

## **Humana Healthy Horizons® in Virginia Prior Authorization and Notification List (PAL)**

Please note the term prior authorization (also known as preauthorization, precertification or preadmission), when used in this communication, is defined as a process through which the healthcare provider is required to obtain advance approval from Humana Healthy Horizons as to whether an item or service will be covered.

Notification refers to the process by which the healthcare provider notifies Humana Healthy Horizons of the intent to provide an item or service. Humana Healthy Horizons requests notification as it helps coordinate care for members. This process is distinguished from prior authorization. Humana Healthy Horizons does not issue approval or denial for notifications.

### **Important notes:**

- For any service or supply exceeding Virginia Department of Medical Assistance Services (DMAS) limits, prior authorization is required.
  - Please visit the [DMAS Durable Medical Equipment \(DME\) website](#) to determine limits.
- Chiropractic services are not covered by the DMAS for members over the age of 21 unless they are enrolled in the Family Access to Medical Insurance Security—MOMS (FAMIS MOMS) programs.

### **Please note: Urgent/emergent services do not require referrals or prior authorization.**

Failure to obtain prior authorization for a service could result in financial penalties for the provider and reduced benefits for the member. Services provided without prior authorization may be subject to retrospective medical necessity review. Humana Healthy Horizons recommends individual providers making specific requests for services verify benefits and prior authorization requirements with Humana Healthy Horizons prior to providing services.

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

- Member's name, Medicaid ID and date of birth
- Date of service or hospital admission
- Procedure codes, up to 10 maximum per authorization request or notification
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to 6 maximum per authorization request or notification
- Service location
- Inpatient location (e.g., acute hospital, skilled nursing, hospice)
- Outpatient location (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (e.g., office, off-campus outpatient hospital, on-campus outpatient hospital, Humana Healthy Horizons in Virginia is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

- ambulatory surgery center, 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's/requestor's name and telephone number
- Attending provider's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will help expedite determination. If additional clinical information is required, a Humana Healthy Horizons representative will request the specific information needed to complete the authorization process.

**How to request prior authorization for medical and behavioral health services:**

- Except where otherwise noted, healthcare providers can request prior authorization through [Availity Essentials™](#).
  - If you have registration issues, call Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- For medical and behavioral health prior authorization, providers can call 844-881-4482, Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.
- For medical prior authorization, healthcare providers can request prior authorization from the Humana Healthy Horizons Clinical Intake team by faxing 931-650-3709.
- For behavioral health prior authorization, healthcare providers can request prior authorization from the Humana Healthy Horizons Clinical Intake team by faxing 931-650-3707.
- If you have questions, call the Humana Healthy Horizons in Virginia Customer Care Service department at 844-881-4482, Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.

**How to request dental prior authorization:**

- Healthcare providers can request prior authorization by visiting the [DentaQuest®](#) website.
- Providers can request dental prior authorization by calling Cardinal Care Smiles at 888-912-3456, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

**How to request vision prior authorization:**

- Healthcare providers can request prior authorization by visiting the [EyeMed®](#) webpage.
- Providers can call Humana Healthy Horizons at 844-881-4482, Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.



## Humana Healthy Horizons® in Virginia Prior Authorization and Notification List (PAL)

Effective date: July 1, 2025

Revision date: April 1, 2026

<b>Humana Healthy Horizons in Virginia Prior Authorization and Notification List (PAL)</b>		
<b>Category</b>	<b>Details/notes</b>	<b>Codes and comments</b>
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer	0582T, 20982, 50250, 50592, 50593, 52597, 53854
	Cardiac ablation/electrophysiology	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 the initial 5-day registration period.
	Crisis Services * Registration required	H2011*, S9485*
	Intensive outpatient (IOP)	H0015, S9480

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	Neuropsychological testing	96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 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
Bladder slings		57288
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67917, 67921, 67922, 67923
Bone growth stimulators		20975, 20979, E0747, E0748, E0760
Breast procedures	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11920, 11921, 11922, 11971, 15771, 15772, 19301, 19303, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600
Capsule endoscopy		91110, 91111, 91113, 0651T

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Cardiac devices	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33221, 33227, 33228, 33229, 33230, 33231, 33262, 33263, 33264, 33274, 33275, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 33289, 33340
	Wearable cardiac monitoring devices	93228, 93229
Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93595, 93596, 93597
Cellular (including chimeric antigen receptor T-cell therapy [CAR T]), genetic, tissue and transplant therapies		38225, 38226, 38227, 38228, C9399, J3387, J3389, J3391, J3393, J3394, J3402, J3490, J3590, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7

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Chiropractic therapy		Chiropractic services are not covered by the Virginia Department of Medical Assistance Services (DMAS) for members over the age of 21 unless they are enrolled in the Family Access to Medical Insurance Security moms (FAMIS MOMS) programs.
Cutaneous vascular lesion removal		17106, 17107, 17108
Diagnostic/cardiac imaging	Computed tomography (CT) scan	70450, 70460, 70470, 70496, 70498, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73202, 73206, 74160, 74170, 74174, 74175, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635
	Magnetic resonance angiography (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185
	Magnetic resonance imaging (MRI)	70336, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73222, 73223, 73718, 73719, 73720, 73722, 73723,

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		74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 76390, 77046, 77047, 77048, 77049, 77084, 77021
	Nuclear stress test	78453, 78454, 93351, C8928, C8930
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816
	Single-photon emission computerized tomography (SPECT) scan	78451, 78452
Doula Services	For any units/visits exceeding DMAS limits, prior authorization is required.	99600 - Max 6 units of 15 mins each. 1 date of service only. 59425 - Max 3 visits. 60 minutes per visit. 59409 - 1 unit. 59514 - 1 unit. 59430 - Max 6 visits. 60 minutes per visit. 99199- 2 units – 1 Incentive Mother Postpartum; 1 Incentive Newborn Postpartum.
Durable medical equipment (DME)	Electric beds	E0193, E0194, E0260, E0265, E0266, E0296, E0297
	Garments <a href="#">For any service or supply exceeding DMAS limits, prior authorization is</a>	A6521, A6523, A6525, A6527, A6529, A6562, A6563, A6564, A6567, A6569, A6571

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	<a href="#">required. Please visit the DMAS DME webpage to determine limits.</a>	
	<p>Nutrition</p> <p><a href="#">For any service or supply exceeding DMAS limits, prior authorization is required. Please visit the DMAS DME webpage to determine limits.</a></p>	B9002, B9004, B9006, E0791
	Orthotics	L0112, L0170, L0200, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0470, L0480, L0482, L0484, L0486, L0488, L0491, L0492, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0700, L0710, L0720, L0810, L0820, L0830, L0859, L0999, L1000, L1005, L1200, L1230, L1300, L1310, L1499, L1640, L1680, L1681, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832, L1833, L1834, L1840, L1843, L1844, L1845, L1846,

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		L1847, L1848, L1851, L1852, L1860, L1904, L1907, L1932, L1933, L1940, L1945, L1950, L1951, L1952, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2340, L2350, L2510, L2525, L2526, L2627, L2628, L2999, L3250, L3330, L3671, L3674, L3720, L3730, L3740, L3761, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3916, L3915, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3981, L3999, L4000, L4010, L4020, L4030, L4130, L4631
	<p>Other beds and supplies</p> <p><a href="#">For any service or supply exceeding DMAS limits, prior authorization is required. Please visit the DMAS DME webpage to determine limits.</a></p>	E0183, E0256, E0856, E0920, E0940, E0947, E0948

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	Other DME	A4238, A4239, A9274, A9276, A9277, A9278, E0277, E0300, E0301, E0302, E0303, E0304, E0328, E0470, E0471, E0482, E0486, E0490, E0491, E0601, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0762, E0766, E0784, E0849, E0930, E0946, E1399, E2102, E2103, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, E3000, K0900, K1007, K1027, L8614, L8701, L8702, S1030, S1034, S1035, S1036, S1037, S8130, S8131
	Other equipment/supplies  <a href="#">For any service or supply exceeding DMAS limits, prior authorization is required. Please visit the DMAS DME webpage to determine limits.</a>	A4341, A4342, A6023, E0147, E0205, E0236, E0239, E0610, E0630, E0635, E0656, E0657, E0740, E0779, E0781, E1036, E2100, T5001

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	<p>Other respiratory</p> <p><a href="#">For any service or supply exceeding DMAS limits, prior authorization is required. Please visit the DMAS DME webpage to determine limits.</a></p>	A7025, E0445, E0457, E0460, E0467, E0472, E0480, E0500, E0565, E0575, E0618, E0619, S8189
	<p>Other wheelchairs and accessories</p> <p><a href="#">For any service or supply exceeding DMAS limits, prior authorization is required. Please visit the DMAS DME webpage to determine limits.</a></p>	E0955, E0983, E0984, E0985, E0988, E1014, E1020, E1028, E1029, E1030, E1035, E1100, E1226, E2227, E2228, E2291, E2292, E2293, E2294, E2313, E2326, E2340, E2341, E2342, E2363, E2366, E2377, E2378, E2397, E2604, E2605, E2606, E2607, E2608, E2611, E2612, E2613, E2614, E2615, E2616, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, K0001, K0015
	<p>Prosthetics</p>	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,

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		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, 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, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816,

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		L5818, L5822, L5824, L5826, L5828, L5830, L5840, 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, 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,

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		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, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499
	Wheelchairs/scooters	E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1050, E1161, E1220, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239,

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		E2207, E2298, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2383, E2398, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0108, 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,

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		K0899
Facility-based sleep studies/polysomnography (PSG)		95807, 95808, 95810, 95811
High-frequency chest compression vests		E0483
Home health/home infusion		99509, G0151, G0152, G0153, G0299, G0300, G0493, G0494, G0495, G0496, H2000, S5109, S5116, S9122, T1028
Hospice services	Notification required	All
Hyperbaric therapy		99183, G0277
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facility	
	Long-term acute care	
	Mental health and substance use treatment (including any treatment in a residential setting)	
	Skilled nursing facility	
Molecular diagnostic and genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162,

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		81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479,

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		81490, 81500, 81503, 81506, 81514, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81596, 81599, 83006, 83080, 0004M, 0007M, 0012M, 0013M, 0016M, 0017M, 0005U, 0009U, 0017U, 0018U, 0019U, 0021U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0036U, 0037U, 0045U, 0047U, 0048U, 0049U, 0050U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0089U, 0090U, 0094U, 0101U, 0111U, 0120U, 0129U, 0130U, 0133U, 0134U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U,

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		0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 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, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0388U, 0389U, 0391U, 0392U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U,

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		0425U, 0426U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0449U, 0452U, 0453U, 0454U, 0460U, 0461U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U,
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402
Neuromuscular stimulators		E0745
Neurostimulators		61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64596, 64597, 64598, 93150, 93151, 93152, 93153, 0587T, 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, C1767, C1787, C1826, C1827, E0732, E0733, E0734, E0735, L8683
Nonemergent medical transportation (NEMT)		A0130, A0380, A0422, A0425, A0426, A0428, T2001, T2005
Noninvasive home ventilators		E0465, E0466
Obesity surgeries		43770, 43771, 43772, 43773, 43774, 43775

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Oral, orthognathic, temporomandibular joint (TMJ) surgeries		21085, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21240, 21242, 21243, 21247, E0492, E0493
Otoplasty		69300
Penile implant		54405
Personal care services		S5126, S9123, S9124, T1002, T1003, T1019, T5999
Radiation therapy		32701, 61796, 61798, 63620, 77338, 77371, 77372, 77373, 77423, 77424, 77435, 77436, 77437, 77438, 77439, 77520, 77522, 77523, 77525, 77767, 77768, 77771, 77772, G0339, G0340, G0458
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013,

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		A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, A4100, C1832, C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190,

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		Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306,

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		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
Spinal cord stimulators		63650, 63663, 63664, 63685, 63688, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
Spinal fusion, decompression, kyphoplasty and vertebroplasty		22554, 22556, 22558, 22585, 22586, 22590, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22837, 22838, 22840, 22841, 22842, 22870, 22532, 22533, 22534, 22548, 22551, 22552, 22595, 22600, 22610, 22612, 22614, 22630, 22843, 22844, 22845, 22846, 22847, 22848, 23800, 23802, 20930, 20931, 20936, 20937, 20938, 22853, 22854, 22867, 22868, 22869, 63052, 63053,

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		64866, 0790T
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation  (Excludes diagnostic nasal/sinus endoscopies)		42145, 64582, C9727
Therapy (physical, occupational and speech)	Prior authorization is required after 5 visits.	97110, 97112, 97113, 97116, 97139, 92507, 92508, 97530, 97533, 97535
Thyroid surgeries (thyroidectomy and lobectomy)		60210, 60220
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33935, 33945, 38232, 38240, 38241, 38242, 38243, 44135, 47133, 47135, 48160, 48551, 48552, 48554, 48556, 50300, 50320, 50340, 50360, 50365, 50370, 50547, S2060, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479
Ventricular assist devices (VADs)	Percutaneous VADs	33990, 33991, 33995

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	VADs	33975, 33976, 33979, 33981, 33982, 33983
Wearable Cardioverter Defibrillators		K0606

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