



**Medicare Advantage and Dual Eligible Special Needs Plans  
Preauthorization and Notification List**

Effective date: July 1, 2024  
Revision date: November 5, 2024

Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List		
Category	Details/Notes	Codes
<a href="#">Abdominoplasty</a>		15830, 15847
Ablation	<p><a href="#">Bone, liver, kidney and prostate cancer</a></p> <p><a href="#">Evolent (formerly New Century Health)</a> will manage all preauthorization requests. Requests can be submitted via: Evolent’s website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a> Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></p>	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 0421T, 0582T
	<a href="#">Cardiac ablation/electrophysiology</a>	93650, 93653, 93654, 93656
<a href="#">Behavioral health services</a>	<a href="#">Partial hospitalization</a>	900, 904, 910, 912, 913, 914, 915, 916, 918, 942
	<a href="#">Transcranial magnetic stimulation (TMS)</a>	90867, 90868, 90869, E0732
<a href="#">Bladder slings</a>		57288
<a href="#">Blepharoplasty</a>		15820, 15821, 15822, 15823, 67900, 67903,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		67904, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924, 67950
Bone growth stimulators		E0747, E0748, E0760
Breast procedures	<p><b>Breast cancer biopsy (excisional)</b></p> <p><b><u><a href="#">Evolent (formerly New Century Health)</a></u> will manage all preauthorization requests.</b> Requests can be submitted via: Evolent's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <u><a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></u></li> </ul>	19120, 19125
	<p><b>Breast lumpectomy</b></p> <p><b><u><a href="#">Evolent (formerly New Century Health)</a></u> will manage all preauthorization requests.</b> Requests can be submitted via: Evolent's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolent (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <u><a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></u></li> </ul>	19301, 19302

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	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)  <u>Evolut (formerly New Century Health) will manage all preauthorization requests.</u> Requests can be submitted via: Evolut's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a> <ul style="list-style-type: none"> <li>Or call Evolut (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	19300, 19303
Capsule endoscopy		91110, 91111, 91113, 0651T
Cardiac devices	Aortic 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	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216,

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	pacemakers, left atrial appendage closure [LAAC], defibrillators [implantable and subcutaneous] and cardiac resynchronization therapy)	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, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0408T*, 0409T*, 0410T*, 0411T*, 0412T*, 0413T*, 0414T*, 0415T*, 0416T*, 0417T*, 0418T*, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0826T, C1605, C1721, C1722, C1777, C1779, C1785, C1786, C1825, C1824*, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624
	Implantable Carotid Sinus Stimulator	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, C1825
	Internal 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,

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		93594, 93595, 93596, 93597
	Carotid revascularization	35301, 37215, 37216, 37217, 37218
	Coronary angioplasty/stent	92920, 92924, 92928, 92933, 92937, 92943, 92972*, C1761*, C9600, C9602, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T, 0805T, 0806T
Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapies	<p>Preauthorization requests will be reviewed by the <b>Humana National Transplant Network</b></p> <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, 38999, 60699, C9399*, J3490*, J3590*, Q2041*, Q2042, Q2053, Q2054, Q2055, Q2056, XW033C7, XW033G7, XW033H7, XW033J7, XW033K7, XW033L7, XW033M7, XW033N7, XW043C7, XW043G7, XW043H7, XW043J7, XW043K7, XW043L7, XW043M7, XW043N7, XW133G8*, XW143G8*, XW133J8*, XW143J8*
Chemotherapy agents, supportive drugs and symptom management drugs category	Cellular (including chimeric antigen receptor T-cell therapy (CAR T)), genetic, tissue and transplant therapy	This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Chiropractic and acupuncture therapy	<u>Tivity Health/WholeHealth Living</u> (WHL) will manage all	20560, 20561, 97810, 97811, 97813, 97814,

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	<p>preauthorization requests from providers within the WHL network for chiropractic therapy services for South Florida.</p> <p><u>Tivity Health/WholeHealth Living</u> (WHL) will manage all preauthorization requests for acupuncture therapy from providers in the WHL network in the following states: Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Kentucky,* Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Texas,* Utah, Vermont, Virginia, Washington and Wyoming.</p> <p>*Certain plans in these states do not use the WholeHealth Living network and use the Humana network.</p> <p>To submit a preauthorization request:</p> <ul style="list-style-type: none"> <li>• Use the <a href="#">Tivity Health</a> online portal.</li> <li>• <a href="http://www.wholehealthpro.com/">www.wholehealthpro.com/</a></li> <li>• Call 855-800-9804</li> <li>• Fax 888-492-1025</li> </ul>	<p>98940, 98941, 98942, 98943</p>
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	<p><a href="#">(American Specialty Health (ASH))</a> will manage all preauthorization requests for chiropractic and acupuncture with plans in Southern California.</p> <p>To submit a preauthorization request:</p> <ul style="list-style-type: none"> <li>• Chiropractic therapy: Fax 877-427-4777 (Southern CA)</li> <li>• Acupuncture therapy: Fax 877 248-2746</li> </ul> <p>Note: Preauthorization is not required in states not listed above.</p>	
<a href="#">Colonoscopy (repeat only)</a>		45378, 45380
<a href="#">Cutaneous vascular lesion removal</a>		17106, 17107, 17108
<a href="#">Decompression of peripheral nerve (i.e., carpal tunnel surgery)</a>		29848, 64721
<p>Diagnostic/cardiac imaging</p> <p>The following services will now be managed via Cohere. Please submit authorizations to <a href="http://www.Next.Coherehealth.com">www.Next.Coherehealth.com</a>. If not registered, please use <a href="http://www.Coherehealth.com/register">www.Coherehealth.com/register</a>.</p> <p><b>Preauthorization requests for services managed by Cohere</b></p> <p>Requests can be submitted via:</p> <ul style="list-style-type: none"> <li>• Cohere Health's portal (online):</li> <li>• Information and to request a new account: <a href="http://www.Coherehealth.com/register">www.Coherehealth.com/register</a></li> </ul>	<a href="#">Computed tomography (CT) scan</a>	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700,

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<ul style="list-style-type: none"> <li>• Additional provider information: <a href="http://www.coherehealth.com/provider/resources">www.coherehealth.com/provider/resources</a></li> <li>• Portal login (preauthorization request): Next.Coherehealth.com</li> <li>• Phone: <b>833-283-0033</b>, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: <b>857-557-6787</b></li> <li>• Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.com.</li> <li>• For questions, call Cohere: <b>833-283-0033</b>.</li> </ul>		73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635, 76380
	Electrophysiology Study (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T
	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)	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,

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		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)  Note: The 6 codes contained in the (TTE) subcategory only require a preauthorization for repeat requests inside of a rolling 12-month year.	93306, 93307, 93308, C8923, C8924, C8929
	Peripheral angiography	36245, 36246, 36247
	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Prostate-specific membrane antigen (PSMA/PET CT)C	A9587, A9593, A9594, A9595, A9596, A9597, A9608, A9800
	Single-photon emission computerized tomography (SPECT) scan	78494
	Transesophageal echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927

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Electric beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 43284, 0446T, 0447T, 0448T, 0716T*, 0745T, 0746T, 0747T, C9769, E0738, E0739
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)	<p>The following services will now be managed via Cohere. Please submit authorizations to <a href="http://www.Next.CoHEREhealth.com">www.Next.CoHEREhealth.com</a>. If not registered, please use <a href="http://www.CoHEREhealth.com/register">www.CoHEREhealth.com/register</a>.</p> <p><b>Preauthorization requests for services managed by Cohere</b>  Requests can be submitted via:</p> <ul style="list-style-type: none"> <li>• Cohere Health’s portal (online):</li> <li>• Information and to request a new account: <a href="http://www.CoHEREhealth.com/register">www.CoHEREhealth.com/register</a></li> <li>• Additional provider information: <a href="http://www.coHEREhealth.com/provider/resources">www.coHEREhealth.com/provider/resources</a></li> <li>• Portal login (preauthorization)</li> </ul>	95807, 95808, 95810, 95811

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	<p>request): Next.Coherehealth.com</p> <ul style="list-style-type: none"> <li>• Phone: <b>833-283-0033</b>, Monday – Friday, 8 a.m. – 8 p.m., Eastern time</li> <li>• Fax: <b>857-557-6787</b></li> <li>• Expedited/urgent cases can be submitted and monitored on the Cohere portal at Next.Coherehealth.com.</li> <li>• For questions, call Cohere: <b>833-283-0033</b>.</li> </ul>	
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
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. Please see below for state-specific guidance.</b></p> <p><b>Tango</b> will manage all preauthorization requests for home health services for Humana Medicare Advantage (MA) [HMO and PPOs] members residing and having a plan in one of these states:</p>	99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169

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	<p><a href="#"><u>Arizona, Colorado or New Mexico</u></a></p> <p><b>Phone: 888-705-5274</b> <b>Fax: 877-612-7066</b></p> <p>Preauthorization requests can be faxed or uploaded through the Tango website at <a href="http://www.tangocare.com"><u>www.tangocare.com</u></a>.</p> <p><b>Please note: Tango participation excludes patients with Humana MA private fee-for-service (PFFS) coverage.</b></p> <p><b>Humana Home Solutions</b> manages authorizations for home health services for MA, 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 Clark, Floyd and Harrison counties only), KS, KY, MO, NC, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, OR, PA, SC, TX, UT, VA, WA and WV.</p> <p>- Phone: <b>800-572-4317</b></p>	
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	<ul style="list-style-type: none"> <li>- Fax: <b>502-508-0668</b> for non-CenterWell® agencies in GA, IN (Clark, Floyd and Harrison counties only), KY, NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem counties only), OH, OK, PA, SC, TX and WV.</li> <li>- Fax: <b>502-414-2135</b> 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	Acute hospital (includes inpatient hospice) Acute rehab facilities Long-term acute care Mental health and substance use treatment (including any treatment in a residential setting) Skilled nursing facilities	All
Laparoscopic hiatal hernia repair		43280, 43281, 43282
Lung biopsy and resection	<u><a href="#">Evolent (formerly New Century Health)</a></u> will manage all preauthorization requests.	32096, 32097, 32505, 32607, 32608, 32666

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Micro-Invasive Glaucoma Surgery (MIGs)		66989, 66991, 0253T, 0449T, 0450T, 0474T, 0660T, 0661T, 0671T
Molecular diagnostic and genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81233, 81234, 81236, 81237, 81239,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 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, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401,
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\*New Preauthorization requirement  
 399806ALL0224-B GHM8R7EN

		81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81490, 81493, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81560, 81595, 81599, 83006, 83080, 84433, 0004M, 0007M, 0011M, 0012M, 0013M, 0016M, 0017M, 0018M, 0020M, 0005U, 0009U, 0017U, 0018U, 0019U, 0021U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0036U, 0037U, 0045U, 0047U, 0048U, 0049U, 0050U, 0055U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U,
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\*New Preauthorization requirement  
 399806ALL0224-B GHM8R7EN



		0073U, 0074U, 0075U, 0076U, 0079U, 0087U, 0088U, 0089U, 0090U, 0094U, 0101U, 0102U, 0103U, 0111U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0323U, 0326U,
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		0327U, 0328U, 0329U, 0330U, 0331U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U, 0356U, 0358U, 0359U, 0360U, 0362U, 0363U, 0368U, 0378U, 0379U, 0380U, 0388U, 0389U, 0391U, 0392U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0420U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0444U, 0448U, 0449U, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0481U, 0485U, 0486U, 0487U, 0489U, 0493U, 0496U, 0497U, 0498U, 0499U, 0500U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators		A4593, A4594, E0764, E0770
Neurostimulators		61860, 61863, 61867, 61885, 61886, 61889, 61891, 61892, 64553, 64555, 64561, 64566, 64568, 64575, 64581, 64590, 64596, 64597, 64598, 0587T, 0588T, 0720T, 0783T, 0786T, 0787T, 0816T, 0817T, 0818T, 0819T, C1767, C1787, C1826, C1827, E0721, E0733, E0734, E0735, E0736, E0743, L8683
Noninvasive home ventilators		E0466, E0468
Obesity surgeries		0813T, 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,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		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
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, E0277, E0301, E0302, E0303, E0304, E0328, E0469, E0481, E0482, E0486, E0490, E0491, E0492, E0493, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		E0671, E0672, E0673, E0675, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0683, E0691, E0692, E0693, E0694, E0762, E0766, E0784, E2102, E2103, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, E3000, K0900, K1007, K1027, K1037, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, 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,
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8701, L8702
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile implant		54405
Percutaneous lumbar intravertebral disc injection		0627T, 0628T, 0629T, 0630T
Peripheral revascularization (atherectomy, angioplasty)		0234T, 0235T, 0236T, 0237T, 0238T, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 0505T, C9764*, C9765*, C9766*, C9767*, C9772*, C9773*, C9774*, C9775*
Prostate surgeries (prostatectomy)	<p><b><u>Evolut (formerly New Century Health)</u> will manage all preauthorization requests.</b></p> <p>Requests can be submitted via: Evolut's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolut (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <u>efax-carepro-</u></li> </ul>	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55867, 55880

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\*New Preauthorization requirement  
399806ALL0224-B GHHM8R7EN

	<a href="mailto:oncology@newcenturyhealth.com">oncology@newcenturyhealth.com</a>	
Prosthetics		21081, 21082, 21084, A9282, L3250, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5991, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632,
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN



		L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499, L8720, L8721
Radiation therapy	<b>All states require preauthorization for radiation therapy. Please see below for state-specific guidance.</b>	<b><u><a href="#">Evolent (formerly New Century Health)</a></u> will manage the following codes:</b> 32701, 61796, 61798, 63620, 77280*, 77290*, 77295*, 77301*, 77334*,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

	<p><b><u>Evolut (formerly New Century Health)</u> will manage all preauthorization requests for all states.</b></p> <p>Requests can be submitted via: Evolut's website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolut (formerly New Century Health) at <b>844-926-4528, option 4</b> for Radiation Therapy, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul> <p><b>For Puerto Rico providers/members, please call:</b></p> <ul style="list-style-type: none"> <li>• Phone: <b>866-488-5995 (providers) or 866-773-5959 (members)</b></li> <li>• Fax: <b>800-594-5309.</b></li> </ul>	<p>77338*, 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, 0394T</p> <p><b>Puerto Rico will manage the following codes:</b> 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, 0394T</p> <p><i>For MA PFFS-covered patients, if you would like an ACD for this service, please contact Humana's Clinical Intake team at 800-523-0023.</i></p>
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

Radiofrequency Ablation for the SI Joint		64625
Rhinoplasty and other nasal procedures		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30469*
Sacroiliac (SI) joint injections		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, A2027, A2028, A2029, A2022, A2023, A2024, A2025, A2026, A4100, C1832, C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116**, Q4117, Q4118, Q4121, Q4122**, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128**, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4237, Q4236*, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, 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, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284,
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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		<p>Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345</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>0784T, 0785T, 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8682</p>
Spinal fusion, decompression, kyphoplasty and vertebroplasty		<p>20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515,</p>

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		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, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27278, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251,
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		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, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, 0719T, 0790T, C1821, C2614, C9757, S2348, S2350, S2351
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 64582, 93150, 93151, 93152, 93153, C9727, S2080
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 69705, 69706
Therapy (physical and occupational)		97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97550, 97551, 97552, 97750, 97755, 97760, 97761, 97763, 97799, 0791T, G0283
Thyroid surgeries (thyroidectomy and lobectomy)	<p><b><u>Evolut (formerly New Century Health)</u> will manage all preauthorization requests.</b></p> <p>Requests can be submitted via: Evolut’s website at <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a></p> <ul style="list-style-type: none"> <li>• Or call Evolut (formerly New Century Health) at <b>844-926-4528, option 5</b> for Surgical Services, to speak to a live representative, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.</li> <li>• eFax # <b>213-596-3783</b> or <a href="mailto:efax-carepro-oncology@newcenturyhealth.com">efax-carepro-oncology@newcenturyhealth.com</a></li> </ul>	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, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, G0341, G0342, G0343, L8698,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN



		S2053, S2054, S2060, S2065, S2102, S2142, 02WA3QZ*, 02WA4QZ*
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
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1234, E1235, E1239, E2207, E2298, 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, K0013, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830,

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\*New Preauthorization requirement  
399806ALL0224-B GHM8R7EN

		K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Zoll LifeVest®		K0606

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399806ALL0224-B GHM8R7EN