

Preauthorization for orthopedic surgery, pain management, therapy services, cardiac interventions, cardiac devices, some cardiac imaging, endoscopy services and surgical services is required for all patients with Humana commercial, Medicare or Illinois dual Medicare-Medicaid coverage, unless otherwise noted below.

The following preauthorization requests for musculoskeletal services and surgeries are reviewed by [Cohere Health](#), a nationally recognized benefit management organization. All remaining preauthorization requirements remain in effect:

- Epidural injections (outpatient only)
- Facet injections
- Foot surgeries: bunionectomy and hammertoe
- Neuromuscular stimulators
- Orthopedic surgeries: hip, knee, and shoulder arthroplasty
- Orthopedic surgeries: hip, knee, and shoulder arthroscopy
- Pain infusion pump
- Physical, occupational and speech therapy (Excluding patients with a treating provider in Alabama)
- Sacroiliac (SI) joint injections
- Spinal cord stimulators
- Spinal fusion, decompression, kyphoplasty and vertebroplasty
- Viscosupplementation (knee)
- Xiaflex (Dupuytren's contracture)

The following preauthorization requests for cardiology interventions, devices and some cardiac imaging are reviewed by [Cohere Health](#), [opens new window](#) a nationally recognized benefit management organization. All remaining preauthorization remain in effect:

- Aortic repair
- Atrioventricular node ablation
- Cardiac ablation
- Cardiac catheterization
- Cardiac implantable device
- Cardiac implantable device (Defibrillators)
- Cardiac implantable device (Pacemakers)
- Cardio MEMS
- Carotid Artery Stenting (CAS)
- Carotid endarterectomy
- Catheter-based angiogram, lower extremity arteries
- Electrophysiology Study (EPS)
- Endovascular aortic repair
- External wearable devices
- Internal loop recorders

- LAAC
- Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI-SPECT)
- Patent foramen ovale (PFO) and atrial septal defect (ASD) closure
- Percutaneous Coronary Intervention (PCI)/angioplasty
- Percutaneous intervention: Angioplasty/atherectomy/stenting
- Percutaneous thoracic aortic repair
- Stress echocardiogram
- Surgical revascularization/thromboendarterectomy/peripheral vascular bypass
- Surgical thoracic aortic repair
- Transcatheter aortic valve replacement/implantation (TAVR)
- Transcatheter mitral valve repair
- Transesophageal echocardiogram (TEE)
- Transthoracic echocardiogram (TTE)

The following preauthorization requests for endoscopy services are reviewed by [Cohere Health](#), a nationally recognized benefit management organization. All remaining preauthorization remain in effect:

- Capsule endoscopy
- Colonoscopy (repeat only)
- Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy
- Laparoscopic hiatal hernia repair

The following preauthorization requests for surgeries are reviewed by [Cohere Health](#), a nationally recognized benefit management organization. All remaining preauthorization remain in effect:

- Abdominoplasty
- Bladder slings
- Blepharoplasty
- Breast procedures
- Cochlear and auditory brainstem implants
- Cutaneous vascular lesion removal
- Decompression of peripheral nerve (i.e., carpal tunnel surgery)
- Gastric pacing
- Neurostimulators
- Obesity surgeries
- Oral, orthognathic, temporomandibular joint (TMJ) surgeries
- Otoplasty
- Penile implant
- Rhinoplasty
- Surgical hyperhidrosis treatment
- Surgical nasal/sinus endoscopic procedures and balloon sinuplasty (Excludes diagnostic nasal/sinus endoscopies)

- Varicose vein: Surgical treatment and sclerotherapy

Cohere Health will evaluate the medical necessity of the service and request needed medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation.

Please submit the following information with your request:

- Patient's name and Humana ID number and the physician's name
- Patient diagnosis
- Clinical information relevant to the procedure, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings and the results of conservative therapy undertaken, in detail, including duration and results
 - Relevant current imaging reports and other key diagnostic test results

Cohere Health does not review preauthorization requests for Puerto Rico plans or Medicaid plans with the exception of Illinois dual eligible.

Please note: Preauthorization is not required for patients with Medicare Advantage private fee-for-service coverage. However, notification is requested for these plans, as it helps coordinate care for your patients.

Submitting preauthorization requests

To submit a request online

Submit via Cohere Health's portal at www.next.coherehealth.com. To register a new account, go to www.coherehealth.com/register. If you don't have an account, register here, www.coherehealth.com/register.

To submit a request by phone or fax

- Phone: 833-283-0033
Monday – Friday 8 a.m. – 8 p.m., Eastern time
- Fax: 857-557-6787
Access Cohere fax forms on [Cohere's website](#).

For patients in Puerto Rico

- For patients with commercial coverage, submit preauthorization requests by telephone at 800-611-1474 (providers) or 800-314-3121 (members) or fax to 800-658-9457.
- For patients with Medicare Advantage coverage, submit preauthorization requests by telephone at 866-488-5995 (providers) or 866-773-5959 (members) or fax to 800-594-5309.

Preauthorization and notification lists

[View our preauthorization and notification lists](#), which specify services and medications for which preauthorization may be required for patients with Humana Medicaid, Medicare Advantage, dual Medicare-Medicaid, and commercial coverage.