217, 33221, 33224, 33227, 33228, 33229, [LAAC], defibrillators         33217, 33221, 33224, 33227, 33228, 33233, [implantable and subcutaneous] and cardiac resynchronization therapy)         33241, 33243, 33233, 3226, 33264, 33244, 33247, 33277, 33277, 33277, 33270, 33271, 33272, 33270, 33271, 33272, 33270, 33271, 33274, 33275, 33289, 33340, 93264, 02667, 02677, 02687, 02697, 02707, 02717, 02737, 04087, 04097, 04107, 04117, 04187, 04167, 04177, 04187, 05737, 05747, 05807, 06147, 07957, 07967, 07977, 07987, 07987, 08007, 08017, 08027, 08037, 08237, 08247, 08037, 08237, 09247*, 09167*, 0917*, 09247*, 09167*, 0927*, 09247*, 09257*, 09267*, 09247*, 09337*, 09347*,C1605, C1727, C1728, C1786, C1825, C1824, C1882,		
Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, leadless         33206, 33207, 33208, 3210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, [implantable and subcutaneous] and cardiac resynchronization therapy)         33234, 33235, 33240, 33234, 33235, 33244, 33270, 33271, 33272, 33270, 33271, 33272, 33270, 33271, 33272, 33270, 33271, 33272, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0266T, 027TT, 0273T, 0408T, 0409T, 0410T, 0411T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0926T*, 0921T*, 0919T*, 0920T*, 0921T*, 0919T*, 0920T*, 0921T*, 0933T*, 0934T*, C1605, C1722, C1727, C1728, C1786, C1825, C1824, C1882,		
devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)		
pacemakers, leadless       33213, 33214, 33216,         pacemakers, left atrial       33217, 33221, 33224,         appendage closure       33230, 33231, 33233,         [implantable and       33234, 33235, 33240,         subcutaneous] and       33241, 33244, 33249,         cardiac resynchronization       33262, 33263, 33264,         therapy)       33270, 33271, 33272,         33289, 33340, 93264,       02667, 02677, 02687,         02697, 02707, 02717, 02737, 04187,       04907, 04107, 04117,         04157, 04167, 04117,       04157, 04167, 04177,         041617, 04137, 041417,       04157, 04167, 04177,         04177, 07981, 07997, 07981, 07997,       08007, 08017, 08027,         08037, 08237, 08247, 09271*,       0927*, 09217*, 09217*,         09161*, 09271*, 09217*,       09217*, 09217*,         09217*, 09231*, 09217*,       09217*, 09217*,         09331*, 09347, 01605,       C1721, C1722, C1777,         C1721, C1722, C1777,       C1779, C1786, C1882,	_	
pacemakers, left atrial         33217, 33221, 33224,           appendage closure         33227, 33228, 33229,           [LAAC], defibrillators         33234, 33235, 33240,           [implantable and         33241, 33244, 33249,           subcutaneous] and         33241, 33244, 33249,           cardiac resynchronization         33262, 33263, 33264,           therapy)         33270, 33271, 33272,           33273, 33274, 33275,         33289, 33340, 93264,           0266T, 0267T, 0268T,         0266T, 0267T, 0268T,           0269T, 0270T, 0271T,         0272T, 0273T, 0408T,           0409T, 0410T, 0411T,         0415T, 0416T, 0417T,           0415T, 0416T, 0417T,         0415T, 0416T, 0417T,           0415T, 0416T, 0417T,         0415T, 0456T,           0573T, 0574T, 0580T,         0614T, 0798T, 0799T,           0800T, 0801T, 0802T,         0803T, 0823T, 0824T,           0825T, 0826T, 0915T*         0916T*, 0918T*,           0919T*, 0920T*, 0921T*,         0922T*, 0923T*, 0924T*,           0922T*, 0923T*, 0924T*,         0925T*, 0926T*, 0927T*,           0933T*, 0934T*, C1605,         C1721, C1722, C1777,           C1779, C1728, C1776,         C1779, C1786, C1882,		
appendage closure       33227, 33228, 33229,         [LAAC], defibrillators       33230, 33231, 33233,         [implantable and       33241, 33244, 33249,         subcutaneous] and       33241, 33244, 33249,         cardiac resynchronization       33227, 33271, 33272,         therapy)       33270, 33271, 33272,         33273, 33274, 33275,       33289, 33340, 93264,         02667, 02677, 02687,       02697, 02707, 027117,         02727, 02737, 04087,       04097, 04107, 041117,         04127, 04137, 04147,       04157, 04167, 04177,         04187, 05717, 05727,       05737, 05747, 05807,         06147, 07957, 07967,       07977, 07987, 07997,         08007, 08017, 08027,       08037, 08237, 08247,         08257, 08267, 09157*       091917*, 09207*, 09217*,         09317*, 09347*, C1605,       C1721, C1722, C1777,         C1779, C1785, C1786,       C1825, C1824, C1882,		33213, 33214, 33216,
[LAAC], defibrillators       33230, 33231, 33233,         [implantable and       33234, 33235, 33240,         subcutaneous] and       33241, 33244, 33249,         cardiac resynchronization       33262, 33263, 33264,         therapy)       33273, 33271, 33272,         3329, 33340, 93264,       02667, 02677, 02687,         02697, 02707, 02717, 0408T,       02697, 02707, 02717,         02727, 02737, 0408T,       04097, 04107, 04117,         04157, 04167, 04147, 04157, 04167, 04147,       04157, 04167, 04177,         04181, 05717, 05727,       05737, 05747, 05807,         06141, 07951, 07967,       07977, 07981, 07997,         08007, 08017, 08027,       08037, 08237, 08247,         08251, 08267, 09217*, 09151*       09161*, 09171*, 09181*,         09191*, 09201*, 09211*,       09221*, 09231*, 09241*,         09251*, 09261*, 09271*,       09251*, 09271*, 059377, C1728, C1282, C1824, C1882,	pacemakers, left atrial	33217, 33221, 33224,
[implantable and subcutaneous] and cardiac resynchronization therapy)       33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0408T, 0409T, 0410T, 0411T, 0415T, 0416T, 0417T, 0415T, 0416T, 0417T, 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*, C1605, C1721, C1722, C1777, C1779, C1786, C1786, C1825, C1824, C1882,	appendage closure	
subcutaneous] and cardiac resynchronization therapy) 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33274, 33273, 33274, 33274, 33289, 33340, 93264, 0266T, 0266T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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*, 0922T*, 0923T*, 0924T*, 0933T*, 0934T*, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,	[LAAC], defibrillators	33230, 33231, 33233,
cardiac resynchronization therapy) 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,	[implantable and	
therapy) 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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*, 0925T*, 0926T*, 0927T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,01605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,	subcutaneous] and	33241, 33244, 33249,
33273, 33274, 33275, 33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0415T, 0417T, 0415T, 0416T, 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*, 0926T*, 0927T*, 0923T*, 0924T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0925T*, 0926T*, 0926T*, 0927T*, 0925T*, 0926T*, 0926T*, 0927T*, 0925T*, 0926T*, 0926T*, 0927T*, 0925T*, 0926T*, 0926T*, 0926T*, 0926T*, 0926T*, 0926T*, 0926T*, 0927T*, 09275*, 0926T*, 0926T*, 0926T*, 0926T*, 0926T*, 09275*, 0926T*, 092	cardiac resynchronization	33262, 33263, 33264,
33289, 33340, 93264, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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*, 0921*, 0920T*, 0921T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,	therapy)	33270, 33271, 33272,
0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 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*, 0922T*, 0923T*, 0924T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		33273, 33274, 33275,
0269T, 0270T, 0271T, 0272T, 0273T, 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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		33289, 33340, 93264,
0272T, 0273T, 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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0266T, 0267T, 0268T,
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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0269T, 0270T, 0271T,
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*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0272T, 0273T, 0408T,
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*, 0929T*, 0920T*, 0921T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0409T, 0410T, 0411T,
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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0412T, 0413T, 0414T,
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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0415T, 0416T, 0417T,
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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0418T, 0571T, 0572T,
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*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0573T, 0574T, 0580T,
0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T* 0916T*, 0917T*, 0918T*, 0919T*, 0920T*, 0921T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0614T, 0795T, 0796T,
0803T, 0823T, 0824T, 0825T, 0826T, 0915T* 0916T*, 0917T*, 0918T*, 0919T*, 0920T*, 0921T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0797T, 0798T, 0799T,
0825T, 0826T, 0915T* 0916T*, 0917T*, 0918T*, 0919T*, 0920T*, 0921T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0800T, 0801T, 0802T,
0916T*, 0917T*, 0918T*, 0919T*, 0920T*, 0921T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0803T, 0823T, 0824T,
0919T*, 0920T*, 0921T*, 0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0825T, 0826T, 0915T*
0922T*, 0923T*, 0924T*, 0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0916T*, 0917T*, 0918T*,
0925T*, 0926T*, 0927T*, 0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0919T*, 0920T*, 0921T*,
0933T*, 0934T*,C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0922T*, 0923T*, 0924T*,
C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824, C1882,		0925T*, 0926T*, 0927T*,
C1779, C1785, C1786, C1825, C1824, C1882,		0933T*, 0934T*,C1605,
C1825, C1824, C1882,		C1721, C1722, C1777,
C1825, C1824, C1882,		C1779, C1785, C1786,
C1895, C1896, C1898,		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C1895, C1896, C1898,

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	Implantable Carotid Sinus Stimulator Internal loop recorders Wearable cardiac	C1899, C1900, C2619, C2620, C2621, C2624, G0555* 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, C1825 33285, 33286 93228, 93229
Cardiac procedures/surgeries	monitoring devices Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597
	Carotid revascularization Coronary angioplasty/stent	35301, 37215, 37216, 37217, 37218 92920, 92924, 92928, 92933, 92937, 92943, 92972, 0913T*, 0914T, C1761, C9600, C9602, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies	Preauthorization requests will be reviewed by the Humana National Transplant Network • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. • Submit by email to	38225*, 38226*, 38227*, 38228*, 38999, 60699*, C9301*, C9399, J3392* J3393*, J3394*, J3490, J3590, J9999*, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057*, XW0338A*, XW0438A*, XW033C7, XW033G7,

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	transplant@humana.com.	XW033H7, XW033J7, XW033K7, XW033L7*, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7*, XW043M7, XW043N7, XW133G8*, XW143G8*, XW133J8, XW143J8
Chemotherapy agents, supportive drugs and symptom management drugs category	Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapy	This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Chiropractic and acupuncture therapy	<u>Tivity Health/WholeHealth</u> <u>Living</u> (WHL) will manage all preauthorization requests from providers within the WHL network for chiropractic therapy services for South Florida.	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943
	Tivity Health/WholeHealth Living (WHL) will manage all preauthorization 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,	

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New York, North Carolina,         Ohio, Oregon,         Pennsylvania, Rhode         Island, Texas,* Utah,         Vermont, Virginia,         Washington and Wyoming.         *Certain plans in these         states do not use the         WholeHealth Living         network and use the         Humana network.         To submit a         preauthorization request:         • Use the Tivity Health         online portal.         (www.wholehealthpro.com/)         • Call 855-800-9804
Pennsylvania, Rhode Island, Texas,* Utah, Vermont, Virginia, Washington and Wyoming. *Certain plans in these states do not use the WholeHealth Living network and use the Humana network. To submit a preauthorization request: • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804
Island, Texas,* Utah, Vermont, Virginia, Washington and Wyoming. *Certain plans in these states do not use the WholeHealth Living network and use the Humana network. To submit a preauthorization request: • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804
Vermont, Virginia, Washington and Wyoming. *Certain plans in these states do not use the WholeHealth Living network and use the Humana network. To submit a preauthorization request: • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804
Washington and Wyoming.         *Certain plans in these states do not use the WholeHealth Living network and use the Humana network.         To submit a preauthorization request:         • Use the Tivity Health online portal.         (www.wholehealthpro.com/)         • Call 855-800-9804
Washington and Wyoming.         *Certain plans in these states do not use the WholeHealth Living network and use the Humana network.         To submit a preauthorization request: • Use the Tivity Health online portal. (www.wholehealthpro.com/) • Call 855-800-9804
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network and use the Humana network. To submit a preauthorization request: • Use the <u>Tivity Health</u> online portal. (www.wholehealthpro.com/) • Call 855-800-9804
Humana network. To submit a preauthorization request: • Use the <u>Tivity Health</u> online portal. (www.wholehealthpro.com/) • Call 855-800-9804
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preauthorization request: • Use the <u>Tivity Health</u> online portal. (www.wholehealthpro.com/) • Call 855-800-9804
Use the <u>Tivity Health</u> online portal. ( <u>www.wholehealthpro.com/</u> ) • Call 855-800-9804
online portal. (www.wholehealthpro.com/) • Call 855-800-9804
(www.wholehealthpro.com/) • Call 855-800-9804
• Call 855-800-9804
• Fax 888-492-1025
(American Specialty
Health (ASH) will manage
all preauthorization
requests for chiropractic
and acupuncture with
plans in Southern
California.
To submit a
preauthorization request:
Chiropractic
therapy: Fax 877-
427-4777

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	<b>A</b>	
	Acupuncture	
	therapy: Fax 877	
	248-2746	
	Note: Preauthorization is	
	not required in states not	
	listed above.	
Colonoscopy (repeat only)		45378, 45380
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve		29848, 64721
(i.e., carpal tunnel surgery)		
Diagnostic/cardiac imaging	Computed tomography	70450, 70460, 70470,
	(CT) scan	70480, 70481, 70482,
The following services will now be managed		70486, 70487, 70488,
via Cohere. Please submit authorizations to		70490, 70491, 70492,
www.Next.Coherehealth.com. If not registered, please use		70496, 70498, 71250,
www.Coherehealth.com/register.		71260, 71270, 71275,
		72125, 72126, 72127,
Preauthorization requests for services		72128, 72129, 72130,
managed by Cohere		72131, 72132, 72133,
Requests can be submitted via:		72191, 72192, 72193,
<ul> <li>Cohere Health's portal (online):</li> <li>Information and to request a new</li> </ul>		72194, 73200, 73201,
account:		73202, 73206, 73700,
www.Coherehealth.com/register		73701, 73702, 73706,
Additional provider information:		74150, 74160, 74170,
www.coherehealth.com/provider/res		74174, 74175,74176,
ources     Portal login (preauthorization		74177, 74178, 74261,
Portal login (preauthorization request): Next.Coherehealth.com		74262, 75572, 75573,
<ul> <li>Phone: 833-283-0033, Monday –</li> </ul>		75574, 75635, 76380
Friday, 8 a.m. – 8 p.m., Eastern time	Electrophysiology Study	93600, 93602, 93603,
• Fax: <b>857-557-6787</b>	(EPS) or EPS with 3D	93610, 93612, 93618,
Expedited/urgent cases can be	mapping	93619, 93620, 93624,
submitted and monitored on the Cohere portal at	inabhing	93631, 93640, 93641,
Next.Coherehealth.com.		93642, 93644, 0577T
• For questions, call Cohere: 833-283-	Magnatia rangenenas	
0033.	Magnetic resonance	70544, 70545, 70546,
	angiography (MRA)	70547, 70548, 70549,
		71555, 72159, 72198,
		73225, 73725, 74185,

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	Гу
	C8900, C8901, C8902,
	C8909, C8910, C8911,
	C8912, C8913, C8914,
	C8918, C8919, C8920,
	C8931, C8932, C8933,
	C8934, C8935, C8936
Magnetic resonance	70336, 70540, 70542,
imaging (MRI)	70543, 70551, 70552,
	70553, 70554, 70555,
	71550, 71551, 71552,
	72141, 72142, 72146,
	72147, 72148, 72149,
	72156, 72157, 72158,
	72195, 72196, 72197,
	73218, 73219, 73220,
	73221, 73222, 73223,
	73718, 73719, 73720,
	73721, 73722, 73723,
	74181, 74182, 74183,
	74712, 75557, 75559,
	75561, 75563, 77046,
	77047, 77048, 77049,
	77084, C8903, C8905,
	C8906, C8908, C9762,
	C9763, C9791
Myocardial perfusion	78451, 78452, A9611*
imaging single photon	
emission computed	
tomography (MPI-SPECT)	
Nuclear stress test	78453, 78454, 78466,
	78468, 78469, 78472,
	78473, 78481, 78483,
	93350, 93351, C8928,
	C8930
Transthoracic	93306, 93307, 93308,
echocardiogram (TTE)	C8923, C8924, C8929
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	Note: The 6 codes	
	contained in the (TTE)	
	subcategory only require a	
	preauthorization for repeat	
	requests inside of a rolling	
	12-month year.	
	Peripheral angiography	36245, 36246, 36247
	Positron emission	78429, 78430, 78431,
	tomography (PET)	78432, 78433, 78459,
	scan/National Oncology	78491, 78492, 78608,
	PET Registry (NOPR)	78609, 78811, 78812,
		78813, 78814, 78815,
		78816, G0219, G0235,
		G0252
	Prostate-specific	A9587, A9593,
	membrane antigen	A9594, A9595, A9596,
	(PSMA/PET CT)C	A9597, A9608, A9800
	Single-photon emission	78494
	computerized tomography	
	(SPECT) scan	
	Transesophageal	93312, 93313, 93314,
	echocardiogram (TEE)	93315, 93316, 93317,
		93318, 93355, C8925,
		C8926, C8927
Electric beds		E0193, E0194, E0265,
		E0266, E0296, E0297
Emerging technology/new indications		31647, 31648, 31649,
for existing technology		31651, 43284, 53865*,
		53866*, 0446T, 0447T,
		0448T, <u>0716T (Managed</u>
		by Cohere), 0745T, 0746T,
		0747T, C1735*, C1736*,
		0935T*, 0947T*, E0738,
		E0739
Epidural injections (outpatient only)		62320, 62321, 62322,
		62323, 64479, 64480,
		64483, 64484, 64999,
		0777T
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Esophagogastroduodenoscopy (EGD)		43235, 43237, 43238,
		43239, 43242, 43252,
		43253, 43259
Facet injections		64490, 64491, 64492,
		64493, 64494, 64495,
		64633, 64634, 64635,
		64636, 64999, 0213T,
		0214T, 0215T, 0216T,
		0217T, 0218T
Facility-based sleep studies (PSG)	The following services will now	95807, 95808, 95810,
	be managed via Cohere. Please	95811
	submit authorizations to	55611
	www.Next.Coherehealth.com.	
	If not registered, please use	
	www.Coherehealth.com/regist	
	<u>er</u> .	
	Preauthorization requests for	
	services managed by Cohere	
	Requests can be submitted via:	
	Cohere Health's portal	
	(online):	
	<ul> <li>Information and to</li> </ul>	
	request a new account:	
	www.Coherehealth.co	
	<u>m/register</u>	
	<ul> <li>Additional provider information:</li> </ul>	
	www.coherehealth.co	
	m/provider/resources	
	Portal login	
	(preauthorization	
	request):	
	Next.Coherehealth.co	
	m	
	<ul> <li>Phone: 833-283-0033,</li> <li>Monday, Eriday, 8 a.m.</li> </ul>	
	Monday – Friday, 8 a.m. – 8 p.m., Eastern time	
	<ul> <li>Fax: 857-557-6787</li> </ul>	
	<ul> <li>Expedited/urgent cases</li> </ul>	
	can be submitted and	
	monitored on the	
	Cohere portal at	
	Next.Coherehealth.co	
	m.	

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	For questions, call	
	Cohere: 833-283-0033.	
Foot surgeries, bunionectomy and		26535, 26536, 28110,
hammertoe		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
Genicular Nerve Blocks		
High-frequency chest compression		E0483
vests		
Home health/home infusion	All states require	99512, 99600, G0151,
	preauthorization for	G0152, G0153, G0155,
	home health. Please see	G0156, G0157, G0158,
	below for state-specific	G0159, G0160, G0161,
	guidance.	G0162, G0299, G0300,
	guidance.	G0493, G0494, G0495,
	Tango will manage all	G0496, G2168, G2169
	preauthorization requests	
	for home health services	
	for Humana Medicare	
	Advantage (MA) [HMO and	
	PPOs] members residing	
	and having a plan in one of	
	these states:	
	Arizona, Colora <u>do or</u>	
	New Mexico	
	Phone: 888-705-5274 Fax: 877-612-7066	

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Preauthorization requests	
can be faxed or uploaded	
through the Tango website	
at <u>www.tangocare.com</u> .	
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: AR, GA, ID, IN	
Clark, Floyd and Harrison	
counties only), KS, KY, MO,	
NC, NJ (Atlantic,	
Burlington, Camden, Cape	
May, Cumberland,	
Gloucester, Mercer and	
Salem counties only), OH,	
OK, OR, PA, SC, TX, UT, VA,	
WA and WV.	
- Phone: <b>800-572-</b>	
4317	
- Fax: <b>502-508-0668</b>	
for non-	
CenterWell®	
agencies in GA, IN	

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	<ul> <li>(Clark, Floyd and Harrison counties only), KY, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, PA, SC, TX and WV.</li> <li>Fax: <b>502-414-2135</b> for AR, ID, KS, MO, NC, OR, SC, UT, VA, WA and CenterWell in GA and SC.</li> <li>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.</li> </ul>	
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice) Acute rehab facilities Long-term acute care Mental health and substance use treatment (including any treatment in a residential setting) Skilled nursing facilities	All
Laparoscopic hiatal hernia repair		43280, 43281, 43282

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Lung biopsy and resection	<ul> <li>Evolent (formerly New Century Health) will manage all preauthorization requests.</li> <li>Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.co m</li> <li>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.</li> <li>eFax # 213-596-3783 or efax-carepro- oncology@newcenturyhealt h.com.</li> </ul>	32096, 32097, 32505, 32607, 32608, 32666
Micro-Invasive Glaucoma Surgery		66989, 66991, 0253T,
(MIGs)		0449T, 0450T, 0474T,
		0660T, 0661T, 0671T
Molecular diagnostic and genetic		81105, 81106, 81107,
testing		81108, 81109, 81110,
		81111, 81112, 81120,
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0031U, 0032U, 0033U,

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0138U, 0153U, 0154U,         0155U, 0156U, 0157U,         0158U, 0159U, 0160U,         0161U, 0162U, 0169U,         0170U, 0171U, 0172U,         0173U, 0175U, 0177U,         0179U, 0195U, 0203U,         0205U, 0209U, 0211U,         0212U, 0213U, 0214U,         0215U, 0216U, 0217U,         0215U, 0216U, 0217U,         0231U, 0232U, 0233U,         0231U, 0235U, 0236U,         0237U, 0238U, 0239U,         0242U, 0244U, 0245U,         0258U, 0260U,         0262U, 0264U, 0265U,         0266U, 0267U, 0268U,         0266U, 0267U, 0273U,         0272U, 0273U, 0274U,         0272U, 0273U, 0274U,         0276U, 0277U, 0278U,         0285U, 0286U, 0287U,         0285U, 0286U, 0287U,         0289U, 0290U, 0291U,	0132U, 0133U, 0134U,
0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0245U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0266U, 0267U, 0268U, 0266U, 0267U, 0268U, 0269U, 0271U, 0278U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0135U, 0136U, 0137U,
0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0266U, 0267U, 0268U, 0266U, 0277U, 0278U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0138U, 0153U, 0154U,
0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0155U, 0156U, 0157U,
0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0158U, 0159U, 0160U,
0173U, 0175U, 0177U,         0179U, 0195U, 0203U,         0205U, 0209U, 0211U,         0212U, 0213U, 0214U,         0215U, 0216U, 0217U,         0218U, 0229U, 0230U,         0231U, 0232U, 0233U,         0234U, 0235U, 0236U,         0237U, 0238U, 0239U,         0242U, 0244U, 0245U,         0250U, 0252U, 0253U,         0254U, 0258U, 0260U,         0262U, 0264U, 0265U,         0266U, 0267U, 0268U,         0266U, 0267U, 0271U,         0272U, 0273U, 0274U,         0276U, 0277U, 0278U,         0285U, 0286U, 0287U,         0285U, 0286U, 0287U,         0285U, 0290U, 0291U,	0161U, 0162U, 0169U,
0179U, 0195U, 0203U,         0205U, 0209U, 0211U,         0212U, 0213U, 0214U,         0215U, 0216U, 0217U,         0218U, 0229U, 0230U,         0231U, 0232U, 0233U,         0234U, 0235U, 0236U,         0237U, 0238U, 0239U,         0242U, 0244U, 0245U,         0250U, 0252U, 0253U,         0254U, 0258U, 0260U,         0254U, 0258U, 0260U,         0262U, 0264U, 0265U,         0266U, 0267U, 0268U,         0269U, 0270U, 0271U,         0272U, 0273U, 0274U,         0276U, 0277U, 0278U,         0285U, 0286U, 0287U,         0289U, 0290U, 0291U,	0170U, 0171U, 0172U,
0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0266U, 0267U, 0268U, 0266U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0173U, 0175U, 0177U,
0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0179U, 0195U, 0203U,
0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0205U, 0209U, 0211U,
0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0212U, 0213U, 0214U,
0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0215U, 0216U, 0217U,
0234U, 0235U, 0236U,         0237U, 0238U, 0239U,         0242U, 0244U, 0245U,         0250U, 0252U, 0253U,         0254U, 0258U, 0260U,         0262U, 0264U, 0265U,         0266U, 0267U, 0268U,         0269U, 0270U, 0271U,         0272U, 0273U, 0274U,         0276U, 0277U, 0278U,         0285U, 0286U, 0287U,         0289U, 0290U, 0291U,	0218U, 0229U, 0230U,
0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0231U, 0232U, 0233U,
0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0234U, 0235U, 0236U,
0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0237U, 0238U, 0239U,
0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0242U, 0244U, 0245U,
0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0250U, 0252U, 0253U,
0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0254U, 0258U, 0260U,
0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0262U, 0264U, 0265U,
0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0266U, 0267U, 0268U,
0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0269U, 0270U, 0271U,
0285U, 0286U, 0287U, 0289U, 0290U, 0291U,	0272U, 0273U, 0274U,
0289U, 0290U, 0291U,	0276U, 0277U, 0278U,
	0285U, 0286U, 0287U,
0292U, 0293U, 0294U,	0289U, 0290U, 0291U,
	0292U, 0293U, 0294U,

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0296U, 0297U, 0298U,
0299U, 0300U, 0306U,
0307U, 0313U, 0314U,
0315U, 0317U, 0318U,
0319U, 0320U, 0323U,
0326U, 0327U, 0328U,
0329U, 0330U, 0331U,
0332U, 0333U, 0334U,
0335U, 0336U, 0339U,
0340U, 0341U, 0343U,
0345U, 0347U, 0348U,
0349U, 0350U, 0355U,
0356U, 0358U, 0359U,
0360U, 0362U, 0363U,
0368U, 0378U, 0379U,
0388U, 0389U, 0391U,
0392U, 0400U, 0401U,
0403U, 0405U, 0409U,
0410U, 0411U, 0413U,
0414U, 0417U, 0419U,
0420U, 0422U, 0423U,
0424U, 0425U, 0426U,
0433U, 0434U, 0437U,
0438U, 0439U, 0440U,
0444U, 0449U, 0452U,
0453U, 0454U, 0460U,
0461U, 0465U, 0466U,
0467U, 0469U, 0470U,
0471U, 0473U, 0474U,
0475U, 0476U, 0477U,
0478U, 0481U, 0485U,
0486U, 0487U, 0489U,
0493U, 0496U, 0497U,
0498U, 0499U, 0500U,
0506U, 0507U, 0508U,
0509U, 0510U, 0516U,
0523U*, 0529U*, 0530U*,
0532U*,

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		0533U*, 0534U*, 0537U*,
		0538U*,0539U*,0543U*,
		0544U*, 0549U*
Negative pressure wound therapy		97605, 97606, A6550,
(NPWT)		E2402, K0743
Neuromuscular stimulators		A4593, A4594, E0764,
		C9807*, E0770
Neurostimulators		61860, 61863, 61867,
		61885, 61886, 61889,
		61891, 61892, 64553,
		64555, 64561, 64566,
		64568, 64575, 64581,
		64590, 64596, 64597,
		64598, 0587T, 0588T,
		0720T, 0783T, 0786T,
		0787T, 0816T, 0817T,
		0818T, 0819T, 0908T*,
		0909T*, 0910T*, 0911T*,
		0912T*, C1767, C1787,
		C1826, C1827, E0721,
		E0734, E0735, E0736,
		E0737, E0743, L8683
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		0813T, 43290, 43291,
		43631, 43632, 43633,
		43634, 43644, 43645,
		43770, 43771, 43772,
		43773, 43774, 43775,
		43842, 43843, 43845,
		43846, 43847, 43848,
		43886, 43887, 43888,
		C9784, C9785
Observation	Observation notification required	All
Oral, orthognathic,		20910, 21010, 21050,
temporomandibular joint (TMJ)		21060, 21070, 21085,
surgeries		21100, 21110, 21116,
		21125, 21127, 21141,

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	21142, 21143, 21145,
	21146, 21147, 21150,
	21151, 21154, 21155,
	21159, 21160, 21188,
	21193, 21194, 21195,
	21196, 21198, 21199,
	21206, 21208, 21210,
	21215, 21240, 21242,
	21243, 21244, 21247,
	29800, 29804
Orthopedic surgeries: hip, knee and	23472, 23473, 23474,
shoulder arthroplasty	27125, 27130, 27132,
	27134, 27137, 27138,
	27437, 27438, 27440,
	27441, 27442, 27443,
	27445, 27446, 27447,
	27486, 27487, C8003*
Orthopedic surgeries: hip, knee and	23929, 27299, 27412,
shoulder arthroscopy	27599, 29805, 29806,
	29807, 29819, 29820,
	29821, 29822, 29823,
	29824, 29825, 29826,
	29827, 29828, 29850,
	29851, 29860, 29861,
	29862, 29863, 29866,
	29867, 29868, 29870,
	29871, 29873, 29874,
	29875, 29876, 29877,
	29879, 29880, 29881,
	29882, 29883, 29884,
	29885, 29886, 29887,
	29888, 29889, 29914,
	29915, 29916, 29999,
	C9781, J7330
Other durable medical equipment	A4238, A4239, A9274,
(DME)	E0277, E0301, E0302,
(DME)	E0277, E0301, E0302, E0303, E0304, E0328,

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	E0486, E0490, E0491,
	E0492, E0493, E0650,
	E0651, E0652, 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,
	E2500, E2502, E2504,
	E2506, E2508, E2510,
	E2511, E2599, E3000,
	K0900, K1007, K1027,
	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, L1300,
	L1310, L1499, L1680,
	L1685, L1686, L1690,
	L1700, L1710, L1720,
	L1730, L1755, 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,

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Pain infusion pump         62324, 62325, 62562, 62326, 62327, 1287, 1272, 1287, 1272, 1287, 1272, 1287, 1272, 1287, 1272, 12			
Pain infusion pump         Evolent (formerly New Century)         62324, 62325, 62326, 12363, 123740, 123763, 123740, 123763, 123974,			
Pain infusion pump         62322, 62325, 62326, 12999, 13671, 13674, 13720, 13730, 13740, 13763, 13764, 13765, 13766, 13900, 13901, 13904, 13905, 13961, 13967, 13975, 13977, 13978, 13979, 13977, 13978, 13999, 14631, 18701, 18702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0630T           Peripheral revascularization (atherectomy, angioplasty)         02347, 02387, 02387, 37229, 37230, 37231, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 05057, C9764, C9765, C9766, C9774, C9775, C9773, C9774, C9773, C9774, C9773, C9774, C9775, C9773, C9774, C9775, C9810, 55810, 55812, 55815, 55821, 55831, maturbariaria resumption			
Pain infusion pump         62324, 62325, 12526, 12628, 12999, 13730, 13740, 13763, 13740, 13763, 13740, 13763, 13764, 13766, 13900, 13901, 13904, 13905, 13961, 13967, 13977, 13973, 13975, 13977, 13973, 13975, 13977, 13974, 13999, 14631, 18701, 18702           Pain infusion pump         62324, 62325, 62326, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2660, 69804*, C9806*, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         06277, 06287, 06297, 02367, 02367, 02377, 02773, 02			L2108, L2126, L2128,
Pain infusion pump         E2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3907, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8701, L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         06271, 06281, 06291, 06301           Peripheral revascularization (atherectomy, angioplasty)         02341, 02351, 02361, 02377, 02381, 37220, 37224, 37224, 37225, 37226, 37238, 05051, C9764, C9765, C9766, C9777, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all meantbrittion remuests         55801, 55812, 55815, 55821, 55831,			L2132, L2134, L2136,
Pain infusion pump         L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8701, L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62326, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C8804*, C8806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 02377, 0238T, 37220, 37221, 37224, 37225, 37226, 37228, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9766, C9766, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all wanthorizing nonuests         55801, 55812, 55831, veanthorizing nonuests			L2350, L2525, L2526,
Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62361, L3967, L3997, L3977, L3978, L3997, L3977, L3978, L3999, L4631, L8701, L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62326, 62350, 62351, 62327, 62350, 62351, 62326, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Healthy will manage all weartherization results         55801, 55810, 55812, 55831, 55831, 55831,			L2627, L2628, L2999,
Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62399, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         06271, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37226, 37227, 37228, 37226, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all meauthorization results			L3671, L3674, L3720,
Pain infusion pump         62324, 62325, 6236, 62327, 62361, L3967, L3971, L3973, L3975, L3999, L4631, L8701, L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         06271, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Heatth) will manage all meanthorization reveasest         55801, 55812, 55831, 55815, 55821, 55831,			L3730, L3740, L3763,
Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 3728, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9775, C9774, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all meant for intraverse all meant for intraver			L3764, L3765, L3766,
Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62399, C1772, C1891, 62360, 62361, 62362, 64999, C1772, C1891, 6266, 02804, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37231, 37236, 37231, 37236, 37231, 37236, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Heatth) will manage all results will results will results will manage all results will results will manage all results will			L3900, L3901, L3904,
Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all result will result will manage all result will result will resu			L3905, L3961, L3967,
Pain infusion pump         L3999, L4631, L8701, L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 37226, 37228, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all present manages			L3971, L3973, L3975,
Pain infusion pump         L8702           Pain infusion pump         62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37227, 37228, 37226, 37227, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all yreathorization anguests         55810, 55812, 55815, 55821, 55831,			L3976, L3977, L3978,
Pain infusion pump         62324, 62325, 62326,           Pain infusion pump         62327, 62350, 62351,           62360, 62361, 62362,         64999, C1772, C1891,           C2626, C9804*, C9806*,         E0782, E0783, E0785,           Penile implant         54405           Percutaneous lumbar intravertebral         0627T, 0628T, 0629T,           disc injection         0630T           Peripheral revascularization         0234T, 0235T, 0236T,           (atherectomy, angioplasty)         37221, 37224, 37226,           37229, 37230, 37231,         37236, 37238, 0505T,           C9764, C9765, C9766,         C9767, C9772, C9773,           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all meanspring and mea			L3999, L4631, L8701,
Penile implant         54405           Percutaneous lumbar intravertebral disc injection         06277, 02351, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerty New Century Health) will manage all reauthorization requests         55801, 55810, 55812, 55815, 55821, 55831,			L8702
Penile implant         62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786           Penile implant         54405           Percutaneous lumbar intravertebral disc injection         0627T, 0628T, 0629T, 0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all reauthorization requests         55801, 55810, 55812, 55831, 55821, 55831,	Pain infusion pump		62324, 62325, 62326,
Penile implant64999, C1772, C1891, C2626, C9804*, C9806*, E0782, E0783, E0785, E0786Penile implant54405Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37227, 37238, 0505T, C9764, C9765, C9766, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all reautebrization resultsProstate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all reautebrization results			62327, 62350, 62351,
Penile implantC2626, C9804*, C9806*, E0782, E0783, E0785, E0786Penile implant54405Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all meany their presents55801, 55810, 55812, 55821, 55831,			62360, 62361, 62362,
Penile implantE0782, E0783, E0785, E0786Penile implant54405Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37227, 37228, 37226, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all presuthorization requests55801, 55810, 55812, 55815, 55821, 55831,			64999, C1772, C1891,
Penile implantE0786Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all presuthorization requests55801, 55810, 55812, 5581, 55821, 55831,			C2626, C9804*, C9806*,
Penile implant54405Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37226, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all preauthorization requests55815, 55821, 55831,			E0782, E0783, E0785,
Percutaneous lumbar intravertebral disc injection0627T, 0628T, 0629T, 0630TPeripheral revascularization (atherectomy, angioplasty)0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all presult prization requests			E0786
disc injection         0630T           Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         55801, 55810, 55812, 55821, 55831,	Penile implant		54405
Peripheral revascularization (atherectomy, angioplasty)         0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         55801, 55810, 55812, 55815, 55821, 55831,	Percutaneous lumbar intravertebral		0627T, 0628T, 0629T,
(atherectomy, angioplasty)       0237T, 0238T, 37220,         (atherectomy, angioplasty)       37221, 37224, 37225,         (atherectomy, angioplasty)       37226, 37227, 37228,         (atherectomy, angioplasty)       37229, 37230, 37231,         (atherectomy, angioplasty)       37236, 37238, 0505T,         (atherectomy, angioplasty)       (atherectomy, atherectomy, atherectom)         (atherectomy, angioplasty)       (atherectom)         (atherectomy, atherectomy)       (atherectom)         (atherectom)       (atherect	disc injection		0630T
Prostate surgeries (prostatectomy)       Evolent (formerly New Century Health) will manage all preauthorization requests       55801, 55810, 55812, 55831, 000000000000000000000000000000000000	Peripheral revascularization		0234T, 0235T, 0236T,
Prostate surgeries (prostatectomy)       Evolent (formerly New Century Health) will manage all preauthorization requests       55801, 55810, 55812, 55831, 000000000000000000000000000000000000	(atherectomy, angioplasty)		0237T, 0238T, 37220,
Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         37229, 37230, 37231, 37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         55801, 55810, 55812, 55815, 55821, 55831,			37221, 37224, 37225,
Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         37236, 37238, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775           Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         55801, 55810, 55812, 55815, 55821, 55831,			37226, 37227, 37228,
Prostate surgeries (prostatectomy)         Evolent (formerly New Century Health) will manage all preauthorization requests         55801, 55810, 55812, 55821, 55831,			37229, 37230, 37231,
Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all preauthorization requests55801, 55810, 55812, 55815, 55821, 55831,			37236, 37238, 0505T,
Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all preauthorization requests55801, 55810, 55812, 55815, 55821, 55831,			C9764, C9765, C9766,
Prostate surgeries (prostatectomy)Evolent (formerly New Century Health) will manage all presuthorization requests55801, 55810, 55812, 55815, 55821, 55831,			C9767, C9772, C9773,
Health) will manage all preauthorization requests			C9774, C9775
presuthorization requests	Prostate surgeries (prostatectomy)		55801, 55810, 55812,
preaumorization requests.			55815, 55821, 55831,
Requests can be submitted via: 55840, 55842, 55845,		-	55840, 55842, 55845,
Evolent's website at 55866, 55867, 55880			55866, 55867, 55880

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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	https://my.newcenturyhealth.co m	
	Or call Evolent (formerly	
	New Century Health) at <b>844-</b>	
	926-4528, option 5 for	
	Surgical Services, to speak	
	to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	• eFax # <b>213-596-3783</b> or	
	<u>efax-carepro-</u>	
	oncology@newcenturyhealt	
	<u>h.com</u>	
Prosthetics		21081, 21082, 21084,
		A9282, L3250, L5000,
		L5010, L5020, L5050,
		L5060, L5100, L5105,
		L5150, L5160, L5200,
		L5210, L5220, L5230,
		L5250, L5270, L5280,
		L5301, L5312, L5321,
		L5331, L5341, L5420,
		L5500, L5505, L5510,
		L5520, L5530, L5535,
		L5540, L5560, L5570,
		L5580, L5585, L5590,
		L5595, L5600, L5610,
		L5611, L5613, L5614,
		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, L5658, L5661,
		20000, 20000, 20001,

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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L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5925, L5926, L5930,
L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5940, L5950, L5960,
L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5961, L5962, L5964,
L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5966, L5968, L5969,
L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5970, L5971, L5972,
L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5973, L5974, L5975,
L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5976, L5978, L5979,
L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028*,	L5980, L5981, L5982,
L5999, L6000, L6010, L6020, L6026, L6028*,	L5984, L5985, L5986,
L6020, L6026, L6028*,	L5987, L5988, L5991,
	L5999, L6000, L6010,
L6029*, L6030*, L6031*,	L6020, L6026, L6028*,
	L6029*, L6030*, L6031*,

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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,
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,

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		L6960, L6965, L6970,
		L6975, L7007, L7008,
		L7009, L7040, L7045,
		L7170, L7180, L7181,
		L7259, L7400, L7401,
		L7402, L7403, L7404,
		L7405, L7406*, L7499,
		L7510, L7520, L7600,
		L8035, L8499, L8720,
		L8721
Radiation therapy	All states require	Evolent (formerly New
	preauthorization for	<u>Century Health)</u> will
	radiation therapy. Please	manage the following
	see below for state-	codes:
	specific guidance.	32701, 61796, 61798,
		63620, 77280, 77290,
	Evolent (formerly New	77295, 77301, 77338,
	<u>Century Health)</u> will	77371, 77372, 77373,
	manage all	77385, 77386, 77401,
	preauthorization	77402, 77407, 77412,
	requests for all states.	77423, 77424, 77425,
		77520, 77522, 77523,
	Requests can be	77525, 77750, 77761,
	submitted via:	77762, 77763, 77767,
	Evolent's website at	77768, 77770, 77771,
	https://my.newcenturyhea	77772, 77778, G0339,
	lth.com	G0340, G0458, G6003,
	Or call Evolent	G6004, G6005, G6006,
	(formerly New Century	G6007, G6008, G6009,
	Health) at <b>844-926-</b>	G6010, G6011, G6012,
	<b>4528, option 4</b> for	G6013, G6014, G6015,
	Radiation Therapy, to	G6016, 0394T
	speak to a live	
	representative,	Puerto Rico will manage
	Monday – Friday, 8	the following codes:
	a.m. – 8 p.m., Eastern	32701, 61796, 61798,
	time.	63620, 77371, 77372,
		77373, 77385, 77386,

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	• eFax # <b>213-596-3783</b>	77401, 77402, 77407,
	or <u>efax-carepro-</u>	77412, 77423, 77424,
	oncology@newcentury	77425, 77520, 77522,
	health.com	77523, 77525, 77750,
		77761, 77762, 77763,
	For Puerto Rico	77767, 77768, 77770,
	providers/members,	77771, 77772, 77778,
	please call:	G0339, G0340, G0458,
	• Phone: 866-488-	G6003, G6004, G6005,
	5995 (providers) or	G6006, G6007, G6008,
	866-773-5959	G6009, G6010, G6011,
	(members)	G6012, G6013, G6014,
	• Fax: 800-594-5309.	G6015, G6016, 0394T
		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.
		0023.
Radiofrequency Ablation for the SI		64625
Joint		
Rhinoplasty and other nasal		30400, 30410, 30420,
procedures		30430, 30435, 30450,
		30460, 30462, 30468,
		30469
Sacroiliac (SI) joint injections		27096
Skin and tissue substitutes		A2001, A2002, A2004,
		A2005, A2006, A2007,
		A2008, A2009, A2010,
		A2011, A2012, A2013,
		A2014, A2015, A2016,
		A2017, A2018, A2019,
		A2020, A2021, A2022,
		A2023, A2024, A2025,
		$\pi$ 2020, $\pi$ 2024, $\pi$ 2023,

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A2026, A2027, A2028,
A2029, A2030*, A2031*,
A2032*, A2033*, A2034*,
A2035*, A4100, C1832,
C8002*, C9354, C9358,
C9360, C9361, C9363,
C9364, Q4100, Q4101,
Q4102, Q4103, Q4104,
Q4105, Q4106, Q4107,
Q4108, Q4110, Q4111,
Q4112, Q4113, Q4114,
Q4115, Q4116**, Q4117,
Q4118, Q4121, Q4122**,
Q4123, Q4124, Q4125,
Q4126, Q4127, Q4128**,
Q4130, Q4132, Q4133,
Q4134, Q4135, Q4136,
Q4137, Q4138, Q4139,
Q4140, Q4141, Q4142,
Q4143, Q4145, Q4146,
Q4147, Q4148, Q4149,
Q4150, Q4151, Q4152,
Q4153, Q4154, Q4155,
Q4156, Q4157, Q4158,
Q4159, Q4160, Q4161,
Q4162, Q4163, Q4164,
Q4165, Q4166, Q4167,
Q4168, Q4169, Q4170,
Q4171, Q4173, Q4174,
Q4175, Q4176, Q4177,
Q4178, Q4179, Q4180,
Q4181, Q4182, Q4183,
Q4184, Q4185, Q4186,
Q4187, Q4188, Q4189,
Q4190, Q4191, Q4192,
Q4193, Q4194, Q4195,
Q4196, Q4197, Q4198,
Q4199, Q4200, Q4201,

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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, Q4231, 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,

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Q432, Q4324, Q4325,         Q4320, Q4327, Q4328,         Q4329, Q4330, Q4331,         Q4329, Q4330, Q4331,         Q4332, Q4333, Q4334,         Q4338, Q4339, Q4340,         Q4341, Q4342, Q4342,         Q4341, Q4342, Q4343,         Q4344, Q4345, Q4346*,         Q4350*, Q4351*, Q4354*,         Q4350*, Q4351*, Q4355*,         Q4350*, Q4351*, Q4355*,         Q4352*, Q4357*, Q4355*,         Q4355*, Q4366*, Q4361*,         Q4365*, Q4366*, Q4367*         **For codes Q4116,         Q4122 and Q4128, no         preauthorization is         required for breast         reconstruction following         medically necessary         mastectornies for breast         ca685, 63663, 63664,         63655, 63663, 63664,         63655, 63663, 63664,         63655, 63663, 63664,         63655, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63665, 63663, 63664,         63664, 63656, 63		
Spinal cord stimulators       04329, Q4330, Q4331, Q4332, Q4332, Q4332, Q4332, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4386, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4345, Q4345, Q4345, Q4345, Q4354, Q4357, Q4357, Q4357, Q4357, Q4357, Q4357, Q4357, Q4356, Q4357, Q4356, Q4357, Q4356, Q4357, Q4366, Q4357, Q4366, Q4357, Q4365, Q4366, Q4357, Q4365, Q4365, Q4365, Q4367, Q4365, Q4365, Q4366, Q4367, Q4365, G4365, G4366, G466, G4665, G4666, G4666, G4665, G4666, G4665, G4666, G4665, G4666, G4666, G4665, G4666, G4665, G4666, G4665, G4666, G4666, G4665, G4666, G46666, G46666, G46666, G4666, G46666, G466666, G46666, G466666, G466666, G46666666, G466666, G46666666, G466666, G46666666, G46666666, G46666666, G4666666666, G46666666666		
Spinal cord stimulators       04332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346*, Q4347*, Q4356*, Q4357*, Q4356*, Q4366*, Q4357*, Q4356*, Q4366*, Q4367*         **For codes Q4116, Q4122, and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.         Spinal cord stimulators       07847, 07857, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682         Spinal fusion, decompression, kyphoplasty and vertebroplasty       20999, 22100, 22101, 22511, 22512, 22513, 22514, 22515, 22556, 22552, 22554, 22554, 22556, 22558, 22585, 32583, 5368		
Spinal cord stimulators       0784T, 0785T, 63650, 63664, 63665, 63668, 63699, C1816, C1820, C1822, L8679, L8682         Spinal fusion, decompression, kyphoplasty and vertebroplasty       0784T, 0785T, 63650, C22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22554, 22556, 22558, 22554, 22556, 22558, 22554, 22556, 22558, 22554, 22556, 22558, 22554, 22556, 22558, 22556, 22558, 22556, 22558, 22556, 22556, 22558, 22556, 2255		Q4329, Q4330, Q4331,
Spinal cord stimulators         Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4341, Q4342, Q4343, Q4354*, Q4345, Q4345*, Q4355*, Q4355*, Q4355*, Q4355*, Q4356*, Q4357*, Q4358*, Q4355*, Q4360*, Q4361*, Q4362*, Q4363*, Q4364*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         07847, 07857, 63650, G3655, 63663, 63664, G3685, 63668, 63664, G3685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22551, 22554, 22554, 22555, 22554, 22554, 22555, 22554, 22554,		Q4332, Q4333, Q4334,
Spinal cord stimulators       07341, 04342, 04343, 04344, 04345, 04346*, 04347*, 04345, 04345*, 04350*, 04351*, 04352*, 04356*, 04356*, 04357*, 04356*, 04356*, 04356*, 04365*, 04366*, 04367*         **For codes Q4116, 04122, and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.         Spinal cord stimulators       0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63663, 63664, 63685, 63262, 22527, 22532, 22513, 22514, 22515, 22564, 22571, 22512, 22513, 22514, 22515, 22556, 22557, 22532, 22534, 22554, 22557, 22554, 22554, 22556, 22557, 22554, 22556, 22557, 22554, 22557, 22554, 22556, 22557, 22558, 2255		Q4335, Q4336, Q4337,
Q4344, Q4345, Q4346*,         Q4347*, Q4348*, Q4349*,         Q4350*, Q4351*, Q4352*,         Q4353*, Q4354*, Q4355*,         Q4356*, Q4357*, Q4358*,         Q4359*, Q4360*, Q4361*,         Q4365*, Q4367*, Q4364*,         Q4365*, Q4367*, Q4364*,         Q4365*, Q4366*, Q4367*         **For codes Q4116,         Q4122 and Q4128, no         preauthorization is         required for breast         reconstruction following         medically necessary         mastectomies for breast         cancer.         Spinal cord stimulators         0784T, 0785T, 63650,         63655, 63663, 63664,         63685, 63688, 64999,         C1816, C1820, C1822,         L8679, L8682         Spinal fusion, decompression,         kyphoplasty and vertebroplasty         22102, 22103, 22116,         22511, 22514, 22515,         22526, 22527, 22532,         22531, 22514, 22515,         22526, 22527, 22532,         22531, 22554, 22554,         22556, 22558, 22554,		Q4338, Q4339, Q4340,
Q4347*, Q4348*, Q4349*, Q4350*, Q4351*, Q4352*, Q4350*, Q4351*, Q4352*, Q4356*, Q4367*, Q4356*, Q4367*, Q4365*, Q4360*, Q4361*, Q4362*, Q4363*, Q4364*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 636855, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22533, 2254, 22514, 22515, 22556, 22558, 22554, 22556, 22558, 22554, 22556, 22558, 22554,		Q4341, Q4342, Q4343,
Spinal cord stimulators         Q4350*, Q4351*, Q4352*, Q4353*, Q4355*, Q4356*, Q4366*, Q4367*           **For codes Q4116, Q4122, and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22533, 22534, 22544, 22515, 22552, 22554, 22556, 22558, 2		Q4344, Q4345, Q4346*,
Spinal cord stimulators         Q4353*, Q4354*, Q4355*, Q4356*, Q4356*, Q4357*, Q4358*, Q4362*, Q4366*, Q4361*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22533, 22514, 22515, 22552, 22554, 22554, 22551, 22552, 22554, 22556, 22558, 22558, 22558,		Q4347*, Q4348*, Q4349*,
Spinal cord stimulators         Q4356*, Q4357*, Q4358*, Q4359*, Q4360*, Q4361*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 2253, 22514, 22515, 22552, 22554, 22554, 22551, 22552, 22554, 22556, 22558, 22558, 22585,		Q4350*, Q4351*, Q4352*,
Q4359*, Q4360*, Q4361*, Q4362*, Q4363*, Q4364*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22102, 22103, 22116, 22511, 22511, 22512, 22551, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		Q4353*, Q4354*, Q4355*,
Q4362*, Q4363*, Q4364*, Q4365*, Q4366*, Q4367*           **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22551, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22558, 22585,		Q4356*, Q4357*, Q4358*,
Q4365*, Q4366*, Q4367*         **For codes Q4116,         Q4122 and Q4128, no         preauthorization is         required for breast         reconstruction following         medically necessary         mastectomies for breast         cancer.         Spinal cord stimulators         0784T, 0785T, 63650,         63655, 63663, 63664,         63685, 63688, 64999,         C1816, C1820, C1822,         L8679, L8682         Spinal fusion, decompression,         kyphoplasty and vertebroplasty         22510, 22511, 22512,         22510, 22511, 22512,         22513, 22514, 22515,         22526, 22527, 22532,         22533, 22534, 22548,         22551, 22552, 22554,         22556, 22558, 22585,		Q4359*, Q4360*, Q4361*,
**For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.         Spinal cord stimulators       0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682         Spinal fusion, decompression, kyphoplasty and vertebroplasty       20999, 22100, 22101, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		Q4362*, Q4363*, Q4364*,
Q4122 and Q4128, no           preauthorization is           required for breast           reconstruction following           medically necessary           mastectomies for breast           cancer.           Spinal cord stimulators           0784T, 0785T, 63650,           63655, 63663, 63664,           63685, 63688, 64999,           C1816, C1820, C1822,           L8679, L8682           Spinal fusion, decompression,           kyphoplasty and vertebroplasty           22510, 22511, 22512,           22510, 22511, 22512,           22526, 22527, 22532,           22526, 22527, 22532,           22533, 22534, 22548,           22551, 22552, 22554,           22556, 22558, 22585,		Q4365*, Q4366*, Q4367*
Q4122 and Q4128, no           preauthorization is           required for breast           reconstruction following           medically necessary           mastectomies for breast           cancer.           Spinal cord stimulators           0784T, 0785T, 63650,           63655, 63663, 63664,           63685, 63688, 64999,           C1816, C1820, C1822,           L8679, L8682           Spinal fusion, decompression,           kyphoplasty and vertebroplasty           22510, 22511, 22512,           22510, 22511, 22512,           22526, 22527, 22532,           22526, 22527, 22532,           22533, 22534, 22548,           22551, 22552, 22554,           22556, 22558, 22585,		
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reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		preauthorization is
reconstruction following medically necessary mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		required for breast
Spinal cord stimulators         mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		reconstruction following
Spinal cord stimulators         mastectomies for breast cancer.           Spinal cord stimulators         0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682           Spinal fusion, decompression, kyphoplasty and vertebroplasty         20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585,		medically necessary
Spinal cord stimulators       0784T, 0785T, 63650,         63655, 63663, 63664,       63685, 63688, 64999,         C1816, C1820, C1822,       L8679, L8682         Spinal fusion, decompression,       20999, 22100, 22101,         kyphoplasty and vertebroplasty       22102, 22103, 22116,         22510, 22511, 22512,       22513, 22514, 22515,         22526, 22527, 22532,       22533, 22534, 22548,         22551, 22552, 22554,       22556, 22558, 22585,		
Spinal fusion, decompression,       63655, 63663, 63664,         kyphoplasty and vertebroplasty       20999, 22100, 22101,         22510, 22511, 22512,       22510, 22511, 22512,         22526, 22527, 22532,       22533, 22534, 22548,         22556, 22558, 22585,       22558, 22585,		cancer.
Spinal fusion, decompression,       63655, 63663, 63664,         kyphoplasty and vertebroplasty       20999, 22100, 22101,         22510, 22511, 22512,       22510, 22511, 22512,         22526, 22527, 22532,       22533, 22534, 22548,         22556, 22558, 22585,       22558, 22585,	Spinal cord stimulators	0784T, 0785T, 63650,
63685, 63688, 64999,         C1816, C1820, C1822,         L8679, L8682         Spinal fusion, decompression,         kyphoplasty and vertebroplasty         22102, 22103, 22101,         22510, 22511, 22512,         22513, 22514, 22515,         22526, 22527, 22532,         22533, 22534, 22548,         22556, 22558, 22585,		
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Spinal fusion, decompression,         20999, 22100, 22101,           kyphoplasty and vertebroplasty         22102, 22103, 22116,           22510, 22511, 22512,         22513, 22514, 22512,           22526, 22527, 22532,         22523, 22534, 22548,           22551, 22552, 22554,         22556, 22558, 22585,		
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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.

22614, 22630, 22632,         22633, 22634, 22800,         22800, 22804, 22800,         22810, 22812, 22813,         22819, 22830, 22836,         22837, 22838, 22840,         22841, 22845, 22845,         22842, 22845, 22846,         22847, 22848, 22849,         22853, 22854, 22856,         22867, 22868, 22859,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22860, 22861, 22862,         22861, 22862,         22870, 22899, 27728,         2779, 27280, 63201, 63003,         63005, 63011, 63012,         63026, 63030, 63035,         63044, 63046, 63042, 63043,         63044, 63045, 63046,         63044, 63046, 63050,         63051, 63052, 63057,         63056, 63057,         63044, 63046, 63050,         63059, 63051, 63052, 63053,         63050, 63051, 6308,	
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63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273,	
63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273,	63090, 63091, 63101,
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63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273,	63172, 63173, 63185,
63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273,	63190, 63191, 63197,
63267, 63268, 63270, 63271, 63272, 63273,	63200, 63250, 63251,
63271, 63272, 63273,	63252, 63265, 63266,
	63267, 63268, 63270,
63275, 63276, 63277,	63271, 63272, 63273,
	63275, 63276, 63277,

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		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, 0275T, 0656T,
		0657T, 0719T, 0790T,
		C1821, C2614, C9757
Surgery for obstructive sleep apnea		21685, 33276, 33277,
		33278, 33279, 33280,
		33281, 33287, 33288,
		41512, 41530, 41599,
		42140, 42145, 42299,
		42950, 64582, 93150,
		93151, 93152, 93153,
		C9727
Surgical nasal/sinus endoscopic	Excludes diagnostic	31237, 31240, 31253,
procedures and balloon sinus ostial	nasal/sinus endoscopies	31254, 31255, 31256,
dilation		31257, 31259, 31267,
		31276, 31287, 31288,
		31295, 31296, 31297,
		31298, 69705, 69706
Therapy (physical and occupational)		97010, 97012, 97014,
		97016, 97018, 97022,
		97024, 97026, 97028,
		97032, 97033, 97034,
		97035, 97036, 97037,
		97039, 97110, 97112,
		97113, 97116, 97124,
		97129, 97130, 97139,
		97140, 97150, 97164,
		97168, 97530, 97533,
		97535, 97537, 97542,
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		97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, G0283
Thyroid surgeries (thyroidectomy and lobectomy)	Evolent (formerly New Century Health) will manage all preauthorization requests. Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.co m • Or call Evolent (formerly New Century Health) at 844- 926-4528, option 5 for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # 213-596-3783 or efax-carepro- oncology@newcenturyhealt h.com	60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 0584T, 0585T, 0586T, 0668T, 0669T, 0670T, 0540U*, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473,, 36474, 36475, 36476, 36478, 36479, 36482,

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		36483, 37700, 37718,
		37722, 37735, 37760,
		37761, 37765, 37766,
		37780, 37785, 0524T
Ventricular assist devices (VADs)	Percutaneous ventricular	33990, 33991, 33995
	assist devices (VADs)	
	Ventricular assist devices	33975, 33976, 33979,
	(VADs)	33981, 33982, 33983
Wheelchairs/scooters		E0986, E1002, E1003,
		E1004, E1005, E1006,
		E1007, E1008, E1009,
		E1010, E1012, E1161,
		E1220, E1234, E1235,
		E1239, E2207, E2298,
		E2310, E2311, E2312,
		E2321, E2322, E2325,
		E2327, E2328, E2329,
		E2330, E2331, E2343,
		E2351, E2358, E2359,
		E2360, E2362, E2364,
		E2368, E2369, E2375,
		E2376, E2383, E2398,
		K0005, K0008, K0009,
		K0013, K0669, K0800,
		K0801, K0802, K0806,
		K0807, K0808, K0812,
		K0813, K0814, K0815,
		K0816, K0820, K0821,
		K0822, K0823, K0824,
		K0825, K0826, K0827,
		K0828, K0829, K0830,
		K0831, K0835, K0836,
		K0837, K0838, K0839,
		K0840, K0841, K0842,
		K0843, K0848, K0849,
		K0850, K0851, K0852,
		K0853, K0854, K0855,
		K0856, K0857, K0858,

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	K0859, K0860, K0861,
	K0862, K0863, K0864,
	K0868, K0869, K0870,
	K0871, K0877, K0878,
	K0879, K0880, K0884,
	K0885, K0886, K0890,
	K0891, K0898, K0899
Zoll LifeVest®	K0606

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