



Puerto Rico Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List

Effective date: August 1, 2025

Revision date: July 8, 2025

This guide includes information regarding services that require pre-authorization.

For more information regarding member benefits please call 1-800-314-3121.

IMPORTANT: Services requiring pre-authorization do not require PCP referrals.

Puerto Rico Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty / Panniculectomy		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer *Effective 8/1/2025	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 0421T, 0582T, 0947T, *0950T
	Cardiac ablation/electrophysiology	33250, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 93650, 93653, 93654, 93656,
Behavioral health services	Partial hospitalization Preauthorization requests will be reviewed by APS <ul style="list-style-type: none">• Submit by fax to 787-641-2756.• Submit by telephone to 800-503-7929.	900, 904, 910, 912, 913, 914, 915, 916, 918, 942

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*New Preauthorization requirement

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Bladder slings		57288
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	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19120, 19125, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, C1789, L8600
	Gynecomastia surgery	19300
Capsule endoscopy	*Effective 8/1/2025	91110, 91111, 91113, 0651T, *0977T
Cardiac devices Cardiac procedures/surgeries	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
	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy) *Effective 8/1/2025	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 0266T, 0267T, 0268T, 0269T,

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		0270T, 0271T, 0272T, 0273T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0933T, 0934T, *0981T, *0982T, *0983T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1824, C1825, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555
	Implantable carotid sinus stimulator	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, C1825
	Internal loop recorders	33285, 33286
	Carotid revascularization	35301
	Coronary angioplasty/stent	92920, 92924, 92928, 92933, 92937, 92943, C9600, C9602, C9604, C9607, 0913T, 0914T
	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, 0927T, 0933T, 0934T, G0555

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Chemotherapy agents, supportive drugs and symptom management drugs category **Administered and Billed by infusion centers or physician offices	Preauthorization requests will be reviewed by Humana Puerto Rico • Submit by fax to 800-594-5309. • Submit by email to citfaxpr@humana.com	This list is subject to change as new drugs are brought to market.
Chimeric antigen receptor T-cell therapy (CAR T)	Preauthorization requests will be reviewed by the Humana National Transplant Network • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. • Submit by email to transplant@humana.com . *Effective 8/1/2025	38225, 38226, 38227, 38228, 38999, 60699, C9301, C9399, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0338A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW0438A, XW133G8, XW133J8, XW143G8, XW143J8, J3590, *J3391, J3392, J3393, J3394, J3490, J9999
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721
Diagnostic / cardiac imaging	Virtual colonoscopy	74262, 74263
	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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		C8931, C8932, C8933, C8934, C8935, C8936
	Magnetic resonance imaging (MRI)	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, , 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Prostate-specific membrane antigen (PSMA/PET CT)	A9587, A9593, A9594, A9596, A9597, A9595, A9608, A9800,
Electric beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/new indications for existing technology	31647, 31648, 31649 & 31651 <u>ONLY</u> when is use for emphysema valve management, anything else will NOT require prior authorization	31647, 31648, 31649, 31651, 43284, 0338T, 0339T, 0446T, 0447T, 0448T, 0716T, 0745T, 0746T, 0747T, E0738, E0739, 0935T, C1735, C1736, 53865, 53866,

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Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0777T
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 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, 64590
Genicular nerve ablation and Genicular nerve blocks		64454, 64624
Hearing implants (Cochlear, Baha system)		69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235
High-frequency chest compression vests		E0483
Home health/home infusion		G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,
Hyperbaric therapy		99183, G0277
Inpatient admissions	Elective services/procedures	All

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	Acute rehab facilities	
	Long-term acute care	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection†		32096, 32097, 32505, 32607, 32608, 32666
Molecular diagnostic and genetic testing	*Effective 8/1/2025	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81202, 81203, 81204, 81205, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278,

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PRHMJDYEN

		81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441,
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		81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490, 81493, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81558, 81599, 83006, 83080, 0004M, 0007M, 0011M, 0012M, 0013M, 0016M, 0017M, 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,
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		0175U, 0177U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0289U, 0290U, 0291U, 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,
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		0424U, 0425U, 0426U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0449U, 0452U, 0453U, 0454U, 0460U, 0461U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0481U, 0485U, 0486U, 0487U, 0489U, 0493U, 0496U, 0497U, 0498U, 0499U, 0500U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U, 0523U, 0529U, 0530U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0543U, 0544U, 0549U, *0552U, *0553U, *0554U, *0555U, *0560U, *0561U, *0562U, *0565U, *0566U, *0567U, *0569U, *0571U, *0572U
Non-emergency transportation **Including ambulance (non-emergency) transportation		A0110, A0120, A0130, A0428
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators		E0764, E0770, A4593, A4594, C9807
Neurostimulators	*Effective 8/1/2025	61860, 61863, 61867, 61885, 61886, 61891, 61982, 64553, 64555, 64561, 64566, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T,

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		0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, C1767, C1787, C1826, C1827, K1023, L8683, E0721, E0734, E0735, E0736, E0737, E0743, *0956T, *0957T, *0958T, *0959T, *0960T, *0968T, *0969T
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		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, 0813T
Oral, orthognathic, temporomandibular joint (TMJ) surgeries		20910, 21010, 21025, 21026, 21030, 21031, 21032, 21034, 21040, 21044-21050, 21060, 21070, 21073, 21076, 21077, 21079, 21080-21088, 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, 21249, 21255, 21295, 21421-21423,

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		21432, 21433, 21435, 21436, 21440, 21454, 21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 29800, 29804, 41825, 41826, 41827, 41830, 41850, 41874, 82280, 42281
Orthopedic surgeries: hip, knee and shoulder arthroscopy		23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
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, C8003, C9781, J7330,
Other durable medical equipment (DME)	**A4253, A4259 & E0607 no prior authorization required if requested test strips and lancets are within the “usual utilization” ranges in L33822.	A4224, A4225, A4238, A4239, A4253, A4259, A4520, A4670, A9274, E0240, E0277, E0301, E0302, E0303, E0304, E0328, E0424, E0425,

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*New Preauthorization requirement

PRHMDYEN

	<p>**A4520, T4521, T4522, T4523, T4524, T4525, T4526, T4527 & T4528 ONLY for member under PBP 012, 016 and 843</p>	<p>E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0447, E0455, E0465, E0466, E0467, E0469, E0470, E0471, E0472, E0481, E0482, E0486, E0487, E0490, E0491, E0492, E0493, E0560, E0561, E0562, E0601, E0607, 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, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, E0720, E0730, E0731, E0740, E0744, E0745, E0755, E0761, E0762, E0764, E0765, E0766, E0769, E0770, E0935, E0969, E3000, K0743, K0900, K1007, K1027, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0720,</p>
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*New Preauthorization requirement

PRHMDYEN

		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, L8683, L8701, L8702, T4521, T4522, T4523, T4524, T4543, T4525, T4526, T4527, T4528
Other urological procedures		50010 - 50135, 50220 - 50290, 50300 - 50380, 50400, 50405, 50500 - 50549, 50590, 50592, 50593, 50600, 50600 - 50660, 50700 - 50949, 51020 - 51597, 51800 51999, 52214 – 52240, 52260 – 52353, 52355 –

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*New Preauthorization requirement

PRHMJDYEN

		53085, 53210 – 53520, 53850 – 53899, 54000 54065, 54110 – 54440, 54512 – 54699, 54830 – 54861, 54900 – 55680, 55720 – 55980, 56405 - 56515, 56620 – 56810, 57000 – 57065, 57106 – 57135, 57200 – 57415, 57423, 57425, 57426, 57530 – 57800, 58120 – 58555, 58559 – 58825, 5890 – 58999, 59020 – 59076, 59400 - 59410, 59514, 59515,
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, E0782, E0783, E0785, E0786
Penile implant		54400, 54401, 54405, C1813
Percutaneous lumbar intravertebral disc injection		0627T, 0628T, 0629T, 0630T
Peripheral revascularization (atherectomy, angioplasty)		37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0234T, 0235T, 0236T, 0237T, 0238T, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775
Prostate surgeries (prostatectomy)		55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55880

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*New Preauthorization requirement

PRHMJDYEN

Prosthetics	21081, 21082, 21084, A9282, L3250, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, 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, 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,
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*New Preauthorization requirement

PRHMDYEN

		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, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637,
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*New Preauthorization requirement

PRHMDYEN

		L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6700, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, 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
Radiofrequency ablation for the SI joint		64625
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469
Sacroiliac (SI) joint injections		27096

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*New Preauthorization requirement

PRHMDYEN

Skin and tissue substitutes	*Effective 8/1/2025	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, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183,
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*New Preauthorization requirement

PRHMDYEN

		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, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311,
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*New Preauthorization requirement

PRHMJDYEN

		Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, *Q4368, *Q4369, *Q4370, *Q4371, *Q4372, *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 stimulators		63620, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682,
Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515,

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*New Preauthorization requirement

PRHMDYEN

		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, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266,
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*New Preauthorization requirement

PRHMDYEN

		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, 0784T, 0785T, 0790T, C1821, C2614, C9757,
Surgery for obstructive sleep apnea		21685, 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 endoscopy procedures. These do not require prior authorization nor referral.***	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 69705, 69706,
Therapy (speech, physical and occupational)	Preauthorization requests will be reviewed by Therapy Network of Puerto Rico (TNPR) <ul style="list-style-type: none"> • Submit by fax to 877-403-5544. • Submit by telephone to 877-614-5056. 	92507, 92526, 92610, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139,

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*New Preauthorization requirement

PRHMDYEN

		97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97532, 97533, 97535, 97537, 97542, 97760, 97761, 97763, 97799, G0283
Thyroid surgeries (thyroidectomy and lobectomy)		60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplant surgeries	Preauthorization requests will be reviewed by Humana Transplant Team <ul style="list-style-type: none"> • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. 	32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 38999, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 60699, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81560, 81595, 0018M, 0087U, 0088U, 0118U, 0319U, 0320U, 0540U, 0584T, 0585T, 0586T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ, 02WARQZ
Transplant, Molecular Diagnostic/Genetic Testing		0493U, 0508U, 0509U
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476,

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*New Preauthorization requirement

PRHMJDYEN

		36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T,
Ventricular assist devices (VADs) IMP: Only percutaneous ventricular assist devices are managed by Humana PR	Percutaneous ventricular assist devices (VADs)	33990, 33991, 33995
	Ventricular assist devices (VADs) Preauthorization requests will be reviewed by Humana Transplant Team <ul style="list-style-type: none"> • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. 	33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33995
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, K0001 – K0195, K0005, K0008, K0009, K0013, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837,

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*New Preauthorization requirement

PRHMDYEN

		K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Zoll LifeVest®		K0606

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*New Preauthorization requirement

PRHMDYEN