

MultiCare Connected Care Humana Prior Authorization List 2022

2022 AUTHORIZATION GUIDELINES

- **CONFIDENTIAL AND PROPRIETARY**
- **ALL SERVICES ARE BASED ON MEDICARE AND HEALTH PLAN BENEFITS**
- **DOCUMENTATION NOTE:** To help facilitate a timely determination, provide documentation supporting medical necessity with the request. As appropriate, include pre-service evaluation and/or trial of nonsurgical conservation methods. PSW utilizes (*including but not limited to*) national and local coverage determinations and other Medicare regulatory coverage documentation when making determinations of coverage.

OUT OF NETWORK NOTE: Except for urgent/emergent care, a prior authorization is required to obtain coverage for all out-of-network providers and facilities.

CATEGORY	DETAILS/NOTES	CODES
Abdominoplasty		15830, 15847
Ablation		47370, 47371, 47380, 47381, 47382, 47383
Behavioral Health	All Behavioral Health requests will be processed by PSW.	Inpatient and out-of-network requests require an authorization.
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67911, 67914, 67921, 67922, 67923, 67924, 67950
Bone Growth Stimulators		E0747, E0748, E0749, E0760
Breast Procedures	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer) Simple mastectomy & gynecomastia surgery	19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380 19300
Cardiac Devices	Aorta repair Cardiac implantable devices Wearable cardiac devices Zoll Life Vest - Beginning 1/1/22 this service will be managed by Humana	34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 33206, 33207, 33208, 33210, 33212, 33213, 33216, 33217, 33221, 33224, 33230, 33231, 33240, 33249, 33340 K0609 K0606
Cochlear and Auditory Brainstem Implants		69930, L8614, L8619, L8627, L8628
Diagnostic Imaging	Positron emission tomography (PET)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
Electric Beds		E0193, E0194
Gastric Pacing		43647, 43648, 43881, 43882, 64590
High-Frequency Chest Compression Vests		E0483
Hyperbaric Therapy		99183, G0277

CATEGORY	DETAILS/NOTES	CODES
Inpatient Admissions	<ul style="list-style-type: none"> · Acute Hospital · Skilled Nursing Facilities · Behavioral Health · Long Term Acute Care · Acute Rehab Facilities 	
Molecular Diagnostic/ Genetic Testing		81220, 81228, 81229, 81249, 81259, 81277, 81292, 81298, 81302, 81307, 81317, 81321, 81324, 81325, 81351, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81434, 81435, 81436, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81490, 81493, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81525, 81535, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81595, 0211U, 0094U, 0242U, 0036U, 0045U, 0047U, 0019U, 0026U, 0037U, 0239U, 0055U, 0172U, 0018U, 0048U, 0204U, 0050U, 0012U, 0013U, 0014U, 0056U, 0120U, 0092U, 0218U, 0053U, 0022U, 0114U, 0067U, 0170U, 0005U, 0012M, 0013M, 0021U, 0089U, 0203U, 0060U, 0134U, 0029U, 0132U, 0131U, 0135U, 0133U, 0111U, 0070U, 0071U, 0130U
Neuromuscular Stimulators		E0764
Neurostimulators		61860, 61863, 61867, 64553, 64561, 64558, 64581, 64590, L8683
Non-Invasive Home Ventilators		E0466
Oral Surgeries		21110, 21141, 21145, 21196, 21199, 21210
Orthopedic Surgeries: Hip, Knee and Shoulder Arthroplasty		23472, 27130, 27132, 27446, 27447
Other Durable Medical Equipment		E0277, E0486, E0650, E0651, E0652, E0670, E0675, E0784, L0462, L0464, L0480, L0482, L0484, L0486, L0631, L0635, L0636, L0637, L0638, L0639, L0640, L1200, L1300, L1310, L1844, L1846, L1860, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2108, L2126, L2128, L2136, L2525, L2627, L2628, L3674, L3764, L3765, L3766, L3900, L3901, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4631, L8683
Pain Infusion Pump		E0782, E0783, E0785, E0786
Penile Implant		54400, 54401, 54405
Prosthetics		21081, 21082, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5705, L5707, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5795, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5960, L5961, L5964, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L6026, L6621, L6696, L6697, L6715, L6880, L6881, L6882, L6883, L6884, L6885, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L8035

CATEGORY	DETAILS/NOTES	CODES
Radiation Oncology	Brachytherapy, Gamma Knife and Proton Beam	77371, 77372, 77373, 77385, 77386, 77402, 77407, 77412, 77520, 77522, 77523, 77525, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778
Rhinoplasty	Non-Cosmetic	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Skin and Tissue Substitutes		Q4101, Q4102, Q4105, Q4106, Q4107, Q4110, Q4114, Q4121, Q4124, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175
Spinal Cord Stimulators		63650, 63655, 63663, 63664, 63685, 63688, L8679, L8682
Spinal Fusion, Decompression, Kyphoplasty & Vertebroplasty		22100, 22101, 22102, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22856, 22861, 27279, 27280, 62287, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63078, 63081, 63082, 63085, 63086, 66087, 63090, 63101, 63103, 63170, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63265, 63266, 63267, 63270, 63271, 63272, 63275, 63276, 63280, 63281, 63285, 63286, 63287, 63295, 63300, 63301, 63302, 63304, 63305, 63306, 63307, 63308
Surgery for Obstructive Sleep Apnea		21685
Transplant Surgeries	PSW does not process Transplant Surgeries. Please contact:	· Humana National Transplant (P) 866.421.5663, (F) 502.508.9300
Varicose Vein: Surgical Treatment and Sclerotherapy		36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785
Ventricular Assist Devices (VADs)	Percutaneous VADs Ventricular Assist Devices VADs	33990, 33991 33975, 33976, 33979, 0451T, 0453T, 0454T
Weight Loss Surgery		43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848
Wheelchairs/Scooters		E0986, E1012, K0005, K0010, K0011, K0012, K0013, K0014, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0832, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Part B Drugs		https://www.humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists