Humana

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

Effective date: October 1, 2025 Revision date: December 1, 2025

Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.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@newcenturyhealth.co	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 0421T, 0582T, 0950T
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health services	Partial hospitalization	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, E0732
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67903,

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Bone growth stimulators		67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950 E0747, E0748, E0760
Breast procedures	Breast cancer biopsy	19120, 19125
Broast procedures	(excisional)	10120, 10120
	Evolent (formerly New Century Health) will manage all prior	
	authorization requests.	
	Requests can be submitted via:	
	Evolent's website at	
	https://my.newcenturyhealth.co	
	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	10001 10000
	Breast lumpectomy	19301, 19302
	Evolent (formerly New Century	
	Health) will manage all prior	
	authorization requests.	
	Requests can be submitted via: Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
	New Century Health) at 844-	
	926-4528, option 5 for	
	Surgical Services, to speak	
	to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time. • eFax # 213-596-3783 or	
	efax-carepro-	

	angalogy@navyaantun/haalt	
	oncology@newcenturyhealt h.com	
	Other breast procedures	11971, 19316, 19318,
	(excludes breast	19325, 19328, 19330,
	reconstruction following	19340, 19342, 19350,
	medically necessary	19357, 19370, 19371,
	mastectomies for breast	19380, 0970T, 0971T,
	cancer)	C1789, L8600
	Simple mastectomy and	19300, 19303
	gynecomastia surgery	
	(excludes radical and	
	modified)	
	Evolent (formerly New Century	
	Health) will manage all prior	
	authorization requests.	
	Requests can be submitted via: Evolent's website at	
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
	New Century Health) at 844-	
	926-4528, option 5 for	
	Surgical Services, to speak	
	to a live representative,	
	Monday – Friday, 8 a.m. – 8	
	p.m., Eastern time.	
	 eFax # 213-596-3783 or efax-carepro- 	
	oncology@newcenturyhealt	
	h.com	
		91110, 91111, 91113,
Capsule endoscopy		0651T, 0977T
Cardiac devices	Aortic repair	33875, 33877, 33880,
		33881, 33883, 33886,
		34701, 34702, 34703,
		34704, 34705, 34706,
		34830, 34831, 34832,
		34841, 34842, 34843,
		34844, 34845, 34846,
		34847, 34848
		34047, 34040

Cardina implements	22206 22207 22208
Cardiac implantable	33206, 33207, 33208,
devices (e.g., CardioMEMS	33210, 33211, 33212,
pacemakers, leadless	33213, 33214, 33216,
pacemakers, left atrial	33217, 33221, 33224,
appendage closure	33227, 33228, 33229,
[LAAC], defibrillators	33230, 33231, 33233,
[implantable and	33234, 33235, 33240,
subcutaneous] and	33241, 33244, 33249,
cardiac resynchronization	33262, 33263, 33264,
therapy)	33270, 33271, 33272,
	33273, 33274, 33275,
	33289, 33340, 93264,
	0408T, 0409T, 0410T,
	0411T, 0412T, 0413T,
	0414T, 0415T, 0416T,
	0417T, 0418T, 0571T,
	0572T, 0573T, 0574T,
	0580T, 0614T, 0795T,
	0796T, 0797T, 0798T,
	0799T, 0800T, 0801T,
	0802T, 0803T, 0823T,
	0824T, 0825T, 0826T,
	0915T 0916T, 0917T,
	0918T, 0919T, 0920T,
	0921T, 0922T, 0923T,
	0924T, 0925T, 0926T,
	0927T, 0933T, 0934T,
	0981T, 0982T, 0983T,
	C1605, C1721, C1722,
	C1777, C1779, C1785,
	C1786, C1825, C1824,
	C1882, C1895, C1896,
	C1898, C1899, C1900,
	C2619, C2620, C2621,
	C2624, G0555
Implantable Carotid Sinus	0266T, 0267T, 0268T,
Stimulator	0269T, 0270T, 0271T,
Stillutator	0272T, 0273T, C1825
Internal loop recorders	33285, 33286
internatioop recorders	33203, 33200

	Wearable cardiac	93228, 93229
	monitoring devices	
Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597
	Carotid revascularization	35301, 37215, 37216, 37217, 37218
	Coronary angioplasty/stent	92920, 92924, 92928, 92933, 92937, 92943, 92972, 0913T, 0914T, C1761, C9600, C9602, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies	Prior authorization requests will be reviewed by the Humana National Transplant Network • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. • Submit by email to transplant@humana.com.	38225, 38226, 38227, 38228, 38999, 60699, C9399, J3391, J3392, J3393, J3394 J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7, XW033H7, XW033L7, XW033M7, XW033L7, XW043BA, XW043C7, XW043G7, XW043H7, XW043J7, XW043M7, XW043N7, XW043M7, XW043N7, XW133G8,

		XW143G8, XW133J8, XW143J8
Chemotherapy agents, supportive drugs and symptom management drugs category		This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Chiropractic and acupuncture therapy	Tivity Health/WholeHealth Living (WHL) will manage all prior authorization requests from providers within the WHL network for chiropractic therapy services for South Florida. Tivity Health/WholeHealth Living (WHL) will manage all prior authorization requests for acupuncture therapy from providers in the WHL network in the following states: Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Kentucky,* Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Texas,* Utah, Vermont, Virginia, Washington and Wyoming.	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943

	<u></u>	<u>, </u>
	*Certain plans in these	
	states do not use the	
	WholeHealth Living	
	network and use the	
	Humana network.	
	To outside a social	
	To submit a prior	
	authorization request:	
	• Use the <u>Tivity Health</u> online portal.	
	(www.wholehealthpro.com/)	
	• Call 855-800-9804	
	• Fax 888-492-1025	
	(American Specialty	
	Health (ASH) will manage	
	all prior authorization	
	requests for chiropractic	
	and acupuncture with	
	plans in Southern	
	California.	
	To submit a prior	
	authorization request:	
	 Chiropractic 	
	therapy: Fax 877-	
	427-4777	
	(Southern CA)	
	Acupuncture	
	therapy: Fax 877	
	248-2746	
	Note: Drien outle suissation is	
	Note: Prior authorization is	
	not required in states not	
Cutopoulovoquilor locion romavel	listed above.	17100 17107 17100
Cutaneous vascular lesion removal		17106, 17107, 17108

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Decompression of peripheral nerve (i.e., carpal tunnel surgery) Diagnostic/cardiac imaging Computed tomography (CT) scan The following services will now be managed	29848, 64721 70460, 70470, 70481, 70482, 70487, 70488, 70491, 70492, 70496,
Diagnostic/cardiac imaging Computed tomography (CT) scan	70482, 70487, 70488, 70491, 70492, 70496,
(CT) scan	70491, 70492, 70496,
The following services will now be managed	
via Cohere. Please submit authorizations to	70498, 71260, 71270,
www.Next.Coherehealth.com. If not registered, please use	71275, 72126, 72127,
www.Coherehealth.com/register.	72130, 72132, 72133,
	72191, 72193, 72194,
Prior authorization requests for services	73206, 73706, 74160,
managed by Cohere	74170, 74174, 74175,
Requests can be submitted via: • Cohere Health's portal (online):	74177, 74178, 75572,
Information and to request a new	75573, 75574, 75635
account: Electrophysiology Study	93600, 93602, 93603,
www.Coherehealth.com/register (EPS) or EPS with 3D	93610, 93612, 93618,
Additional provider information: manning	93619, 93620, 93631,
www.coherehealth.com/provider/res	93640, 93641, 93642,
Portal login (prior authorization	93644, 0577T
request): Next.Coherehealth.com Magnetic resonance	70544, 70545, 70546,
 Phone: 833-283-0033, Monday – angiography (MRA) 	70547, 70548, 70549,
Friday, 8 a.m. – 8 p.m., Eastern time	71555, 72159, 72198,
Fax: 857-557-6787Expedited/urgent cases can be	73225, 73725, 74185,
submitted and monitored on the	C8900, C8901, C8902,
Cohere portal at	C8909, C8910, C8911,
Next.Coherehealth.com.	C8912, C8913, C8914,
 For questions, call Cohere: 833-283- 0033. 	C8918, C8919, C8920,
0000.	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,
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		73721, 73722, 73723,
		74181, 74182, 74183,
		75557, 75559, 75561,
		75563, 77046, 77047,
		77048, 77049, C8903,
		C8905, C8906, C8908,
		C9762, C9763, C9791
	Myocardial perfusion	78451, 78452, A9611
	imaging single photon	
	emission computed	
	tomography (MPI-SPECT)	
	Nuclear stress test	78453, 78454, 78466,
		78468, 78469, 78472,
		78473, 78481, 78483,
		93350, 93351, C8928,
		C8930
	Peripheral angiography	36245, 36246, 36247
	Positron emission	78429, 78430, 78431,
	tomography (PET)	78432, 78433, 78459,
	scan/National Oncology	78491, 78492, 78608,
	PET Registry (NOPR)	78609, 78811, 78812,
		78813, 78814, 78815,
		78816, G0219, G0235,
		G0252
	Prostate-specific	A9587, A9593,
	membrane antigen	A9594, A9595, A9596,
	(PSMA/PET CT)C	A9597, A9608, A9616*,
	(* -:	A9800
	Single-photon emission	78494
	computerized tomography	
	(SPECT) scan	
	Transesophageal	93312, 93313, 93314,
	echocardiogram (TEE)	93315, 93316, 93317,
	oonoodidii (iEE)	93318, 93355, C8925,
		C8926, C8927
Electric beds		E0193, E0194, E0265,
Licotile bods		E0266, E0296, E0297
Emerging technology/new indications		31647, 31648, 31649,
for existing technology		31651, 43284, 53865,
TOT EXISTING RECTITIONORY		31031, 43204, 33803,

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	T	50000 0440T 0447T
		53866, 0446T, 0447T,
		0448T, <u>0716T (Managed</u>
		<u>by Cohere</u>), 0745T, 0746T,
		0747T, C1735, C1736,
		0935T, 0947T, E0738,
		E0739
Epidural injections (outpatient only)		62320, 62321, 62322,
		62323, 64479, 64480,
		64483, 64484, 64999,
		0777T
Esophagogastroduodenoscopy (EGD)		43235, 43237, 43238,
		43239, 43242, 43252,
		43253, 43259
Facet injections		64490, 64491, 64492,
		64493, 64494, 64495,
		64633, 64634, 64635,
		64636, 64999, 0213T,
		0214T, 0215T, 0216T,
		0217T, 0218T
Facility-based sleep studies (PSG)		95807, 95808, 95810,
, , ,		95811
Foot surgeries, bunionectomy and		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 prior	99512, 99600, G0151,
	authorization for home	G0152, G0153, G0155,
	health. Please see below	G0156, G0157, G0158,
	incattii. I tease see betow	G0159, G0160, G0161,
		G0162, G0299, G0300,
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for state-specific guidance.

G0493, G0494, G0495, G0496, G2168, G2169

Tango will manage all prior authorization requests for home health services for Humana Medicare Advantage (MA) [HMO and PPOs] members residing and having a plan in one of these states:

Arizona, Colorado or New Mexico

Phone: 888-705-5274 Fax: 877-612-7066

Prior authorization requests can be faxed or uploaded through the Tango website at www.tangocare.com.

Please note: Tango participation excludes patients with Humana MA private fee-for-service (PFFS) coverage.

Humana Home Solutions manages authorizations for home health services for MA, including skilled nursing, home health aide, therapies (PT,OT,ST), wound care, behavioral health and medical social

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worker for some members residing in and enrolled in plans for the following states: AL, AR, GA, ID, IN, IL, KS, KY, LA, MA, MO, MS, NE, NC, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, OR, PA, SC, TN, TX, UT, VA, WA and WV.

- Phone: **800-572- 4317**
- Fax: 502-508-0668
 for nonCenterWell®
 agencies in GA, IN,
 KY, NJ (Atlantic,
 Burlington,
 Camden, Cape
 May, Cumberland,
 Gloucester, Mercer
 and Salem
 counties only), OH,
 OK, PA, SC, TX and
 WV.
- Fax: **502-414-2135** for AR, ID, KS, MO, NC, OR, SC, UT, VA, WA and CenterWell in GA and SC.

All other states will be managed by Humana's Clinical Intake team. Please call the

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	number on the back of the member's ID card.	
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice) Acute rehab facilities Long-term acute care Mental health and	All
	substance use treatment (including any treatment in a residential setting) Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection	Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.co m • Or call Evolent (formerly New Century Health) at 844-926-4528, option 5 for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # 213-596-3783 or efax-carepro-oncology@newcenturyhealt h.com	32096, 32097, 32505, 32607, 32608, 32666
Micro-Invasive Glaucoma Surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T
Molecular diagnostic and genetic testing		81105, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81173, 81175,

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0018M, 0020M, 0005U,
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0032U, 0037U, 0045U, 0067U, 0087U, 0085U, 0067U, 0087U, 0088U, 0089U, 0090U, 0101U, 0111U, 0118U, 0129U, 0138U, 0154U, 0172U, 0175U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0230U, 0239U, 0242U, 0254U, 0256U, 0254U, 0258U, 0271U, 0272U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0315U, 0333U, 0334U, 0339U, 0340U, 0339U, 0333U, 0334U, 0339U, 0340U, 0355U, 0356U, 0359U, 0360U, 0355U, 0356U, 0359U, 0360U, 03	0026U, 0029U, 0031U,
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0090U, 0101U, 0111U, 0118U, 0129U, 0138U, 0154U, 0172U, 0175U, 0154U, 0172U, 0175U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0230U, 0239U, 0242U, 0245U, 0256U, 0254U, 0258U, 0271U, 0230U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0329U, 0322U, 0323U, 0326U, 0329U, 0332U, 0333U, 0334U, 0339U, 0340U, 0355U, 0356U, 0355U, 0356U, 0355U, 0356U, 0358U, 0359U, 0360U, 0363U, 0378U, 031U, 0340U, 0340U, 0340U, 0340U, 0340U, 0340U, 0355U, 0356U, 0376U, 0360U, 0360U, 0376U, 0360U, 0360U, 0376U, 0360U, 036	0047U, 0055U, 0067U,
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	0555U, 0560U, 0561U,
	0562U, 0565U, 0566U,
	0567U, 0569U, 0571U,
	0572U, 0578U*, 0585U*
Negative pressure wound therapy	97605, 97606, A6550,
(NPWT)	E2402, K0743
Neuromuscular stimulators	A4593, A4594, E0764,
	E0770
Neurostimulators	61860, 61863, 61867,
	61885, 61886, 61889,
	61891, 61892, 64553,
	64555, 64561, 64566,
	64568, 64575, 64581,
	64590, 64596, 64597,
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	0968T, 0969T, C1767,
	C1787, C1826, C1827,
	C9807, E0721, E0734,
	E0735, E0736, E0737,
	E0743, L8683
Noninvasive home ventilators	E0466, E0468
Obesity surgeries	0813T, 43290, 43291,
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	43634, 43644, 43645,
	43770, 43771, 43772,
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		43846, 43847, 43848,
		43886, 43887, 43888,
		C9784, C9785
Observation	Observation notification	All
	required	
Oral, orthognathic,		20910, 21010, 21050,
temporomandibular joint (TMJ)		21070, 21085, 21100,
surgeries		21110, 21125, 21127,
		21141, 21142, 21143,
		21145, 21146, 21147,
		21150, 21151, 21154,
		21155, 21159, 21160,
		21188, 21193, 21194,
		21195, 21196, 21198,
		21199, 21206, 21208,
		21210, 21215, 21240,
		21242, 21243, 21244,
		21247, 29800, 29804
Orthopedic surgeries: hip, knee and		23472, 23473, 23474,
shoulder arthroplasty		27125, 27130, 27132,
, ,		27134, 27137, 27138,
		27437, 27438, 27440,
		27441, 27442, 27443,
		27445, 27446, 27447,
		27486, 27487, C8003
Orthopedic surgeries: hip, knee and		23929, 27299, 27412,
shoulder arthroscopy		27599, 29805, 29806,
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		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,

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	29882, 29883, 29884,
	29885, 29886, 29887,
	29888, 29889, 29914,
	29915, 29916, 29999,
	C9781, J7330
Orthotics	L0452, L0456, L0457,
	L0458, L0460, L0462,
	L0464, L0480, L0482,
	L0484, L0486, L0488,
	L0624, L0629, L0631,
	L0632, L0634, L0635,
	L0636, L0637, L0638,
	L0639, L0640, L0700,
	L0710, L0720, L0999
	L1000, L1200, L1499,
	L1680, L1685, L1686,
	L1690, L1700, L1730,
	L1834, L1840, L1843,
	L1844, L1845, L1846,
	L1848, L1851, L1852,
	L1860, L1907, L1932,
	L1933, L1945, L1950,
	L1951, L1952, L1960,
	L1970, L2000, L2005,
	L2006, L2010, L2020,
	L2030, L2034, L2036,
	L2037, L2038, L2106,
	L2108, L2128, L2136,
	L2350, L2525, L2526,
	L2627, L2999, L3671,
	L3674, L3720, L3730,
	L3740, L3763, L3764,
	L3765, L3766, L3900,
	L3901, L3904, L3905,
	L3961, L3971, L3973,
	L3977, L3999, L4631
Other durable medical equipment	A4238, A4239, A9274,
(DME)	E0277, E0301, E0302,
	E0303, E0304, E0469,

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		E0481, E0482, E0486,
		E0490, E0491, E0492,
		E0493, E0650, E0651,
		E0652, E0658*, E0659*,
		E0660, E0665, E0666,
		E0667, E0668, E0669,
		E0670, E0671, E0672,
		E0673, E0675, E0676,
		E0677, E0678, E0679,
		E0680, E0681, E0682,
		E0683, E0691, E0692,
		E0693, E0694, E0762,
		E0766, E0784, E2102,
		E2103, E2508, E2510,
		E2511, E2599, E3000,
		K0900, K1007, K1027,
		L8701, L8702
Pain infusion pump		62324, 62325, 62326,
		62327, 62350, 62351,
		62360, 62361, 62362,
		64999, C1772, C1891,
		C2626, C9804, C9806,
		E0782, E0783, E0785,
		E0786
Penile implant		54405
Percutaneous lumbar intravertebral		0627T, 0628T, 0629T,
disc injection		0630T
Peripheral revascularization		0234T, 0235T, 0236T,
(atherectomy, angioplasty)		0237T, 0238T, 37220,
		37221, 37224, 37225,
		37226, 37227, 37228,
		37229, 37230, 37231,
		37236, 37238, 0505T,
		C9764, C9765, C9766,
		C9767, C9772, C9773,
		C9774, C9775
Prostate surgeries (prostatectomy)	Evolent (formerly New Century	55801, 55810, 55812,
	Health) will manage all prior	55815, 55821, 55831,
	authorization requests. Requests can be submitted via:	
	noquests can be submitted via.	

	Evolent's website at https://my.newcenturyhealth.co m Or call Evolent (formerly New Century Health) at 844-926-4528, option 5 for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Fax # 213-596-3783 or efax-carepro-oncology@newcenturyhealt h.com	55840, 55842, 55845, 55866, 55867, 55880
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, 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, L5655, L5656, L5658, L5657*,

L5661, L5665, L5666,	
L5668, L5670, L5671,	
L5672, L5673, L5676,	
L5677, L5678, L5679,	
L5681, L5682, L5683,	
L5684, L5685, L5686,	
L5688, L5690, L5692,	
L5694, L5695, L5696,	
L5697, L5698, L5699,	
L5700, L5701, L5702,	
L5703, L5704, L5705,	
L5706, L5707, L5710,	
L5711, L5712, L5714,	
L5716, L5718, L5722,	
L5724, L5726, L5728,	
L5780, L5781, L5782,	
L5783, L5785, L5790,	
L5795, L5810, L5811,	
L5812, L5814, L5816,	
L5818, L5822, L5824,	
L5826, L5827, L5828,	
L5830, L5840, L5841,	
L5845, L5848, L5850,	
L5855, L5856, L5857,	
L5858, L5859, L5910,	
L5920, L5925, L5926,	
L5930, L5940, L5950,	
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L5964, L5966, L5968,	
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L5975, L5976, L5978,	
L5979, L5980, L5981,	
L5982, L5984, L5985,	
L5986, L5987, L5988,	
L5991, L5999, L6000,	
L6010, L6020, L6026,	
L6028, L6029, L6030,	
L6031, L6032, L6033,	

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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,
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L6635, L6637, L6638,
L6640, L6641, L6642,
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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,
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L6722, L6805, L6810,
L6880, L6881, L6882,
L6883, L6884, L6885,
L6895, L6900, L6905,
L6910, L6915, L6920,
L6925, L6930, L6935,
L6940, L6945, L6950,
L6955, L6960, L6965,
L6970, L6975, L7007,

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		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 prior	Evolent (formerly New
	authorization for	Century Health) 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,
	Century Health) will	77371, 77372, 77373,
	manage all prior	77385, 77386, 77401,
	authorization requests	77402, 77407, 77412,
	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 844-926-	G6010, G6011, G6012,
	4528, option 4 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,
	• eFax # 213-596-3783	77373, 77385, 77386,
	or <u>efax-carepro-</u>	77401, 77402, 77407,
	oncology@newcentury	77412, 77423, 77424,
	health.com	77425, 77520, 77522,

	For Puerto Rico providers/members, please call: • Phone: 866-488-5995 (providers) or 866-773-5959 (members) • Fax: 800-594-5309.	77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, 0394T For MA PFFS-covered patients, if you would like an ACD for this service, please
Radiofrequency Ablation for the SI		contact Humana's Clinical Intake team at 800-523- 0023.
Joint		04020
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
Sacroiliac (SI) joint injections		27096
Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, A2030, A2031, A2032, A2033, A2034, A2036*, A2037*, A2038*, A2039*, 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,
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Q4128**, Q4130, Q4132,
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Q4218, Q4219, Q4220,
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Q4308, Q4309, Q4310,
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Q4329, Q4330, Q4331,
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Q4333, Q4336, Q4337, Q4338, Q4339, Q4340,
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	Q4356, Q4357, Q4358,
	Q4359, Q4360, Q4361,
	Q4362, Q4363, Q4364,
	Q4365, Q4366, Q4367,
	Q4368, Q4369, Q4370,
	Q4371, Q4372, Q4373,
	Q4375, Q4376, Q4377,
	Q4378, Q4379, Q4380,
	Q4382, Q4368, Q4369,
	Q4370, Q4371, Q4372,
	Q4375, Q4376, Q4377,
	Q4378, Q4379, Q4380,
	Q4382, Q4383*, Q4384*,
	Q4385*, Q4386*, Q4387*,
	Q4388*, Q4389*, Q4390*,
	Q4391*, Q4392*, Q4393*,
	Q4394*, Q4395*, Q4396*,
	Q4397*
	**For codes Q4116,
	Q4122 and Q4128, no
	prior authorization is
	required for breast
	reconstruction following
	medically necessary
	mastectomies for breast
	cancer.
Spinal cord stimulators	0784T, 0785T, 63650,
	63655, 63663, 63664,
	63685, 63688, 64999,
	C1816, C1820, C1822,
	L8679, L8682
Spinal fusion, decompression,	20999, 22100, 22101,
kyphoplasty and vertebroplasty	22102, 22103, 22116,
At the state of the state of the state of	

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	22510, 22511, 22512,
	22513, 22514, 22515,
	22526, 22527, 22532,
	22533, 22534, 22548,
	22551, 22552, 22554,
	22556, 22558, 22585,
	22586, 22590, 22595,
	22600, 22610, 22612,
	22614, 22630, 22632,
	22633, 22634, 22800,
	22802, 22804, 22808,
	22810, 22812, 22818,
	22819, 22830, 22836,
	22837, 22838, 22840,
	22841, 22842, 22843,
	22844, 22845, 22846,
	22847, 22848, 22849,
	22853, 22854, 22856,
	22857, 22858, 22859,
	22860, 22861, 22862,
	22867, 22868, 22869,
	22870, 22899, 27278,
	27279, 27280, 62287,
	62380, 63001, 63003,
	63005, 63011, 63012,
	63015, 63016, 63017,
	63020, 63030, 63035,
	63040, 63042, 63043,
	63044, 63045, 63046,
	63047, 63048, 63050,
	63051, 63052, 63053,
	63055, 63056, 63057,
	63064, 63066, 63075,
	63076, 63077, 63078,
	63081, 63082, 63085,
	63086, 63087, 63088,
	63090, 63091, 63101,
	63102, 63103, 63170,
	63172, 63173, 63185,
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G3190, G3191, G3197, G3200, G3250, G3251, G3200, G3250, G3251, G3265, G3266, G3265, G3266, G3267, G3276, G3273, G3275, G3276, G3277, G3278, G3276, G3277, G3278, G3280, G3281, G3282, G3283, G3285, G3286, G3280, G3281, G3282, G3283, G3285, G3286, G3300, G3301, G3302, G3303, G3304, G3305, G3306, G3307, G3308, G4628, G4629, 0095T, 0098T, 0078T, 0058T,		1	,
63252, 63265, 63266, 63277, 63276, 63277, 63276, 63277, 63276, 63277, 63272, 63273, 63277, 63278, 63275, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63300, 63301, 63302, 63300, 63301, 63302, 63303, 63404, 63305, 63306, 64628, 64629, 00951, 00981, 01641, 01651, 02021, 02211, 02221, 02271, 02271, 02217, 02217, 02217, 022751, 06561, 06577, 07191, 07901, C1821, C2614, C9757 Surgery for obstructive sleep apnea Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 1327, 31240, 31253, 31254, 31256, 31257, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 31297, 31298, 37032, 97033, 97034, 97032, 97033, 97034, 97033, 97034, 97035, 97036, 97037,			
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63271, 63272, 63273, 63275, 63276, 63277, 63275, 63276, 63277, 63275, 63276, 63277, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 00957, 00987, 10147, 01657, 02207, 02197, 02207, 02197, 02207, 02197, 02207, 02197, 02207, 02197, 020747, 02757, 06567, 0797, 0797, 07907, C1821, C2614, C9757 Surgery for obstructive sleep apnea 21685, 33276, 33277, 33278, 33280, 33281, 33287, 33280, 33281, 33287, 33280, 33281, 33287, 33280, 33281, 33287, 33280, 33281, 33287, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 33280, 33281, 3			
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63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63302, 63303, 63304, 63305, 63306, 63628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0221T, 0222T, 0227T, 0274T, 0275T, 0556T, 0657T, 0719T, 0790T, CT821, C2614, C9757 Surgery for obstructive sleep apnea 21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727 Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31256, 31257, 31259, 31267, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			
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63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 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			63278, 63280, 63281,
G3295, G3300, G3301, G3304, G3302, G3303, G3304, G3305, G3306, G3307, G3308, G4628, G4629, O095T, O098T, O164T, O165T, O202T, O219T, O220T, O221T, O222T, O274T, O275T, O656T, O657T, O719T, O790T, C1821, C2614, C9757 Surgery for obstructive sleep apnea 21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727 Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies al 31237, 31240, 31253, 31256, 31256, 31256, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			63282, 63283, 63285,
G3302, G3303, G3304, G3305, G3306, G3307, G3308, G4628, G4629, O095T, O098T, O164T, O165T, O202T, O221T, O222T, O229T, O221T, O222T, O274T, O275T, O656T, O657T, O719T, O790T, C1821, C2614, C9757 Surgery for obstructive sleep apnea			
G3305, G3306, G3307, G3308, G4628, G4629, O095T, O099T,			
G3308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0224T, 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 procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			63302, 63303, 63304,
0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 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 procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			63305, 63306, 63307,
0165T, 0202T, 0219T, 0220T, 0221T, 0220T, 0221T, 0220T, 0221T, 0220T, 0221T, 0274T, 0275T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757			
0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757			
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 procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) Pro10, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			0220T, 0221T, 0222T,
C1821, C2614, C9757			0274T, 0275T, 0656T,
Surgery for obstructive sleep apnea 21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727 Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			0657T, 0719T, 0790T,
33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727 Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31256, 31257, 31259, 31267, 31257, 31259, 31267, 31276, 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,			C1821, C2614, C9757
33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727	Surgery for obstructive sleep apnea		21685, 33276, 33277,
### August			33278, 33279, 33280,
42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727			33281, 33287, 33288,
A2950, 64582, 93150, 93151, 93152, 93153, C9727			41512, 41530, 41599,
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies Excludes diagnostic nasal/sinus endoscopies 1257, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			42140, 42145, 42299,
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic 31237, 31240, 31253, 31256, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) Physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			42950, 64582, 93150,
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation Excludes diagnostic nasal/sinus endoscopies Therapy (physical and occupational) Excludes diagnostic nasal/sinus endoscopies Excludes diagnostic nasal/sinus endoscopies 31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			93151, 93152, 93153,
procedures and balloon sinus ostial dilation nasal/sinus endoscopies 31254, 31255, 31256, 31257, 31259, 31267, 31276, 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,			C9727
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,	Surgical nasal/sinus endoscopic	Excludes diagnostic	31237, 31240, 31253,
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,	procedures and balloon sinus ostial	nasal/sinus endoscopies	31254, 31255, 31256,
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,	dilation		31257, 31259, 31267,
Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			31276, 31287, 31288,
Therapy (physical and occupational) 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			31295, 31296, 31297,
97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,			31298, 69705, 69706
97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037,	Therapy (physical and occupational)		97010, 97012, 97014,
97032, 97033, 97034, 97035, 97036, 97037,			97016, 97018, 97022,
97035, 97036, 97037,			97024, 97026, 97028,
			97032, 97033, 97034,
97039, 97110, 97112,			97035, 97036, 97037,
			97039, 97110, 97112,

		97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761,
		97763, 97799, G0283
Thyroid surgeries (thyroidectomy and lobectomy)	Evolent (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: Evolent's website at https://my.newcenturyhealth.com • Or call Evolent (formerly New Century Health) at 844-926-4528, option 5 for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax # 213-596-3783 or efax-carepro-oncology@newcenturyhealt h.com	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, 0540U, 0575U*, 0576U*, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ

Varicose vein: surgical treatment and		36465, 36466, 36468,
sclerotherapy		36470, 36471, 36473,,
Scierotherapy		36474, 36475, 36476,
		36478, 36479, 36482,
		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
Wearable Cardioverter Defibrillators		K0606
Wheelchairs/scooters		E0986, E1002, E1003,
		E1004, E1005, E1006,
		E1007, E1008, E1009,
		E1010, E1012, E1161,
		E1220, E1234, E1235,
		E1239, E2207, E2298,
		E2310, E2311, E2312,
		E2321, E2322, E2325,
		E2327, E2328, E2329,
		E2330, E2331, E2343,
		E2351, E2358, E2359,
		E2360, E2362, E2364,
		E2368, E2369, E2375,
		E2376, E2383, E2398,
		K0005, K0008, K0009,
		K0013, K0669, K0800,
		K0801, K0802, K0806,
		K0807, K0808, K0812,
		K0813, K0814, K0815,
		K0816, K0820, K0821,
		K0822, K0823, K0824,
		K0825, K0826, K0827,
		K0828, K0829, K0830,
		K0825, K0825, K0836,
		K0837, K0838, K0839,
		K0840, K0841, K0842,
		NU04U, NU041, NU04Z,

K0843, K0848, K0849,
K0850, K0851, K0852,
K0853, K0854, K0855,
K0856, K0857, K0858,
K0859, K0860, K0861,
K0862, K0863, K0864,
K0868, K0869, K0870,
K0871, K0877, K0878,
K0879, K0880, K0884,
K0885, K0886, K0890,
K0891, K0898, K0899