



## Humana PathWays Dual Care (HMO-POS D-SNP) Indiana Prior Authorization and Notification List

Humana has updated our prior authorization and notification list (PAL) for Humana PathWays Dual Care (HMO-POS D-SNP) plan. Read about the prior authorization requirements below.

Please note the term “prior authorization” (“preauthorization,” “precertification,” “preadmission”), when used in this communication, is a process through which the healthcare provider must obtain advanced approval from the plan as to whether an item or service will be covered.

“Notification” refers to the process by which the healthcare provider notifies Humana PathWays Dual Care (HMO-POS D-SNP) of the intent to provide an item or service. Humana requests notification, as it helps coordinate care for Humana PathWays Dual Care (HMO-POS D-SNP)-covered patients. This process is distinguished from prior authorization. Humana PathWays Dual Care (HMO-POS D-SNP) does not issue an approval or denial for notifications.

### Important notes:

- **Humana’s Medicare Advantage (MA) health maintenance organization (HMO):** The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list (PAL) and should refer to their IPA or risk network for guidance on processing their requests, including services treated by non-contracted providers. For exclusions to the prior authorization process, please visit [Provider.Humana.com](http://Provider.Humana.com).
- **All Humana MA plans:** To learn if Humana will cover a service—including investigational or experimental procedures or services that may have limited benefit coverage—you can request an advanced coverage determination (ACD) on behalf of the patient before providing the service. Humana may contact you if we need additional information.
- Initiate ACDs for **medical services** by submitting a request via:
  - o Mail:  
Humana Correspondence  
P.O. Box 14359  
Lexington, KY 40512-4601
  - o Fax: 800-266-3022
  - o Telephone: 800-523-0023 (available 24/7)

**Please note that urgent/emergent services do not require referrals, prior authorization or notification.**

Not obtaining prior authorization or notification for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider's contract and the patient's evidence of coverage. Services provided without prior authorization or notification may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and prior authorization or notification requirements with Humana prior to providing services.

Effective Jan. 1, 2026, CMS requires prior authorization decisions within 7 days for certain medical items/services requests or 72 hours for expedited. Indiana Medicaid/PathWays: PA requires five (5) business days or seven (7) calendar days or 48 hours for expedited. Providing supporting clinical information at the time of the prior authorization request submission helps support timely adjudication. Failure to do so may result in a delayed or adverse decision.

Adherence to this process should begin immediately.

Submitting all relevant clinical information at the time of the request will help with timely processing of the determination. If additional clinical information is required, a Humana representative will contact the individual who submitted the prior authorization request and request the specific information needed to complete the authorization process.

Information required for a prior authorization request or notification may include:

- PathWays (Medicaid) ID or Member (plan) ID (whichever comes first)
- Date of actual service or hospital admission
- Procedure codes, up to 10 maximum per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request
- Service location
- Inpatient location (e.g., acute hospital, skilled nursing, hospice)
- Outpatient location (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) of treatment facility where service is rendered
- TIN and NPI of the provider performing the service
- Caller/requestor name and telephone number
- Attending provider's telephone number
- Relevant clinical information
- Discharge plans

**How to request prior authorization:**

- **For services managed by Humana:**
  - **Medical services:**
    - Online: [Availity Essentials](#)<sup>™</sup> (Registration is required.)
    - Phone: 866-274-5888 (Monday – Friday, 8 a.m. – 8 p.m., Eastern time ).
    - Fax:
      - Physical Health: 502-405-5020
      - Behavioral Health: 502-508-0408

**Please note:** Online prior authorization requests are encouraged. For certain PAL services requested via [Availity Essentials](#), healthcare providers have the option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If you do not receive immediate approval, the information you provide on the questionnaire will help Humana expedite the review.



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**Effective date:** January 1, 2026

**Revision date:** June 1, 2026

| <b>Humana PathWays Dual Care (HMO-POS D-SNP) Indiana Prior Authorization and Notification List</b> |  |  |
|--|--|--|
| <b>Category</b>  | <b>Subcategory/notes</b>   | <b>Codes</b>   |
| Abdominoplasty   |  | 15830, 15847   |
| Ablation   | Bone, liver, kidney, prostate cancer, and irreversible electroporation | 20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384*, 50250, 50541, 50542, 50592, 50593, 51721, 52597*, 53850, 53852, 53854, 55873, 55881, 55882, 55877*, 0582T, 0600T, 0601T, 0950T |
|  | Cardiac ablation/electrophysiology                                     | 93650, 93653, 93654, 93656   |
| Behavioral health services   | Partial hospitalization  | H0035, H2035   |
|  | Psychological testing evaluation                                       | 96105, 96121, 96131, 96133, 96137 96139  |
|  | Substance use disorder residential                                     | H0010, H0019, H2034  |
|  | Intensive outpatient (IOP)   | H0015, S9480   |
| Blepharoplasty   |  | 15820, 15821, 15822, 15823, 67900, 67903, 67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950  |
| Bone growth stimulators  |  | E0747, E0748, E0760  |

\*New prior authorization requirement  
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|---|---|---|
| Category  | Subcategory/notes   | Codes   |
| Breast procedures   | Breast cancer biopsy (excisional)   | 19120, 19125  |
|   | Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)   | 11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 0970T, 0971T, C1789, L8600   |
| Capsule endoscopy   |   | 91110, 91111, 91113, 0651T, 0977T   |
| Cardiac devices   | Aorta repair  | 33875, 33877, 33880, 33881, 33882*, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0994T*, 0995T*,  |
|   | Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy) | 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, |

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|---|---|--|
| Category  | Subcategory/notes   | Codes  |
|   |   | 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, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555 |
|   | Implantable carotid sinus stimulator                              | 64654*, 64655*, 64656*, 64657*, 64658*, 64659*, 93145*, 93146*, C1825  |
|   | Internal loop recorders   | 33285, 33286   |
|   | Wearable cardiac monitoring devices                               | 93228, 93229   |
| Cardiac procedures/surgeries  | Cardiac catheterization   | 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, 92930*, 92937, 92943, 92945*, 92972, 0913T, 0914T, C1761, C7571*, C9600, C9602, C9604, C9607   |
|   | Patent foramen ovale (PFO) and atrial septal defect (ASD) closure | 93580  |
|   | Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)     | 33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T   |

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|---|--|--|
| Category  | Subcategory/notes                                    | Codes  |
| Cellular (including chimeric antigen receptor [CAR] T-cell therapy), genetic, tissue and transplant therapies |  | 38225, 38226, 38227, 38228, 38999, 60699, C9399, J3387*, J3389*, J3391, J3392, J3393, J3394, J3402*, J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8, XW133J8, XW143G8, XW143J8 |
| Chemotherapy agents, supportive drugs and symptom management drugs  |  | This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.  |
| Cutaneous vascular lesion removal   |  | 17106, 17107, 17108  |
| Decompression of peripheral nerve (i.e., carpal tunnel surgery)   |  | 29848, 64721, 64728*   |
| Diagnostic/cardiac imaging  | Electrophysiology study (EPS) or EPS with 3D mapping | 93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T   |
|   | Magnetic resonance angiography (MRA)                 | 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920,  |

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| Category  | Subcategory/notes   | Codes  |
|   |   | C8931, C8932, C8933, C8934, C8935, C8936   |
|   | Myocardial perfusion imaging single-photon emission computed tomography (MPI-SPECT) | 78451, 78452, A9611  |
|   | Peripheral angiography  | 36245, 36246, 36247  |
|   | Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)       | 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816  |
|   | Prostate-specific membrane antigen (PSMA PET/CT)                                    | A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616, A9800  |
|   | Single-photon emission computerized tomography (SPECT) scan                         | 78494  |
| Durable medical equipment   |   | E0627  |
|   | Airway Clearance Devices  | E0469, E0481, E0482,   |
|   | Augmentative and Alternative Communication Devices                                  | E2508, E2510, E2511, E2599, E3000  |
|   | Diabetic Treatment and Supplies   | A4238, A4239, A9274, E0784, E2102, E2103   |
|   | Electrical Stimulators  | E0762, E0766   |
|   | Obstructive Sleep Apnea Non-Surgical Treatments                                     | E0486, E0490, E0491, E0492, E0493, K1027   |
|   | Pneumatic Compression   | E0650, E0651, E0652, E0658, E0659, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0683 |
|   | Unlisted DME  | K0900  |

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| <b>Category</b>  | <b>Subcategory/notes</b>                    | <b>Codes</b>   |
|  | UV Light Therapy                            | E0691, E0692, E0693, E0694   |
| Emerging technology/new indications for existing technology  |   | 31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T, 0339T, 0446T, 0447T, 0448T, 0716T, 0745T, 0746T, 0747T, 0935T, 0947T, C1735, C1736, E0738, E0739 |
| Epidural injections (outpatient only)  |   | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999  |
| 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 (polysomnography or PSG)  |   | 95807, 95808, 95810, 95811   |
| Foot surgeries, bunionectomy and hammertoe   |   | 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/blocks  |   | 64454, 64624   |
| High-frequency chest compression vests   |   | E0483  |
| Home health/home infusion  |   | 99600  |
| Hospital beds and accessories  |   | E0193, E0194, E0265, E0266, E0277, E0296, E0297, E0301, E0302, E0303, E0304  |
| Hyperbaric therapy   |   | 99183, G0277   |
| Inpatient admissions   | Acute hospital (includes inpatient hospice) | All  |

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|---|--|--|
| Category  | Subcategory/notes  | Codes  |
|   | Acute rehab facility   |  |
|   | Long-term acute care   |  |
|   | Mental health and substance use treatment (including any treatment in a residential setting) |  |
|   | Skilled nursing facilities   |  |
| Laparoscopic hiatal hernia repair   |  | 43280, 43281, 43282  |
| Microinvasive glaucoma surgery (MIGS)   |  | 66989, 66991, 0253T, 0449T, 0450T, 0660T, 0661T, 0671T   |
| Molecular diagnostic and genetic testing  |  | 81105, 81112, 81120, 81121, 81161, 81162, 81163, 81165, 81166, 81167, 81168, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81203, 81204, 81205, 81212, 81216, 81218, 81219, 81220, 81223, , 81225, 81226, 81227, 81229, 81230, 81231, 81233, 81234, 81236, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, |

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| Category | Subcategory/notes | Codes  |
|----------|-------------------|--|
|          |                   | 81277, 81278, 81279,<br>81283, 81284, 81286,<br>81287, 81290, 81291,<br>81292, 81294, 81295,<br>81297, 81298, 81300,<br>81302, 81305, 81306,<br>81307, 81308, 81309,<br>81310, 81311, 81312,<br>81314, 81317, 81319,<br>81320, 81321, 81323,<br>81324, 81325, 81328,<br>81329, 81330, 81333,<br>81334, 81335, 81336,<br>81338, 81339, 81343,<br>81344, 81345, 81347,<br>81348, 81350, 81351,<br>81352, 81354*, 81355,<br>81357, 81361, 81364,<br>81370, 81371, 81372,<br>81373, 81375, 81376,<br>81377, 81378, 81379,<br>81380, 81381, 81382,<br>81383, 81400, 81401,<br>81402, 81403, 81404,<br>81405, 81406, 81407,<br>81408, 81410, 81411,<br>81412, 81413, 81414,<br>81415, 81416, 81418,<br>81419, 81422, 81425,<br>81426, 81430, 81431,<br>81432, 81434, 81435,<br>81437, 81439, 81440,<br>81443, 81445, 81448,<br>81449, 81450, 81451,<br>81455, 81456, 81457,<br>81458, 81459, 81460,<br>81462, 81463, 81464,<br>81465, 81471, 81479,<br>81490, 81503, 81518,<br>81519, 81520, 81521,<br>81522, 81524*, 81525,<br>81529, 81540, 81546, |

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|---|-------------------|---|
| Category  | Subcategory/notes | Codes   |
|   |                   | 81554, 81558, 81599, 81595, 83080, 0020M, 0005U, 0018U, 0026U, 0029U, 0037U, 0045U, 0087U, 0088U, 0089U, 0090U, 0118U, 0172U, 0211U, 0212U, 0213U, 0214U, 0216U, 0217U, 0239U, 0242U, 0245U, 0250U, 0299U, 0313U, 0315U, 0326U, 0329U, 0333U, 0334U, 0340U, 0345U, 0347U, 0349U, 0355U, 0356U, 0358U, 0359U, 0378U, 0379U, 0388U, 0411U, 0419U, 0422U, 0433U, 0434U, 0437U, 0449U, 0473U, 0475U, 0485U, 0486U, 0487U, 0489U, 0493U, , 0510U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0540U, 0543U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0575U*, 0576U*, 0578U, 0585U, 0602U*, 0605U*, 0611U*, 0612U*, 0613U*, 0616U*, 0618U*, 0619U*, 0620U*, 0622U*, 0623U*, 0624U*, 0625U*, 0626U*, 0627U*, 0628U*, 0630U* |
| Negative pressure wound therapy (NPWT)  |                   | 97605, 97606, A6550, E2402, K0743   |
| Neuromuscular stimulators   |                   | A4593, A4594, E0764, E0770  |
| Neurostimulators  |                   | 61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553,  |

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| Category  | Subcategory/notes                 | Codes   |
|   |                                   | 64555, 64561, 64566, 64567*, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 0988T*, 0989T*, 1013T*, 1014T*, 1015T*, C1607*, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683 |
| Noninvasive home ventilators  |                                   | E0466, E0468  |
| Obesity surgeries   |                                   | 0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889*, C9785   |
| Observation   | Observation notification required | All   |
| Oral, orthognathic, temporomandibular joint (TMJ) surgeries                                 |                                   | 20910, 21010, 21050, 21070, 21085, 21100, 21110, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804   |

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| Category  | Subcategory/notes | Codes  |
| Orthopedic surgeries: hip, knee and shoulder arthroplasty                                   |                   | 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003   |
| Orthopedic surgeries: hip, knee and shoulder arthroscopy                                    |                   | 23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C9781, J7330                                 |
| Orthotics   |                   | K1007, L0452, L0456<br>L0457, L0458 L0460<br>L0462 L0464 L0480<br>L0482 L0484 L0486<br>L0488, L0624 L0629<br>L0631, L0632 L0634<br>L0635, L0636 L0637<br>L0638 L0639 L0640<br>L0700 L0710 L0720<br>L0999 L1000 L1200<br>L1499 L1680 L1685<br>L1686 L1690 L1700<br>L1730 L1834 L1840<br>L1843 L1844 L1845<br>L1846 L1848 L1851<br>L1852 L1860 L1907<br>L1932 L1933 L1945<br>L1950 L1951 L1952 |

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| Category  | Subcategory/notes | Codes   |
|   |                   | L1960 L1970 L2000<br>L2005 L2006 L2010<br>L2020 L2030 L2034<br>L2036 L2037 L2038<br>L2106 L2108 L2128<br>L2136 L2350 L2525<br>L2526 L2627 L2999<br>L3671 L3674 L3720<br>L3730 L3740 L3763<br>L3764 L3765 L3766<br>L3900 L3901 L3904<br>L3905 L3961 L3971<br>L3973 L3977 L3999<br>L4631 L8701 L8702  |
| Pain infusion pump  |                   | 62324, 62325, 62326,<br>62327, 62350, 62351,<br>62360, 62361, 62362,<br>64999, C1772, C1891,<br>C2626, C9804, C9806,<br>E0782, E0783, E0785,<br>E0786   |
| Penile implant  |                   | 54405   |
| Percutaneous lumbar intravertebral disc injection   |                   | 0627T, 0628T, 0629T,<br>0630T   |
| Peripheral revascularization (atherectomy, angioplasty)                                     |                   | 0234T, 0235T, 0236T,<br>0237T, 0238T, 37236,<br>37238, 37242, 37243,<br>37254*, 37256*, 37258*,<br>37260*, 37263*, 37265*,<br>37267*, 37269*, 37271*,<br>37262*, 37279*, 37273*,<br>37275*, 37277*, 37280*,<br>37282*, 37284*, 37286*,<br>37288*, 37290*, 37292*,<br>37294*, 37296*, 37298*,<br>0505T, C9764, C9765,<br>C9766, C9767, C9772,<br>C9773, C9774, C9775 |
| Prostate surgeries (prostatectomy)  |                   | 55801, 55810, 55812,<br>55815, 55821, 55831,<br>55840, 55842, 55845,  |

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|-------------|-------------------|---|
|             |                   | 55866, 55867, 55868*, 55869*, 55880   |
| Prosthetics |                   | 21081, 21082, 21084, A9282, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5657, 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, |

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|----------|-------------------|--|
|          |                   | L5718, L5722, L5724,<br>L5726, L5728, L5780,<br>L5781, L5782, L5783,<br>L5785, L5790, L5795,<br>L5810, L5811, L5812,<br>L5814, L5816, L5818,<br>L5822, L5824, L5826,<br>L5827, L5828, L5830,<br>L5840, L5841, L5845,<br>L5848, L5850, L5855,<br>L5856, L5857, L5858,<br>L5859, L5910, L5920,<br>L5925, L5926, L5930,<br>L5940, L5950, L5960,<br>L5961, L5962, L5964,<br>L5966, L5968, L5969,<br>L5970, L5971, L5972,<br>L5973, L5974, L5975,<br>L5976, L5978, L5979,<br>L5980, L5981, L5982,<br>L5984, L5985, L5986,<br>L5987, L5988, L5991,<br>L5999, L6026, L6028,<br>L6029, L6030, L6031,<br>L6032, L6033, L6037,<br>L6050, L6055, L6100,<br>L6110, L6120, L6130,<br>L6200, L6205, L6250,<br>L6300, L6310, L6320,<br>L6350, L6360, L6370,<br>L6400, L6450, L6500,<br>L6550, L6570, L6580,<br>L6582, L6584, L6586,<br>L6588, L6590, L6600,<br>L6605, L6610, L6611,<br>L6615, L6616, L6620,<br>L6621, L6623, L6624,<br>L6625, L6628, L6629,<br>L6630, L6632, L6635,<br>L6637, L6638, L6640,<br>L6641, L6642, L6645,<br>L6646, L6647, L6648, |

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|   |                   | L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6700, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7406, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L8035, L8499, L8720, L8721 |
| Radiofrequency ablation for the sacroiliac (SI) joint |                   | 64625   |
| Rhinoplasty and other nasal procedures                |                   | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469  |
| Sacroiliac (SI) joint injections                      |                   | 27096   |
| Skin and tissue substitutes                           |                   | A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022,  |

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|----------|-------------------|--|
|          |                   | A2023, A2024, A2025,<br>A2026, A2027, A2028,<br>A2029, A2030, A2031,<br>A2032, A2033, A2034,<br>A2035, A2036, A2037,<br>A2038, A2039, A4100,<br>C1832, C8002, C9354,<br>C9358, C9360, C9361,<br>C9363, C9364, Q4101,<br>Q4102, Q4103, Q4104,<br>Q4105, Q4107, Q4108,<br>Q4110, Q4111, Q4112,<br>Q4113, Q4114, Q4115,<br>Q4116, Q4117, Q4118,<br>Q4121, Q4122, Q4123,<br>Q4124, Q4125, Q4126,<br>Q4127, Q4128, Q4130,<br>Q4132, Q4133, Q4134,<br>Q4135, Q4136, Q4137,<br>Q4138, Q4139, Q4140,<br>Q4141, Q4142, Q4143,<br>Q4145, Q4146, Q4147,<br>Q4148, Q4149, Q4150,<br>Q4151, Q4152, Q4153,<br>Q4154, Q4155, Q4156,<br>Q4157, Q4158, Q4159,<br>Q4160, Q4161, Q4162,<br>Q4163, Q4164, Q4165,<br>Q4166, Q4167, Q4168,<br>Q4169, Q4170, Q4171,<br>Q4173, Q4174, Q4175,<br>Q4176, Q4177, Q4178,<br>Q4179, Q4180, Q4181,<br>Q4182, Q4183, Q4184,<br>Q4185, Q4186, Q4187,<br>Q4188, Q4189, Q4190,<br>Q4191, Q4192, Q4193,<br>Q4194, Q4195, Q4196,<br>Q4197, Q4198, Q4199,<br>Q4200, Q4201, Q4202,<br>Q4203, Q4204, Q4205,<br>Q4206, Q4208, Q4209, |

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| Category | Subcategory/notes | Codes  |
|----------|-------------------|--|
|          |                   | Q4211, Q4212, Q4213,<br>Q4214, Q4215, Q4216,<br>Q4217, Q4218, Q4219,<br>Q4220, Q4221, Q4222,<br>Q4224, Q4225, Q4226,<br>Q4227, Q4229, Q4230,<br>Q4232, Q4233, Q4234,<br>Q4235, Q4236, Q4237,<br>Q4238, Q4239, Q4240,<br>Q4241, Q4242, Q4245,<br>Q4246, Q4247, Q4248,<br>Q4249, Q4250, Q4251,<br>Q4252, Q4253, Q4254,<br>Q4255, Q4256, Q4257,<br>Q4258, Q4259, Q4260,<br>Q4261, Q4262, Q4263,<br>Q4264, Q4265, Q4266,<br>Q4267, Q4268, Q4269,<br>Q4270, Q4271, Q4272,<br>Q4273, Q4274, Q4275,<br>Q4276, Q4278, Q4279,<br>Q4280, Q4281, Q4282,<br>Q4283, Q4284, Q4285,<br>Q4286, Q4287, Q4288,<br>Q4289, Q4290, Q4291,<br>Q4292, Q4293, Q4294,<br>Q4295, Q4296, Q4297,<br>Q4298, Q4299, Q4300,<br>Q4301, Q4302, Q4303,<br>Q4304, Q4305, Q4306,<br>Q4307, Q4308, Q4309,<br>Q4310, Q4311, Q4312,<br>Q4313, Q4314, Q4315,<br>Q4316, Q4317, Q4318,<br>Q4319, Q4320, Q4321,<br>Q4322, Q4323, Q4324,<br>Q4325, Q4326, Q4327,<br>Q4328, Q4329, Q4330,<br>Q4331, Q4332, Q4333,<br>Q4334, Q4335, Q4336,<br>Q4337, Q4338, Q4339,<br>Q4340, Q4341, Q4342, |

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| Category                | Subcategory/notes | Codes  |
|-------------------------|-------------------|--|
|                         |                   | <p>Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398*, Q4399*, Q4400*, Q4401*, Q4402*, Q4403*, Q4404*, Q4405*, Q4406*, Q4407*, Q4408*, Q4409*, Q4410*, Q4411*, Q4412*, Q4413*, Q4414*, Q4415*, Q4416*, Q4417*, Q4418*, Q4419*, Q4420*, Q4421*, Q4422*, Q4423*, Q4424*, Q4425*, Q4426*, Q4427*, Q4428*, Q4429*, Q4431*, Q4432*, Q4433*, Q4435*, Q4436*, Q4437*, Q4438*, Q4439*, Q4440*</p> <p>For codes Q4116, Q4122 and Q4128, no prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p> |
| Spinal cord stimulators |                   | 0784T, 0785T, 63650,   |

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| Category  | Subcategory/notes | Codes  |
|   |                   | 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682  |
| Spinal fusion, decompression, kyphoplasty and vertebroplasty                                |                   | 20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27278, 27279, 27280, 62287, 62330*, 62331*, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032*, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, |

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|   |   | 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757 |
| Surgery for obstructive sleep apnea   |   | 21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727  |
| Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation                | Excludes diagnostic nasal/sinus endoscopies | 31237, 31240, 31242, 31243, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706  |
| Therapy (physical and occupational)   |   | 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112,   |

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|   |   | 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, G0281, G0283   |
| Transplant evaluation   | <b>Notification Required</b>            | 99199  |
| Transplant surgeries  |   | 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 0584T, 0585T, 0586T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ |
| Varicose vein: surgical treatment and sclerotherapy   |   | 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T   |
| Ventricular assist devices  | Percutaneous ventricular assist devices | 33990, 33991, 33995  |
|   | Ventricular assist devices              | 33975, 33976, 33979, 33981, 33982, 33983   |
| Wearable Cardioverter Defibrillators  |   | K0606  |
| Wheelchairs/scooters  |   | E0986, E1002, E1003, E1004, E1005, E1006,  |

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|   |                   | E1007, E1008, E1009,<br>E1010, E1012, E1161,<br>E1220, E1234, E1235,<br>E1239, E2207, E2298,<br>E2310, E2311, E2312,<br>E2321, E2322, E2325,<br>E2327, E2328, E2329,<br>E2330, E2331, E2343,<br>E2351, E2358, E2359,<br>E2360, E2362, E2364,<br>E2368, E2369, E2375,<br>E2376, E2383, E2398,<br>K0005, K0008, K0009,<br>K0013, K0669, K0800,<br>K0801, K0802, K0806,<br>K0807, K0808, K0812,<br>K0813, K0814, K0815,<br>K0816, K0820, K0821,<br>K0822, K0823, K0824,<br>K0825, K0826, K0827,<br>K0828, K0829, K0830,<br>K0831, K0835, K0836,<br>K0837, K0838, K0839,<br>K0840, K0841, K0842,<br>K0843, K0848, K0849,<br>K0850, K0851, K0852,<br>K0853, K0854, K0855,<br>K0856, K0857, K0858,<br>K0859, K0860, K0861,<br>K0862, K0863, K0864,<br>K0868, K0869, K0870,<br>K0871, K0877, K0878,<br>K0879, K0880, K0884,<br>K0885, K0886, K0890,<br>K0891, K0898, K0899 |

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