



Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List

We have updated our CarePlus Health Plans prior authorization and notification list for CarePlus Medicare Advantage (MA) and Dual Eligible Special Needs (D-SNP) plans.

Please note the term "prior authorization" (preauthorization, 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 CarePlus of the intent to provide an item or service. CarePlus requests notification, as it helps coordinate care for CarePlus-covered patients. This process is distinguished from prior authorization. CarePlus does not issue an approval or denial for notifications.

The list details services and medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) 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 CMS website](#).

To view Humana's medical coverage policies, please [visit Humana's Medical and Pharmacy Coverage Policies website](#).

Investigational and experimental procedures and devices usually are not covered benefits. Please consult the patient's Evidence of Coverage or contact CarePlus for confirmation of coverage.

Important notes:

- **CarePlus MA health maintenance organization (HMO):** The full list of prior authorization requirements applies to your patients with CarePlus MA HMO coverage.
- For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or for any service not on our prior authorization list (PAL), you can request a predetermination on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
 - Initiate a predetermination for medical services by submitting a fax or telephone request:
 - Submit by fax: **888-447-3430** (When submitting a predetermination request by fax, please write "predetermination" on your request.)
 - Submit by calling **866-220-5448**, Monday – Friday, 8 a.m. to 5 p.m., Eastern time (When requesting a predetermination by phone, please advise CarePlus you're requesting a "predetermination.")

To prevent disruption of care, CarePlus 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 the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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

Not obtaining prior authorization 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 or medication provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medication verify benefits and prior authorization requirements with CarePlus 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.

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

- The member's CarePlus ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes (up to a maximum of 10 per authorization request)
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary) (up to a maximum of 6 per authorization request)
- Service location
- Inpatient (e.g., acute hospital, skilled nursing)
- Outpatient (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, etc.)
- Referral (e.g., office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax Identification Number (TIN), National Provider Identifier (NPI) number of treatment facility where service is being rendered, and TIN and NPI number of the provider performing the service
- Requester's name/phone number
- Attending physician's phone number
- Relevant clinical information
- Discharge plans

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 CarePlus representative will contact the individual who submitted the prior authorization request and request the specific information needed to complete the authorization process.

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How to request prior authorization:

Except where noted by links on the following pages, prior authorization requests for medical services may be initiated: Choose from the following options to submit a request for prior authorization:

- Submit the request on the [Availity Essentials™](#) website.
- Complete the [Health Services Prior Authorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach counties: **866-832-2678**
 - Miami-Dade County: **888-447-3430**
 - All other counties: **888-634-3521**
- Call the CarePlus Health Plans Utilization Management department at **866-220-5448**, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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 CarePlus with the review.

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Medicare Advantage and Dual Medicare-Medicaid Plans Prior Authorization and Notification List

Effective date: July 1, 2026

Revision date: July 1, 2026

| Category | Details/notes | Codes |
|----------------------------|---|--|
| Abdominoplasty | | 15830, 15847 |
| Ablation | Bone, liver, kidney and prostate cancer | 20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 47384, 50250, 50541, 50542, 50592, 50593, 51721, 52597, 53850, 53852, 53854, 55873, 55877, 55881, 55882, 0582T, 0600T, 0601T, 0947T, 0950T |
| | Cardiac ablation/ electrophysiology | 93650, 93653, 93654, 93656 |
| Behavioral health services | Partial hospitalization | 900, 904, 910, 912, 913, 914, 915, 916, 918, 942 |
| | Transcranial magnetic stimulation | 90867, 90868, 90869, E0732 |
| | Psychosocial rehab services, clubhouse services, targeted case management | H2017, H2030, T1017 |
| Bladder slings | | 57288 |
| Blepharoplasty | | 15820, 15821, 15822, 15823, 67900, 67903, 67904, 67908, |

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|----------------------------|--|---|
| Blepharoplasty (continued) | | 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 |
| | Simple mastectomy and gynecomastia surgery (excludes radical and modified) | 19300, 19303 |
| Capsule endoscopy | | 91110, 91111, 91113, 0651T, 0977T |
| Cardiac devices | Aorta repair | 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 |
| | Cardiac implantable devices (e.g., CardioMEMS™ pacemakers, leadless pacemakers, left atrial appendage closure, defibrillators [implantable and subcutaneous] and | 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, |

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|------------------------------|---|--|
| Cardiac devices (continued) | cardiac resynchronization therapy) | 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, 0981T, 0982T, 0983T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624, G0555 |
| | Loop recorders | 33285, 33286 |
| | Implantable carotid sinus stimulator | 64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146, C1825 |
| | Wearable cardiac monitoring devices | 93228, 93229 |
| Cardiac procedures/surgeries | Cardiac catheterization | 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597 |
| | Carotid revascularization | 35301, 37215, 37216, 37217, 37218 |
| | Coronary angioplasty/stent | 92920, 92924, 92928, 92930, 92933, 92937, 92943, 92945, 92972, 0913T, 0914T, C1761, C7571, C9600, C9602, C9604, C9607 |
| | Patent foramen ovale and atrial septal defect closure | 93580 |

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|---|--|--|
| Cardiac procedures/surgeries (continued) | <p>Transcatheter valve surgeries</p> <p>Transcatheter mitral valve replacement (TMVR), Transcatheter aortic valve replacement (TAVR), Transcatheter aortic valve implantation (TAVI), MitraClip</p> | 33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T |
| Cellular (including chimeric antigen receptor T-cell therapy [CAR T]), genetic, tissue and transplant therapies | <p>Prior authorization requests will be reviewed by the Humana National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to 502-508-9300. • Submit by telephone to 866-421-5663. • Submit by email to transplant@humana.com. | 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 |
| Chemotherapy agents/supportive drugs and symptom management drugs category | | This list is subject to change as new prescription drugs are brought to market. View the CarePlus Medicare Part B Medication and Step Therapy List. |
| Cutaneous vascular lesion removal | | 17106, 17107, 17108 |
| Decompression of peripheral nerve (e.g., carpal tunnel surgery) | | 29848, 64721, 64728 |
| Diagnostic/cardiac imaging | Computed tomography (CT) scan | 71260, 71270, 71275, 72126, 72127, 72130, 72132, 72133, 72191, 72193, 72194, 73206, 73706, 74160, 74170, 74174, |

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| Category | Details/notes | Codes |
|--|---|---|
| Diagnostic/cardiac imaging (continued) | | 74175, 74177, 74178, 75572, 75573, 75574, 75635 |
| | Electrophysiology (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 |
| | Peripheral angiography | 36245, 36246, 36247 |
| | Positron emission tomography (PET) | 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, |

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|---|---|---|
| Diagnostic/cardiac imaging (continued) | scan/National Oncology PET Registry | 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 computed 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, 0745T, 0746T, 0747T, 0935T, C1735, C1736, E0738, E0739 |
| Epidural injections (outpatient only) | | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999 |
| Esophagogastroduodenoscopy (EGD) | | 43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259 |
| Facet injections | | 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T |
| Facility-based sleep studies (PSG) | | 95807, 95808, 95810, 95811 |
| Foot surgeries: bunionectomy and hammertoe | | 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, |

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|--|--|---|
| Foot surgeries: bunionectomy and hammertoe (continued) | | 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641 |
| Gastric pacing | | 43647, 43648, 43881, 43882, 64590 |
| Genicular nerve ablation and genicular nerve blocks | | 64454, 64624 |
| High-frequency chest compression vests | | E0483 |
| Home health/home infusion | | 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169 |
| Hyperbaric therapy | | 99183, G0277 |
| Inpatient admissions | Acute hospital (includes inpatient hospice) | All |
| | Acute rehabilitation facilities | All |
| | Long-term, acute-care hospitals | All |
| | Mental health, substance use and residential treatment | All |
| | Skilled nursing facilities | All |
| Laparoscopic hiatal hernia repair | | 43280, 43281, 43282 |
| Lung biopsy and resection | | 32096, 32097, 32505, 32607, 32608, 32666 |

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|---------------------------------------|---------------|---|
| Microinvasive glaucoma surgery (MIGS) | | 66989, 66991, 0253T, 0449T, 0450T, 0660T, 0661T, 0671T |
| Molecular diagnostic/genetic testing | | 81105, 81112, 81120, 81121, 81161, 81162, 81163, 81165, 81166, 81167, 81168, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81189, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81203, 81204, 81205, 81212, 81216, 81218, 81219, 81220, 81223, 81225, 81226, 81227, 81229, 81230, 81231, 81233, 81234, 81236, 81240, 81241, 81242, 81243, 81244, 81247, 81249, 81250, 81251, 81255, 81257, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81286, 81287, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81317, 81319, 81320, 81321, 81323, 81324, 81325, 81328, 81329, 81330, 81333, 81334, 81335, 81336, 81338, 81339, 81343, 81344, 81345, 81347, 81348, 81350, 81351, 81352, 81354, 81355, 81357, 81361, 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, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, |

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| Category | Details/notes | Codes |
|--|---------------|--|
| Molecular diagnostic/genetic testing (continued) | | 81460, 81462, 81463, 81464, 81465, 81471, 81479, 81490, 81503, 81518, 81519, 81520, 81521, 81522, 81524, 81525, 81529, 81540, 81546, 81554, 81558, 81599, 83080, 0020M, 0005U, 0018U, 0026U, 0029U, 0037U, 0045U, 0089U, 0090U, 0118U, 0172U, 0211U, 0212U, 0213U, 0214U, 0216U, 0217U, 0239U, 0242U, 0245U, 0250U, 0299U, 0313U, 0315U, 0326U, 0329U, 0333U, 0334U, 0340U, 0345U, 0347U, 0349U, 0355U, 0356U, 0358U, 0359U, 0364U, 0378U, 0379U, 0388U, 0411U, 0419U, 0422U, 0433U, 0434U, 0437U, 0449U, 0473U, 0475U, 0485U, 0486U, 0487U, 0489U, 0493U, 0510U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0543U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 0578U, 0585U, 0602U, 0605U, 0611U, 0612U, 0613U, 0616U, 0617U*, 0618U, 0619U, 0620U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0628U, 0630U |
| Negative pressure wound therapy (NPWT) | | 97605, 97606, A6550, E2402, K0743 |
| Neuromuscular stimulators | | A4593, A4594, C9807, E0764, E0770 |
| Neurostimulators | | 1013T, 1014T, 1015T, 61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64567, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, |

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|--|-----------------------------------|---|
| Neurostimulators (continued) | | 0588T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 0908T, 0909T, 0910T, 0911T, 0912T, 0956T, 0957T, 0958T, 0959T, 0960T, 0968T, 0969T, 0988T, 0989T, C1607, C1767, C1787, C1826, C9807, E0721, E0734, E0735, E0736, E0737, E0743, L8683 |
| Noninvasive home ventilators | | E0466, E0468 |
| Obesity surgeries | | 43290, 43291, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889, 0813T, 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 |
| 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, L0999, L1000, L1200, L1499, L1680, L1685, L1686, L1690, L1700, L1730, L1834, L1840, L1843, L1844, L1845, |

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|---|---------------|---|
| Orthotics (continued) | | L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, 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, L8683, L8701, L8702 |
| Orthopedic surgeries: hip, knee and shoulder arthroscopy | | 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, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, C9781, J7330 |
| Orthopedic surgeries: hip, knee and shoulder arthroplasty | | 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27446, 27447, 27486, 27487, C8003 |
| 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, |

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| Category | Details/notes | Codes |
|---|---------------|--|
| Other durable medical equipment (DME) (continued) | | E0680, E0681, E0682, E0683, E0691, E0692, E0693, E0694, E0762, E0766, E0784, E2102, E2103, E2402, E2508, E2510, E2599, E3000, K0743, K0900, K1007, K1027, L0720, L1933, L1952 |
| Pain infusion pump | | 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 | | 0627T, 0628T, 0629T, 0630T |
| Peripheral revascularization (atherectomy, angioplasty) | | 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, 0234T, 0235T, 0236T, 0237T, 0238T, 0505T, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775 |
| 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, |

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| Category | Details/notes | Codes |
|-------------------------|---------------|--|
| Prosthetics (continued) | | 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, 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, |

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| Category | Details/notes | Codes |
|-------------------------|---------------|---|
| Prosthetics (continued) | | L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, 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 | | 32701, 61796, 61798, 63620, 77280, 77290, 77295, 77301, 77338, 77371, 77372, 77373, 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 |

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| Category | Details/notes | Codes |
|---|---------------|---|
| Radiofrequency ablation for the sacroiliac (SI) joint | | 64625 |
| Rhinoplasty | | 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, 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, |

To prevent disruption of care, CarePlus 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 the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

* New prior authorization requirement
972602FL0326 FLHMZCGEN0726C_C

| Category | Details/notes | Codes |
|--|---------------|--|
| Skin and tissue substitutes (continued) | | 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, 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, |

To prevent disruption of care, CarePlus 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 the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

| Category | Details/notes | Codes |
|--|---------------|---|
| Skin and tissue substitutes (continued) | | 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, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4431, Q4432, Q4433, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440 **For codes Q4116, Q4122 and Q4128, no prior authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer. |
| Spinal cord stimulators | | 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682 |
| Spinal fusion, decompression, kyphoplasty and vertebroplasty | | 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, |

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| Category | Details/notes | Codes |
|--|---|---|
| Spinal fusion, decompression, kyphoplasty and vertebroplasty (continued) | | 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, 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, 0784T, 0785T, 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 |
| 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) | | 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, |

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| Category | Details/notes | Codes |
|---|--|---|
| Therapy (physical and occupational) (continued) | | 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 |
| Transplant surgeries | <p>Prior authorization requests will be reviewed by the Humana National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to 502-508-9300. • Submit by phone to 866-421-5663, Monday – Friday, 8 a.m. to 8 p.m., Eastern time. • Submit by email to transplant@humana.com | 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, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 0087U, 0088U, 0540U, 0575U, 0576U, 0584T, 0585T, 0586T, G0341, G0342, G0343, L8698, 02WA3QZ, 02WA4QZ |
| Transplant evaluation | Notification only | 99199* |
| Varicose vein: surgical treatment and sclerotherapy | | 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T |
| Ventricular assist devices (VADs) | <p>Percutaneous VADs</p> <p>Prior authorization requests will be reviewed by the Humana National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to 502-508-9300. • Submit by phone to 866-421-5663, Monday – Friday, | 33990, 33991, 33995 |

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| Category | Details/notes | Codes |
|---|--|---|
| Ventricular assist devices (VADs) (continued) | 8 a.m. to 8 p.m., Eastern time. • Submit by email to transplant@humana.com | |
| | VADs Prior authorization requests will be reviewed by the Humana National Transplant Network • Submit by fax to 502-508-9300. • Submit by phone to 866-421-5663, Monday – Friday, 8 a.m. to 8 p.m., Eastern time. • Submit by email to transplant@humana.com | 33975, 33976, 33979, 33981, 33982, 33983 |
| Wearable cardioverter defibrillators | | K0606 |
| 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, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, |

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| Category | Details/notes | Codes |
|-------------------------------------|---------------|---|
| Wheelchairs/scooters (continued) | | K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899 |

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