



Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List

Effective Date: Jan. 1, 2022

Revision Date: July 5, 2022

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

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

*New Preauthorization requirement

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	Simple mastectomy and gynecomastia surgery (excludes radical and modified)†	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T
Cardiac devices†	Aorta repair†	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844*, 34845, 34846, 34847, 34848
	Cardiac implantable devices (e.g., CardioMems, pacemakers, leadless pacemaker, 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, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2624, C2619, C2620, C2621
	Loop recorders†	33285, 33286
	Wearable cardiac monitoring devices†	93228, 93229
	Zoll LifeVest®*	K0606
	Beginning Jan. 1, 2022, this service will be managed by Humana	
Cardiac procedures/surgeries†	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

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*New Preauthorization requirement

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	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
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 (left) for current codes.
Chimeric antigen receptor T-cell therapy (CAR-T)	Preauthorization requests will be reviewed by Humana National Transplant Network • 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, C9098, Q2042, Q2053, Q2054, Q2055, 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,

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*New Preauthorization requirement

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		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,

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*New Preauthorization requirement

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		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
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284 93264, 0446T, 0447T, 0448T, G0308, G0309
Epidural injections (outpatient only)	<i>Managed by Cohere Health nationally in 2022</i>	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD) †		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Facet injections	<i>Managed by Cohere Health nationally in 2022</i>	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	<i>Managed by Cohere Health nationally in 2022</i>	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308,

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*New Preauthorization requirement

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		28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882, 64590
High-frequency chest compression vests		E0483
Home health/home infusion	All states require preauthorization for home health however, please see below for state-specific guidance. MyNexus will manage all preauthorization requests for home health services for Medicare Advantage (HMO & PPO) members residing in and having a plan in one of these states/counties: Texas, Oklahoma, Georgia, South Carolina, Kentucky, Ohio, West Virginia, Pennsylvania, and select counties in New Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem) and Indiana (Floyd, Clark, Harrison). Preauthorization requests can be submitted on the MyNexus portal at: portal.mynexuscare.com Professional Health Care Network (PHCN) will manage all preauthorization requests for home health services for Humana Medicare Advantage (HMO and PPO) members residing and having a plan in one of these states: Colorado, New Mexico, Arizona Phone: 888-705-5274 Fax: 877-612-7066 Preauthorization requests can be faxed or uploaded through the PHCN website at: www.prohcn.com	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

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

*New Preauthorization requirement

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	OneHomeCare will manage all preauthorization requests for home health services for Medicare Advantage (HMO & PPO) members residing in Virginia and having a plan in one of these states/counties; Alleghany, Amelia, Amherst, Appomattox, Bedford, Bland, Botetourt, Brunswick, Campbell, Carroll, Charles City, Charlotte, Chesterfield, Craig, Cumberland, Dinwiddie, Floyd, Franklin, Giles, Goochland, Greenville, Halifax, Hanover, Henrico, Henry, King and Queen, King William, Louisa, Lunenburg, Mecklenburg, Montgomery, New Kent, Nottoway, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Roanoke, Sussex, Colonial Heights City, Covington City, Danville City, Emporia City, Galax City, Hopewell City, Lynchburg City, Martinsville City, Petersburg City, Roanoke City, and Salem City Fax: 855-475-5614 (preferred method) Phone: 855-441-6900 Email: providerengagement@onehome.health *Please note: MyNexus, PHCN and OneHomeCare participation excludes patients with Humana MA PFFS coverage.	
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,

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*New Preauthorization requirement

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		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	
Laparoscopic hiatal hernia repair*	If service is requested in conjunction with an obesity surgery, please contact Humana instead of HealthHelp.	43280, 43281, 43282
Lung biopsy and resection†		32096, 32097, 32505, 32607, 32608, 32666
Micro invasive glaucoma surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T
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,

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		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, 81245, 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, 81301, 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, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351,
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*New Preauthorization requirement

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		81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81599, 83006, 83080, 83951, 88120, 88121, 88364, 88366, 88374, 88377, 0004M, 0007M, 0011M, 0012M, 0013M, 0016M, 0017M, 0005U, 0009U, 0012U, 0013U, 0014U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0036U, 0037U, 0045U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0089U, 0090U, 0094U, 0101U, 0102U, 0103U, 0111U, 0120U,
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		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, 0204U, 0205U, 0208U, 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, 0323U, 0327U, 0328U, 0330U, 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	<i>Managed by Cohere Health nationally in 2022</i>	E0764, E0770
Neurostimulators	Process change. This category was formerly reviewed by OrthoNet and will now be reviewed by Humana.	61860, 61863, 61867, 61885, 61886, 64553,

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		64561, 64566, 64568, 64581, 64590, E0787, 0588T, 0720T, C1767, C1787, 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
Orthopedic surgeries: hip, knee and shoulder arthroplasty	<i>Managed by Cohere Health nationally in 2022</i>	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	<i>Managed by Cohere Health nationally in 2022</i>	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,

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		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, 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, E2102, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, K0553, K0554, K0743, K0900, K1007, K1009, K1024, K1025, K1027, K1029, K1031, K1032, K1033, 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,

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*New Preauthorization requirement

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		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
Pain infusion pump	<i>Managed by Cohere Health nationally in 2022</i>	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, L3250, L5000, K1014, K1022, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301,

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		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, 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,
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		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,
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		L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499
Radiation therapy†		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
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Routine maternity care	Notification requested	All
SI joint injections	<i>Managed by Cohere Health nationally in 2022</i>	27096
Skin and tissue substitutes		A2001, A2002, A2003, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A4100, C1832, 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,

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		Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, 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, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261 **For codes Q4116, Q4122, and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
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Spinal cord stimulators	<i>Managed by Cohere Health nationally in 2022</i>	63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
Spinal fusion, decompression, kyphoplasty and vertebroplasty	<i>Managed by Cohere Health nationally in 2022</i>	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, 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,

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		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, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, 0719T, C1821, C2614, C9757, S2348, S2350, S2351
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, C9727, S2080
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706,
Therapy (physical, speech and occupational) Alabama is excluded	<i>Managed by Cohere Health nationally in 2022</i>	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, 97537, 97542, 97545, 97546, 97750, 97755, 97760,

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		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, 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, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81560, 81595, 0018M, 0087U*, 0088U*, 0319U, 0320U, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341*, G0342*, G0343*, L8698, S2053*, S2054*, S2060*, S2065*, S2102*, S2142*, 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,

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		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
Viscosupplementation (musculoskeletal)	<i>Managed by Cohere Health nationally in 2022</i>	Preauthorization required for 20610–20611 when used for visco-supplementation 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,

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		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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