

# Humana Medicare Advantage Prior Authorization and Notification List (PAL)

**Effective Date: Jan. 1, 2021**

**Last Updated: Nov. 11, 2021**

To view the 2021 Medicare Advantage Medication Prior Authorization List, please click [here](#).  
To view the Medicare Advantage Prior Authorization List effective Jan. 1, 2022, please click [here](#).

Beginning January 1, 2021, Author by Humana will assume several administrative functions, including prior authorizations, grievance & appeal functions, and claims processing for members of five Medicare Advantage plans in South Carolina.

Humana has updated the prior authorization and notification list for Humana Medicare Advantage (MA) plans, including plans with service from Author by Humana.

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 of the physician or other healthcare provider notifying Author by Humana of the intent to provide an item or service for a Humana-covered patient that now has service from Author by Humana. The notification process is distinguished from prior authorization. Author by Humana does not issue an approval or denial related to a notification.

The list represents 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 at [www.cms.gov/medicare-coverage-database/](http://www.cms.gov/medicare-coverage-database/).

**Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact our Provider Navigators at 1-833-502-2013, 8 AM - 5 PM Eastern time, Monday through Friday for confirmation of coverage.**

## Important notes:

- ▲ **Humana 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, including those with service from Author by Humana. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list and should refer to their IPA or risk network for guidance on processing their request. Exclusions may change; refer to [Humana.com/provider](http://Humana.com/provider) for

the most up-to-date information. Choose “Authorization & Referrals” at the bottom of the page and then the appropriate topic.

- ▲ **Humana MA preferred provider organization (PPO):** The full list of prior authorization requirements applies to Humana MA PPO-covered patients, including those with service from Author by Humana. Prior authorization is not required for services provided by nonparticipating healthcare providers for MA PPO-covered patients; notification is requested, as it helps coordinate care for patients.

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

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 Certificate of Coverage. Services or medications 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 medications verify benefits and prior authorization requirements with Author by Humana prior to providing services.

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

- ▲ Member’s 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 six per authorization request
- ▲ Service location
- ▲ Inpatient (acute hospital, skilled nursing, hospice)
- ▲ Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- ▲ Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- ▲ Tax ID and NPI number of treatment facility (where service is being rendered)
- ▲ Tax ID and NPI number of the provider performing the service
- ▲ Caller/requestor’s name/telephone number
- ▲ Attending physician’s telephone number
- ▲ Relevant clinical information
- ▲ Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a faster determination. If additional clinical information is required, Author by Humana Right Care (UM) will request the specific information needed to complete the authorization process.

## HOW TO REQUEST PRIOR AUTHORIZATION

Except where noted in the “Details/Notes” column and via links on the following pages, prior authorization requests for medical services and items may be initiated in the following ways:

- ▲ Electronically
  - Via [Avality](#) - Select Author by Humana as the payer
  - Via Electronic Data Interchange (EDI) - Author by Humana Payer ID: 61108
- ▲ Fax a request to 1-833-301-1006
  - Authorization Request Forms available at [AuthorbyHumana.com/providers](https://AuthorbyHumana.com/providers)
- ▲ Mail a request to Author Right Care (UM), PO Box 254, Sidney NE 69162
  - Authorization Request Forms available at [AuthorbyHumana.com/providers](https://AuthorbyHumana.com/providers)
- ▲ Call our Provider Navigators at 1-833-502-2013, 8 AM - 5 PM Eastern time, M - F

**Please note:** Online prior authorization requests are encouraged. For certain PAL services requested via Avality, healthcare providers have the option to complete a questionnaire. The answers to the questionnaire may lead to a real-time approval. Even if an online approval is not provided immediately, the information on the questionnaire will help us expedite the review.

Prior authorization for medications may be initiated with Humana Clinical Pharmacy Review (HCPR) in the following ways:

- ▲ Electronically
  - Via [CoverMyMeds](#)
- ▲ Fax a request to 1-877-486-2621
  - Request Forms available at [Humana.com/provider/pharmacy-resources/prior-authorizations](https://Humana.com/provider/pharmacy-resources/prior-authorizations)
- ▲ Call HCPR at 1-800-555-CLIN (2546), 8 AM - 8 PM Local time, M - F

New Century Health will review oncology-related chemotherapeutic drugs / supportive agents before being administered in either the provider’s office, outpatient hospital, ambulatory setting, or infusion center. For more information on requesting prior authorization with New Century Health, review our New Century Health Quick Start Guide [here](#).

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification via U.S. postal mail.

Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation	Includes cardiac ablation/electrophysiology study and ablation for bone, liver, kidney and prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, 0582T
Behavioral health services	Partial hospitalization	915
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, K1002
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		20974, 20975, 20979, E0747, E0748, E0749, 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, C1789, L8600
	Simple mastectomy and gynecomastia surgery (excludes radical and modified)	19300, 19303
Capsule endoscopy		91110, 91111, 0355T, 0651T
Cardiac devices	Aorta Repair*	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848
	Cardiac implantable devices [e.g., CardioMems*, pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and	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,

	cardiac resynchronization therapy]	33272, 33273, 33274, 33275, 33289*, 33340, 0572T, 0573T, 0574T, 0580T, 0614T, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624
	Loop recorders	33285, 33286
	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93745, K0606, K0607, K0608, K0609
Cardiac procedures/surgeries	Cardiac catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93561, 93562
	Carotid Revascularization*	35301, 37215, 37216, 37217, 37218
	Outpatient 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
<a href="#">Chemotherapy agents, supportive drugs and symptom management drugs category</a>	Requests from medical oncologists, hematologists, urologists, gynecologic oncologists, and radiation oncologists will be managed by New Century Health.  Author by Humana Right Care UM Team will manage all other requests.	This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies	Preauthorization requests will be reviewed by Humana National Transplant Network <ul style="list-style-type: none"> <li>• Submit by fax to 1-502-508-9300</li> <li>• Submit by telephone to 1-866-421-5663</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>	0537T, 0538T, 0539T, 0540T, C9081, Q2042, Q2053, Q2054, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7
Cochlear and auditory brainstem implants		69930, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2235
Colonoscopy (repeat only)*		45378, 45380
Cutaneous Vascular Lesion Removal*		17106, 17107, 17108
Decompression of peripheral nerve (e.g., carpal tunnel surgery)		29848, 64721

Diagnostic/cardiac imaging	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 (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T
	Magnetic resonance angiogram (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, S8037, S8042
	Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)	78451, 78452
	Nuclear stress test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Outpatient transthoracic echocardiogram (TTE)	93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929
	Peripheral Angiography*	36245, 36246, 36247
	Positron emission tomography (PET) scan / National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	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, E0329
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284*, 93264, 0446T, 0447T, 0448T
<a href="#">Epidural injections (outpatient only)</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD)		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
<a href="#">Facet injections</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	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
<a href="#">Foot surgeries: bunionectomy and hammertoe</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882, 64590
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, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric therapy		99183, G0277
Infertility testing and treatment		52402, 54800, 54840, 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, 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, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89342, 89343, 89344, 89346, 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	
	Long-term acute care	
	Mental health, substance use and residential treatment	
	Skilled nursing facilities	
Lung biopsy and resection		32096, 32097, 32505, 32607, 32608, 32666
Micro Invasive Glaucoma Surgery (MIGs)*		0191T, 0253T, 0376T, 0449T, 0450T, 0474T, 0660T, 0661T
Molecular diagnostic/genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 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, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321,



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<p>Negative pressure wound therapy (NPWT)</p>		<p>97605, 97606, A6550, E2402, K0743</p>

<a href="#">Neuromuscular stimulators</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	E0764, E0770
Neurostimulators		61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, 0588T, C1767, C1787, E0787, K1016, K1018, K1020, K1023, L8683
Noninvasive home ventilators		E0466
Obesity surgeries		43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Observation stays	Notification requested	All
Oral, orthognathic, temporomandibular joint (TMJ) surgeries		20910, 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
<a href="#">Orthopedic surgeries: hip, knee and shoulder arthroplasty*</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
<a href="#">Orthopedic surgeries: hip, knee and shoulder arthroscopy</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	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, J7330, S2112, S2300
Other durable medical equipment (DME)		A9274, A9276, A9277, A9278, E0277, E0301, E0302, E0303, E0304, E0328, E0481, E0482*, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0694*, E0762, E0766, E0784, E0787, E0791, E2402, E2500, E2502, E2504, E2506, E2508, E2510,

		E2511, E2599, K0553, K0554, K0743, K0900, K1007, K1009, K1024, K1025, K1027, 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, L0810, L0820, L0830, L0859, 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, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8683, L8701, L8702, S1030, S1031, S1034, S1035, S1036, S1037, S8130, S8131, V5336
Otoplasty		69300, 69320
<a href="#">Pain infusion pump</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile implant		54400, 54401, 54405, C1813, C2622
Peripheral revascularization (atherectomy, angioplasty)		37220*, 37221*, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T
Prostate surgeries (prostatectomy)		55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55880
Prosthetics		21081, 21082, 21084, A9282, K1014, K1022, L3250, 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, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642,

		<p>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, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, 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, 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, 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</p>
<p><a href="#">Radiation therapy</a></p>	<p>Requests from medical oncologists, hematologists,</p>	<p>32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386,</p>

	urologists, gynecologic oncologists, and radiation oncologists will be managed by New Century Health.  Author by Humana Right Care UM Team will manage all other requests.	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
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Routine maternity care	Notification requested	All
<a href="#">SI Joint Injections*</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	27096
Skin and tissue substitutes	**For codes Q4116, Q4122, and Q4128, no pre-authorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.	C1849, 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, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255
<a href="#">Spinal cord stimulators</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688

<p><a href="#">Spinal fusion, decompression, kyphoplasty, and vertebroplasty</a></p>	<p>For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health</p>	<p>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, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 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, 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, 63194, 63195, 63196, 63197, 63198, 63199, 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, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, C1821, C2614, D9757, S2348, S2350, S2351</p>
<p>Surgery for obstructive sleep apnea</p>		<p>21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T, 0468T, C9727, S2080</p>
<p>Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation</p>	<p>Excludes diagnostic nasal/sinus endoscopies</p>	<p>31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706</p>
<p><a href="#">Therapy (physical, speech and occupational)</a></p>	<p>For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health</p>	<p>92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535,</p>

		97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364
Thyroid surgeries (thyroidectomy and lobectomy)		60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 0018M, 0055U, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, L8698, S9975
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, 0524T, S2202
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991, 33995
	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509
<a href="#">Viscosupplementation (musculoskeletal)*</a>	For all patients with service from Author by Humana, requests for musculoskeletal services will be managed by Cohere Health	Preauthorization required for 20610 – 20611 when used for viscosupplementation procedures regardless of viscosupplementation agent.
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, 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, K0010, K0011, K0012, K0013, K0014, 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
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