



Medicare and Medicaid Working Together

Virginia Prior Authorization and Notification List

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)

Humana Dual Fully Integrated H2875-003 (HMO D-SNP)

Humana has updated our prior authorization and notification list for the Humana Dual Fully Integrated Plan. Read about the prior authorization requirements below.

Please note the term “prior authorization,” when used in this communication, is a process through which the physician or other healthcare provider must 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 prior authorization lists detailed services and supplies that require prior authorization prior to being provided or administered. 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 on the [Medicare Coverage Database](#).

If needed, you can review [Humana’s coverage policies](#).

Important notes:

- **Humana’s Medicare Advantage (MA) health maintenance organization (HMO):**
The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list (PAL) and should refer to their IPA or risk network for guidance on processing their requests, including services treated by non-contracted providers. For exclusion to the prior authorization process, please visit [Provider.Humana.com](#).

- **All Humana MA plans** – To learn if Humana will cover a service—including investigational or experimental procedures or services that may have limited benefit coverage—you can request an advanced coverage determination (ACD) on behalf of the patient before providing the service. Humana may contact you if we need additional information.
- Initiate ACDs for **medical services** by submitting a request via:
 - o Mail:
 - Humana Correspondence
 - P.O. Box 14359
 - Lexington, KY 40512-4601
 - o Fax: 800-266-3022
 - o Telephone: 800-523-0023, Monday – Friday, 8 a.m. – 8 p.m., Eastern time

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

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

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

Adherence to this process should begin immediately.

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

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

- Member’s Humana ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes, up to 10 maximum per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request
- Service location
- Inpatient location (acute hospital, skilled nursing, hospice)
- Outpatient location (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center [ASC])
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ASC, other)

- Tax Identification Number (TIN) and National Provider Identifier (NPI) of treatment facility where service is rendered
- TIN and NPI of the provider performing the service
- Caller/requestor name and telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

How to request prior authorization:

- **For services managed by Humana:**
 - **Medical services:**
 - Online: www.availity.com (registration required)
 - Call 800-523-0023. Humana's interactive voice response (IVR) line is available 24 hours a day, 7 days a week.
 - Fax:
 - **Physical Health:** 931-650-3708
 - **Behavioral Health:** 931-650-3706
- **For services managed by Cohere Health:**
 - Online:
 - Information and to request a new account: Cohere Health
 - Portal login (prior authorization request): www.next.coherehealth.com
 - Phone: 833-283-0033. Hours are Monday – Friday, 8 a.m. – 8 p.m., Eastern time
Fax: 857-557-6787

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



Medicare and Medicaid Working Together

Virginia Prior Authorization and Notification List

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)

Humana Dual Fully Integrated H2875-003 (HMO D-SNP)

Effective date: July 1, 2026

Revision date: April 1, 2026

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer and Irreversible Electroporation category	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384, 50250, 50541, 50542, 50592, 50593, 52597, 51721, 53850, 53852, 53854, 55873, 55881, 55882, 55877, 0582T, 0600T, 0601T 0950T
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health services	Applied behavior analysis (ABA) / Adaptive behavior treatment (ABT)	97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T
	Assertive community treatment (ACT)	H0040
	Community support services Registration Required	H0023, H0024, H0025, H0036, H0046, H2012, H2016, H2017, H2018†, H2033, S0280, S0281, S9445, S9482
		† H2018 will require prior authorization after initial 5-

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		day registration period.
	Crisis Services Registration Required	H2011, S9485
	Intensive outpatient (IOP)	H0015, S9480
	Neuropsychological testing	96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96137, 96138, 96139, 96146
	Partial hospitalization	H0035, S0201
	Substance use disorder (SUD) services Registration Required	1002, H0006, H0010, H0011, H2034, H2036, T1012
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869
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	Breast cancer biopsy (excisional)	19120, 19125
	Breast lumpectomy	19301, 19302
	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 0970T, 0971T, C1789, L8600,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	Simple mastectomy and gynecomastia surgery (excludes radical and modified)	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T, 0977T
<p>Cardiac devices</p> <p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<p>Aorta repair</p> <p>Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)</p>	<p>33875, 33877, 33880, 33881, 33882, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0994T, 0995T,</p> <p>33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 93264, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, 0915T 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T,</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		0927T, 0933T, 0934T, 0981T, 0982T, 0983T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1824, C1825, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555
	Implantable carotid sinus stimulator	64654, 64655, 64656, 64657, 64658, 64659 93145, 93146, C1825
	Internal loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
<p>Cardiac procedures/surgeries</p> <p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<p>Cardiac catheterization</p> <p>Carotid revascularization</p> <p>Coronary angioplasty/stent</p> <p>Patent foramen ovale (PFO) and atrial septal defect (ASD) closure</p> <p>Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)</p>	<p>93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597</p> <p>35301, 37215, 37216, 37217, 37218</p> <p>92920, 92924, 92928, 92930, 92945, 92933, 92937, 92943, 92972, 0913T, 0914T, C1761, C7571, C9600, C9602, C9604, C9607</p> <p>93580</p> <p>33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
Cellular (including chimeric antigen receptor [CAR] T-cell therapy), genetic, tissue and transplant therapies		38225, 38226, 38227, 38228, 38999, 60699, C9399, J3402, J3387, J3389, J3391, J3392, J3393, J3394, 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, XW143G8, XW133J8, XW143J8
Chemotherapy agents, supportive drugs and symptom management drugs		This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721, 64728
Diagnostic/cardiac imaging These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal . If not registered, please visit Cohere Health: Registration for providers . For provider information and to request a new account, visit Cohere Health: Registration for providers .	Notification required Computed tomography (CT) scan Magnetic resonance imaging (MRI) Computed tomography (CT) scan	70460, 70470, 70471, 70481, 70482, 70487, 70488, 70491, 70492, 70496, 70498, 70540, 70542, 70551, 70552, 70553, 73218, 73219, 73220, 73718, 73719, 73720 71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, 74175, 74177,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
<p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>		74178, 75572, 75573, 75574, 75635
	Electrophysiology study (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93631, 93640, 93641, 93642, 93644, 0577T
	Magnetic resonance angiography (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	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
	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

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816
	Prostate-specific membrane antigen (PSMA PET/CT)	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9616, A9800
	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Electric beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 53865, 53866, 0338T, 0339T, 0446T, 0447T, 0448T, 0716T (managed by Cohere Health), 0745T, 0746T, 0747T, C1735, C1736, 0935T, 0947T, E0738, E0739
Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD)	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit</p>	43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	<p>Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based sleep studies (polysomnography or PSG)		95807, 95808, 95810, 95811
Foot surgeries, bunionectomy and hammertoe	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p>	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	<p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	
Gastric pacing		43647, 43648, 43881, 43882
Genicular nerve ablation/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, G2168, G2169, S9122
Hospice services	Notification required	All
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facility	
	Long-term acute care	

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	Mental health and substance use treatment (including any treatment in a residential setting)	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	43280, 43281, 43282
Lung biopsy and resection		32096, 32097, 32505, 32607, 32608, 32666
Microinvasive glaucoma surgery (MIGS)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
Molecular diagnostic and genetic testing		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, 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,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81354, 81355, 81357, 81360, 81361, 81363, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81418, 81419, 81422, 81425, 81426, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 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, 81599, 81560, 81595, 83080, 0012M, 0013M, 0016M, 0018M, 0020M, 0005U, 0018U, 0019U, 0021U, 0026U, 0029U, 0031U, 0032U, 0037U, 0045U,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		0067U, 0087U, 0088U, 0089U, 0090U, 0101U, 0111U, 0118U, 0129U, 0138U, 0154U, 0172U, 0175U, 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,, 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, 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,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0575U, 0576U, 0578U, 0585U, 0602U, 0605U, 0611U, 0612U, 0613U,
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators		A4593, A4594, E0764, E0770
Neurostimulators		61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 0988T, 0989T, 1013T, 1014T, 1015T, C1607, C1767, C1787, C1826, C1827, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		0813T, 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889, C9785
Observation	Observation notification required	All

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
<p>Oral, orthognathic, temporomandibular joint (TMJ) surgeries</p>		<p>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</p>
<p>Orthopedic surgeries: hip, knee and shoulder arthroplasty</p>	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<p>23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
<p>Orthopedic surgeries: hip, knee and shoulder arthroscopy</p>	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<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</p>
<p>Orthotics</p>		<p>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</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		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
Other durable medical equipment (DME)		A4238 A4239 A9274 E0277 E0301 E0302 E0303 E0304 E0469 E0481 E0482, E0486 E0490, E0491 E0492 E0493 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

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
Pain infusion pump	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, C9804, C9806, E0782, E0783, E0785, E0786
Penile implant		54405
Percutaneous lumbar intravertebral disc injection	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit</p>	0627T, 0628T, 0629T, 0630T

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	<p>Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	
<p>Peripheral revascularization (atherectomy, angioplasty)</p>	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern</p>	<p>0234T, 0235T, 0236T, 0237T, 0238T, 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, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	<p>time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	
Prostate surgeries (prostatectomy)		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, 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,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		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, L6582, L6584, L6586,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		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, L7406, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L8035, L8499, L8720, L8721
Radiation therapy		32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		77387, 77402, 77407, 77412, 77423, 77424, 77425, 77436, 77437, 77438, 77439, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 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
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, A2030, A2031, A2032, A2033, A2034, A2035, A2036, A2037, A2038, A2039, A4100, C1832, C8002, C9354, C9358, C9360, C9361, C9363, C9364, Q4101, 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,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		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, 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,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		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, 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,

* New prior authorization requirement
 727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		<p>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>
<p>Spinal cord stimulators</p>	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p>	<p>0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
	<p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	
<p>Spinal fusion, decompression, kyphoplasty and vertebroplasty</p>	<p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<p>20999, 22100, 22101, 22102, 22103, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27278, 27279, 27280, 62287, 62330, 62331, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086,</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/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, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757
Surgery for obstructive sleep apnea		21685, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31242, 31243, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706
Therapy (physical and occupational)	These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal . If not registered, please visit Cohere	97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
	<p>Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	<p>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</p>
Transplant evaluation	Notification required	99199
Transplant surgeries		<p>32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 47133, 47135, 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, 0584T, 0585T, 0586T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ</p>
Varicose vein: surgical treatment and sclerotherapy		<p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482,</p>

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List		
Category	Subcategory/notes	Codes/comments
		36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Ventricular assist devices	<p>Percutaneous ventricular assist devices</p> <p>These services will now be managed via Cohere Health. Please submit prior authorization requests at the Cohere Health portal. If not registered, please visit Cohere Health: Registration for providers.</p> <p>For provider information and to request a new account, visit Cohere Health: Registration for providers.</p> <p>For additional provider information, visit Cohere Health: Resources for providers.</p> <p>Contact Cohere Health via phone at 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and via fax at 857-557-6787.</p> <p>Expedited/urgent cases can be submitted and monitored on the Cohere Health portal.</p>	33990, 33991, 33995
	Ventricular assist devices	33975, 33976, 33979, 33981, 33982, 33983
Wearable Cardioverter Defibrillators		K0606
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006,

* New prior authorization requirement
727101VA0425 VAHMZFTEN

Humana Dual Fully Integrated Prior Authorization and Notification List

Category	Subcategory/notes	Codes/comments
		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, 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

* New prior authorization requirement
 727101VA0425 VAHMZFTEN