Humana

Healthy Horizons™ in Kentucky

Effective date: Sept. 1, 2022
Revision date: Aug. 24, 2022

Humana Healthy Horizons in Kentucky Preauthorization and Notification List		
Category	**Details/notes**	**Codes and comments**
Nonparticipating providers	Nonemergency services	
Inpatient admissions	Elective inpatient procedures	
	All admissions (hospitals, rehab facilities, long-term acute care, inpatient hospice, transplant and planned inpatient medical and surgical admissions)	Preauthorization requests for transplants will be reviewed by Humana National Transplant Network and can be submitted by fax to **502-508-9300**, by phone to **866-421-5663** or email to transplant@humana.com *For neonatal intensive care unit (NICU) and obstetrical admission preauthorization and notification clarification, please see the note following this grid.
	All rehabilitative services	
	Skilled nursing facilities	
Behavioral health services	**Inpatient admissions**	**All inpatient services**
	Residential treatment	All residential treatment services
	Partial hospitalization	H0035
	Intensive outpatient programs (IOPs) Substance use disorder (SUD)	H0015
	Therapeutic behavioral health services and day treatment	H2020 H2012
	Assertive community treatment (ACT)	H0040
	Transcranial magnetic stimulation	90867, 90868, 90869
	Developmental testing	96110
	Neurobehavioral status exams	96116, 96121
	Psychological/neuropsychological testing	96130, 96131, 96132, 96133
Chiropractic services ***Reviewed by Tivity***		Please see the Chiropractic Fee Schedule on the KY CHFS Fee Schedule site.
Durable medical equipment (DME) services, rentals and repair	Airway clearance devices	E0482
	Augmentative and alternative communicative systems	E1902, E2500, E2502, E2504, E2506, E2508, E2511, E2512, E2599, L8505, L8510, V5336

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Please note that in addition to the items identified here, all DME items costing more than $750 are subject to retro-review. We require a signed clinical record submitted with your claim to perform the retro-review. Claims submitted without clinical records for these services are denied. Denials are only reconsidered through the claim appeal process with pertinent clinical records.	Beds and accessories	E0181, E0184, E0185, E0187, E0193, E0194, E019, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0277, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0462, E0912
	Bone growth stimulator	E0747, E0748, E0760
	Cochlear and auditory implants	69930, L8614, L8619, L8627, L8628
	Continuous glucose monitoring devices and supplies	A9277, A9278, A9279, K0553, K0554, S1030, S1031, S1034
	CPAP/BiPAP	E0470, E0471, E0472, E0601
	Cranial orthotics	S1040
	Diabetic treatments and supplies	E0784
	Electrical stimulators	E0762, E0769
	External defibrillator	E0617
	Heat/cold therapy devices	E0217, E0225, E0236, E0239
	High-frequency chest-compression vests	E0483
	Lifts	E0630, E0635
	Negative pressure wound therapy	E2402
	Neuromuscular stimulators	E0731, E0744, E0745, E0764, E0770
	Noninvasive home ventilators	E0466
	Other implantable/semi-implantable hearing aids and devices	69710, 69711, L8691, L8694, V2627
	Orthotics and prosthetics	21086, E0942, E0944, E0945, L0456, L0457, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0631, L0636, L0637, L0638, L0639, L0640, L0648, L0700, L0710, L0970, L0974, L0976, L0980, L0984, L0999, L1200, L1300, L1310, L1499, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1836, L1844, L1845, L1846, L1850, L1851, L1852, L1860, L1902, L2005, L2020, L2034, L2036, L2037, L2038, L2108, L2126, L2128, L2136, L2525, L2627, L2628, L2999, L3050, L3060, L3100, L3202, L3203, L3204, L3300, L3320, L3330, L3340, L3350, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3460, L3465, L3470, L3649, L3710, L3740,

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		L3761, L3762, L3900, L3901, L3904, L3916, L3918, L3925, L3930, L3971, L3981, L3999, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4210, L4398, L4631, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5341, L5400, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5639, L5643, L5647, L5649, L5651, L5671, L5673, L5679, L5681, L5683, L5700, L5701, L5702, L5704, L5705, L5707, L5724, L5726, L5728, L5780, L5782, L5785, L5790, L5795, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5940, L5950, L5962, L5964, L5966, L5968, L5975, L5976, L5979, L5980, L5981, L5987, L5988, L5990, L5999, L6000, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6588, L6590, L6621, L6624, L6638, L6686, L6687, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6721, L6722, L6881, L6882, L6883, L6890, L6900, L6905, L6910, L6915, L6920, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7499, L8044, L8499, L8699, V2623

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	Pneumatic compression	E0651, E0652
	Respiratory aids and supplies	E0455
	Spinal cord stimulators	63650, 63655, 63663, 63664, 63685, 63688, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
	Standing systems/devices	E0638
	Unlisted DME codes	A9900, A9999, E1399
	Volume control ventilator	E0465
	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93745, K0606, K0607, K0608, K0609
	Wheelchairs and scooters (including power wheelchairs and all accessories)	E0968, E0983, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1015, E1016, E1017, E1035, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1161, E1170, E1172, E1190, E1195, E1200, E1220, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1280, E1285, E1290, E1295, E1801, E1802, E1805, E1806, E1810, E1811, E1815, E1816, E1818, E1825, E1830, E2207, E2213, E2227, E2228, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2370, E2373, E2374, E2386, E2387, E2388, E2389, E2390, E2391, E2392, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0010, K0011, K0012, K0013, K0108, 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,

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		K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898
Plastic surgery/cosmetic	Breast surgery (Excludes breast reconstruction following medically necessary mastectomy for breast cancer)	11920, 11921, 11922, 15830, 15832, 15834, 15835, 15836, 15839, 19300, 19305, 19306, 19316, 19318, 19325, 19328, 19350, 19355, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, C1789, L8600, S2066, S2067, S2068,
	Cosmetic and reconstructive services (Examples include blepharoplasty, rhinoplasty, otoplasty and abdominoplasty.)	15820, 15821, 15822, 15823, 67900, 67901, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67950,

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	Please note that this is not an all-inclusive list.	15830, 15847, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 69300, 69320
Ancillary services	Nonemergent medical transportation (NEMT)	A0090, A0130, A0200, A0426, A0428, A0430, A0431, A0435, A0436, S9960, S9961, T2001, T2003, T2005
	Breast cancer susceptibility proteins (BRCA) 1 and 2 and genetic/molecular diagnostic testing	0062U, 0063U, 0066U, 0067U, 0078U, 0079U, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 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, 81206, 81207, 81208, 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, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 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, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346,

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		81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 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, 81506, 81507, 81509, 81510, 81511, 81512, 81513, 81514, 81518, 81519, 81520, 81521, 81522, 81525, 81529, 81535, 81538, 81539, 81546, 81551, 81554 ,81596 81599, 86305, 0001U, 0003U, 0004M, 0005U, 0006M, 0007M, 0009U, 0012U, 0013U, 0014U, 0017M, 0018U, 0019U, 0021U, 0022U, 0023U, 0026U, 0029U, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0060U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0080U, 0084U, 0089U, 0090U, 0101U, 0102U, 0103U, 0105U, 0111U, 0113U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0151U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U
	Electroencephalogram (EEG)	95812, 95813, 95816, 95819, 95822

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	Diagnostic esophagogastroduodenoscopy or esophagoscopy (For patients younger than 59)	43191, 43193, 43197, 43198, 43202, 43239
	Physical therapy/occupational therapy/speech therapy Reviewed by eviCore	31575*, 31579*, 90901*, 90912*, 90913*, 92507, 92508, 92511*, 92520, 92524, 92526, 92606, 92607, 92608, 92609, 92611, 92612*, 92613*, 92614*, 92615*, 92616*, 92617*, 92618, 92621, 92626*, 92627, 92630, 92633, 95851, 95852*, 95992*, 96105, 96125*, 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, 97597*, 97598*, 97602*, 97605*, 97606*, 97750, 97755, 97760, 97761, 97763, 97799, G0151, G0152, G0157, G0158, G0159*, G0160*, G0161*, G0281*, G0282*, G0283, G0329*, G0451*, S9128, S9152
	Respiratory therapy	G0239
	Bariatric surgery	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888
	All home health and home infusions	99344, 99375, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99511, 99601, 99602, B9002, B9004, B9006, B9998, B9999, G0153, G0155, G0299, G0300, G0494, G0495, S5100, S5110, S5165, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9127, S9208, S9209, S9211, S9212, S9213, S9214, T1004, T1019, T1020, T1021, T1028, T1030, T1031, T1502, T1503

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Advanced imaging services **Reviewed by eviCore**	Cardiac imaging	C9762, C9763
	Computerized tomography (CT)	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71271, 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, 74263, 75571, 75574, 75635, 76380, 76497, 77078, 0042T, S8092, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T,0710T, 0711T, 0712T, 0713T
	Coronary computed tomographic angiography (CCTA)	0623T, 0624T, 0625T, 0626T
	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)	0609T, 0610T, 0611T, 0612T, 0648T, 0649T, 0697T, 0698T, 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, 73725, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76390, 76391, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77084, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8911, C8920, S8037, S8042

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	Nuclear medicine	78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78999
	Positron emission tomography (PET)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252, S8085
	Single-photon emission computerized tomography (SPECT)	78451, 78452, 78469
	3-D rendering	76376, 76377
Other outpatient services	**Chimeric antigen receptor T-cell therapy (CAR-T)**	38241, 38999**,** 0537T, 0538T, 0539T, 0540T, C9098, Q2041, Q2042, Q2054, Q2055, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7
	Facility-based sleep studies (PSG)	95807
	Experimental and emerging technology	
	Prescribed pediatric extended care	T1025, T1026
	Transplant services	0018M, 0087U, 0088U, 0319U, 0329U, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 32850, 32851, 32852, 32853, 32854, 33927,

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		33928, 33929, 33935, 33945, 33975, 33976, 33979, 33981, 33982, 38205, 38206, 38230, 38232, 38240, 38241, 38243, 44135, 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, G0341, G0342, G0343, L8698, S9975, Q2053
	Private duty nursing (PDN)	T1000
	Vein procedures	0524T, 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
	Termination of pregnancy (abortion)	01966, 59100, 59812, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857
	Epidural injections (outpatient only)	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
	Facet injections	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
	Sacroiliac joint injections (more than two injections require prior authorization)	27096
	Trigger-point injections (more than eight injections require prior authorization)	20552, 20553
	Viscosupplemental (musculoskeletal)	Preauthorization required for 20610–20611 when used for viscosupplementation procedures regardless of viscosupplementation agent

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Radiation therapy	77385, 77386, 77401, 77402, 77407, 77412, 77424, 77425, G6012, G6013, G6015	
	Brachytherapy	19296, 19297, 19298, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 92974, 0394T, 0395T, G0458
	Neutron beam	77423
	Proton beam therapy	77520, 77522, 77523, 77525
	Stereotactic radiation	32701, 61796, 61797, 61798, 61799, 63620, 77371, 77372, 77373
Surgeries	Foot surgeries: bunionectomy and hammertoe	26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310 28740, 28750, L8641
	Neurostimulator	61850, 61860, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553, 64555, 64561, 64566, 64568, 64569, 64570, 64575, 64580, 64581, 64585, 64590, 64595, 95970, 95971, 95972, C1823
	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, J7330, S2112, S2300

* denotes new preauthorization requirement for eviCore

	Pain infusion pump	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
	Spinal fusion, decompression, kyphoplasty and vertebroplasty	20999, 22100, 22101, 22102, 22103, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 2253,4, 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, 63180, 63182, 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, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, C1821, C2614, C9757, S2348, S2350, S2351

* denotes new preauthorization requirement for eviCore

	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 Preauthorization requests for transplants are reviewed by Humana National Transplant Network and can be submitted by fax to **502-508-9300**, by phone to **866-421-5663** or email to transplant@humana.com

*For **NICU** preauthorization and notification, Humana Healthy Horizons in Kentucky requests notification within 48 hours of admission to conduct concurrent review for care coordination, to assess appropriate level of care and begin discharge planning. For **obstetrical admissions**, Humana Healthy Horizons in Kentucky requests notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for cesarean sections to conduct concurrent review for care coordination and discharge planning.

Specialty drugs: Preauthorization is required for the following list of specialty drugs when delivered in the physician's office, clinic, outpatient or home setting. To request preauthorization or provide notification, complete and return the appropriate form.

* denotes new preauthorization requirement for eviCore