Humana

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

Effective date: July 1, 2025 Revision date: August 1, 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 cancer	20982, 20983, 47370, 47371, 47380, 47381,
		47382, 47383, 50250,
	Evolent (formerly New Century Health) will manage all preauthorization requests.	50541, 50542, 50592, 50593, 51721, 53850,
	Requests can be submitted via: Evolent's website at	53852, 53854, 55873, 55881, 55882, 0421T,
	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 <u>efax-</u>	0582T, 0950T*
	<u>carepro-</u> oncology@newcenturyhealth.co m	
	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
Bladder slings		57288

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Disalessates		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 # 213-596-3783 or	
	<u>efax-carepro-</u>	
	oncology@newcenturyhealt	
	<u>h.com</u>	10001 10000
	Breast lumpectomy	19301, 19302
	Fuelent (fermerik: New Oentum)	
	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.	
	p.m., castern time.	

	eFax # 213-596-3783 or <u>efax-carepro-</u> <u>oncology@newcenturyhealt</u> <u>h.com</u> Other breast procedures (excludes breast reconstruction following medically necessary	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371,
	mastectomies for breast cancer) Simple mastectomy and gynecomastia surgery (excludes radical and modified)	19380, C1789, L8600 19300, 19303
	 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 	
Capsule endoscopy	Actic repair	91110, 91111, 91113, 0651T, 0977T*
Cardiac devices	Aortic repair	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843,

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	34844, 34845, 34846,
	34847, 34848
Cardiac impla	
devices (e.g., 0	
pacemakers, l	eadless 33213, 33214, 33216,
pacemakers, l	eft atrial 33217, 33221, 33224,
appendage clo	osure 33227, 33228, 33229,
[LAAC], defibri	illators 33230, 33231, 33233,
[implantable a	and 33234, 33235, 33240,
subcutaneous	and 33241, 33244, 33249,
cardiac resync	chronization 33262, 33263, 33264,
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,
	0825T0826T, 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,
	0.000, 0.000, 02010,

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		C2620 C2621 C2624
		C2620, C2621, C2624,
	land a stable O sectid Oisses	G0555
	Implantable Carotid Sinus	0266T, 0267T, 0268T,
	Stimulator	0269T, 0270T, 0271T,
		0272T, 0273T, C1825
	Internal loop recorders	33285, 33286
	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
		35301, 37215, 37216,
	Carotid revascularization	37217, 37218
		92920, 92924, 92928,
		92933, 92937, 92943,
	Coronary	92972, 0913T, 0914T,
	angioplasty/stent	C1761, C9600, C9602,
		C9604, C9607
	Patent foramen ovale	93580
	(PFO) and atrial septal	
	defect (ASD) closure	
		33361, 33362, 33363,
	Transcatheter valve	33364, 33365, 33366,
	surgeries (TMVR,	33418, 0345T, 0805T,
	TAVR/TAVI and MitraClip)	0806T
Cellular (including chimeric	Preauthorization requests	38225, 38226, 38227,
antigen receptor T-cell therapy	will be reviewed by the	38228, 38999*, 60699,
	Humana National	C9301, C9399, J3391*,
(CAR T)), genetic, tissue and	Transplant Network	J3392*, J3393*, J3394*
transplant therapies	• Submit by fax to	J3490, J3590, J9999*,
	502-508-9300.	Q2041, Q2042, Q2053,
	Submit by telephone to	Q2054, Q2055, Q2056,
	866-421-5663.	Q2054, Q2033, Q2030, Q2057, XW0338A*,
	• Submit by email to	XW033C7, XW033G7,
		XW033C7, XW033G7, XW033H7, XW033J7,
	transplant@humana.acm	
	transplant@humana.com.	XW033K7, XW033L7,

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		XW033M7, XW033N7, XW0438A*, 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	Tivity Health/WholeHealth Living (WHL) will manage all preauthorization requests from providers within the WHL network for chiropractic therapy services for South Florida. 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, New York, North Carolina,	20560, 20561, 97810, 97811, 97813, 97814, 98940, 98941, 98942, 98943

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 <u>Tivity Health</u>	
online portal.	
(www.wholehealthpro.com/)	
• Call 855-800-9804	
• Fax 888-492-1025	
(American Specialty	
(American Specialty	
Health (ASH) will manage all preauthorization	
requests for chiropractic	
and acupuncture with	
plans in Southern	
California.	
Gauloma.	
To submit a	
preauthorization request:	
Chiropractic	
therapy: Fax 877-	
427-4777	
(Southern CA)	
Acupuncture	
therapy: Fax 877	
248-2746	
240-2740	

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	Note: Preauthorization is not required in states not listed above.	
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve		29848, 64721
(i.e., carpal tunnel surgery)		
Diagnostic/cardiac imaging The following services will now be managed via Cohere. Please submit authorizations to www.Next.Coherehealth.com. If not	Computed tomography (CT) scan	70460, 70470, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 71260, 71270, 71275, 72126, 72127, ,
registered, please use		72130, 72132, 72133,
www.Coherehealth.com/register.		72191, 72193, 72194,
Preauthorization requests for services managed by Cohere		73206, 73706, 74160,
Requests can be submitted via:		74170, 74174, 74175,
Cohere Health's portal (online):		74177, 74178, 75572,
 Information and to request a new 		75573, 75574, 75635
account: www.Coherehealth.com/register	Electrophysiology Study	93600, 93602, 93603,
Additional provider information:	(EPS) or EPS with 3D	93610, 93612, 93618,
www.coherehealth.com/provider/res	mapping	93619, 93620, 93631,
ources		93640, 93641, 93642,
Portal login (preauthorization		93644, 0577T
 request): Next.Coherehealth.com Phone: 833-283-0033, Monday – 	Magnetic resonance	70544, 70545, 70546,
Friday, 8 a.m. – 8 p.m., Eastern time	angiography (MRA)	70547, 70548, 70549,
• Fax: 857-557-6787		71555, 72159, 72198,
Expedited/urgent cases can be		73225, 73725, 74185,
submitted and monitored on the		C8900, C8901, C8902,
Cohere portal at Next.Coherehealth.com.		C8909, C8910, C8911,
 For questions, call Cohere: 833-283- 		C8912, C8913, C8914,
0033.		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, 7321, 7322, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928,
73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion 78451, 78452, A9611 Myocardial perfusion 78451, 78454, 78466, Muclear stress test 78453, 78454, 78466, 78473, 78481, 78483,
73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion 78451, 78452, 78454, 78466, 78472, 78473, 78481, 78483, Muclear stress test 78453, 78454, 78481, 78483,
74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion 78451, 78452, A9611 Imaging single photon 78453, 78454, 78466, 78468, 78472, 78473, 78481, 78483,
Myocardial perfusion 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 Myocardial perfusion 78451, 78452, A9611 imaging single photon 78451, 78452, A9611 emission computed 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion 78451, 78452, A9611 imaging single photon 78453, 78454, 78466, nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion 78451, 78452, A9611 imaging single photon emission computed tomography (MPI-SPECT) 78453, 78454, 78466, Nuclear stress test 78468, 78469, 78472, 78473, 78481, 78483, 78473, 78481, 78483,
Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) 78451, 78452, A9611 Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT)78451, 78452, A9611Nuclear stress test78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
imaging single photon emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
emission computed tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
tomography (MPI-SPECT) Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
Nuclear stress test 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483,
78468, 78469, 78472, 78473, 78481, 78483,
78473, 78481, 78483,
93350, 93351, C8928.
C8930
Transthoracic 93306, 93307, 93308,
echocardiogram (TTE) C8923, C8924, C8929
Note: The Clonder
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,

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	Durante ta constanti (C	40507 40500
	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
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,
		02141, 02151, 02161, 0217T, 0218T
Facility-based sleep studies (PSG)	The following services will now	95807, 95808, 95810,
	be managed via Cohere. Please	95811
	submit authorizations to	33011
	www.Next.Coherehealth.com.	
	If not registered, please use	
	www.Coherehealth.com/regist	
	<u>er</u> .	

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Foot surgeries, bunionectomy and hammertoe	 Preauthorization requests for services managed by Cohere Requests can be submitted via: Cohere Health's portal (online): Information and to request a new account: www.Coherehealth.co m/register Additional provider information: www.coherehealth.co m/provider/resources Portal login (preauthorization request): Next.Coherehealth.co m Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time Fax: 857-557-6787 Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.co m. For questions, call Cohere: 833-283-0033. 	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882
Genicular Nerve Ablation and		64454, 64624
Genicular Nerve Blocks		50.400
High-frequency chest compression vests		E0483

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Llowe he alth /he was infinite it		00512 00000 00151
Home health/home infusion	All states require	99512, 99600, G0151, G0152, G0153, G0155,
	preauthorization for	G0152, G0153, G0155, G0156, G0157, G0158,
	home health. Please see	G0159, G0160, G0161,
	below for state-specific	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, Colorado or New	
	Mexico	
	Phone: 888-705-5274 Fax: 877-612-7066	
	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: 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 non-	
CenterWell [®]	
agencies in GA, IN,	
KY, NJ (Atlantic,	
Burlington,	
Camden, Cape	
May, Cumberland,	
Gloucester, Mercer	
and Salem	
counties only), OH,	
OK, PA, SC, TX and	
WV.	
- Fax: 502-414-2135	
for AR, ID, KS, MO,	
NC, OR, SC, UT,	
VA, WA and	
CenterWell in GA	
and SC.	
All other states will be	
managed by Humana's	
U	
Clinical Intake	

	team. Please call the number on the back of the member's ID card.	
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice) Acute rehab facilities Long-term acute care Mental health and substance use treatment (including any treatment in	All
	a residential setting)	-
Laparoscopic hiatal hernia repair	Skilled nursing facilities	43280, 43281, 43282
Lung biopsy and resection	 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 	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, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162,

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0007M, 0011M, 0012M,
0013M, 0016M, 0017M,
0018M, 0020M, 0005U,
0017U, 0018U, 0019U,
0021U, 0022U, 0026U,
0029U, 0030U, 0031U,
0032U, 0033U, 0036U,
0037U, 0045U, 0047U,
0048U, 0049U, 0050U,
0055U, 0060U, 0067U,
0069U, 0070U, 0071U,
0072U, 0073U, 0074U,
0075U, 0076U, 0087U,
0088U, 0089U, 0090U,
0094U, 0101U, 0102U,
0103U, 0111U, 0118U,
0120U, 0129U, 0130U,
0131U, 0132U, 0133U,
0134U, 0135U, 0136U,
0137U, 0138U, 0153U,
0154U, 0155U, 0156U,
0157U, 0158U, 0159U,
0160U, 0161U, 0162U,
0169U, 0170U, 0171U,
0172U, 0173U, 0175U,
0177U, 0203U, 0205U,
0209U, 0211U, 0212U,
0213U, 0214U, 0215U,
0216U, 0217U, 0218U,
0229U, 0230U, 0231U,
0232U, 0233U, 0234U,
0235U, 0236U, 0237U,

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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, 0292U,
0293U, 0294U, 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,

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	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,0533U, 0534U,
	0537U, 0538U,0539U,
	0543U,
	0544U, 0549U, 0552U*,
	0553U*, 0554U*, 0555U*,
	0560U*, 0561U*, 0562U*,
	0565U*, 0566U*, 0567U*,
	0569U*, 0571U*, 0572U*
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, 0956T*, 0957T*,
	0958T*, 0959T*, 0960T*,
	0968T*, 0969T*, C1767,
	C1787, C1826, C1827, E0721, E0734, E0735,

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		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	All
	required	
Oral, orthognathic,		20910, 21010, 21050,
temporomandibular joint (TMJ)		21060, 21070, 21085,
surgeries		21100, 21110, 21116,
		21125, 21127, 21141,
		21142, 21143, 21145,
		21146, 21147, 21150,
		21151, 21154, 21155,
		21159, 21160, 21188,
		21193, 21194, 21195,
		21196, 21198, 21199,
		21206, 21208, 21210,
		21215, 21240, 21242,
		21243, 21244, 21247,
		29800, 29804
Orthopedic surgeries: hip, knee and		23472, 23473, 23474,
shoulder arthroplasty		27125, 27130, 27132,
		27134, 27137, 27138,
		27437, 27438, 27440,
		27441, 27442, 27443,
		27445, 27446, 27447,
		27486, 27487, C8003
Orthopedic surgeries: hip, knee and		23929, 27299, 27412,
shoulder arthroscopy		27599, 29805, 29806,
		29807, 29819, 29820,
		29821, 29822, 29823,

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	29824, 29825, 29826,
	29827, 29828, 29850,
	29851, 29860, 29861,
	29862, 29863, 29866,
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	29871, 29873, 29874,
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	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,
()	E0303, E0304, E0328,
	E0469, E0481, E0482,
	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, E2502, E2504, E2506, E2508, E2510,
	E2500, E2500, 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,

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	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,
	L2034, L2036, L2037,
	L2038, L2060, L2106,
	L2108, L2126, L2128,
	L2132, L2134, L2136,
	L2350, L2525, L2526,
	L2627, L2628, L2999,
	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, 62350, 62351,
	62360, 62361, 62362,
	64999, C1772, C1891,
	C2626, C9804, C9806,
	E0782, E0783, E0785,
	E0786
Penile implant	54405
	01100

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Percutaneous lumbar intravertebral		0627T, 0628T, 0629T,
disc injection		0630T
Peripheral revascularization		0234T, 0235T, 0236T,
(atherectomy, angioplasty)		0237T, 0238T, 37220,
(anerocomy, angioptasty)		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	55801, 55810, 55812,
	preauthorization requests.	55815, 55821, 55831,
	Requests can be submitted via:	55840, 55842, 55845,
	Evolent's website at	55866, 55867, 55880
	https://my.newcenturyhealth.co	
	m	
	Or call Evolent (formerly	
	New Century Health) at 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	
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,
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L5595, L5600, L5610,
L5611, L5613, L5614,
L5615, L5616, L5617,
L5618, L5620, L5622,
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L5698, L5699, L5700,
L5701, L5702, L5703,
L5704, L5705, L5706,
L5707, L5710, L5711,
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L5785, L5790, L5795,
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L5848, L5850, L5855,
L5856, L5857, L5858,
L5859, L5910, L5920,

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L5925, L5926, L5930,
L5940, L5950, L5960,
L5961, L5962, L5964,
L5966, L5968, L5969,
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L5987, L5988, L5991,
L5999, L6000, L6010,
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L6032, L6033, L6037,
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L6110, L6120, L6130,
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L6350, L6360, L6370,
L6400, L6450, L6500,
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L6582, L6584, L6586,
L6588, L6590, L6600,
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L6686, L6687, L6688,
L6689, L6690, L6691,
L6692, L6693, L6694,
L6695, L6696, L6697,

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		L6698, L6700, L6703,
		L6704, L6706, L6707,
		L6708, L6709, L6711,
		L6712, L6713, L6714,
		L6715, L6721, L6722,
		L6805, L6810, L6880,
		L6881, L6882, L6883,
		L6884, L6885, L6895,
		L6900, L6905, L6910,
		L6915, L6920, L6925,
		L6930, L6935, L6940,
		L6945, L6950, L6955,
		L6960, L6965, L6970,
		L6975, L7007, L7008,
		L7009, L7040, L7045,
		L7170, L7180, L7181,
		L7259, L7400, L7401,
		L7402, L7403, L7404,
		L7405, L7406, L7499,
		L7510, L7520, L7600,
		L8035, L8499, L8720,
		L8721
Radiation therapy	All states require	Evolent (formerly New
	preauthorization 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	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,
	submitted via: Evolent's website at	77762, 77763, 77767, 77768, 77770, 77771,

	On eall Free land	00004 00005 00000
	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,
	<u>health.com</u>	77425, 77520, 77522,
		77523, 77525, 77750,
	For Puerto Rico	77761, 77762, 77763,
	providers/members,	77767, 77768, 77770,
	please call:	77771, 77772, 77778,
	• Phone: 866-488-	G0339, G0340, G0458,
	5995 (providers) or	G6003, G6004, G6005,
	866-773-5959	G6006, G6007, G6008,
	(members)	G6009, G6010, G6011,
	• Fax: 800-594-5309.	G6012, G6013, G6014,
		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.
De diefre worden en Alsterie er fanste a Ot		0.4005
Radiofrequency Ablation for the SI		64625
Joint		00400 00440 00400
Rhinoplasty and other nasal		30400, 30410, 30420,
procedures		30430, 30435, 30450,
		30460, 30462, 30468,
		30469

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.

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,
	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,

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Q4178, Q4179, Q4180,
Q4181, Q4182, Q4183,
Q4184, Q4185, Q4186,
Q4187, Q4188, Q4189,
Q4190, Q4191, Q4192,
Q4193, Q4194, Q4195,
Q4196, Q4197, Q4198,
Q4199, Q4200, Q4201,
Q4202, Q4203, Q4204,
Q4205, Q4206, Q4208,
Q4209, Q4211, Q4212,
Q4213, Q4214, Q4215,
Q4216, Q4217, Q4218,
Q4219, Q4220, Q4221,
Q4222, Q4224, Q4225,
Q4226, Q4227, Q4229,
Q4230, Q4232, Q4233,
Q4234, Q4235, Q4237,
Q4236, Q4238, Q4239,
Q4240, Q4241, Q4242,
Q4245, Q4246, Q4247,
Q4248, Q4249, Q4250,
Q4251, Q4252, Q4253,
Q4254, Q4255, Q4256,
Q4257, Q4258, Q4259,
Q4260, Q4261, Q4262,
Q4263, Q4264, Q4265,
Q4266, Q4267, Q4268,
Q4269, Q4270, Q4271,
Q4272, Q4273, Q4274,
Q4275, Q4276, Q4278,
Q4279, Q4280, Q4281,
Q4282, Q4283, Q4284,
Q4285, Q4286, Q4287,
Q4288, Q4289, Q4290,
Q4291, Q4292, Q4293,
Q4294, Q4295, Q4296,
Q4297, Q4298, Q4299,
Q4300, Q4301, Q4302,

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.

Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4318, Q4319, Q4310, Q4311, Q4318, Q4319, Q4320, Q4321, Q4321, Q4322, Q4322, Q4324, Q4325, Q4326, Q4330, Q4331, Q4332, Q4344, Q4345, Q4344, Q4345, Q4351, Q4352, Q4356, Q4361, Q4362, Q4351, Q4352, Q4361, Q4362, Q4362, Q4362, Q4362, Q4361, Q4362, Q4363, Q4364, Q4365, Q4364, Q4367, Q4367, Q4364, Q4364, Q4367, Q4367, Q4362, Q4367, Q4367, Q4364, Q4375, Q4375, Q4364, Q4375, Q4375, Q4364, Q4364, Q4365, Q4364, Q4367, Q4377,		
Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4330, Q4331, Q4332, Q4330, Q4331, Q4334, Q4342, Q4340, Q4341, Q4342, Q4340, Q4341, Q4345, Q4362, Q4350, Q4351, Q4352, Q4350, Q4351, Q4352, Q4353, Q4364, Q4365, Q4364, Q4365, Q4366, Q4367, Q4374*, Q4377*, Q4376*, Q4370*, Q4377*, Q4376*, Q4370*, Q4380*, Q4382* **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,<		Q4303, Q4304, Q4305,
Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4311, Q4319, Q4320, Q4321, Q4322, Q4323, Q4321, Q4322, Q4323, Q4321, Q4322, Q4323, Q4331, Q432, Q4326, Q4333, Q4334, Q4326, Q4333, Q4334, Q4335, Q4333, Q4334, Q4335, Q4333, Q4334, Q4335, Q4333, Q4340, Q4341, Q4342, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4356, Q4351, Q4352, Q4356, Q4352, Q4356, Q4356, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4375*, Q4376*, Q4376*, Q4376*, Q4377*, Q4378*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382* **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast reconstruction following medically necessary mastectomies for breast cancer. Spinal cord stimulators O7841, 07851, 63660, <th></th> <td>Q4306, Q4307, Q4308,</td>		Q4306, Q4307, Q4308,
Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4322, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4331, Q4325, Q4329, Q4330, Q4331, Q4332, Q4332, Q4344, Q4335, Q4339, Q4340, Q4341, Q4345, Q4346, Q4341, Q4345, Q4346, Q4341, Q4342, Q4342, Q4342, Q4342, Q4354, Q4351, Q4352, Q4356, Q4354, Q4355, Q4356, Q4360, Q4361, Q4362, Q4364, Q4365, Q4380*, Q4370*, Q4371*, Q4372*, Q4375*, Q4375*, Q4376*, Q4380*, Q4382* **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast		Q4309, Q4310, Q4311,
Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4330, Q4331, Q4328, Q4330, Q4331, Q4332, Q4330, Q4331, Q4334, Q4342, Q4342, Q4344, Q4342, Q4352, Q4353, Q4351, Q4352, Q4350, Q4351, Q4352, Q4356, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4360, Q4361, Q4364, Q4362, Q4370*, Q4371*, Q4360*, Q4370*, Q4371*, Q4380*, Q4382* **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast reconstruction following medically necessary mastectomies for breast cancer. Spinal cord stimulators		Q4312, Q4313, Q4314,
Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4331, Q4332, Q4331, Q4332, Q4333, Q4334, Q4332, Q4333, Q4332, Q4333, Q4334, Q4339, Q4340, Q4341, Q4342, Q4340, Q4341, Q4342, Q4344, Q4345, Q4344, Q4345, Q4345, Q4345, Q4345, Q4345, Q4345, Q4357, Q4354, Q4355, Q4356, Q4357, Q4355, Q4356, Q4357, Q4355, Q4366, Q4367, Q4362, Q4366, Q4367, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4370*, Q4370*, Q4370*, Q4370*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382* **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,		Q4315, Q4316, Q4317,
Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4330, Q4331, Q4332, Q4330, Q4331, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4352, Q4363, Q4364, Q4365, Q4367, Q4368*, Q4366, Q4367, Q4368*, Q4366, Q4367, Q4377*, Q4377*, Q4377*, Q4377*, Q4377*, Q4377*, Q4377*, Q4378*, Q4370*, Q4380*, Q4382* **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,		Q4318, Q4319, Q4320,
Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4349, Q4350, Q4345, Q4345, Q4345, Q4345, Q4352, Q4353, Q4351, Q4352, Q4356, Q4357, Q4356, Q4357, Q4356, Q4357, Q4364, Q4365, Q4366, Q4361, Q4362, Q4366, Q4367, Q4368*, Q4366, Q437*, Q438* **For codes Q4116, Q4122 and Q4128, no Presuthorization is required for breast reconstruction following medically necessary mastectomises for breast cancer. Spinal cord stimulators 07847, 07857, 63650, 63655, 63663, 63664,		Q4321, Q4322, Q4323,
Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4346, Q4347, Q4346, Q4347, Q4351, Q4352, Q4353, Q4351, Q4352, Q4353, Q4360, Q4361, Q4362, Q4366, Q4367, Q4368, Q4366, Q4367, Q4368, Q4366, Q4370*, Q4371*, Q4367, Q4370*, Q4371*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382* **For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast reconstruction following medically necessary mastectomies for breast reconstruction following medically necessary mastectomies for breast cancer. Spinal cord stimulators 0784T, 0785T, 63650, 63655, 63663, 63664,		Q4324, Q4325, Q4326,
Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4334, Q4343, Q4344, Q4345, Q4345, Q4343, Q4344, Q4345, Q4345, Q4343, Q4344, Q4345, Q4345, Q4345, Q4347, Q4345, Q4352, Q4353, Q4351, Q4352, Q4353, Q4351, Q4352, Q4355, Q4356, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4360, Q4367, Q4368*, Q4360, Q4367, Q4368*, Q4360, Q4367, Q4368*, Q4360, Q4367, Q4370*, Q4371*, Q4377*, Q4375*, Q4370*, Q4371*, Q4377*, Q4378*, Q4370*, Q4371*, Q4380*, Q4382* **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,		Q4327, Q4328, Q4329,
Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4366, Q4367, Q4368*, Q4366, Q4367, Q4368*, Q4372*, Q4377*, Q4377*, Q4377*, Q4377*, Q4378*, Q4377*, Q4377*, Q4378*, Q4377*, Q4380*, Q4382* **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,		Q4330, Q4331, Q4332,
Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4343, Q4344, Q4345, Q4345, Q4345, Q4345, Q4351, Q4352, Q4353, Q4351, Q4352, Q4353, Q4354, Q4355, Q4355, Q4356, Q4360, Q4361, Q4362, Q4360, Q4361, Q4362, Q4360, Q4364, Q4365, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4333, Q4334, Q4335,
Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4355, Q4355, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, 		Q4336, Q4337, Q4338,
Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4369*, Q4370*, Q4371*, Q4369*, Q4370*, Q4371*, Q4369*, Q4370*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4339, Q4340, Q4341,
Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4388*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4342, Q4343, Q4344,
Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4345, Q4346, Q4347,
Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4348, Q4349, Q4350,
Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4351, Q4352, Q4353,
Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4354, Q4355, Q4356,
Spinal cord stimulatorsQ4363, Q4364, Q4365, Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4357, Q4358, Q4359,
Q4366, Q4367, Q4368*, Q4369*, Q4370*, Q4371*, Q4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4360, Q4361, Q4362,
Spinal cord stimulatorsQ4369*, Q4370*, Q4371*, Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4363, Q4364, Q4365,
Q4372*, Q4375*, Q4376*, Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4366, Q4367, Q4368*,
Q4377*, Q4378*, Q4379*, Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4369*, Q4370*, Q4371*,
Q4380*, Q4382***For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4372*, Q4375*, Q4376*,
Spinal cord stimulators**For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4377*, Q4378*, Q4379*,
Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4380*, Q4382*
Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		
Spinal cord stimulatorsO784T, 0785T, 63650, 63655, 63663, 63664,		**For codes Q4116,
required for breast reconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		Q4122 and Q4128, no
Spinal cord stimulatorsreconstruction following medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		preauthorization is
medically necessary mastectomies for breast cancer.Spinal cord stimulators0784T, 0785T, 63650, 63655, 63663, 63664,		required for breast
Spinal cord stimulatorsmastectomies for breast cancer.0784T, 0785T, 63650, 63655, 63663, 63664,		reconstruction following
Spinal cord stimulators cancer. 0784T, 0785T, 63650, 63655, 63663, 63664,		medically necessary
Spinal cord stimulators 0784T, 0785T, 63650, 63655, 63663, 63664,		mastectomies for breast
63655, 63663, 63664,		cancer.
63655, 63663, 63664,	Spinal cord stimulators	0784T, 0785T, 63650,
63685, 63688, 64999,		
		63685, 63688, 64999,

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	C1816, C1820, C1822,
	L8679, L8682
Spinal fusion, decompression,	20999, 22100, 22101,
kyphoplasty and vertebroplasty	22102, 22103, 22116,
She she says a second second	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,
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	63055, 63056, 63057,
	63064, 63066, 63075,
	63076, 63077, 63078,
	63081, 63082, 63085,

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		63086, 63087, 63088,
		63090, 63091, 63101,
		63102, 63103, 63170,
		63172, 63173, 63185,
		63190, 63191, 63197,
		63200, 63250, 63251,
		63252, 63265, 63266,
		63267, 63268, 63270,
		63271, 63272, 63273,
		63275, 63276, 63277,
		63278, 63280, 63281,
		63282, 63283, 63285,
		63286, 63287, 63290,
		63295, 63300, 63301,
		63302, 63303, 63304,
		63305, 63306, 63307,
		63308, 64628, 64629,
		0095T, 0098T, 0164T,
		0165T, 0202T, 0219T,
		0220T, 0221T, 0222T,
		0274T, 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,
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		97024, 97026, 97028,
		97032, 97033, 97034,
		97035, 97036, 97037,
		97039, 97110, 97112,
		97113, 97116, 97124,
		97129, 97130, 97139,
		97140, 97150, 97164,
		97168, 97530, 97533,
		97535, 97537, 97542,
		97545, 97546, 97550,
		97551, 97552, 97750,
		97755, 97760, 97761,
		97763, 97799, 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	<u>11.0011</u>	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,

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		0586T, 0668T, 0669T,
		0670T, 0540U, G0341,
		G0342, G0343, L8698,
		02WA3QZ, 02WA4QZ
Varicose vein: surgical treatment and		36465, 36466, 36468,
sclerotherapy		36470, 36471, 36473,,
socorocitorapy		36474, 36475, 36476,
		36478, 36479, 36482,
		36483, 37700, 37718,
		37722, 37735, 37760,
		37761, 37765, 37766,
	Deventere en entriender	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,
		K0823, K0820, K0827, K0828, K0829, K0830,
		NU020, NU029, NU03U,

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