## Humana

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

Effective date: January 1, 2025 Revision date: June 2, 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	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 0421T, 0582T, 0947T
	Cardiac ablation/electrophysiology	33250,33254, 33255, 33256, 33257, 33258, 33259, 33261, 93650, 93653, 93654, 93656,
Behavioral health services	<ul> <li>Partial hospitalization</li> <li>Preauthorization requests will be reviewed by <b>APS</b></li> <li>Submit by fax to 787-641-2756.</li> <li>Submit by telephone to 800-503-7929.</li> </ul>	900, 904, 910, 912, 913, 914, 915, 916, 918, 942

1

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.

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		11971, 19120, 19125,
	Other breast procedures (excludes	19316, 19318, 19325,
	breast reconstruction following	19328, 19330, 19340,
	medically necessary mastectomies for	19342, 19350, 19357,
	breast cancer)	19370, 19371, 19380,
		C1789, L8600
		19300
	Gynecomastia surgery	
		91110, 91111, 91113,
Capsule endoscopy		0651T
Cardiac devices	Aortic repair	33875, 33877, 33880,
		33881, 33883, 33886,
Cardiac procedures/surgeries		34701, 34702, 34703,
		34704, 34705, 34706,
		34830, 34831, 34832,
		34841, 34842, 34843,
		34844, 34845, 34846,
		34847, 34848
	Cardiac implantable devices (e.g.,	33206, 33207, 33208,
	CardioMEMS pacemakers, leadless	33210, 33211, 33212,
	pacemakers, left atrial appendage	33213, 33214, 33216,
	closure [LAAC], defibrillators	33217, 33221, 33224,
	[implantable and subcutaneous] and	33227, 33228, 33229,
	cardiac resynchronization therapy)	33230, 33231, 33233,
		33234, 33235, 33240,
		33241, 33244, 33249,
		33262, 33263, 33264,
		33270, 33271, 33272,
		33273, 33274, 33275,
		33289, 33340, 0266T,
		0267T, 0267T, 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, C1605, C1721,
		C1722, C1777, C1779,
		C1785, C1786, C1824,
		C1825, C1882, C1895,
		C1896, C1898, C1899,
		C1900, C2619, C2620,
		C2621, C2624
	Implantable carotid sinus stimulator	0266T, 0267T, 0268T,
		0269T, 0270T, 0271T,
		0272T, 0273T, C1825
	Internal loop recorders	33285, 33286
		92920, 92924, 92928,
	Caratid rovaccularization	92933, 92937, 92943,
	Carotid revascularization	C9600, C9602, C9604,
		C9607
	Patent foramen ovale (PFO) and atrial	93580
	septal defect (ASD) closure	
	Percutaneous Coronary Intervention	0913T, 0914T
		33361, 33362, 33363,
	Transcatheter valve surgeries (TMVR,	33364, 33365, 33366,
	TAVR/TAVI and MitraClip)	33418, 0345T, 0805T,
		0806T, 0927T, 0933T,
		0934T, G0555

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Chamatharany agants	Development of the second sector of the last	This list is subject to
Chemotherapy agents,	Preauthorization requests will be	This list is subject to
supportive drugs and	reviewed by OncoHealth	change as new drugs are
symptom management drugs	Submit by fax to	brought to market.
category	844-964-7707.	
	<ul> <li>Submit by telephone to</li> </ul>	
**Administered and Billed	877-815-0819.	
by infusion centers or	<ul> <li>Submit by email to</li> </ul>	
physician offices	Sas-pr@oncologyanalytics.com	
Chimeric antigen receptor	Preauthorization requests will be	38225, 38226, 38227,
T-cell therapy (CAR T)	reviewed by the Humana National	38228, *C9301, Q2041,
	Transplant Network	Q2042, Q2053, Q2054,
	<ul> <li>Submit by fax to</li> </ul>	Q2055, Q2056, *Q2057,
	502-508-9300.	XW033C7, XW033G7,
	<ul> <li>Submit by telephone to</li> </ul>	XW033H7, XW033J7,
	866-421-5663.	XW033K7, XW033L7,
	<ul> <li>Submit by email to</li> </ul>	XW033M7, XW033N7,
	transplant@humana.com.	XW0338A, XW043C7,
		XW043G7, XW043H7,
	*New Code effective 06/02/2025	XW043J7, XW043K7,
		XW043L7, XW043M7,
		XW043N7, XW0438A,
		XW133G8, XW133J8,
		XW143G8, XW143J8,
		J3590, J3392, J3393,
		J3394, J9999
Decompression of peripheral		29848, 64721
nerve (i.e., carpal tunnel		
surgery)		
Diagnostic / cardiac imaging	Virtual colonoscopy	74261, 74262, 74263
	Magnetic resonance angiography	70544, 70545, 70546,
	(MRA)	70547, 70548, 70549,
		71555, 72159, 72198,
		73225, 73725, 74185,
		C8900, C8901, C8902,
		C8909, C8910, C8911,
		C8912, C8913, C8914,
		C8918, C8919, C8920,
		C8931, C8932, C8933,
		C8934, C8935, C8936

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	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,
		74712, 75557, 75559,
		75561, 75563, 77046,
		77047, 77048, 77049,
		77084, C8903, C8905,
		C8906, C8908, C9762,
		C9763, C9791
	Positron emission tomography (PET)	78429, 78430, 78431,
	scan/National Oncology PET Registry	78432, 78433, 78459,
	(NOPR)	78491, 78492, 78608,
		78609, 78811, 78812,
		78813, 78814, 78815,
		78816, G0219, G0235,
		G0252
	Prostate-specific membrane antigen	A9587, A9593,
	(PSMA/PET CT)	A9594, A9596, A9597,
		A9595, A9608, A9800,
Electric beds		E0193, E0194, E0265,
		E0266, E0296, E0297
Emerging technology/new	31647, 31648, 31649 & 31651 ONLY	31647, 31648, 31649,
indications for existing	when is use for emphysema valve	31651, 43284, *0338T,
technology	management, anything else will NOT	*0339T, 0446T, 0447T,
	require prior authorization	0448T, 0716T, 0745T,
		0746T, 0747T, E0738,
	*New Code effective 06/02/2025	E0739, 0935T, C1735,
		C1736, 53865, 53866,
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Epidural injections64479, 64480, 64483, 64483, 64484, 64499, 0777TFacet injections64490, 64491, 64492, 64493, 644949, 64495, 64633, 64634, 64635, 64633, 64634, 64635, 64636, 64999, 02137, 02147, 02157, 02167, 02147, 02157, 02167, 021471, 02157, 02167, 02177, 02181Facility-based sleep studies (PSG)195807, 95808, 95810, 95811Foot surgeries: bunionectomy and hammertoe26535, 26536, 28110, 28240, 28252, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641Gastric pacing43647, 43648, 43881, 43882, 64590Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8621, L8622, L8622, L8622, L8622, L8623, L8624, L8625, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vests60151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G0495, G0496, G2168, All	Fridurel inicitiens (outrations		C4470 C4490 C4492
Facet injections64490, 64491, 64492, 64493, 64494, 64492, 64433, 64494, 64492, 64633, 64634, 64635, 64633, 64634, 64635, 64636, 64999, 02137, 021471, 02157, 02167, 021471, 02167, 18618, 18617, 18618, 18617, 18618, 18619, 18621, 18627, 18628, 18629, 18624, 18625, 18627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18625, 186627, 18628, 18629, 18624, 18615, 18617, 13618, 18617, 13618, 18617, 13618, 18617, 13618, 18617, 13618, 18617, 13618, 18617, 13618, 18617, 18618, 18627, 18628, 18629, 18627, 18628, 18629, 18629, 18624, 18625, 186627, 18628, 18629, 18627, 18628, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 18629, 1869,	Epidural injections (outpatient		64479, 64480, 64483,
Amount of the services/procedures         64493, 64494, 64495, 64633, 64633, 64634, 64635, 64633, 64634, 64635, 64639, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T           Facility-based sleep studies (PSG) <sup>†</sup> 95807, 95808, 95810, 95811           Foot surgeries: bunionectomy and hammertoe         26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43881, 43881, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve blocks         64454, 64624           Hearing implants         69930, 18614, 18615, 1867, 18618, 186619, 18621, 18622, 18622, 18623, 18624, 18625, 18627, 18628, 18629, 52235           Hearing implants         69930, 2836, 28366, 28366, 28466, 284666, 28466, 28466, 28466, 28466, 28466, 28466, 28466, 28466, 2	only)		64484, 64999, 07771
Facility-based sleep studies (PSG) <sup>†</sup> 64633, 64634, 64635, 64636, 64999, 021317, 02147, 02187           Facility-based sleep studies (PSG) <sup>†</sup> 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, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve ablation and Genicular nerve blocks         64930, 18614, 18615, 18616, 18617, 18618, 18619, 18624, 18622, 18623, 18624, 18622, 18623, 18624, 18622, 18633, 18624, 18622, 18633, 18624, 18622, 18633, 18624, 18622, 18633, 18624, 18622, 18633, 18624, 18625, 18633, 18644, 18615, 18643, 18644, 18615, 18643, 18644, 18615, 18644, 18645, 18644, 18645, 18643, 18644, 18645, 18643, 18644, 18645,	Facet injections		64490, 64491, 64492,
Facility-based sleep studies         95807, 95808, 95810, 25507, 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, 18641           Gastric pacing         43647, 43648, 43881, 43382, 64590           Genicular nerve ablation and Genicular nerve ablation, Hearing implants (Cochlear, Baha system)         69930, 18614, 18615, 18614, 18615, 18614, 18615, 18614, 18622, 18623, 18624, 18622, 18627, 18628, 18629, 32235           High-frequency chest compression vests         60151, 60152, 60153, 60156, 60157, 60158, 60159, 60160, 60161, 60162, 60299, 60300, 60493, 60494, 60495, 60496, 62168, 62169,           Hyperbaric therapy         99183, 60277           Inpatient admissions         Elective services/procedures         All			64493, 64494, 64495,
Facility-based sleep studies (PSG) <sup>†</sup> 95807, 95808, 95810, 95811           Foot surgeries: bunionectomy and hammertoe         26335, 26336, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve blocks         69930, 18614, 18615, 18614, 18615, 18623, 18624, 18625, 18623, 18624, 18625, 18624, 18625, 18624, 18625, 18625, 18624, 18625, 18626, 18627, 18628, 18629, 18235           High-frequency chest compression vests         60151, 60152, 60153, 60156, 60157, 60158, 60157, 60158, 60159, 60300, 60493, 60494, 60495, 60496, 62168, 62169,           Hyperbaric therapy         99183, 60277           Hyperbaric therapy         99183, 60277			64633, 64634, 64635,
Image: mark text of the services/procedures         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, 28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve ablation and Genicular nerve blocks         69930, 18614, 18615, 186641           Hearing implants (Cochlear, Baha system)         69930, 18614, 18615, 18612, 18622, 18622, 18623, 18624, 18625, 18623, 18624, 18625, 18627, 18628, 18629, 52235           High-frequency chest compression vests         60151, 60152, 60153, 60155, 60156, 60157, 60158, 60159, 60300, 60493, 60494, 60495, 60496, 62168, 62169,           Hyperbaric therapy         99183, G0277           Inpatient admissions         Elective services/procedures			64636, 64999, 0213T,
Facility-based sleep studies (PSG)†95807, 95808, 95810, 95811Foot surgeries: bunionectomy and hammertoe26535, 26536, 28110, 28290, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641Gastric pacing43647, 43648, 43881, 43882, 64590Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8617, L8618, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vests60151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresHyperbaric therapyElective services/procedures			0214T, 0215T, 0216T,
(PSG)†         95811           Foot surgeries: bunionectomy and hammertoe         26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28290, 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         60151, 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			0217T, 0218T
(PSG)†         95811           Foot surgeries: bunionectomy and hammertoe         26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28290, 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         60151, 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	Facility-based sleep studies		95807, 95808, 95810,
and hammertoe       28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28308, 28299, 28308, 28310, 28740, 28750, 18641         Gastric pacing       43647, 43648, 43881, 43882, 64590         Genicular nerve ablation and Genicular nerve blocks       64454, 64624         Hearing implants       69930, 18614, 18615, 18616, 18617, 18618, 18619, 18622, 18623, 18629, 52235         High-frequency chest compression vests       60151, 60152, 60153, 60157, 60158, 602168, 62168, 62168, 62168, 62168, 62169, 70158, 60276         Hyperbaric therapy       Inpatient admissions       Elective services/procedures       All	(PSG) <sup>+</sup>		
and hammertoe       28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28308, 28309, 28309, 28310, 28740, 28750, 18641         Gastric pacing       43647, 43648, 43881, 43882, 64590         Genicular nerve ablation and Genicular nerve blocks       64454, 64624         Hearing implants       69930, 18614, 18615, 18616, 18617, 18618, 18619, 18622, 18622, 18622, 18622, 18622, 18623, 18624, 18625, 18627, 18628, 18629, 52235         High-frequency chest compression vests       60151, 60152, 60153, 60157, 60158, 60159, 60160, 60161, 60162, 60299, 60300, 60493, 602494, 60495, 60248, 62168, 62168, 62169, 62168, 62169, 6216	Foot surgeries: bunionectomy		26535, 26536, 28110,
Big         28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve blocks         64454, 64624           Hearing implants         69930, 18614, 18615, 18617, 18618, 18617, 18618, 18617, 18618, 18619, 18622, 18623, 18624, 18625, 18623, 18624, 18625, 18623, 18624, 18625, 18627, 18628, 18629, 52235           High-frequency chest compression vests         E0483           Home health/home infusion         G0151, G0152, G0153, G0155, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, G2169, G216	-		
Big         28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve blocks         64454, 64624           Hearing implants         69930, 18614, 18615, 18617, 18618, 18617, 18618, 18617, 18618, 18619, 18622, 18623, 18624, 18625, 18623, 18624, 18625, 18623, 18624, 18625, 18627, 18628, 18629, 52235           High-frequency chest compression vests         E0483           Home health/home infusion         G0151, G0152, G0153, G0155, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, G2169, G216			28291, 28292, 28295,
Gastric pacing         28299, 28306, 28308, 28310, 28740, 28750, 18641           Gastric pacing         43647, 43648, 43881, 43882, 64590           Genicular nerve ablation and Genicular nerve blocks         64454, 64624           Hearing implants         69930, 18614, 18615, 18616, 18617, 18618, 18616, 18617, 18618, 18619, 18621, 18622, 18623, 18624, 18625, 18627, 18628, 18629, 52235           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			28296, 28297, 28298,
Gastric pacing28310, 28740, 28750, 18641Gastric pacing43647, 43648, 43881, 43882, 64590Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, 18614, 18615, 18619, 18621, 18622, 18623, 18624, 18625, 18627, 18628, 18629, 52235High-frequency chest compression vests60151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapy99183, G0277Inpatient admissionsElective services/proceduresAll			
Gastric pacing43647, 43648, 43881, 43882, 64590Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vestsE0483Home health/home infusionG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresAll			
Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vestsE0483Home health/home infusionG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresHigh-frequency chest compression vests99183, G0277			L8641
Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vestsE0483Home health/home infusionG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresHigh-frequency chest compression vests99183, G0277	Gastric pacing		43647, 43648, 43881,
Genicular nerve ablation and Genicular nerve blocks64454, 64624Hearing implants (Cochlear, Baha system)69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235High-frequency chest compression vestsE0483Home health/home infusionG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapy99183, G0277Inpatient admissionsElective services/procedures			43882, 64590
Hearing implants (Cochlear, Baha system)         69930, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, 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	Genicular nerve ablation and		64454, 64624
(Cochlear, Baha system)       L8616, L8617, L8618,         (Cochlear, Baha system)       L8619, L8617, L8618,         (L8619, L8621, L8622,       L8623, L8624, L8625,         L8627, L8628, L8629,       S2235         High-frequency chest       E0483         compression vests       60151, G0152, G0153,         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       Elective services/procedures       All	Genicular nerve blocks		
High-frequency chest       L8619, L8621, L8622,         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       Elective services/procedures       All	Hearing implants		69930, L8614, L8615,
High-frequency chest         E0483           compression vests         E0483           Home health/home infusion         G0151, G0152, G0153,           G0155, G0156, G0157,         G0155, G0156, G0157,           G0151, G0162, G0299,         G0300, G0493, G0494,           G0495, G0496, G2168,         G2169,           Hyperbaric therapy         Elective services/procedures         All	(Cochlear, Baha system)		L8616, L8617, L8618,
High-frequency chest         L8627, L8628, L8629, S2235           High-frequency chest         E0483           compression vests            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         Impatient admissions         Elective services/procedures         All			L8619, L8621, L8622,
Image: Migh-frequency chest compression vests         S2235           High-frequency chest compression vests         E0483           Home health/home infusion         G0151, G0152, G0153, G0157, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0300, G0493, G0494, G0495, G0496, G2168, G2169,           Hyperbaric therapy         Impatient admissions           Elective services/procedures         All			L8623, L8624, L8625,
High-frequency chestE0483compression vestsG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresInpatient admissionsElective services/procedures			L8627, L8628, L8629,
compression vestsG0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,Hyperbaric therapyElective services/proceduresAll			S2235
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	High-frequency chest		E0483
Hyperbaric therapy         Elective services/procedures         60155, 60156, 60157, 60158, 60159, 60160, 60161, 60162, 60299, 60300, 60493, 60494, 60495, 60496, 62168, 62169,           Hyperbaric therapy         99183, 60277	compression vests		
Hyperbaric therapy         Elective services/procedures         60158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,           Hyperbaric therapy         99183, G0277	Home health/home infusion		G0151, G0152, G0153,
Hyperbaric therapy         Elective services/procedures         60161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169,           Hyperbaric therapy         99183, G0277			G0155, G0156, G0157,
Hyperbaric therapy         Elective services/procedures         G0300, G0493, G0494, G0495, G0496, G2168, G2169,           Hyperbaric therapy         99183, G0277			G0158, G0159, G0160,
G0495, G0496, G2168, G2169,Hyperbaric therapy99183, G0277Inpatient admissionsElective services/proceduresAll			
Hyperbaric therapyG2169,Inpatient admissionsElective services/proceduresAll			G0300, G0493, G0494,
Hyperbaric therapy99183, G0277Inpatient admissionsElective services/proceduresAll			G0495, G0496, G2168,
Inpatient admissions Elective services/procedures All			G2169,
	Hyperbaric therapy		99183, G0277
Acute rehab facilities	Inpatient admissions	Elective services/procedures	All
		Acute rehab facilities	

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.

	Long-term acute care	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection <sup>+</sup>		32096, 32097, 32505,
		32607, 32608, 32666
Molecular diagnostic and	*New Code effective 06/02/2025	81105, 81106, 81107,
genetic testing		81108, 81109, 81110,
		81111, 81112, 81120,
		81121, 81161, 81162,
		81163, 81164, 81165,
		81166, 81167, 81168,
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		81177, 81178, 81179,
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		81189, 81190, 81191,
		81192, 81193, 81194,
		81195, 81200, 81201,
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		81272, 81273, 81275,
		81276, 81277, 81278,
		81279, 81283, 81284,

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

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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.

81460, 81465, 81470,
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81558, 81599, 83006,
83080, 0004M, 0007M,
0011M, 0012M, 0013M,
0016M, 0017M, 0020M,
0005U, 0009U, 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, 0079U, 0089U,
0090U, 0094U, 0101U,
0102U, 0103U, 0111U,
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, 0179U, 0195U,
0203U, 0205U, 0209U,
0211U, 0212U, 0213U,
0214U, 0215U, 0216U,
0217U, 0218U, 0229U,

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.

02300, 02310, 02310, 02350,         023301, 02370, 02380,         02390, 02420, 02440,         024500, 02500, 02520,         025300, 02540, 02580,         02600, 02620, 02640,         02600, 02620, 02640,         02710, 02720, 02730,         02740, 02760, 02770,         02780, 02690, 02700,         02710, 02720, 02730,         02740, 02760, 02770,         02780, 02850, 02800,         02910, 02920, 02930,         02940, 02960, 02970,         02941, 02960, 02970,         02940, 02960, 02970,         02941, 02960, 02970,         02940, 02990, 03000,         03140, 03150, 03170,         03140, 03150, 03131,         03140, 03230, 03260,         03270, 03280, 03290,         03300, 03310, 03320,         03330, 03340, 03320,         03330, 03340, 03320,         03360, 03390, 03400,         03470, 03480, 03490,         03550, 03550, 03560,         03580, 03590, 03600,         03520, 036301, 03320,         03780, 03590, 03600,         03520, 03630, 03680,         03780, 03590, 03600,         03520, 03630, 03680,         03780, 03590, 03600,         03580, 03590, 03600, <th></th>	
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0268U, 0269U, 0270U,         0271U, 0272U, 0273U,         0274U, 0276U, 0277U,         0278U, 0285U, 0286U,         0287U, 0289U, 0290U,         0291U, 0292U, 0293U,         0294U, 0296U, 0297U,         0298U, 0299U, 0290U,         0294U, 0296U, 0297U,         0298U, 0299U, 0300U,         0306U, 0307U, 0313U,         0314U, 0315U, 0317U,         0318U, 0323U, 0326U,         0333U, 0334U, 0335U,         0333U, 0334U, 0335U,         0336U, 0339U, 0340U,         0341U, 0343U, 0345U,         0341U, 0343U, 0345U,         0347U, 0348U, 0349U,         0358U, 0359U, 0356U,         0358U, 0359U, 0360U,         0362U, 0363U, 0368U,         0378U, 0379U, 0388U,         0389U, 0391U, 0392U,         0400U, 0401U, 0403U,         0405U, 0403U,         0405U, 0410U,         0411U, 0413U, 0414U,         0411U, 0413U, 0414U,         0412U, 0423U, 0422U,         0422U, 0423U, 0424U,         0422U, 0423U, 0426U,	0260U, 0262U, 0264U,
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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, 0323U, 0326U,         0330U, 0331U, 0332U,         0330U, 0331U, 0332U,         0330U, 0331U, 0332U,         0336U, 0339U, 034U,         0341U, 0343U, 0345U,         0350U, 0355U, 0356U,         0350U, 0355U, 0356U,         0350U, 0355U, 0356U,         0358U, 0359U, 0360U,         0362U, 063U, 0368U,         0378U, 0379U, 0388U,         0389U, 0391U, 0392U,         0400U, 0401U, 0403U,         0411U, 0413U, 0414U,         0411U, 0413U, 0414U,         0417U, 0419U, 0420U,         0422U, 0423U, 0424U,         0425U, 0426U, 0426U,	0268U, 0269U, 0270U,
0278U, 0285U, 0286U,         0287U, 0289U, 0290U,         0291U, 0292U, 0293U,         0294U, 0296U, 0297U,         0298U, 0299U, 0300U,         0306U, 0307U, 0313U,         0314U, 0315U, 0317U,         0318U, 0323U, 0326U,         0330U, 0331U, 0332U,         0330U, 0331U, 0332U,         0336U, 0339U, 0340U,         0341U, 0343U, 0345U,         0341U, 0343U, 0345U,         0341U, 0343U, 0345U,         0350U, 0355U, 0356U,         0358U, 0359U, 0360U,         0362U, 0363U, 0368U,         0378U, 0379U, 0388U,         0389U, 0391U, 0392U,         0400U, 0401U, 0403U,         0401U, 0413U, 0414U,         0417U, 0419U, 0420U,         0422U, 0423U, 0424U,         0425U, 0426U, 0426U,	0271U, 0272U, 0273U,
0287U, 0289U, 0290U,         0291U, 0292U, 0293U,         0294U, 0296U, 0297U,         0298U, 0299U, 0300U,         0306U, 0307U, 0313U,         0314U, 0315U, 0317U,         0318U, 0323U, 0326U,         0327U, 0328U, 0329U,         0330U, 0331U, 0332U,         0333U, 0334U, 0335U,         0336U, 0339U, 0340U,         0341U, 0343U, 0345U,         0341U, 0343U, 0345U,         0347U, 0348U, 0349U,         0350U, 0355U, 0356U,         0358U, 0359U, 0360U,         0362U, 0363U, 0368U,         0378U, 0379U, 0388U,         0389U, 0391U, 0392U,         0400U, 0401U, 0403U,         0417U, 0419U, 0420U,         0411U, 0413U, 0414U,         0417U, 0419U, 0420U,         0422U, 0423U, 0424U,         0425U, 0426U, 0426U,	0274U, 0276U, 0277U,
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0306U, 0307U, 0313U,         0314U, 0315U, 0317U,         0318U, 0323U, 0326U,         0327U, 0328U, 0329U,         0330U, 0331U, 0332U,         0333U, 0334U, 0335U,         0336U, 0339U, 0340U,         0341U, 0343U, 0345U,         0347U, 0348U, 0349U,         0350U, 0355U, 0356U,         0350U, 0355U, 0356U,         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, 0426U,	0294U, 0296U, 0297U,
0314U, 0315U, 0317U, 0318U, 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, 0426U,	0298U, 0299U, 0300U,
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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, 0426U,	0314U, 0315U, 0317U,
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, 0426U,	0318U, 0323U, 0326U,
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, 0426U,	0327U, 0328U, 0329U,
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, 0426U,	0330U, 0331U, 0332U,
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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, 0426U,	0336U, 0339U, 0340U,
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, 0426U,	0341U, 0343U, 0345U,
0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0388U, 0389U, 0391U, 0392U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0347U, 0348U, 0349U,
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, 0426U,	0350U, 0355U, 0356U,
0378U, 0379U, 0388U, 0389U, 0391U, 0392U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0358U, 0359U, 0360U,
0389U, 0391U, 0392U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0362U, 0363U, 0368U,
0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0378U, 0379U, 0388U,
0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0389U, 0391U, 0392U,
0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0400U, 0401U, 0403U,
0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0405U, 0409U, 0410U,
0422U, 0423U, 0424U, 0425U, 0426U, 0426U,	0411U, 0413U, 0414U,
0425U, 0426U, 0426U,	0417U, 0419U, 0420U,
	0422U, 0423U, 0424U,
0433U, 0434U, 0437U,	0425U, 0426U, 0426U,
	0433U, 0434U, 0437U,
0438U, 0439U, 0440U,	0438U, 0439U, 0440U,
0444U, 0448U, 0449U,	0444U, 0448U, 0449U,
0452U, 0453U, 0454U,	

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.

0460U, 0461U, 0465U	
0466U, 0467U, 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, *05	-
*0537U, *0538U, *05	-
*0543U, *0544U, *05	
Non-emergency A0110, A0120, A0130	),
transportation A0428	
**Including ambulance (non-	
emergency) transportation	
Negative pressure wound 97605, 97606, A6550	,
therapy (NPWT) E2402, K0743	
Neuromuscular stimulatorsE0764, E0770, A4593	,
A4594, C9807	
Neurostimulators 61860, 61863, 61867	,
61885, 61886, 61891	,
61982, 64553, 64555,	,
64561, 64566, 64568	,
64575, 64581, 64590	,
64596, 64597, 64598,	,
0587T, 0588T, 0720T,	
0783T, 0786T, 0787T,	
0816T, 0817T, 0818T,	
0819T, 0908T, 0909T,	
0910T, 0911T, 0912T,	
C1767, C1787, C1826	,
C1827, K1023, L8683,	,
E0721, E0734, E0735,	
E0721, E0734, E0735, E0736, E0737, E0743	

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.

Obesity surgeries	43290, 43291, 43631,
Obesity surgeries	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,	20910, 21010, 21025,
temporomandibular joint	21026, 21030, 21031,
(TMJ) surgeries	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,
	21432, 21433, 21435,
	21436, 21440, 21454,
	21450, 21451, 21452,
	21450, 21451, 21452, 21453, 21454, 21461,
	21453, 21454, 21461, 21462, 21465, 21470,
	21402, 21403, 21470, 214800, 2148000, 2148000, 2148000, 2148000, 2148000000000000000000000000000000000000
	29800, 29804, 41825,
	41826, 41827, 41830,
	41850, 41874, 82280,
	42281

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Orthopedic surgeries: hip,		23472, 23473, 23474,
knee and shoulder		27125, 27130, 27132,
arthroscopy		27134, 27137, 27138,
artinoscopy		27437, 27438, 27440,
		27441, 27442, 27443,
		27445, 27446, 27447,
		27486, 27487
Orthopedic surgeries: hip,		23929, 27299, 27412,
knee and shoulder		27599, 29805, 29806,
arthroscopy		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	**A4253, A4259 & E0607 no prior	A4224, A4225, A4238,
equipment (DME)	authorization required if requested test	A4239, A4253, A4259,
	strips and lancets are within the "usual	A4520, A4670, A9274,
	utilization" ranges in L33822.	E0240, E0277, E0301,
	6	E0302, E0303, E0304,
	**A4520, T4521, T4522, T4523, T4524,	E0328, E0424, E0425,
	T4525, T4526, T4527 & T4528 <u>ONLY</u> for	E0430, E0431, E0433,
	member under PBP 012, 016 and 843	E0434, E0435, E0439,
		E0440, E0441, E0442,
	*New Code effective 06/02/2025	E0443, E0444, E0447,
		E0455, E0465, E0466,
		E0467, E0469, E0470,
		E0471, E0472, E0481,
		E0482, E0486, E0487,
		E0490, E0491, E0492,
		E0493, E0560, E0561,

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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,
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,

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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,	
T4521, T4522, T4523, T4525, T45255, T45255, T45255, T45255, T45255, T45255, T45255, T452555, T45255, T45255, T45255, T45255, T45255, T452555, T45255, T45255, T45255, T452555, T455555, T455555, T455555, T455555, T45555555T45555555555555555555555555	
T4524, 14543, 14523, T4528, 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	-
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,	

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		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		0627T, 0628T, 0629T,
intravertebral disc injection		0630T
Peripheral revascularization		37220, 37221, 37224,
(atherectomy, angioplasty)		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		55801, 55810, 55812,
(prostatectomy)		55815, 55821, 55831,
		55840, 55842, 55845,
		55866, 55867, 55880
Prosthetics	*New Code effective 06/02/2025	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,

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L5540, L5550, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5631, L5632, L5634, L5643, L5644, L5644, L5644, L5644, L5645, L5646, L5647, L5648, L5649, L5655, L5656, L5658, L5651, L5655, L5656, L5658, L5671, L5673, L5674, L5672, L5673, L5674, L5672, L5673, L5676, L5677, L5673, L5676, L5677, L5673, L5684, L5684, L5689, L5689, L5696, L5688, L5690, L5692, L5684, L5688, L5690, L5692, L5694, L5685, L5696, L5697, L5684, L5685, L5696, L5697, L5684, L5685, L5696, L5697, L5684, L5685, L5696, L5697, L5684, L5685, L5696, L5697, L5700, L5704, L5702, L5700, L5704, L5702, L5704, L5714, L5714, L5714, L5714, L5714, L5724, L5724, L5724, L5724, L5724, L5725, L5728, L5780, L5781, L5722, L5724, L5726, L5728, L5780, L5781, L5728, L5780, L5783, L5783, L5790, L5776, L5771, L5744, L5845, L5887, L5875, L5880, L5880, L5887, L5890, L5887, L5887, L5890, L5887, L5880, L5887, L5890, L5887, L5880, L5880, L5880, L5875, L5880, L5880, L5880, L58850, L5875, L5885, L58850, L5875, L58850, L58850, L58850, L5875, L58850, L5885	
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Image: Section of the section of th	L5642, L5643, L5644,
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L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5686, L5688, L5690,
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L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5722, L5724, L5726,
L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5728, L5780, L5781,
L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5782, L5783, L5785,
L5816, L5818, L5822, L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5790, L5795, L5810,
L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	L5811, L5812, L5814,
L5824, L5826, *L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856,	
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L5841, L5845, L5848, L5850, L5855, L5856,	
L5850, L5855, L5856,	
	L5857, L5858, L5859,

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.

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,
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,

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.

		*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		64625
the SI joint		
Rhinoplasty		30400, 30410, 30420,
· · · · ·		30430, 30435, 30450,
		30460, 30462, 30468,
		30469
Sacroiliac (SI) joint injections		27096
Skin and tissue substitutes	*New Code effective 06/02/2025	A2001, A2002, A2004,
		A2005, A2006, A2007,
		A2008, A2009, A2010,
		A2011, A2012, A2013,
		A2014, A2015, A2016,
		A2017, A2018, A2019,
		A2020, A2021, A2022,
		A2023, A2024, A2025,
		A2025, A2024, A2025, A2025, A2026, A2027, A2028,
		A2020, A2027, A2028, A2029, *A2030, *A2031,
		*A2032, *A2033, *A2034,
		*A2035, A2035, A2034, *A2035, A4100, C1832,
		AZUSS, A4100, C1632,

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

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To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on Humana.com or include medical records with evidence that the member is in an active course of treatment.

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Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4335, Q4336, Q4337, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4342,	Q4293, Q4294, Q4295,
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Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4322, Q4326, Q4327, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4342,	Q4302, Q4303, Q4304,
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Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4342,	Q4317, Q4318, Q4319,
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Q4338, Q4339, Q4340, Q4341, Q4342, Q4342,	Q4332, Q4333, Q4334,
Q4341, Q4342, Q4342,	Q4335, Q4336, Q4337,
	Q4338, Q4339, Q4340,
04343, 04344, 04345	Q4341, Q4342, Q4342,
	Q4343, Q4344, Q4345,

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	1
	Q4346, Q4347, Q4348,
	Q4349, Q4350, Q4351,
	Q4352, Q4353, *Q4354,
	*Q4355, *Q4356, *Q4357,
	*Q4358, *Q4359, *Q4360,
	*Q4361, *Q4362, *Q4363,
	*Q4364, *Q4365, *Q4366,
	*Q4367
	**For codes Q4116,
	Q4122 and Q4128, no
	preauthorization is
	required for breast
	reconstruction following
	medically necessary
	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,	20999, 22100, 22101,
kyphoplasty and	22102, 22103, 22116,
vertebroplasty	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,

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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,
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63081, 63082, 63085,
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, 0784T,

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.

		078FT 0700T C1821
		0785T, 0790T, C1821,
		C2614, C9757,
Surgery for obstructive sleep		21685, 41512, 41530,
apnea		41599, 42140, 42145,
		42299, 42950, 64582,
		93150, 93151, 93152,
		93153 C9727,
Surgical nasal/sinus	***Excludes diagnostic nasal/sinus	31237, 31240, 31253,
endoscopic procedures and	endoscopy procedures. These do not	31254, 31255, 31256,
balloon sinus ostial dilation	require prior authorization nor	31257, 31259, 31267,
	referral.***	31276, 31287, 31288,
		31295, 31296, 31297,
		31298, 33276, 33277,
		33278, 33279, 33280,
		33281, 33287, 33288,
		69705, 69706,
Therapy (speech, physical and	Preauthorization requests will be	92507, 92526, 92610,
occupational)	reviewed by Therapy Network of	97010, 97012, 97014,
	Puerto Rico (TNPR)	97016, 97018, 97022,
	• Submit by fax to	97024, 97026, 97028,
	877-403-5544.	97032, 97033, 97034,
	<ul> <li>Submit by telephone to</li> </ul>	97035, 97036, 97037,
	877-614-5056.	97039, 97110, 97112,
		97113, 97116, 97124,
		97129, 97130, 97139,
		97140, 97150, 97161,
		97162, 97163, 97164,
		97165, 97166, 97167,
		97168, 97530, 97532,
		97533, 97535, 97537,
		97542, 97760, 97761,
		97763, 97799, G0283
Thyroid surgeries		60210, 60212, 60220,
(thyroidectomy and		60225, 60240, 60252,
lobectomy)		60254, 60260, 60270,
		60271
Transplant surgeries	Preauthorization requests will be	32850, 32851, 32852,
. 5	reviewed by Humana Transplant Team	32853, 32854, 33927,
	• Submit by fax to	33928, 33929, 33935,
	502-508-9300.	33945, 38205, 38206,
		,,,,

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	Submit by telephone to	38230, 38232, 38240,
	866-421-5663.	38241, 38243, 38999,
		44135, 47133, 47135,
	*New Code effective 06/02/2025	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		0493U, 0508U, 0509U
Diagnostic/Genetic Testing		
Varicose vein: surgical		36465, 36466, 36468,
treatment and sclerotherapy		36470, 36471, 36473,
treatment and selerotherapy		36474, 36475, 36476,
		36478, 36479, 36482,
		36483, 37700, 37718,
		37722, 37735, 37760,
		37761, 37765, 37766,
	Provide a second de la secondat de trace	37780, 37785, 0524T,
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991, 33995
	Ventricular assist devices (VADs)	
IMP: Only percutaneous	Preauthorization requests will be	
ventricular assist devices are	reviewed by Humana Transplant Team	33975, 33976, 33979,
managed by Humana PR	Submit by fax to	33981, 33982, 33983,
	502-508-9300.	33990, 33991, 33995
	<ul><li>Submit by telephone to</li></ul>	
	• Submit by telephone to 866-421-5663.	
	000-421-3003.	1

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.

Wheelchairs/scooters	E0986, E1002, E1003,
	E1004, E1005, E1006,
	E1004, E1003,
	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,
	КООО8, КООО9, КОО13,
	к0669, к0800, к0801,
	ково2, ково6, ково7,
	K0808, K0812, K0813,
	K0814, K0815, K0816,
	K0820, K0821, K0822,
	K0823, K0824, K0825,
	K0826, K0827, K0828,
	K0829, K0830, K0831,
	K0835, K0836, K0837,
	K0838, K0839, K0840,
	K0841, K0842, K0843,
	K0848, K0849, K0850,
	K0851, K0852, K0853,
	K0851, K0852, K0856,
	K0854, K0855, K0856, K0
	K0857, K0858, K0855, K0855, K0855, K0855, K0855, K0862, K0860, K0861, K0862,
	K0860, K0861, K0862, K0863, K0864, K0868,
	K0869, K0870, K0871,
	K0877, K0878, K0879,
	K0880, K0884, K0885,
	K0886, K0890, K0891,
	К0898, К0899
Zoll LifeVest <sup>®</sup>	К0606

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.