



Commercial Preauthorization and Notification List

Effective date: July 1, 2024

Revision date: October 8, 2024

Commercial Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation	Bone, liver, kidney and prostate cancer Preauthorization requests will be reviewed by Humana’s Clinical Intake Team at 800-523-0023 .	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 0421T, 0582T
	Cardiac ablation/electrophysiology	93650, 93653, 93654, 93656
Behavioral health services	Partial hospitalization	900, 904, 912, 913, 914, 915, 916, 918, 942
	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, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	Breast cancer biopsy (excisional) Preauthorization requests will be reviewed by Humana’s Clinical Intake Team at 800-523-0023 .	19120, 19125
	Breast lumpectomy	19301, 19302

	Preauthorization requests will be reviewed by Humana’s Clinical Intake Team at 800-523-0023 .	
	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, C1789, L8600
	Simple mastectomy and gynecomastia surgery (excludes radical and modified) Preauthorization requests will be reviewed by Humana’s Clinical Intake Team at 800-523-0023 .	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T
Cardiac devices	Cardiac implantable devices (e.g., CardioMEMS pacemakers, leadless pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33340, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624
	Internal loop recorders	33285, 33286
	Wearable cardiac monitoring devices	93228, 93229
Cardiac procedures/surgeries	Aortic repair	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848
	Cardiac catheterizations	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, 92928, 92937, 92943, C9600, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	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	Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapy preauthorization requests will be reviewed by the Humana National Transplant Network. <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. 	0537T, 0538T, 0539T, 0540T, 38999, 60699, C9339*, J3490*, J3590*, Q2041*, Q2042, Q2053, Q2054, Q2055, Q2056, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8*, XW143G8*, XW133J8*, XW143J8*
Chemotherapy agents, supportive drugs and symptom management drugs category		This list is subject to change as new drugs are brought to market. Please follow link for current codes.
Chiropractic therapy	Arizona, Georgia, Illinois, Kentucky, Ohio and South Florida only	98940, 98941, 98942, 98943

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

Cochlear and auditory brainstem implants		69930, L8614
Colonoscopy (repeat only)		45378, 45380
Cutaneous vascular lesion removal		17106, 17107, 17108
Decompression of peripheral nerve (i.e., carpal tunnel surgery)		29848, 64721
Diagnostic/cardiac imaging The following services will now be managed via Cohere. Please submit authorizations to www.Next.CoHEREhealth.com . If not registered, please use www.CoHEREhealth.com/register . Preauthorization requests for services managed by Cohere Requests can be submitted via: <ul style="list-style-type: none"> Cohere Health's portal (online): Information and to request a new account: www.CoHEREhealth.com/register Additional provider information: www.coHEREhealth.com/provider/resources Portal login (preauthorization request): Next.CoHEREhealth.com Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time Fax: 857-557-6787 Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.CoHEREhealth.com. For questions, call Cohere: 833-283-0033. 	Computed tomography (CT) scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635, 76380
	Electrophysiology Study (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 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, 70540, 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, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, C9762, C9763, C9791, S8037, S8042
	Myocardial perfusion imaging single photon emission computed tomography (MPISPECT)	78451, 78452
	Nuclear stress test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Transthoracic echocardiogram (TTE) Note: The 6 codes contained in the (TTE) subcategory only require a preauthorization for repeat requests inside of a rolling 12-month year.	93306, 93307, 93308, C8923, C8924, C8929
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Prostate-specific membrane antigen (PSMA/PET CT)	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9800
	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927

Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy	For patients 59 and younger only. It includes site-of-service evaluation.	43191, 43193, 43197, 43198, 43200, 43202, 43235, 43239, 0652T, 0653T, 0654T
Electric beds		E0265
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 0446T, 0447T, 0448T, 0745T, 0746T, 0747T, C9769, E0738, E0739
Epidural injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0777T
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based sleep studies (PSG)	<p>The following services will now be managed via Cohere. Please submit authorizations to www.Next.CoHEREhealth.com. If not registered, please use www.CoHEREhealth.com/register.</p> <p>Preauthorization requests for services managed by Cohere Requests can be submitted via:</p> <ul style="list-style-type: none"> • Cohere Health’s portal (online): <ul style="list-style-type: none"> • Information and to request a new account: www.CoHEREhealth.com/register • Additional provider information: www.coHEREhealth.com/provider/resources • Portal login (preauthorization request): Next.CoHEREhealth.com • Phone: 833-283-0033, Monday – Friday, 8 a.m. – 8 p.m., Eastern time • Fax: 857-557-6787 • Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.CoHEREhealth.com. • For questions, call Cohere: 833-283-0033. 	95807, 95808, 95810, 95811
Foot surgeries, bunionectomy and hammertoe		26535, 26536, 28110, 28240, 28285, 28289,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882
High-frequency chest compression vests		E0483
Home health/home infusion		99509, 99600, G0156, G0159, G0160, G0161, G0162, G0179, G0180, G0181, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S9001, S9122, S9123, S9124, S9125, S9209, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric therapy		99183, G0277
Infertility testing and treatment		52402, 54800, 54840, 54900, 54901, 55200, 55300, 55400, 55550, 55870, 58321, 58322, 58323, 58340, 58345, 58350, 58555, 58559, 58560, 58660, 58662, 58672, 58673, 58740, 58750, 58752, 58760, 58770, 58900, 58970, 58974, 58976, 74440, 74740, 74742, 76831, 76856, 76857, 76948, 80414, 80415, 80426, 82757, 84830, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89300, 89310, 89320, 89321, 89322,

		89325, 89329, 89330, 89331, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, 89356, 89398, G0027, Q0115, S3655, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	All
	Long-term acute care	All
	<i>Preauthorization is required for any inpatient admit prior to delivery.</i>	All
	Notification required at time of delivery. All maternity and newborn stays longer than the standard length of stay require authorization. Standard deliveries are: <ul style="list-style-type: none"> • Vaginal delivery – 2 days • Cesarean section – 4 days (Previously, Humana requested notification of maternity and newborn stays early in the pregnancy, but this is no longer necessary.)	
	Mental health, substance use and residential treatment	
	Skilled nursing facilities	
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Micro-Invasive Glaucoma Surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T
Molecular diagnostic and genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81333, 81334, 81335, 81336, 81337, 81338, 81339,
--	--	--

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 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, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490, 81493, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81599, 81560, 81595, 83006, 83080, 83951, 84433, 0004M, 0005U, 0007M, 0009U, 0011M, 0012M, 0016M, 0017M, 0018M, 0020M, 0017U, 0018U, 0019U, 0021U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0036U, 0037U, 0045U, 0047U,
--	--	--

*New preauthorization requirement
 399806ALL0224-A GCHM8R6EN

		0048U, 0050U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0087U, 0088U, 0089U, 0090U, 0094U, 0101U, 0102U, 0103U, 0111U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 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, 0319U, 0320U, 0323U, 0326U, 0327U, 0328U, 0330U, 0332U, 0329U, 0331U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U,
--	--	--

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0380U, 0388U, 0389U, 0391U, 0392U, 0396U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0448U, 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, 0487U, 0498U, 0499U, 0500U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators		A4593, A4594, E0764, E0770
Neurostimulators		0786T, 0787T, 0816T, 0817T, 0818T, 0819T, 61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64561, 64566, 64568, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T, 0783T, C1767, C1787, C1826,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		C1827, E0721, E0733, E0734, E0735, E0736, 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, C9784, C9785
Oral, orthognathic, temporomandibular joint (TMJ) surgeries		21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804
Orthopedic surgeries: hip, knee and shoulder arthroplasty		23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
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, 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, S2112, S2300
Other durable medical equipment (DME)		A4238, A4239, A9274, A9276, A9277, A9278, E3000, E0328, E0469, E0481, E0486, E0492, E0493, E0637, E0641, E0650, E0651, E0652, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0691, E0692, E0693, E0694, E0732, E0762, E0766, E0784, E2102, E2103, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, K0900, K1007, K1027, K1037, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, E0490, E0491, L0624, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1932, L1945, L1950, L1951, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		L2038, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3730, L3740, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8701, L8702, S8130, S8131
Otoplasty		69300, 69320
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile implant		54405
Peripheral revascularization (atherectomy, angioplasty)		37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T
Planned air transport		A0430, A0431, A0435, A0436
Prostate surgeries (prostatectomy)	Preauthorization requests will be reviewed by Humana's Clinical Intake Team at 800-523-0023 .	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55880
Prosthetics		21086, A9282, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5301, L5312, L5321, L5610, L5611, L5613, L5614, L5615, L5616, L5645, L5649, L5651, L5673, L5677, L5679, L5681, L5683, L5700, L5701, L5703, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5814, L5816, L5818, L5822, L5824, L5826,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		L5828, L5830, L5840, L5841, L5845, L5848, L5856, L5857, L5858, L5859, L5926, L5930, L5950, L5960, L5968, L5969, L5973, L5976, L5979, L5980, L5981, L5987, L5988, L5990, L5991, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960,
--	--	--

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8499, L8720, L8721
Radiation therapy	<p>All states require preauthorization for radiation therapy. Please see below for state-specific guidance.</p> <p>Preauthorization requests will be reviewed by Humana’s Clinical Intake Team at 800-523-0023.</p> <p>For Puerto Rico providers/members, please call:</p> <ul style="list-style-type: none"> - Phone: 800-611-1474 (providers) or 800-314-3121 (members) - Fax: 800-658-9457 	<p>32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6015, G6016, 0394T</p> <p>Puerto Rico will manage the following codes: 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, 0394T</p>
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Sacroiliac (SI) joint injections		27096
Skin and tissue substitutes		A2001, A2002, A2004, A2005, A2006, A2007,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		A2008, A2009, A2010, A2011, A2012, A2013, 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, Q4186, Q4183, Q4184, Q4185, 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,
--	--	--

		<p>Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236*, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, 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, 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</p> <p>**For codes Q4116, Q4122 and Q4128, no preauthorization is required for breast reconstruction following medically necessary</p>
--	--	---

*New preauthorization requirement
 399806ALL0224-A GCHM8R6EN

		mastectomies for breast cancer.
Spinal cord stimulators		0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22100, 22101, 22102, 22103, 22116, 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, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		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, 0275T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757, S2348, S2350, S2351
Surgery for obstructive sleep apnea		21685, 33276, 33277, 33278, 33279, 33280, 33281, 33288, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727, S2080
Surgical hyperhidrosis treatment		32664
Surgical nasal/sinus endoscopic procedures and balloon sinuplasty (excludes diagnostic nasal/sinus endoscopies)		31295, 31296, 31297, 31298, 69705, 69706
Therapy (physical and occupational)		97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542,

		97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, 0791T, G0283
Transplant surgeries		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, 0055U, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698, S2053, S2054, S2060, S2065, S2102, S2142,
Varicose vein: Surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, S2202, 0524T, 02WA3QZ*, 02WA4QZ*
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991, 33995
	Ventricular VADs	33975, 33976, 33979, 33981, 33982, 33983
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1015, E1016, E1018, E1161, E1220, E1229, E1230, E1231, E1234, E1235, E1239, E2207, E2213, E2298, E2301, E2310, E2311, E2312, E2321,

*New preauthorization requirement
399806ALL0224-A GCHM8R6EN

		E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2367, E2368, E2369, E2370, E2372, E2374, E2375, E2376, E2383, E2386, E2398, E2610, K0005, K0008, K0009, 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
Zoll LifeVest®		K0606