



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

Effective Date: July 1, 2023

Revision Date: Dec. 5, 2023

| Medicare Advantage and Dual Medicare-Medicaid Plan<br>Preauthorization and Notification List |                                                                                                                       |                                                                                                                                                          |
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| Category                                                                                     | Details/Notes                                                                                                         | Codes                                                                                                                                                    |
| Abdominoplasty                                                                               |                                                                                                                       | 15830, 15847                                                                                                                                             |
| Ablation                                                                                     | Bone, liver, kidney and prostate cancer                                                                               | 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                                                                                               | 910                                                                                                                                                      |
|                                                                                              | 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                                                                      |                                                                                                                       | E0747, E0748, 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                                                                                                                                             |

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

\*New Preauthorization requirement

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| 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 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, 93264, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624 |
|                              | Loop recorders                                                                                                                                                                                            | 33285, 33286                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                              | Wearable cardiac monitoring devices                                                                                                                                                                       | 93228, 93229                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                              | Coronary angioplasty/stent                                                                                                                                                                                | 92920, 92924*, 92928, 92933*, 92937, 92943, C9600, C9602*, C9604, C9607                                                                                                                                                                                                                                                                                                                                                                                                             |

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

\*New Preauthorization requirement

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|                                                                             | 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                                                                                                                                                                                                                                                                                                                     |
| 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 the <b>Humana National Transplant Network</b> <ul style="list-style-type: none"> <li>• Submit by fax to <b>502-508-9300</b>.</li> <li>• Submit by telephone to <b>866-421-5663</b>.</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a>.</li> </ul> | 0537T, 0538T, 0539T, 0540T, Q2042, Q2053, Q2054, Q2055, Q2056, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7                                                                                                                                                                            |
| 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                                                  | 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 |

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

\*New Preauthorization requirement

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|  | 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) <sup>†</sup>                                     | 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) <sup>†</sup>                                       | 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 (MPI SPECT) | 78451, 78452                                                                                                                                                                                                                                                                                                                                                                                                         |
|  | Nuclear stress test                                                                 | 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930                                                                                                                                                                                                                                                                                                                            |
|  | Transthoracic echocardiogram (TTE)                                                  | 93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929                                                                                                                                                                                                                                                                                                                                                 |

<sup>†</sup>For MA PFFS-covered patients, if you would like an ACD for this service, please contact HealthHelp.

\*New Preauthorization requirement

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|                                                             | 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 |
|                                                             | Prostate-specific membrane antigen (PSMA/ PET CT)                              | A4641, A9587, A9593, A9594, A9597, A9595, A9800, C9156                                                                              |
|                                                             | 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, 0446T, 0447T, 0448T, 0745T*, 0746T*, 0747T*, C9769*                                              |
| Epidural injections (outpatient only)                       |                                                                                | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0777T                                                                |
| Esophagogastroduodenoscopy (EGD)                            |                                                                                | 43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259                                                                              |
| Facet injections                                            |                                                                                | 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                  |                                                                                | 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                                                                                                   |

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\*New Preauthorization requirement

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| Genicular Nerve Ablation and Genicular Nerve Blocks* |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 64454*, 64624*                                                                                                                                                                                                                                                                                                                                                                                                                            |
| High-frequency chest compression vests               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E0483                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Home health/home infusion                            | <p><b>All states require preauthorization for home health; however, please see below for state-specific guidance.</b></p> <p><b>Professional Health Care Network (PHCN)</b> 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:</p> <p><b>Colorado, New Mexico or Arizona</b></p> <p><b>Phone:</b> 888-705-5274<br/><b>Fax:</b> 877-612-7066</p> <p>Preauthorization requests can be faxed or uploaded through the PHCN website at <a href="http://www.prohcn.com">www.prohcn.com</a>.</p> <p><b>Please note: PHCN participation excludes patients with Humana MA PFFS coverage.</b></p> <p><b>Humana Home Solutions</b> manages authorizations for home health services for Medicare Advantage including skilled nursing, home health aide, therapies (PT,OT,ST), wound care, behavioral health and medical social worker for some members residing in and enrolled in plans for the following states: AR, GA, ID, IN (only Clark, Floyd, and Harrison counties), KS, KY, MO, NC, NJ (only Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, and Salem counties), OH, OK, OR, PA, SC, TX, UT, VA, WA, WV</p> <ul style="list-style-type: none"> <li>- Phone: 800-572-4317</li> <li>- Fax: 502-508-0668 for non-Centerwell agencies in GA, IN</li> </ul> | 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 |

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\*New Preauthorization requirement

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|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      | <p>(only Clark, Floyd, and Harrison counties), KY, NJ (only Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, and Salem counties), OH, OK, PA, SC, TX, WV</p> <ul style="list-style-type: none"> <li>- Fax: 502-414-2135 for AR, ID, KS, MO, NC, OR, SC, UT, VA, WA and Centerwell in GA and SC.</li> </ul> <p><b>All other states will be managed by Humana's Clinical Intake Team. Please call the number on the back of the member's ID card.</b></p> |                                                                                                                                                                                                                                                                                                                            |
| Hyperbaric therapy                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 99183, G0277                                                                                                                                                                                                                                                                                                               |
| Inpatient admissions                                 | <p>Acute hospital (includes inpatient hospice)</p> <p>Acute rehab facilities</p> <p>Long-term acute care</p> <p><a href="#">Mental health, substance use and residential treatment</a></p> <p>Skilled nursing facilities</p>                                                                                                                                                                                                                                                   | All                                                                                                                                                                                                                                                                                                                        |
| <a href="#">Laparoscopic hiatal hernia repair</a>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 43280, 43281, 43282                                                                                                                                                                                                                                                                                                        |
| <a href="#">Lung biopsy and resection†</a>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32096, 32097, 32505, 32607, 32608, 32666                                                                                                                                                                                                                                                                                   |
| Micro-Invasive Glaucoma Surgery (MIGs)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T                                                                                                                                                                                                                                                              |
| <a href="#">Molecular diagnostic/genetic testing</a> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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, |

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|  |  | 81203, 81204, 81205,<br>81209, 81212, 81215,<br>81216, 81217, 81218,<br>81219, 81220, 81221,<br>81222, 81223, 81224,<br>81225, 81226, 81227,<br>81228, 81229, 81230,<br>81231, 81232, 81233,<br>81234, 81236, 81237,<br>81239, 81240, 81241,<br>81242, 81243, 81244,<br>81247, 81248, 81249,<br>81250, 81251, 81252,<br>81253, 81254, 81255,<br>81257, 81258, 81259,<br>81260, 81265, 81266,<br>81269, 81272, 81273,<br>81275, 81276, 81277,<br>81278, 81279, 81283,<br>81284, 81285, 81286,<br>81287, 81288, 81289,<br>81290, 81291, 81292,<br>81293, 81294, 81295,<br>81296, 81297, 81298,<br>81299, 81300, 81301,<br>81302, 81303, 81304,<br>81305, 81306, 81307,<br>81308, 81309, 81310,<br>81311, 81312, 81313,<br>81314, 81315, 81316,<br>81317, 81318, 81319,<br>81320, 81321, 81322,<br>81323, 81324, 81325,<br>81326, 81327, 81328,<br>81329, 81330, 81331,<br>81333, 81334, 81335,<br>81336, 81337, 81338,<br>81339, 81343, 81344,<br>81345, 81346, 81347,<br>81348, 81349, 81350,<br>81351, 81352, 81353,<br>81355, 81357, 81360,<br>81361, 81362, 81363,<br>81364, 81374, 81376,<br>81400, 81401, 81402,<br>81403, 81404, 81405,<br>81406, 81407, 81408,<br>81410, 81411, 81412, |
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\*New Preauthorization requirement

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\*New Preauthorization requirement

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|                                        |  | 0177U, 0179U, 0195U,<br>0203U, 0204U, 0205U,<br>0209U, 0211U, 0212U,<br>0213U, 0214U, 0215U,<br>0216U, 0217U, 0218U,<br>0229U, 0230U, 0231U,<br>0232U, 0233U, 0234U,<br>0235U, 0236U, 0237U,<br>0238U, 0239U, 0242U,<br>0244U, 0245U, 0250U,<br>0252U, 0253U, 0254U,<br>0258U, 0260U, 0262U,<br>0264U, 0265U, 0266U,<br>0267U, 0268U, 0269U,<br>0270U, 0271U, 0272U,<br>0273U, 0274U, 0276U,<br>0277U, 0278U, 0285U,<br>0286U, 0287U, 0288U,<br>0289U, 0290U, 0291U,<br>0292U, 0293U, 0294U,<br>0296U, 0297U, 0298U,<br>0299U, 0300U, 0306U,<br>0307U, 0313U, 0314U,<br>0315U, 0317U, 0318U,<br>0323U, 0326U*, 0327U,<br>0328U, 0329U*, 0330U,<br>0331U*, 0332U, 0333U,<br>0334U, 0335U, 0336U,<br>0339U, 0340U, 0341U,<br>0343U, 0345U, 0347U,<br>0348U, 0349U, 0350U,<br>0355U, 0356U, 0358U,<br>0359U, 0360U, 0362U,<br>0363U, 0364U, 0368U,<br>0378U, 0379U, 0380U,<br>0388U, 0389U, 0391U,<br>0392U, 0396U, 0398U,<br>0400U, 0401U, 0403U,<br>0405U, 0409U, 0410U,<br>0411U, 0413U, 0414U,<br>0417U, 0419U, S3800,<br>S3840, S3841, S3842,<br>S3844, S3845, S3846,<br>S3849, S3850, S3852,<br>S3853, S3854, S3861,<br>S3865, S3866, S3870 |
| Negative pressure wound therapy (NPWT) |  | 97605, 97606, A6550,<br>E2402, K0743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

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| Neuromuscular stimulators                                             |                                   | E0764, E0770                                                                                                                                                                                                                                                                                  |
| Neurostimulators                                                      |                                   | 61860, 61863, 61867, 61885, 61886, 64553, 64555*, 64561, 64566, 64568, 64575*, 64581, 64590, 0588T, 0720T, 0783T, C1767, C1787, C1826, C1827, K1018, K1020, K1023, L8683                                                                                                                      |
| Non-coronary revascularization (excludes dialysis access maintenance) |                                   | 37236, 37238*                                                                                                                                                                                                                                                                                 |
| Noninvasive home ventilators                                          |                                   | E0466                                                                                                                                                                                                                                                                                         |
| Obesity surgeries                                                     |                                   | 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                                                                                                                 |
| Observation                                                           | Observation notification required | 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             |                                   | 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487                                                                                                                                                    |

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| 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, E0277, E0301, E0302, E0303, E0304, E0328, E0481, E0482, E0486, E0490, E0491, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0677, E0691, E0692, E0693, E0694, E0762, E0766, E0784, E0787, E2102, E2103, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, 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, |

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|                                                         |  | 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, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Pain infusion pump                                      |  | 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Penile implant                                          |  | 54400, 54401, 54405, C1813                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Peripheral revascularization (atherectomy, angioplasty) |  | 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Prostate surgeries (prostatectomy)†                     |  | 55801, 55810, 55812, 55815, 55821, 55831,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

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|             |  | 55840, 55842, 55845,<br>55866, 55867, 55880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Prosthetics |  | 21081, 21082, 21084,<br>A9282, L3250, L5000,<br>K1014, K1022, L5010,<br>L5020, L5050, L5060,<br>L5100, L5105, L5150,<br>L5160, L5200, L5210,<br>L5220, L5230, L5250,<br>L5270, L5280, L5301,<br>L5312, L5321, L5331,<br>L5341, L5420, L5500,<br>L5505, L5510, L5520,<br>L5530, L5535, L5540,<br>L5560, L5570, L5580,<br>L5585, L5590, L5595,<br>L5600, L5610, L5611,<br>L5613, L5614, L5616,<br>L5617, L5618, L5620,<br>L5622, L5624, L5626,<br>L5628, L5629, L5630,<br>L5631, L5632, L5634,<br>L5636, L5637, L5638,<br>L5639, L5640, L5642,<br>L5643, L5644, L5645,<br>L5646, L5647, L5648,<br>L5649, L5650, L5651,<br>L5652, L5653, L5654,<br>L5655, L5656, L5658,<br>L5661, L5665, L5666,<br>L5668, L5670, L5671,<br>L5672, L5673, L5676,<br>L5677, L5678, L5679,<br>L5681, L5682, L5683,<br>L5684, L5685, L5686,<br>L5688, L5690, L5692,<br>L5694, L5695, L5696,<br>L5697, L5698, L5699,<br>L5700, L5701, L5702,<br>L5703, L5704, L5705,<br>L5706, L5707, L5710,<br>L5711, L5712, L5714,<br>L5716, L5718, L5722,<br>L5724, L5726, L5728,<br>L5780, L5781, L5782,<br>L5785, L5790, L5795,<br>L5810, L5811, L5812,<br>L5814, L5816, L5818, |

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|  |  | L5822, L5824, L5826,<br>L5828, L5830, L5840,<br>L5845, L5848, L5850,<br>L5855, L5856, L5857,<br>L5858, L5859, L5910,<br>L5920, L5925, L5930,<br>L5940, L5950, L5960,<br>L5961, L5962, L5964,<br>L5966, L5968, L5969,<br>L5970, L5971, L5972,<br>L5973, L5974, L5975,<br>L5976, L5978, L5979,<br>L5980, L5981, L5982,<br>L5984, L5985, L5986,<br>L5987, L5988, L5991,<br>L5999, L6000, L6010,<br>L6020, L6026, L6050,<br>L6055, L6100, L6110,<br>L6120, L6130, L6200,<br>L6205, L6250, L6300,<br>L6310, L6320, L6350,<br>L6360, L6370, L6400,<br>L6450, L6500, L6550,<br>L6570, L6580, L6582,<br>L6584, L6586, L6588,<br>L6590, L6600, L6605,<br>L6610, L6611, L6615,<br>L6616, L6620, L6621,<br>L6623, L6624, L6625,<br>L6628, L6629, L6630,<br>L6632, L6635, L6637,<br>L6638, L6640, L6641,<br>L6642, L6645, L6646,<br>L6647, L6648, L6650,<br>L6655, L6660, L6665,<br>L6670, L6672, L6675,<br>L6676, L6677, L6680,<br>L6682, L6684, L6686,<br>L6687, L6688, L6689,<br>L6690, L6691, L6692,<br>L6693, L6694, L6695,<br>L6696, L6697, L6698,<br>L6703, L6704, L6706,<br>L6707, L6708, L6709,<br>L6711, L6712, L6713,<br>L6714, L6715, L6721,<br>L6722, L6805, L6810,<br>L6880, L6881, L6882, |
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|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L6883, L6884, L6885,<br>L6895, L6900, L6905,<br>L6910, L6915, L6920,<br>L6925, L6930, L6935,<br>L6940, L6945, L6950,<br>L6955, L6960, L6965,<br>L6970, L6975, L7007,<br>L7008, L7009, L7040,<br>L7045, L7170, L7180,<br>L7181, L7185, L7186,<br>L7190, L7191, L7259,<br>L7400, L7401, L7402,<br>L7403, L7404, L7405,<br>L7499, L7510, L7520,<br>L7600, L8035, L8499                                                                                                                                                    |
| Radiation therapy | <p><b>All states require preauthorization for radiation therapy; however, please see below for state-specific guidance.</b></p> <p><b><a href="#">New Century Health</a> will manage all preauthorization requests for Arizona and the following Central North Florida counties; Alachua, Baker, Bay, Bradford, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, Desoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hardee, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Nassau, Okaloosa, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, St. Johns, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton and Washington</b></p> <p><b>For Puerto Rico members, please call:</b></p> <ul style="list-style-type: none"> <li>- Phone; 866-488-5995 (providers) or 866-773-5959 (members)</li> <li>- Fax; 800-594-5309.</li> </ul> <p><b>For all other states, <a href="#">HealthHelp</a> will manage</b></p> | <p><b><a href="#">New Century Health</a> will manage the following codes:</b></p> 32701, 61796, 61798,<br>63620, 77280, 77290,<br>77295, 77301, 77334,<br>77338, 77371, 77372,<br>77373, 77385, 77386,<br>77401, 77402, 77407,<br>77412, 77423, 77424,<br>77425, 77520, 77522,<br>77523, 77525, 77750,<br>77761, 77762, 77763,<br>77767, 77768, 77770,<br>77771, 77772, 77778,<br>G0339, G0340, G0458,<br>G6003, G6004, G6005,<br>G6006, G6007, G6008,<br>G6009, G6010, G6011,<br>G6012, G6013, G6014,<br>G6015, G6016 |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Puerto Rico will manage the following codes:</b></p> 32701, 61796, 61798,<br>63620, 77371, 77372,<br>77373, 77385, 77386,<br>77401, 77402, 77407,<br>77412, 77423, 77424,<br>77425, 77520, 77522,<br>77523, 77525, 77750,<br>77761, 77762, 77763,<br>77767, 77768, 77770,                                                                                                                                                                                                                                        |

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|                                                  |                       | <p>77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016</p> <p><b>For all other states, <a href="#">HealthHelp</a> will manage the following codes;</b></p> <p>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</p> <p><i>For MA PFFS-covered patients, if you would like an ACD for this service, please contact the reviewers above</i></p> |
| Radiofrequency Ablation for the SI Joint*        |                       | 64625*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <a href="#">Rhinoplasty</a>                      |                       | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Routine maternity care                           | Notification required | All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <a href="#">Sacroiliac (SI) joint injections</a> |                       | 27096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Skin and tissue substitutes                      |                       | A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A4100, C1832, C9354,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|  |  | C9358, C9360, C9361,<br>C9363, C9364, Q4100,<br>Q4101, Q4102, Q4103,<br>Q4104, Q4105, Q4106,<br>Q4107, Q4108, Q4110,<br>Q4111, Q4112, Q4113,<br>Q4114, Q4115, Q4116**,<br>Q4117, Q4118, Q4121,<br>Q4122**, Q4123, Q4124,<br>Q4125, Q4126, Q4127,<br>Q4128**, Q4130, Q4132,<br>Q4133, Q4134, Q4135,<br>Q4136, Q4137, Q4138,<br>Q4139, Q4140, Q4141,<br>Q4142, Q4143, Q4145,<br>Q4146, Q4147, Q4148,<br>Q4149, Q4150, Q4151,<br>Q4152, Q4153, Q4154,<br>Q4155, Q4156, Q4157,<br>Q4158, Q4159, Q4160,<br>Q4161, Q4162, Q4163,<br>Q4164, Q4165, Q4166,<br>Q4167, Q4168, Q4169,<br>Q4170, Q4171, Q4173,<br>Q4174, Q4175, Q4176,<br>Q4177, Q4178, Q4179,<br>Q4180, Q4181, Q4182,<br>Q4183, Q4184, Q4185,<br>Q4186, Q4187, Q4188,<br>Q4189, Q4190, Q4191,<br>Q4192, Q4193, Q4194,<br>Q4195, Q4196, Q4197,<br>Q4198, Q4199, Q4200,<br>Q4201, Q4202, Q4203,<br>Q4204, Q4205, Q4206,<br>Q4208, Q4209, Q4210,<br>Q4211, Q4212, Q4213,<br>Q4214, Q4215, Q4216,<br>Q4217, Q4218, Q4219,<br>Q4220, Q4221, Q4222,<br>Q4224, Q4225, Q4226,<br>Q4227, Q4229, Q4230,<br>Q4231, Q4232, Q4233,<br>Q4234, Q4235, Q4237,<br>Q4238, Q4239, Q4240,<br>Q4241, Q4242, Q4244,<br>Q4245, Q4246, Q4247,<br>Q4248, Q4249, Q4250, |
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|                                                              |  | <p>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, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286</p> <p>**For codes Q4116, Q4122, and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p>             |
| Spinal cord stimulators                                      |  | <p>63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688</p>                                                                                                                                                                                                                                                                                                               |
| Spinal fusion, decompression, kyphoplasty and vertebroplasty |  | <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,</p> |

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|                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |  | 22860, 22861, 22862,<br>22867, 22868, 22869,<br>22870, 22899, 27279,<br>27280, 62287, 62380,<br>63001, 63003, 63005,<br>63011, 63012, 63015,<br>63016, 63017, 63020,<br>63030, 63035, 63040,<br>63042, 63043, 63044,<br>63045, 63046, 63047,<br>63048, 63050, 63051,<br>63052, 63053, 63055,<br>63056, 63057, 63064,<br>63066, 63075, 63076,<br>63077, 63078, 63081,<br>63082, 63085, 63086,<br>63087, 63088, 63090,<br>63091, 63101, 63102,<br>63103, 63170, 63172,<br>63173, 63185, 63190,<br>63191, 63197, 63200,<br>63250, 63251, 63252,<br>63265, 63266, 63267,<br>63268, 63270, 63271,<br>63272, 63273, 63275,<br>63276, 63277, 63278,<br>63280, 63281, 63282,<br>63283, 63285, 63286,<br>63287, 63290, 63295,<br>63300, 63301, 63302,<br>63303, 63304, 63305,<br>63306, 63307, 63308,<br>64628, 64629, 0095T,<br>0098T, 0164T, 0165T,<br>0202T, 0219T, 0220T,<br>0221T, 0222T, 0274T,<br>0275T, 0656T, 0657T,<br>0719T, 0775T, 0809T,<br>C1821, C2614, C9757,<br>S2348, S2350, S2351 |
| Surgery for obstructive sleep apnea |  | 21685, 41512, 41530,<br>41599, 42140, 42145,<br>42299, 42950, 64582,<br>0424T, 0425T, 0426T,<br>0427T, 0428T, 0429T,<br>0430T, 0431T, 0432T,<br>0433T, 0434T, 0435T,<br>0436T, C9727, S2080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|                                                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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             |                                             | 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, 97761, 97763, 97799, 0791T, 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,       |

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|                                                     |                                                |                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     |                                                | 0496T, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, 0055U, 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, 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                                                                                      |
| 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, |

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|                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |  | K0011, K0012, K0013,<br>K0014, K0669, K0800,<br>K0801, K0802, K0806,<br>K0807, K0808, K0812,<br>K0813, K0814, K0815,<br>K0816, K0820, K0821,<br>K0822, K0823, K0824,<br>K0825, K0826, K0827,<br>K0828, K0829, K0830,<br>K0831, K0835, K0836,<br>K0837, K0838, K0839,<br>K0840, K0841, K0842,<br>K0843, K0848, K0849,<br>K0850, K0851, K0852,<br>K0853, K0854, K0855,<br>K0856, K0857, K0858,<br>K0859, K0860, K0861,<br>K0862, K0863, K0864,<br>K0868, K0869, K0870,<br>K0871, K0877, K0878,<br>K0879, K0880, K0884,<br>K0885, K0886, K0890,<br>K0891, K0898, K0899 |
| Zoll LifeVest® |  | K0606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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