

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

Effective date: January 1, 2025 Revision date: May 1, 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 Abdominoplasty / Panniculectomy	Details/Notes	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	Partial hospitalization Preauthorization requests will be reviewed by APS • 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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Bladder slings		57288
Blepharoplasty		15820, 15821, 15822,
ap a special		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,
2. 3.3.5 p. 3.3.3.3.3	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	13300
	cyncernatia cangery	
		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,

		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,
	Country of the countr	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,
		33364, 33365, 33366,
	Transcatheter valve surgeries (TMVR,	33418, 0345T, 0805T,
	I AVR/I AVI and Mitra(lin)	0806T, 0927T, 0933T,
		0934T, G0555
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supportive drugs and symptom management drugs category **Administered and Billed by infusion centers or physician offices Chimeric antigen receptor T-cell therapy (CAR T) **Tansplant Network **Submit by telephone to 877-815-0819. Chimeric antigen receptor T-cell therapy (CAR T) **Submit by mail to 838-pr@oncologyanalytics.com Preauthorization requests will be reviewed by the Humana National Transplant Network **Submit by telephone to 837-815-0819. **Submit by email to 202053, Q2054, Q2055, Q2054, Q20554, Q20	Chemotherapy agents,	Preauthorization requests will be	This list is subject to
category 844-964-7707. • Submit by telephone to 877-815-0819. **Administered and Billed by infusion centers or physician offices **Submit by telephone to 877-815-0819. **Submit by email to 583-pr@oncologyanalytics.com Chimeric antigen receptor T-cell therapy (CAR T) Preauthorization requests will be reviewed by the Humana National Transplant Network **38225, *38226, *38227, *38226, *38227, *38226, *2041, Q2042, Q2055, Q2056, W03327, XW03317, XW04317, XW04317, XW04317, XW04317, XW04317, XW04317, XW04317, XW04317, XW04318, J3590, *J3392, J3393, *J3394, J9999 Decompression of peripheral nerve (i.e., carpal tunnel surgery) Virtual colonoscopy 74261, 74262, 74263 Diagnostic / cardiac imaging Virtual colonoscopy 70544, 70546, 70546, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, 6890, C8910, C8911, C8912, C8913, C8914, C8914, C8918, C8919, C8910, C8911, C8911, C8912, C8913, C8934, C8935, C8936, C89	supportive drugs and	reviewed by OncoHealth	change as new drugs are
**Administered and Billed by infusion centers or physician offices Chimeric antigen receptor T-cell therapy (CAR T) Preauthorization requests will be reviewed by the Humana National Transplant Network • Submit by telephone to Sas-pr@oncologyanalytics.com Preauthorization requests will be reviewed by the Humana National Transplant Network • Submit by tax to Soc 502-508-9300. • Submit by telephone to Soc 502-508-9300. • Submit by telephone to Soc 502-508-9300. • Submit by telephone to Soc 7, XW033G7, XW033H7, XW043H7, XW04	symptom management drugs	 Submit by fax to 	brought to market.
**Administered and Billed by infusion centers or physician offices 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 enail to 502-508-9300. Submit by elephone to 866-421-5663. Submit by email to 502-508-9300. Submit by elephone to 866-421-5663. Submit by email to 502-508-9300. Submit by elephone to 703-705-705-705-705-705-705-705-705-705-705	category	844-964-7707.	
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Physician offices	**Administered and Billed	· ·	
Physician offices	by infusion centers or	Submit by email to	
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. *New Code effective 04/01/2025 Decompression of peripheral nerve (i.e., carpal tunnel surgery) Diagnostic / cardiac imaging Virtual colonoscopy Magnetic resonance angiography (MRA) Magnetic resonance imaging (MRI) Preauthorization requests will be reviewed by the Humana National *38225, *38226, *38227, *38226, *38227, *38228, Q2054, Q2055, Q2055, Q2056, XW033C7, XW033C7, XW033C7, XW033G7, XW033G7, XW033G7, XW033G7, XW033M7, XW033M7, XW033M7, XW033M7, XW033G7, XW043C7, XW043C8, XW133B, XW143G8, XW143B, J3590, *J3392, J3393, *J3394, J9999 Decompression of peripheral nerve (i.e., carpal tunnel surgery) Diagnostic / cardiac imaging Magnetic resonance angiography (MRA) **Virtual colonoscopy 74261, 74262, 74263 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8901, C8901, C8902, C8931, C8910, C8911, C8912, C8913, C8933, C8934, C8935, C8936, Magnetic resonance imaging (MRI) **Magnetic resonance imaging (MRI) **38225, *38226, *38227, *38226, *38227, *38226, *38226, *38226, *38227, *38226,	· ·	1	
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Transplant Network Q2053, Q2054, Q2055, Q2056, Submit by fax to S02-508-9300. XW033G7, XW033H7, XW043H7, XW043G7, XW043H7,		•	
• Submit by fax to 502-508-9300.		•	1
So2-508-9300. XW033G7, XW033H7, XW033H7, XW043G7, XW043G7, XW043H7, X			
Submit by telephone to 866-421-5663. XW033J7, XW033K7, XW033M7, XW033M7, XW033M7, XW033M7, XW033M7, XW033M7, XW043C7, XW043C7, XW043C7, XW043H7, XW043J7, XW043H7, XW043J7, XW043K7, XW043M7, XW13JB, XW143G8, XW143JB, J3590, *J3392, J3393, *J3394, J9999 Decompression of peripheral nerve (i.e., carpal tunnel surgery) Virtual colonoscopy Z9848, 64721		·	-
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• Submit by email to transplant@humana.com. *New Code effective 04/01/2025 *Nud3in 7. *Xw043h7, Xw043h7, Xw043h7, Xw043h7, Xw043h7, Xw043h7, Nud3in Figure 10			
transplant@humana.com. *New Code effective 04/01/2025 *XW043K7, XW043L7, XW043M7, XW043N7, *XW0438A, XW133G8, XW133J8, XW143G8, XW143J8, J3590, *J3392, J3393, *J3394, J9999 Decompression of peripheral nerve (i.e., carpal tunnel surgery) Diagnostic / cardiac imaging *Virtual colonoscopy *Magnetic resonance angiography (MRA) *T4261, 74262, 74263 *T0544, 70545, 70546, 70547, 70548, 70549, 70547, 70548, 70549, 70547, 70548, 70549, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8911, C8912, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936 *Magnetic resonance imaging (MRI) *Magnetic resonance imaging (MRI) *Moderate of the color of the col		Submit by email to	
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XW043M7, XW043N7,		*New Code effective 04/01/2025	XW043K7, XW043L7,
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^{*}New Preauthorization requirement PRHMJDYEN

		70553, 70554, 70555,
		71550, 71551, 71552,
		72141, 72142, 72146,
		72147, 72148, 72149,
		72156, 72157, 72158,
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		C8906, C8908, C9762,
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	Positron emission tomography (PET)	78429, 78430, 78431,
	scan/National Oncology PET Registry	78432, 78433, 78459,
	(NOPR)	78491, 78492, 78608,
	(No. Ny	78609, 78811, 78812,
		78813, 78814, 78815,
		78816, G0219, G0235,
		G0252
	Prostate-specific membrane antigen	A9587, A9593,
	(PSMA/PET CT)	A9594, A9596, A9597,
	(FSIVIA) FET CT)	A9595, A9608, A9800,
Floatric hode		
Electric beds		E0193, E0194, E0265,
For a series at the almost a series at the series	24.547, 24.540, 24.540, 0, 24.554, ONLY	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, 0446T,
technology	management, anything else will NOT	0447T, 0448T, 0716T,
	require prior authorization	0745T, 0746T, 0747T,
		E0738, E0739, 0935T,
		C1735, C1736, 53865,
		53866, G0564, G0565
Epidural injections (outpatient		64479, 64480, 64483,
only)		64484, 64999, 0777T
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Facet injections		64490, 64491, 64492,
		64493, 64494, 64495,
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		0217T, 0218T
Facility-based sleep studies		95807, 95808, 95810,
(PSG)†		95811
Foot surgeries: bunionectomy		26535, 26536, 28110,
and hammertoe		28240, 28285, 28289,
		28291, 28292, 28295,
		28296, 28297, 28298,
		28299, 28306, 28308,
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Gastric pacing		43647, 43648, 43881,
		43882, 64590
Genicular nerve ablation and		64454, 64624
Genicular nerve blocks		
Hearing implants		69930, L8614, L8615,
(Cochlear, Baha system)		L8616, L8617, L8618,
(555,		L8619, L8621, L8622,
		L8623, L8624, L8625,
		L8627, L8628, L8629,
		S2235
High-frequency chest		E0483
compression vests		20.00
Home health/home infusion		G0151, G0152, G0153,
Trome meaning morne imasion		G0155, G0156, G0157,
		G0158, G0159, G0160,
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		G0300, G0493, G0494,
		G0495, G0496, G2168,
		G2169,
Hyperbaric therapy		99183, G0277
Inpatient admissions	Elective services/procedures	All
inpatient aumissions		- ^"
	Acute rehab facilities	\dashv
	Long-term acute care	_
	Skilled nursing facilities	

^{*}New Preauthorization requirement PRHMJDYEN

Laparoscopic hiatal hernia repair	43280, 43281, 43282
Lung biopsy and resection†	32096, 32097, 32505,
	32607, 32608, 32666
Molecular diagnostic and	81105, 81106, 81107,
genetic testing	81108, 81109, 81110,
	81111, 81112, 81120,
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	81363, 81364, 81374,
	81376, 81400, 81401,
	81402, 81403, 81404,
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	81457, 81458, 81459,
	81462, 81463, 81464,
	81460, 81465, 81470,
	81471, 81479, 81490,
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	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, 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,
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	0211U, 0212U, 0213U,
	0214U, 0215U, 0216U,
	0217U, 0218U, 0229U,
	0230U, 0231U, 0232U,
	0233U, 0234U, 0235U,
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	0236U, 0237U, 0238U,
	0239U, 0242U, 0244U,
	0245U, 0250U, 0252U,
	0253U, 0254U, 0258U,
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	0271U, 0272U, 0273U,
	0274U, 0276U, 0277U,
	0278U, 0285U, 0286U,
	0287U, 0288U, 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,
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	0340U, 0341U, 0343U,
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	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, 0433U, 0434U,
	0437U, 0438U, 0439U,
	0440U, 0444U, 0448U,
	0449U, 0452U, 0453U,
	0454U, 0460U, 0461U,
	0465U, 0466U, 0467U,
10	

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I	T
	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,
Non-emergency	A0110, A0120, A0130,
transportation	A0428
**Including ambulance (non-	
emergency) transportation	
Negative pressure wound	97605, 97606, A6550,
therapy (NPWT)	E2402, K0743
Neuromuscular stimulators	E0764, 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,
	0783Т, 0786Т, 0787Т,
	0816T, 0817T, 0818T,
	0819T, 0908T, 0909T,
	0910T, 0911T, 0912T,
	C1767, C1787, C1826,
	C1827, K1023, L8683,
	E0721, E0733, E0734,
	E0735, E0736, E0737,
	E0733, E0730, E0737,
Noninvasive home ventilators	E0466, E0487, E0468
Obesity surgeries	43290, 43291, 43631,
22230, 3233	43632, 43633, 43634,
	43644, 43645, 43770,
	43771, 43772, 43773,
	43771, 43772, 43773,

T	
	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,
	21453, 21454, 21461,
	21462, 21465, 21470,
	21480, 21485, 21490,
	29800, 29804, 41825,
	41826, 41827, 41830,
	41850, 41874, 82280,
	42281
Orthopedic surgeries: hip,	23472, 23473, 23474,
knee and shoulder	27125, 27130, 27132,
arthroscopy	27134, 27137, 27138,
	27437, 27438, 27440,
	27441, 27442, 27443,
	2, 1, 12, 2, 1, 13,

		27445, 27446, 27447,
		27486, 27487
Outhorodicarragicarhia		,
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,
		E0302, E0303, E0304,
	**A4520, T4521, T4522, T4523, T4524,	E0328, E0424, E0425,
	T4525, T4526, T4527 & T4528 ONLY for	E0430, E0431, E0433,
	member under PBP 012, 016 and 843	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,
	l .	

	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, 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, L1945,
	L1950, L1951, L1960,
	L1970, L2000, L2005,
	L2006, L2010, L2020,
	L2030, L2034, L2036,
	L2037, L2038, L2060,
	L2106, L2108, L2126,
1.4	

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	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 -
	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,
Tam masion pamp	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,
(prostate eterny)	55840, 55842, 55845,
	55866, 55867, 55880
Prosthetics	21081, 21082, 21084,
	A9282, L3250, L5000,
	L5010, L5020, L5050,
	L5060, L5100, L5105,
	L5150, L5160, L5200,
	L5210, L5220, L5230,
	L5250, L5270, L5280,
	L5301, L5312, L5321,
	L5331, L5341, L5420,
	L5500, L5505, L5510,
	L5520, L5530, L5535,
	L5540, L5560, L5570,
	L5580, L5585, L5590,
	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,
	L5722, L5724, L5726,
	L5728, L5780, L5781,
	L5782, L5783, L5785,
	L5790, L5795, L5810,
	L5811, L5812, L5814,
	L5816, L5818, L5822,
	L5824, L5826, 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,
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	L5972, L5973, L5974,
	L5975, L5976, L5978,
	L5979, L5980, L5981,
	L5982, L5984, L5985,
	L5986, L5987, L5988,
	L5991, L5999, L6000,
	L6010, L6020, L6026,
	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, L6703, L6704,
	L6706, L6707, L6708,
	L6709, L6711, L6712,
	L6713, L6714, L6715,
	L6721, L6722, L6805,
	L6810, L6880, L6881,
	L6882, L6883, L6884,
	L6885, L6895, L6900,
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	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,
	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	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, 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,
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	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,
	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, Q4231, Q4232,
	Q4233, Q4234, Q4235,
	Q4236, Q4237, Q4238,
	Q4239, Q4240, Q4241,
	Q4242, Q4245, Q4246,
	Q4247, Q4248, Q4249,
	Q4250, Q4251, Q4252,
	Q4253, Q4254, Q4255,
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Q42	56, Q4257, Q4258,
Q42	59, Q4260, Q4261,
	62, Q4263, Q4264,
	65, Q4266, Q4267,
Q420	68, Q4269, Q4270,
Q42	71, Q4272, Q4273,
Q42	74, Q4275, Q4276,
Q42	78, Q4279, Q4280,
Q42	81, Q4282, Q4283,
Q42	84, Q4285, Q4286,
Q42	87, Q4288, Q4289,
Q429	90, Q4291, Q4292,
Q429	93, Q4294, Q4295,
Q429	96, Q4297, Q4298,
Q429	99, Q4300, Q4301,
Q430	02, Q4303, Q4304,
Q430	05, Q4306, Q4307,
Q430	08, Q4309, Q4310,
Q43:	11, Q4312, Q4313,
Q43:	14, Q4315, Q4316,
Q43:	17, Q4318, Q4319,
Q43.	20, Q4321, Q4322,
Q43.	23, Q4324, Q4325,
Q43.	26, Q4327, Q4328,
Q43.	29, Q4330, Q4331,
	32, Q4333, Q4334,
	35, Q4336, Q4337,
	38, Q4339, Q4340,
	41, Q4342, Q4342,
	43, Q4344, Q4345,
	46, Q4347, Q4348,
	49, Q4350, Q4351,
	52, Q4353
	or codes Q4116,
	22 and Q4128, no
I	uthorization is
· ·	ired for breast
	nstruction following
med	ically 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,
i ci con a praeco,	22513, 22514, 22515,
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31298, 33276, 33277,		referral.***	31276, 31287, 31288,
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Therapy (speech, physical and	Preauthorization requests will be	92506, 92507, 92530,
occupational)	reviewed by Therapy Network of	92526, 92610, 97010,
	Puerto Rico (TNPR)	97012, 97014, 97016,
	• Submit by fax to	97018, 97022, 97024,
	877-403-5544.	97026, 97028, 97032,
	Submit by telephone to	97033, 97034, 97035,
	877-614-5056.	97036, 97037, 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,
_	reviewed by Humana Transplant Team	32853, 32854, 33927,
	Submit by fax to	33928, 33929, 33935,
	502-508-9300.	33945, 38205, 38206,
	Submit by telephone to	38230, 38232, 38240,
	866-421-5663.	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,
		01333, 0010(01, 00070,

	T	T
		0088U, 0118U, 0319U,
		0320U, 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,
		36474, 36475, 36476,
		36478, 36479, 36482,
		36483, 37700, 37718,
		37722, 37735, 37760,
		37761, 37765, 37766,
		37780, 37785, 0524T,
Ventricular assist devices	Percutaneous ventricular assist devices	33990, 33991, 33995
(VADs)	(VADs)	
(***==*/	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
	Submit by telephone to	
	866-421-5663.	
Wheelchairs/scooters	000 421 3003.	E0986, E1002, E1003,
Wheelchairs/scooters		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,
	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,
	ковов, ковор
Zoll LifeVest®	K0606