



Humana Dual Highly Integrated South Carolina Prior Authorization and Notification List

We have updated our prior authorization and notification list for Humana Dual Highly Integrated South Carolina.

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

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

The list details services that require prior authorization prior to being provided. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines [here](#).

To view Humana’s medical coverage policies, please [visit](#).

Please note that certain services may not be covered under the member's plan.

Important notes

- **Humana Medicare Advantage (MA) health maintenance organization (HMO):** The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent physician association (IPA) or other risk network with delegated services are subject to the PAL and should refer to their IPA or risk network for guidance on processing their requests, including services treated by non-contracted providers. For exclusion to the prior authorization process, please visit our [Provider prior authorization and notification lists](#) webpage.
- **All Humana MA plans:** For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an Advanced Coverage Determination (ACD) on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
 - ACDs for medical services can be initiated by submitting a written, fax or telephone request.
 - Mail written requests to:
Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601
 - Submit by fax to 800-266-3022.

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- Submit by telephone at 800-523-0023.
- ACDs for medications on the list can be initiated by submitting a fax or telephone request.
 - Submit by fax to 888-447-3430.
 - Submit by telephone at 866-461-7273.
- 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 services furnished during an 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 [Claims Payment Policies](#), or include medical records with evidence the member is in an active course of treatment.

Please note that urgent/emergent services do not require referrals or prior authorizations.

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

New rule improves the prior authorization process

Effective Jan. 1, 2026, CMS requires prior authorization decisions within 7 days for certain medical items/services requests. Providing supporting clinical information at the time of the prior authorization request submission helps support timely adjudication. Failure to do so may result in a delayed or adverse decision.

Adherence to this process should begin immediately.

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

[Learn more](#)

Information required for a prior authorization request or notification may include, but is not limited to, the following:

- Member's Humana ID number, name, and date of birth
- Date of actual service or hospital admission
- Procedure codes (up to 10 per authorization request)
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary) (up to 6 per authorization request)

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- Service location
- Inpatient (acute hospital, skilled nursing, or hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, or ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)
- Tax Identification Number (TIN) and National Provider Identifier (NPI) number of treatment facility where service is rendered
- TIN and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

How to request prior authorization

Except where noted via links on the following pages, prior authorization requests for medical services may be initiated:

- Online at www.availity.com (registration required)
- By calling Humana's interactive voice response line at 800-523-0023

Please note: Online prior authorization requests are encouraged. For certain PAL services requested via Availity Essentials™, healthcare providers have an option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If approval is not provided immediately, the information on the questionnaire may help Humana with the review.



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Effective date: Jan. 1, 2026

Revision date: Apr. 1, 2026

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|---|--|---|
| Category | Subcategory/notes | Codes and comments |
| Abdominoplasty | | 15830, 15847 |
| Ablation | <p>Bone, liver, kidney, prostate cancer and irreversible electroporation</p> <p>Evolent® (formerly New Century Health) will manage all prior authorization requests.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Evolent’s website • Phone by calling Evolent at 844-926-4528, option 5 for surgical services, to speak to a representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • eFax at 213-596-3783 or eFax via email at efax-carepro-oncology@newcenturyhealth.com | 0582T, 0600T, 0601T, 0950T, 20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55877, 55881, 55882 |
| | Cardiac ablation/ electrophysiology | 93650, 93653, 93654, 93656 |
| Behavioral health services | Applied behavioral analysis (ABA) therapy | 0362T, 0373T, 97153, 97154, 97155, 97156, 97157, 97158, H2019 |
| | Community support services | H2017 |
| | Intensive outpatient (IOP) | H0015, S9480 |
| | Neuropsychological testing, psychological testing | 96116, 96125, 96130, 96132, 96136, 96138, 96146 |

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| Category | Subcategory/notes | Codes and comments |
| Behavioral health services (continued) | Partial hospitalization treatment | H0035 |
| | Residential treatment | H0011 |
| | Transcranial magnetic stimulation (TMS) | 90867, 90868, 90869, E0732 |
| 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 Evolent® (formerly New Century Health) will manage all prior authorization requests. Requests can be submitted via: <ul style="list-style-type: none"> • Evolent's website • Phone by calling Evolent at 844-926-4528, option 5 for surgical services, to speak to a representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • eFax at 213-596-3783 or eFax via email at efax-carepro-oncology@newcenturyhealth.com | Breast cancer biopsy (excisional) | 19120, 19125 |
| | Breast lumpectomy | 19301, 19302 |
| | Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer) | 0970T, 0971T, 11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, C1789, L8600 |

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| Category | Subcategory/notes | Codes and comments |
| Breast procedures (continued) Requests can be submitted on Evolent's website See the full instructions above. | Simple mastectomy and gynecomastia surgery (excludes radical and modified) | 19300, 19303 |
| Capsule endoscopy | | 0651T, 0977T, 91110, 91111, 91113 |
| Cardiac devices The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health . Requests can be submitted via: <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 Expedited/urgent cases can be submitted and monitored on the Cohere Health portal . If you have questions, call Cohere Health at 833-283-0033. | Aortic repair | 0981T, 0982T, 0983T, 0994T, 0995T, 33875, 33877, 33880, 33881, 33882, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 |
| | Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy) | 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0933T, 0934T, 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1824, |

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|---|--------------------------------------|--|
| Category | Subcategory/notes | Codes and comments |
| | | C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555 |
| | Implantable carotid sinus stimulator | 64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146, C1825 |
| Cardiac devices <i>(continued)</i> Please submit authorization requests to Cohere Health . See the full instructions above. | Internal loop recorders | 33285, 33286 |
| | Wearable cardiac monitoring devices | 93228, 93229 |
| Cardiac procedures/surgeries The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health . Requests can be submitted via: <ul style="list-style-type: none"> • Cohere Health’s portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 Expedited/urgent cases can be submitted and monitored on the Cohere Health portal . | Cardiac catheterizations | 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597 |

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|--|---|---|
| Category | Subcategory/notes | Codes and comments |
| <p>Cardiac procedures/surgeries (continued)</p> <p>Please submit authorization requests to Cohere Health. See the full instructions above.</p> | Carotid revascularization | 35301, 37215, 37216, 37217, 37218 |
| | Coronary angioplasty/stent | 0913T, 0914T, 92920, 92924, 92928, 92930, 92933, 92937, 92943, 92945, 92972, C1761, C7571, C9600, C9602, C9604, C9607 |
| | Patent foramen ovale (PFO) and atrial septal defect (ASD) closure | 93580 |
| | Transcatheter valve surgeries transcatheter mitral valve replacement (TMVR) , transcatheter aortic valve replacement (TAVR) , transcatheter aortic valve implantation (TAVI) , and transcatheter mitral valve repair (MitraClip™) | 0345T, 0805T, 0806T, 33361, 33362, 33363, 33364, 33365, 33366, 33418 |
| Cellular including chimeric antigen receptor T-cell therapy (CAR T), genetic, tissue and transplant therapies | | 38225, 38226, 38227, 38228, 38999, 60699, C9399, J3387, J3389, J3391, J3392, J3393, J3394, J3402, J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW0338A, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW0438A, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8, XW133J8, XW143G8, XW143J8 |

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| Category | Subcategory/notes | Codes and comments |
| Chemotherapy agents, supportive drugs, and symptom management drugs category | | This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes. |
| Cutaneous vascular lesion removal | | 17106, 17107, 17108 |
| Decompression of peripheral nerve (i.e., carpal tunnel surgery) | | 29848, 64721, 64728 |
| <p>Diagnostic/cardiac imaging</p> <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal. If you have questions, call Cohere Health at 833-283-0033.</p> | <p>Notification Required</p> <p>Computed tomography (CT) scan</p> | <p>Notification Required</p> <p>70460, 70470, 70471, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498</p> |
| | Magnetic resonance imaging (MRI) | 70540, 70542, 70551, 70552, 70553, 73218, 73219, 73220, 73718, 73719, 73720 |
| | Computed tomography (CT) scan | 71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, 74175, 74177, 74178, 75572, 75573, 75574, 75635 |
| | Electrophysiology Study (EPS) or EPS with 3D mapping | 0577T, 93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644 |
| | Magnetic resonance angiography (MRA) | 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936 |

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| | Magnetic resonance imaging (MRI) | 70336, 70543, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73221, 73222, 73223, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908, C9762, C9763, C9791 |
| Diagnostic/cardiac imaging (continued) The following services are managed by Cohere Health . See the full instructions above. | Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT) | 78451, 78452, A9611 |
| | Nuclear stress test | 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930 |
| | Peripheral angiography | 36245, 36246, 36247 |
| | Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR) | 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816, |
| | Prostate-specific membrane antigen (PSMA PET CT scan) | A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616, A9800 |
| | Single-photon emission computerized tomography (SPECT) scan | 78494 |
| | Transesophageal echocardiogram (TEE) | 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927 |

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| Durable medical equipment (DME) | | A4238, A4239, A9274, E0277, E0301, E0302, E0303, E0304, E0469, E0481, E0482, E0486, E0490, E0491, E0492, E0493, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0658, E0659, 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, E2508, E2510, E2511, E2599, E3000, K0900, K1007, K1027, L8701, L8702 |
| Electric beds | | E0193, E0194, E0265, E0266, E0296, E0297 |
| Emerging technology/new indications for existing technology | | 0339T, 0446T, 0447T, 0448T, †0716T (Managed by Cohere), 0745T, 0746T, 0747T, 0935T, 0947T, 31647, 31648, 31649, 31651, 43284, 53865, 53866, C1735, C1736, E0738, E0739 † For 0716T requests can be submitted via: Cohere Health's portal login |
| Epidural injections (outpatient only) | | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999 |
| Esophagogastroduodenoscopy (EGD) | The following services are managed by Cohere Health®. | 43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259 |

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| | <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | |
| Facet injections | | 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999 |
| Facility-based sleep studies, polysomnography (PSG) | | 95807, 95808, 95810, 95811 |
| Foot surgeries, bunionectomy and hammertoe | <p>The following services are managed by Cohere Health®.</p> <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., | 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641 |

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| | Eastern time <ul style="list-style-type: none"> Fax: 857-557-6787 Expedited/urgent cases can be submitted and monitored on the Cohere Health portal . | |
| Gastric pacing | | 43647, 43648, 43881, 43882 |
| Genicular nerve ablation and genicular nerve blocks | | 64454, 64624 |
| High-frequency chest compression vests | | E0483 |
| Home health/home infusion Managed by One Home Care | | 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G0513, G2168, G2169, S9122, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503 |
| Hyperbaric therapy | | 99183, G0277 |
| Inpatient admissions | Acute hospital (includes inpatient hospice) | All |
| | Acute rehab facilities | |
| | Long-term acute care | |
| | Mental health and substance use treatment (including any treatment in a residential setting) | |
| | Skilled nursing facilities | |

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| Laparoscopic hiatal hernia repair | <p>The following services are managed by Cohere Health®.</p> <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | 43280, 43281, 43282 |
| Lung biopsy and resection | <p>Evolent (formerly New Century Health) will manage all prior authorization requests.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Evolent’s website • Phone by calling Evolent at 844-926-4528, option 5 for surgical services, to speak to a representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. • eFax at 213-596-3783 or eFax via email at efax-carepro-oncology@newcenturyhealth.com | 32096, 32097, 32505, 32607, 32608, 32666 |

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| Microinvasive glaucoma surgery (MIGS) | | 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T, 66989, 66991 |
| Molecular diagnostic and genetic testing | | 0012M, 0013M, 0016M, 0018M, 0020M, 0005U, 0009U, 0018U, 0019U, 0021U, 0026U, 0029U, 0031U, 0032U, 0037U, 0045U, 0067U, 0079U, 0087U, 0088U, 0089U, 0090U, 0101U, 0111U, 0118U, 0129U, 0138U, 0154U, 0172U, 0175U, 0179U, 0195U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0230U, 0239U, 0242U, 0245U, 0250U, 0254U, 0258U, 0271U, 0272U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0319U, 0320U, 0323U, 0326U, 0329U, 0332U, 0333U, 0334U, 0339U, 0340U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0388U, 0391U, 0403U, 0409U, 0411U, 0414U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0449U, 0452U, 0453U, 0454U, 0460U, 0461U, 0465U, 0466U, 0467U, 0469U, |

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| | | 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0481U, 0485U, 0486U, 0487U, 0489U, 0493U, 0496U, 0497U, 0498U, 0499U, 0500U, 0506U, 0507U, 0510U, 0516U, 0523U, 0530U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0540U, 0543U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0578U, 0575U, 0576U, 0585U, 0602U, 0605U, 0611U, 0612U, 0613U, 81105, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81173, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81202, 81203, 81204, 81205, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81252, 81254, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, |

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|---|-------------------|--|
| Category | Subcategory/notes | Codes and comments |
| | | 81286, 81287, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81327, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81354, 81355, 81357, 81360, 81361, 81363, 81364, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81418, 81419, 81422, 81425, 81426, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81471, 81479, 81490, 81503, 81518, 81519, 81520, 81521, 81522, 81523, 81524, 81525, 81529, 81535, 81536, 81538, 81540, 81546, 81552, 81554, 81558, 81560, 81595, 81599, 83080 |
| Negative pressure wound therapy (NPWT) | | 97605, 97606, A6550, E2402, K0743 |
| Neuromuscular stimulators | | 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, A4593, |

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|---|--|--|
| Category | Subcategory/notes | Codes and comments |
| | | A4594, E0764, E0770 |
| Neurostimulators | | 0587T, 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0988T, 0989T, 1013T, 1014T, 1015T, 61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64590, 64596, 64597, 64598, C1607, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683 |
| Noninvasive home ventilators | | E0466, E0468 |
| Obesity surgeries | | 0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889, C9785 |
| Observation | Observation notification Required | All |
| Oral, orthognathic, temporomandibular joint (TMJ) surgeries | | 20910, 21010, 21050, 21070, 21085, 21100, 21110, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804 |

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|---|--|--|
| Category | Subcategory/notes | Codes and comments |
| Orthopedic surgeries: hip, knee and shoulder arthroplasty | <p>The following services are managed by Cohere Health®.</p> <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003 |
| Orthopedic surgeries: hip, knee and shoulder arthroscopy | <p>The following services are managed by Cohere Health®.</p> <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | 23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C9781, J7330 |

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|---|---|---|
| Category | Subcategory/notes | Codes and comments |
| Orthotics | | 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, L1499, L1680, L1685, L1686, L1690, L1700, L1730, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1933, L1945, L1950, L1951, L1952, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2128, L2136, L2350, L2525, L2526, L2627, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3971, L3973, L3977, L3999, L4631 |
| Pain infusion pump | <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 | 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, E0782, E0783, E0785, E0786 |

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|---|---|--|
| Category | Subcategory/notes | Codes and comments |
| | Expedited/urgent cases can be submitted and monitored on the Cohere Health portal . | |
| Penile implant | | 54405 |
| Percutaneous lumbar intravertebral disc injection | <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | 0627T, 0628T, 0629T, 0630T |
| Peripheral revascularization (atherectomy, angioplasty) | <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, | 0234T, 0235T, 0236T, 0237T, 0238T, 0505T, 37236, 37238, 37242, 37243, 37254, 37256, 37258, 37260, 37262, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37279, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 37296, 37298, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775 |

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|---|--|---|
| Category | Subcategory/notes | Codes and comments |
| | <p>Monday – Friday, 8 a.m. – 8 p.m., Eastern time</p> <ul style="list-style-type: none"> Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | |
| Prostate surgeries (prostatectomy) | <p>Evolent (formerly New Century Health) will manage all prior authorization requests.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> Evolent’s website Phone by calling Evolent at 844-926-4528, option 5 for surgical services to speak to a representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time Fax at 213-596-3783 or eFax via email at efax-carepro- oncology@newcenturyheal th.com | 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55868, 55869, 55880 |
| Prosthetics | | 21081, 21082, 21084, A9282, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, |

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|---|-------------------|---|
| Category | Subcategory/notes | Codes and comments |
| | | 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, L5657, 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, L5827, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, 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, |

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| Category | Subcategory/notes | Codes and comments |
| | | 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, 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, L8035, L8499, L8720, L8721 |
| Radiation therapy | All states require prior authorization for radiation therapy. Please see below for state-specific guidance. Evolent (formerly New Century Health) will manage all prior authorization requests. | 32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 77387, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77436, 77437, 77438, 77439, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, |

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|---|--|---|
| Category | Subcategory/notes | Codes and comments |
| | Requests can be submitted via: <ul style="list-style-type: none"> • Evolent's website • Phone by calling Evolent at 844-926-4528, option 5 for surgical services, to speak to a representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • eFax at 213-596-3783 or eFax via email at efax-carepro-oncology@newcenturyhealth.com | 77778, G0339, G0340, G0458 |
| Radiofrequency ablation for the sacroiliac (SI) joint | | 64625 |
| Rhinoplasty and other nasal procedures | | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469 |
| SI joint injections | | 27096 |
| Skin and tissue substitutes | | A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, A2030, A2031, A2032, A2033, A2034, A2035, A2036, A2037, A2038, A2039, A4100, C1832, C8002, C9354, C9358, C9360, C9361, C9363, C9364, Q4101, |

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|---|-------------------|--|
| Category | Subcategory/notes | Codes and comments |
| | | Q4102, Q4103, Q4104, Q4105, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116 [†] , Q4117, Q4118, Q4121, Q4122 [†] , Q4123, Q4124, Q4125, Q4126, Q4127, Q4128 [†] , Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, Q4234, |

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|---|-------------------|--|
| Category | Subcategory/notes | Codes and comments |
| | | Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, |

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|---|--|--|
| Category | Subcategory/notes | Codes and comments |
| | | <p>Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433</p> <p>† For codes Q4116, Q4122 and Q4128, no prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p> |
| Spinal cord stimulators | <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, | <p>0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682</p> |

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|---|---|--|
| Category | Subcategory/notes | Codes and comments |
| | <p>8 a.m. – 8 p.m., Eastern time</p> <ul style="list-style-type: none"> Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | |
| <p>Spinal fusion, decompression, kyphoplasty and vertebroplasty</p> | <p>The following services are managed by Cohere Health®. Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> Cohere Health’s portal login for prior authorization requests Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | <p>0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0656T, 0657T, 0719T, 0790T, 20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27278, 27279, 27280, 62287, 62330, 62331, 63032, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086,</p> |

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| Category | Subcategory/notes | Codes and comments |
| | | 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, C1821, C2614, C9757 |
| Surgery for obstructive sleep apnea | | 21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727 |
| Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation | Excludes diagnostic nasal/sinus endoscopies | 31237, 31240, 31242, 31243, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706 |
| Therapy (physical and occupational) | <p>The following services are managed by Cohere Health®.</p> <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, | 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, G0281, G0283 |

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|---|--|--|
| Category | Subcategory/notes | Codes and comments |
| | <p>8 a.m. – 8 p.m., Eastern time</p> <ul style="list-style-type: none"> Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | |
| Transplant surgeries | | 0584T, 0585T, 0586T, 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 81370, 81371, 81372, 81373, 81375, 81377, 81378, 81379, 81380, 81381, 81382, 81383, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ |
| Transplant evaluation | Notification required | Notification required 99199 |
| Varicose vein: surgical treatment and sclerotherapy | | 0524T, 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785 |
| Ventricular assist devices (VADs) | <p>Percutaneous VADs</p> <p>The following services are managed by Cohere Health®.</p> | 33990, 33991, 33995 |

| Humana Dual Highly Integrated South Carolina Prior Authorization and Notification List | | |
|---|---|---|
| Category | Subcategory/notes | Codes and comments |
| | <p>Please submit authorization requests to Cohere Health.</p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health's portal login for prior authorization requests • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p> | |
| Ventricular assist devices (VADs) <i>(continued)</i> | VADs | 33975, 33976, 33979, 33981, 33982, 33983 |
| Wheelchairs/scooters | | E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1234, E1235, E1239, E2207, E2298, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2398, K0005, K0008, K0009, K0013, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, |

| Humana Dual Highly Integrated South Carolina Prior Authorization and Notification List | | |
|---|-------------------|---|
| Category | Subcategory/notes | Codes and comments |
| | | K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899 |
| Wearable cardiac life vest | | K0606 |