



This list of services requiring PRIOR authorization applies to UnitedHealthcare's Medicare Advantage Plans contracted with MDX Hawaii. This list applies to CONTRACTED and NON-CONTRACTED health care providers.

Code	Description	Notes
11920	Tattooing, Intradermal	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11921	Tattooing, Intradermal	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11922	Tattooing, Intradermal	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11950	Injection Filling Material	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11951	Subcutaneous Injection Of Filling Material	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11952	Subcutaneous Injection Of Filling Material	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11954	Subcutaneous Injection Of Filling Material	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11970	Replace Tissue Expander	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
11971	Replace Tissue Expander	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15570	Surgery - Integumentary - Flaps/Grafts	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15571	Surgery - Integumentary - Flaps/Grafts	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15756	Free Myo/Skin Flap Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.

15757	Free Skin Flap Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
15758	Free Fascial Flap Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
15772	Surgery - Integumentary - Flaps/Grafts	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15773	Surgery - Integumentary - Flaps/Grafts	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15774	Surgery - Integumentary - Flaps/Grafts	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15775	Hair Transplant	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15776	Hair Transplant	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15780	Dermabrasion; Total Face	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15781	Dermabrasion; Segmental, Face	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15782	Dermabrasion; Regional, Other Than Face	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15783	Dermabrasion; Superficial, Any Site (Eg, Tattoo Removal)	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15786	Abrasion, Lesion/Scar	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15787	Abrasion, Lesion/Scar	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15819	Cervicoplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

15876	Suction Assisted Lipectomy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15877	Suction Assisted Lipectomy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15878	Suction Assisted Lipectomy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
15879	Suction Assisted Lipectomy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
16036	Escharotomy Addl Incision	This code requires PA. If an inpatient stay is requested, that will also require PA.
17106	Destruction; Cutaneous Vascular	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
17107	Destruction; Cutaneous Vascular	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
17108	Destruction; Cutaneous Vascular	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
17380	Electrolysis Epilation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19303	Breast procedures - Mast Simple Complete	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19305	Mastectomy, Radical	This code requires PA. If an inpatient stay is requested, that will also require PA.
19306	Mastectomy, Radical (Urban Type Operation)	This code requires PA. If an inpatient stay is requested, that will also require PA.
19316	Suspension Of Breast: Mastopexy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19318	Breast procedures - Reduction Of Large Breast	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

19325	Breast Augmentation With Implant	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19328	Remove Breast Implant; Intact	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19330	Remove Breast Implant; Ruptured	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19340	Insert Breast Implant	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19342	Insert Breast Implant	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19350	Nipple/Arreola Reconstruction	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19355	Correct Inverted Nipple	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19357	Tissue Expander - Breast Reconstruction	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19361	Breast Reconstr W/Lat Flap	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
19364	Breast Reconstruction	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
19367	Breast Reconstruction	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
19368	Breast Reconstruction	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
19369	Breast Reconstruction	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
19370	Revise Peri-Implant Capsule, Breast	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

19371	Revise Peri-Implant Capsule, Breast	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
19380	Revise Reconstructed Breast	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
20661	Application Of Halo	This code requires PA. If an inpatient stay is requested, that will also require PA.
20664	Application Of Halo	This code requires PA. If an inpatient stay is requested, that will also require PA.
20802	Replantation Arm Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20805	Replant Forearm Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20808	Replantation Hand Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20816	Replantation Digit Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20824	Replantation Thumb Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20827	Replantation Thumb Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20838	Replantation Foot Complete	This code requires PA. If an inpatient stay is requested, that will also require PA.
20955	Fibula Bone Graft Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
20956	Iliac Bone Graft Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
20957	Mt Bone Graft Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.

20962	Other Bone Graft Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
20969	Bone/Skin Graft Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
20970	Bone/Skin Graft Iliac Crest	This code requires PA. If an inpatient stay is requested, that will also require PA.
20983	Cryoablation	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21045	Extensive Jaw Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
21088	Prosthesis After Jaw Surgery	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21120	Genioplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21121	Genioplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21122	Genioplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21123	Genioplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21127	Oral, orthognathic, temporomandibular joint (TMJ) surgeries - Augmentation Lower Jaw Bone	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21141	Lefort I-1 Piece W/O Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
21142	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21143	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

21145	Lefort I-1 Piece W/ Graft	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21146	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21147	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21150	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21151	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21154	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21155	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21159	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21160	Reconstruction Midface	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21179	Reconstruct Entire Forehead	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21180	Reconstruct Entire Forehead	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
21182	Reconstruct Cranial Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
21183	Reconstruct Cranial Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
21184	Reconstruct Cranial Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.

21282	Lateral Canthopexy	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21343	Open Tx Dprsd Front Sinus Fx	This code requires PA. If an inpatient stay is requested, that will also require PA.
21344	Open Tx Compl Front Sinus Fx	This code requires PA. If an inpatient stay is requested, that will also require PA.
21347	Opn Tx Nasomax Fx Multiple	This code requires PA. If an inpatient stay is requested, that will also require PA.
21348	Opn Tx Nasomax Fx W/Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
21366	Opn Tx Complx Malar W/Grft	This code requires PA. If an inpatient stay is requested, that will also require PA.
21422	Treat Mouth Roof Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21423	Treat Mouth Roof Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21431	Treat Craniofacial Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21432	Treat Craniofacial Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21433	Treat Craniofacial Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21435	Treat Craniofacial Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21436	Treat Craniofacial Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
21510	Drainage Of Bone Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.

21615	Removal Of Rib	This code requires PA. If an inpatient stay is requested, that will also require PA.
21616	Removal Of Rib And Nerves	This code requires PA. If an inpatient stay is requested, that will also require PA.
21620	Partial Removal Of Sternum	This code requires PA. If an inpatient stay is requested, that will also require PA.
21627	Sternal Debridement	This code requires PA. If an inpatient stay is requested, that will also require PA.
21630	Extensive Sternum Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
21632	Extensive Sternum Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
21685	Surgery for obstructive sleep apnea - Hyoid Myotomy & Suspension	This code requires PA. If an inpatient stay is requested, that will also require PA.
21705	Revision Of Neck Muscle/Rib	This code requires PA. If an inpatient stay is requested, that will also require PA.
21740	Reconstructive Repair Of Pectus Excavatum Or Carinatum	This code requires PA. If an inpatient stay is requested, that will also require PA.
21750	Repair Of Sternum Separation	This code requires PA. If an inpatient stay is requested, that will also require PA.
21825	Treat Sternum Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
22010	I&D P-Spine C/T/Cerv-Thor	This code requires PA. If an inpatient stay is requested, that will also require PA.
22015	I&D Abscess P-Spine L/S/Ls	This code requires PA. If an inpatient stay is requested, that will also require PA.
22100	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Part Of Neck Vertebra	This code requires PA. If an inpatient stay is requested, that will also require PA.

22101	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Part Thorax Vertebra	This code requires PA. If an inpatient stay is requested, that will also require PA.
22102	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Part Lumbar Vertebra	This code requires PA. If an inpatient stay is requested, that will also require PA.
22110	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22114	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22116	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22206	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22207	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22208	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22210	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22212	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22214	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22216	Spinal Surgery	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22220	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22222	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.

22224	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22226	Spinal Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
22318	Treat Odontoid Fx W/O Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
22319	Treat Odontoid Fx W/Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
22325	Repair Of Spine	This code requires PA. If an inpatient stay is requested, that will also require PA.
22326	Repair Of Spine	This code requires PA. If an inpatient stay is requested, that will also require PA.
22327	Repair Of Spine	This code requires PA. If an inpatient stay is requested, that will also require PA.
22328	Repair Of Spine	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22526	Percutaneous Augmentation And Annuloplasty	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
22527	Percutaneous Augmentation And Annuloplasty	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
22532	Lat Thorax Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22533	Lat Lumbar Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22534	Lumbar Arthrodesis	This code requires PA. If an inpatient stay is requested, that will also require PA.
22548	Neck Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.

22551	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Arthrd Ant Ntrbdy Cervical	This code requires PA. If an inpatient stay is requested, that will also require PA.
22554	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Arthrd Ant Ntrbd Min Dsc Crv	This code requires PA. If an inpatient stay is requested, that will also require PA.
22556	Thorax Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22558	Lumbar Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22586	Ant Lumbar Fusion - Arthrodesis	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
22590	Spine & Skull Spinal Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22595	Neck Spinal Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22600	Neck Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22610	Thorax Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22612	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Arthrd Pst Tq 1Ntrspc Lumbar	This code requires PA. If an inpatient stay is requested, that will also require PA.
22630	Lumbar Spine Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
22632	Spine Fusion Extra Segment	This code requires PA. If an inpatient stay is requested, that will also require PA.
22633	Lumbar Spine Fusion Combined	This code requires PA. If an inpatient stay is requested, that will also require PA.
22634	Spine Fusion Extra Segment	This code requires PA. If an inpatient stay is requested, that will also require PA.

22800	Post Fusion </6 Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22802	Post Fusion 7-12 Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22804	Post Fusion 13/> Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22808	Ant Fusion 2-3 Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22810	Ant Fusion 4-7 Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22812	Ant Fusion 8/> Vert Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
22818	Kyphectomy 1-2 Segments	This code requires PA. If an inpatient stay is requested, that will also require PA.
22819	Kyphectomy 3 Or More	This code requires PA. If an inpatient stay is requested, that will also require PA.
22830	Exploration Of Spine	This code requires PA. If an inpatient stay is requested, that will also require PA.
22841	Insert Spine Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22843	Insert Spine Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22844	Insert Spine Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22846	Insert Spine Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22847	Insert Spine Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

22848	Insert Pelv Fixation Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22849	Reinsert Spinal Fixation	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22850	Remove Spine Fixation Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
22852	Remove Spine Fixation Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
22855	Remove Spinal Fixation	This code requires PA. If an inpatient stay is requested, that will also require PA.
22856	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Tot Disc Arthrp Ant 1Ntrspc	This code requires PA. If an inpatient stay is requested, that will also require PA.
22861	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Revise Cerv Artific Disc	This code requires PA. If an inpatient stay is requested, that will also require PA.
22862	Total Disc Arthroplasty; Lumbar	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
22864	Cervical Artificial Disc	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
22865	Removal Total Disc Arthroplasty - Lumbar	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
22867	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Insj Stablj Dev W/Dcmprn	This code requires PA. If an inpatient stay is requested, that will also require PA.
22869	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Insj Stablj Dev W/O Dcmprn	This code requires PA. If an inpatient stay is requested, that will also require PA.
22899	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Spine Surgery Procedure	This code requires PA. If an inpatient stay is requested, that will also require PA.
23200	Resect Clavicle Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.

23210	Resect Scapula Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
23220	Resect Prox Humerus Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
23335	Shoulder Prosthesis Removal	This code requires PA. If an inpatient stay is requested, that will also require PA.
23472	Reconstruct Shoulder Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
23474	Revis Reconst Shoulder Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
23900	Amputation Of Arm & Girdle	This code requires PA. If an inpatient stay is requested, that will also require PA.
23920	Amputation At Shoulder Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
24900	Amputation Of Upper Arm	This code requires PA. If an inpatient stay is requested, that will also require PA.
24920	Amputation Of Upper Arm	This code requires PA. If an inpatient stay is requested, that will also require PA.
24930	Amputation Follow-Up Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
24931	Amputate Upper Arm & Implant	This code requires PA. If an inpatient stay is requested, that will also require PA.
24940	Revision Of Upper Arm	This code requires PA. If an inpatient stay is requested, that will also require PA.
25900	Amputation Of Forearm	This code requires PA. If an inpatient stay is requested, that will also require PA.
25905	Amputation Of Forearm	This code requires PA. If an inpatient stay is requested, that will also require PA.

25915	Amputation Of Forearm	This code requires PA. If an inpatient stay is requested, that will also require PA.
25920	Amputate Hand At Wrist	This code requires PA. If an inpatient stay is requested, that will also require PA.
25924	Amputation Follow-Up Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
25927	Amputation Of Hand	This code requires PA. If an inpatient stay is requested, that will also require PA.
26551	Great Toe-Hand Transfer	This code requires PA. If an inpatient stay is requested, that will also require PA.
26553	Single Transfer Toe-Hand	This code requires PA. If an inpatient stay is requested, that will also require PA.
26554	Double Transfer Toe-Hand	This code requires PA. If an inpatient stay is requested, that will also require PA.
26556	Toe Joint Transfer	This code requires PA. If an inpatient stay is requested, that will also require PA.
26992	Drainage Of Bone Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
27005	Incision Of Hip Tendon	This code requires PA. If an inpatient stay is requested, that will also require PA.
27025	Incision Of Hip/Thigh Fascia	This code requires PA. If an inpatient stay is requested, that will also require PA.
27030	Drainage Of Hip Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
27036	Excision Of Hip Joint/Muscle	This code requires PA. If an inpatient stay is requested, that will also require PA.
27054	Removal Of Hip Joint Lining	This code requires PA. If an inpatient stay is requested, that will also require PA.

27070	Part Remove Hip Bone Super	This code requires PA. If an inpatient stay is requested, that will also require PA.
27071	Part Removal Hip Bone Deep	This code requires PA. If an inpatient stay is requested, that will also require PA.
27075	Resect Hip Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
27076	Resect Hip Tum Incl Acetabul	This code requires PA. If an inpatient stay is requested, that will also require PA.
27077	Resect Hip Tum W/Innom Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27078	Rsect Hip Tum Incl Femur	This code requires PA. If an inpatient stay is requested, that will also require PA.
27090	Removal Of Hip Prosthesis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27091	Removal Of Hip Prosthesis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27120	Reconstruction Of Hip Socket	This code requires PA. If an inpatient stay is requested, that will also require PA.
27122	Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.
27125	Partial Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.
27130	Total Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.
27132	Total Hip Arthroplasty	This code requires PA. If an inpatient stay is requested, that will also require PA.
27134	Revise Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.

27137	Revise Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.
27138	Revise Hip Replacement	This code requires PA. If an inpatient stay is requested, that will also require PA.
27140	Transplant Femur Ridge	This code requires PA. If an inpatient stay is requested, that will also require PA.
27146	Incision Of Hip Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27147	Revision Of Hip Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27151	Incision Of Hip Bones	This code requires PA. If an inpatient stay is requested, that will also require PA.
27156	Revision Of Hip Bones	This code requires PA. If an inpatient stay is requested, that will also require PA.
27158	Revision Of Pelvis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27161	Incision Of Neck Of Femur	This code requires PA. If an inpatient stay is requested, that will also require PA.
27165	Incision/Fixation Of Femur	This code requires PA. If an inpatient stay is requested, that will also require PA.
27170	Repair/Graft Femur Head/Neck	This code requires PA. If an inpatient stay is requested, that will also require PA.
27175	Treat Slipped Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27176	Treat Slipped Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27177	Treat Slipped Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.

27178	Treat Slipped Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27181	Treat Slipped Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27185	Revision Of Femur Epiphysis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27187	Reinforce Hip Bones	This code requires PA. If an inpatient stay is requested, that will also require PA.
27222	Treat Hip Socket Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27226	Treat Hip Wall Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27227	Treat Hip Fracture(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
27228	Treat Hip Fracture(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
27232	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27236	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27240	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27244	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27245	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27248	Treat Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.

27253	Treat Hip Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27254	Treat Hip Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27258	Treat Hip Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27259	Treat Hip Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27268	Cltx Thigh Fx W/Mnpj	This code requires PA. If an inpatient stay is requested, that will also require PA.
27269	Optx Thigh Fx	This code requires PA. If an inpatient stay is requested, that will also require PA.
27282	Fusion Of Pubic Bones	This code requires PA. If an inpatient stay is requested, that will also require PA.
27284	Fusion Of Hip Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
27286	Fusion Of Hip Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
27290	Amputation Of Leg At Hip	This code requires PA. If an inpatient stay is requested, that will also require PA.
27295	Amputation Of Leg At Hip	This code requires PA. If an inpatient stay is requested, that will also require PA.
27303	Drainage Of Bone Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
27365	Resect Femur/Knee Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
27412	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Autochondrocyte Implant Knee	This code requires PA. If an inpatient stay is requested, that will also require PA.

27445	Revision Of Knee Joint	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
27446	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Revision Of Knee Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
27447	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Total Knee Arthroplasty	This code requires PA. If an inpatient stay is requested, that will also require PA.
27448	Incision Of Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27450	Incision Of Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27454	Realignment Of Thigh Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27455	Realignment Of Knee	This code requires PA. If an inpatient stay is requested, that will also require PA.
27457	Realignment Of Knee	This code requires PA. If an inpatient stay is requested, that will also require PA.
27465	Shortening Of Thigh Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27466	Lengthening Of Thigh Bone	This code requires PA. If an inpatient stay is requested, that will also require PA.
27468	Shorten/Lengthen Thighs	This code requires PA. If an inpatient stay is requested, that will also require PA.
27470	Repair Of Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27472	Repair/Graft Of Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27486	Revision Of Total Knee Replacement	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

27487	Revision Of Total Knee Replacement	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
27488	Removal Of Knee Prosthesis	This code requires PA. If an inpatient stay is requested, that will also require PA.
27495	Reinforce Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27506	Treatment Of Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27507	Treatment Of Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27511	Treatment Of Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27513	Treatment Of Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27514	Treatment Of Thigh Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27519	Treat Thigh Fx Growth Plate	This code requires PA. If an inpatient stay is requested, that will also require PA.
27535	Treat Knee Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27536	Treat Knee Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27540	Treat Knee Fracture	This code requires PA. If an inpatient stay is requested, that will also require PA.
27556	Treat Knee Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27557	Treat Knee Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.

27558	Treat Knee Dislocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
27580	Fusion Of Knee	This code requires PA. If an inpatient stay is requested, that will also require PA.
27590	Amputate Leg At Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27591	Amputate Leg At Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27592	Amputate Leg At Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
27596	Amputation Follow-Up Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
27598	Amputate Lower Leg At Knee	This code requires PA. If an inpatient stay is requested, that will also require PA.
27645	Resect Tibia Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
27646	Resect Fibula Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
27702	Reconstruction Of Ankle	This code requires PA. If an inpatient stay is requested, that will also require PA.
27703	Reconstruction Ankle Joint	This code requires PA. If an inpatient stay is requested, that will also require PA.
27712	Realignment Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27715	Revision Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27724	Repair/Graft Of Tibia	This code requires PA. If an inpatient stay is requested, that will also require PA.

27725	Repair Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27727	Repair Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27880	Amputation Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27881	Amputation Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27882	Amputation Of Lower Leg	This code requires PA. If an inpatient stay is requested, that will also require PA.
27886	Amputation Follow-Up Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
27888	Amputation Of Foot At Ankle	This code requires PA. If an inpatient stay is requested, that will also require PA.
28291	Hallux Rigidus Correction With Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
28800	Amputation Of Midfoot	This code requires PA. If an inpatient stay is requested, that will also require PA.
29866	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Autgrft Implnt Knee W/Scope	This code requires PA. If an inpatient stay is requested, that will also require PA.
29867	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Allgrft Implnt Knee W/Scope	This code requires PA. If an inpatient stay is requested, that will also require PA.
29868	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Meniscal Trnspl Knee W/Scepe	This code requires PA. If an inpatient stay is requested, that will also require PA.
29914	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Hip Arthro W/Femoroplasty	This code requires PA. If an inpatient stay is requested, that will also require PA.
29915	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Hip Arthro Acetabuloplasty	This code requires PA. If an inpatient stay is requested, that will also require PA.

29916	Orthopedic surgeries: hip, knee and shoulder arthroplasty - Hip Arthro W/Labral Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
30400	Rhinoplasty - Reconstruction Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30410	Rhinoplasty - Reconstruction Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30420	Rhinoplasty - Reconstruction Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30430	Rhinoplasty - Revision Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30435	Rhinoplasty - Revision Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30450	Rhinoplasty - Revision Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30460	Rhinoplasty - Revision Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30462	Rhinoplasty - Revision Of Nose	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
30468	Repair Of Nasal Valve Collapse	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
31225	Removal Of Upper Jaw	This code requires PA. If an inpatient stay is requested, that will also require PA.
31230	Removal Of Upper Jaw	This code requires PA. If an inpatient stay is requested, that will also require PA.
31241	Nsl/Sins Ndsc W/Artery Lig	This code requires PA. If an inpatient stay is requested, that will also require PA.
31290	Nasal/Sinus Endoscopy Surg	This code requires PA. If an inpatient stay is requested, that will also require PA.

31291	Nasal/Sinus Endoscopy Surg	This code requires PA. If an inpatient stay is requested, that will also require PA.
31360	Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31365	Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31367	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31368	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31370	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31375	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31380	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31382	Partial Removal Of Larynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31390	Removal Of Larynx & Pharynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31395	Reconstruct Larynx & Pharynx	This code requires PA. If an inpatient stay is requested, that will also require PA.
31648	Bronchoscopy; Removal Of Bronchial Valve	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
31649	Bronchoscopy; Removal Of Bronchial Valve	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
31725	Clearance Of Airways	This code requires PA. If an inpatient stay is requested, that will also require PA.

31760	Repair Of Windpipe	This code requires PA. If an inpatient stay is requested, that will also require PA.
31766	Reconstruction Of Windpipe	This code requires PA. If an inpatient stay is requested, that will also require PA.
31770	Repair/Graft Of Bronchus	This code requires PA. If an inpatient stay is requested, that will also require PA.
31775	Reconstruct Bronchus	This code requires PA. If an inpatient stay is requested, that will also require PA.
31780	Reconstruct Windpipe	This code requires PA. If an inpatient stay is requested, that will also require PA.
31781	Reconstruct Windpipe	This code requires PA. If an inpatient stay is requested, that will also require PA.
31786	Remove Windpipe Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
31800	Repair Of Windpipe Injury	This code requires PA. If an inpatient stay is requested, that will also require PA.
31805	Repair Of Windpipe Injury	This code requires PA. If an inpatient stay is requested, that will also require PA.
32035	Thoracostomy W/Rib Resection	This code requires PA. If an inpatient stay is requested, that will also require PA.
32036	Thoracostomy W/Flap Drainage	This code requires PA. If an inpatient stay is requested, that will also require PA.
32036	Thoracostomy W/Flap Drainage	This code requires PA. If an inpatient stay is requested, that will also require PA.
32097	Open Wedge/Bx Lung Nodule	This code requires PA. If an inpatient stay is requested, that will also require PA.
32098	Open Binpatient Only Procedure (lop)Sy Of Lung Pleura	This code requires PA. If an inpatient stay is requested, that will also require PA.

32100	Exploration Of Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
32110	Explore/Repair Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
32120	Re-Exploration Of Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
32124	Explore Chest Free Adhesions	This code requires PA. If an inpatient stay is requested, that will also require PA.
32140	Removal Of Lung Lesion(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
32141	Remove/Treat Lung Lesions	This code requires PA. If an inpatient stay is requested, that will also require PA.
32150	Removal Of Lung Lesion(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
32151	Remove Lung Foreign Body	This code requires PA. If an inpatient stay is requested, that will also require PA.
32160	Open Chest Heart Massage	This code requires PA. If an inpatient stay is requested, that will also require PA.
32200	Drain Open Lung Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
32215	Treat Chest Lining	This code requires PA. If an inpatient stay is requested, that will also require PA.
32220	Release Of Lung	This code requires PA. If an inpatient stay is requested, that will also require PA.
32225	Partial Release Of Lung	This code requires PA. If an inpatient stay is requested, that will also require PA.
32310	Removal Of Chest Lining	This code requires PA. If an inpatient stay is requested, that will also require PA.

32320	Free/Remove Chest Lining	This code requires PA. If an inpatient stay is requested, that will also require PA.
32440	Remove Lung Pneumonectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32442	Sleeve Pneumonectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32445	Removal Of Lung Extrapleural	This code requires PA. If an inpatient stay is requested, that will also require PA.
32480	Partial Removal Of Lung	This code requires PA. If an inpatient stay is requested, that will also require PA.
32482	Bilobectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32484	Segmentectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32486	Sleeve Lobectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32488	Completion Pneumonectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32491	Lung Volume Reduction	This code requires PA. If an inpatient stay is requested, that will also require PA.
32501	Repair Bronchus Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
32503	Resect Apical Lung Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
32504	Resect Apical Lung Tum/Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
32505	Wedge Resect Of Lung Initial	This code requires PA. If an inpatient stay is requested, that will also require PA.

32506	Wedge Resect Of Lung Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
32507	Wedge Resect Of Lung Diag	This code requires PA. If an inpatient stay is requested, that will also require PA.
32540	Removal Of Lung Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
32650	Thoracoscopy W/Pleurodesis	This code requires PA. If an inpatient stay is requested, that will also require PA.
32651	Thoracoscopy Remove Cortex	This code requires PA. If an inpatient stay is requested, that will also require PA.
32652	Thoracoscopy Rem Totl Cortex	This code requires PA. If an inpatient stay is requested, that will also require PA.
32653	Thoracoscopy Remov Fb/Fibrin	This code requires PA. If an inpatient stay is requested, that will also require PA.
32654	Thoracoscopy Contrl Bleeding	This code requires PA. If an inpatient stay is requested, that will also require PA.
32655	Thoracoscopy Resect Bullae	This code requires PA. If an inpatient stay is requested, that will also require PA.
32656	Thoracoscopy W/Pleurectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32658	Thoracoscopy W/Sac Fb Remove	This code requires PA. If an inpatient stay is requested, that will also require PA.
32659	Thoracoscopy W/Sac Drainage	This code requires PA. If an inpatient stay is requested, that will also require PA.
32661	Thoracoscopy W/Pericard Exc	This code requires PA. If an inpatient stay is requested, that will also require PA.
32662	Thoracoscopy W/Mediast Exc	This code requires PA. If an inpatient stay is requested, that will also require PA.

32663	Thoracoscopy W/Lobectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32664	Thoracoscopy W/ Th Nrv Exc	This code requires PA. If an inpatient stay is requested, that will also require PA.
32665	Thoracoscopy W/Esoph Musc Exc	This code requires PA. If an inpatient stay is requested, that will also require PA.
32666	Thoracoscopy W/Wedge Resect	This code requires PA. If an inpatient stay is requested, that will also require PA.
32667	Thoracoscopy W/W Resect Addl	This code requires PA. If an inpatient stay is requested, that will also require PA.
32668	Thoracoscopy W/W Resect Diag	This code requires PA. If an inpatient stay is requested, that will also require PA.
32669	Thoracoscopy Remove Segment	This code requires PA. If an inpatient stay is requested, that will also require PA.
32670	Thoracoscopy Bilobectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32671	Thoracoscopy Pneumonectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
32672	Thoracoscopy For Lvrs	This code requires PA. If an inpatient stay is requested, that will also require PA.
32673	Thoracoscopy W/Thymus Resect	This code requires PA. If an inpatient stay is requested, that will also require PA.
32674	Thoracoscopy Lymph Node Exc	This code requires PA. If an inpatient stay is requested, that will also require PA.
32800	Repair Lung Hernia	This code requires PA. If an inpatient stay is requested, that will also require PA.
32810	Close Chest After Drainage	This code requires PA. If an inpatient stay is requested, that will also require PA.

32815	Close Bronchial Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
32820	Reconstruct Injured Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
32850	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
32851	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32852	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32853	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32854	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32855	Prepare Donor Lung Single	This code requires PA. If an inpatient stay is requested, that will also require PA.
32855	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32856	Prepare Donor Lung Double	This code requires PA. If an inpatient stay is requested, that will also require PA.
32856	Transplant Related Procedure - Lung	Transplant - Refer to Health Plan Transplant Program for information.
32900	Removal Of Rib(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
32905	Revise & Repair Chest Wall	This code requires PA. If an inpatient stay is requested, that will also require PA.
32906	Revise & Repair Chest Wall	This code requires PA. If an inpatient stay is requested, that will also require PA.

32940	Revision Of Lung	This code requires PA. If an inpatient stay is requested, that will also require PA.
32997	Total Lung Lavage	This code requires PA. If an inpatient stay is requested, that will also require PA.
33020	Incision Of Heart Sac	This code requires PA. If an inpatient stay is requested, that will also require PA.
33025	Incision Of Heart Sac	This code requires PA. If an inpatient stay is requested, that will also require PA.
33030	Partial Removal Of Heart Sac	This code requires PA. If an inpatient stay is requested, that will also require PA.
33031	Partial Removal Of Heart Sac	This code requires PA. If an inpatient stay is requested, that will also require PA.
33050	Resect Heart Sac Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
33120	Removal Of Heart Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
33130	Removal Of Heart Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
33140	Heart Revascularize (Tmr)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33141	Heart Tmr W/Other Procedure	This code requires PA. If an inpatient stay is requested, that will also require PA.
33202	Insert Epicard Eltrd Open	This code requires PA. If an inpatient stay is requested, that will also require PA.
33203	Insert Epicard Eltrd Endo	This code requires PA. If an inpatient stay is requested, that will also require PA.
33236	Remove Electrode/Thoracotomy	This code requires PA. If an inpatient stay is requested, that will also require PA.

33237	Remove Electrode/Thoracotomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
33238	Remove Electrode/Thoracotomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
33243	Remove Eltrd/Thoracotomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
33250	Ablate Heart Dysrhythm Focus	This code requires PA. If an inpatient stay is requested, that will also require PA.
33251	Ablate Heart Dysrhythm Focus	This code requires PA. If an inpatient stay is requested, that will also require PA.
33254	Ablate Atria Lmtd	This code requires PA. If an inpatient stay is requested, that will also require PA.
33255	Ablate Atria W/O Bypass Ext	This code requires PA. If an inpatient stay is requested, that will also require PA.
33256	Ablate Atria W/Bypass Exten	This code requires PA. If an inpatient stay is requested, that will also require PA.
33257	Ablate Atria Lmtd Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
33258	Ablate Atria X10Sv Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
33259	Ablate Atria W/Bypass Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
33261	Ablate Heart Dysrhythm Focus	This code requires PA. If an inpatient stay is requested, that will also require PA.
33265	Ablate Atria Lmtd Endo	This code requires PA. If an inpatient stay is requested, that will also require PA.
33266	Ablate Atria X10Sv Endo	This code requires PA. If an inpatient stay is requested, that will also require PA.

33285	Cardiac devices - Insj Subq Car Rhythm Mntr	This code requires PA. If an inpatient stay is requested, that will also require PA.
33289	Cardiac devices - Tcat Impl Wrts P-Art Prs Snr	This code requires PA. If an inpatient stay is requested, that will also require PA.
33300	Repair Of Heart Wound	This code requires PA. If an inpatient stay is requested, that will also require PA.
33305	Repair Of Heart Wound	This code requires PA. If an inpatient stay is requested, that will also require PA.
33310	Exploratory Heart Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33315	Exploratory Heart Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33320	Repair Major Blood Vessel(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33321	Repair Major Vessel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33322	Repair Major Blood Vessel(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33330	Insert Major Vessel Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33335	Insert Major Vessel Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33340	Percutaneous Transcath Closure Of Atrial Appendage With Implant	This code requires PA. If an inpatient stay is requested, that will also require PA.
33361	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33362	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.

33363	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33364	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33365	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33366	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33367	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33368	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33369	Tavr/Tavi	This code requires PA. If an inpatient stay is requested, that will also require PA.
33390	Valvuloplasty Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33391	Valvuloplasty Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33404	Prepare Heart-Aorta Conduit	This code requires PA. If an inpatient stay is requested, that will also require PA.
33405	Replacement Aortic Valve Opn	This code requires PA. If an inpatient stay is requested, that will also require PA.
33406	Replacement Aortic Valve Opn	This code requires PA. If an inpatient stay is requested, that will also require PA.
33410	Replacement Aortic Valve Opn	This code requires PA. If an inpatient stay is requested, that will also require PA.
33411	Replacement Of Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.

33412	Replacement Of Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33413	Replacement Of Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33414	Repair Of Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33415	Revision Subvalvular Tissue	This code requires PA. If an inpatient stay is requested, that will also require PA.
33416	Revise Ventricle Muscle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33417	Repair Of Aortic Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33418	Transcath Mitral Valve Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
33420	Revision Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33422	Revision Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33425	Repair Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33426	Repair Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33427	Repair Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33430	Replacement Of Mitral Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33460	Revision Of Tricuspid Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.

33463	Valvuloplasty Tricuspid	This code requires PA. If an inpatient stay is requested, that will also require PA.
33464	Valvuloplasty Tricuspid	This code requires PA. If an inpatient stay is requested, that will also require PA.
33465	Replace Tricuspid Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33468	Revision Of Tricuspid Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33470	Revision Of Pulmonary Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33471	Valvotomy Pulmonary Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33474	Revision Of Pulmonary Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33475	Replacement Pulmonary Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33476	Revision Of Heart Chamber	This code requires PA. If an inpatient stay is requested, that will also require PA.
33478	Revision Of Heart Chamber	This code requires PA. If an inpatient stay is requested, that will also require PA.
33496	Repair Prosth Valve Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
33500	Repair Heart Vessel Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33501	Repair Heart Vessel Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33502	Coronary Artery Correction	This code requires PA. If an inpatient stay is requested, that will also require PA.

33503	Coronary Artery Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33504	Coronary Artery Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33505	Repair Artery W/Tunnel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33506	Repair Artery Translocation	This code requires PA. If an inpatient stay is requested, that will also require PA.
33507	Repair Art Intramural	This code requires PA. If an inpatient stay is requested, that will also require PA.
33510	Cabg Vein Single	This code requires PA. If an inpatient stay is requested, that will also require PA.
33511	Cabg Vein Two	This code requires PA. If an inpatient stay is requested, that will also require PA.
33512	Cabg Vein Three	This code requires PA. If an inpatient stay is requested, that will also require PA.
33513	Cabg Vein Four	This code requires PA. If an inpatient stay is requested, that will also require PA.
33514	Cabg Vein Five	This code requires PA. If an inpatient stay is requested, that will also require PA.
33516	Cabg Vein Six Or More	This code requires PA. If an inpatient stay is requested, that will also require PA.
33517	Cabg Artery-Vein Single	This code requires PA. If an inpatient stay is requested, that will also require PA.
33518	Cabg Artery-Vein Two	This code requires PA. If an inpatient stay is requested, that will also require PA.
33519	Cabg Artery-Vein Three	This code requires PA. If an inpatient stay is requested, that will also require PA.

33521	Cabg Artery-Vein Four	This code requires PA. If an inpatient stay is requested, that will also require PA.
33522	Cabg Artery-Vein Five	This code requires PA. If an inpatient stay is requested, that will also require PA.
33523	Cabg Art-Vein Six Or More	This code requires PA. If an inpatient stay is requested, that will also require PA.
33530	Coronary Artery Bypass/Reop	This code requires PA. If an inpatient stay is requested, that will also require PA.
33533	Cabg Arterial Single	This code requires PA. If an inpatient stay is requested, that will also require PA.
33534	Cabg Arterial Two	This code requires PA. If an inpatient stay is requested, that will also require PA.
33535	Cabg Arterial Three	This code requires PA. If an inpatient stay is requested, that will also require PA.
33536	Cabg Arterial Four Or More	This code requires PA. If an inpatient stay is requested, that will also require PA.
33542	Removal Of Heart Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
33545	Repair Of Heart Damage	This code requires PA. If an inpatient stay is requested, that will also require PA.
33548	Restore/Remodel Ventricle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33572	Open Coronary Endarterectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
33600	Closure Of Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.
33602	Closure Of Valve	This code requires PA. If an inpatient stay is requested, that will also require PA.

33606	Anastomosis/Artery-Aorta	This code requires PA. If an inpatient stay is requested, that will also require PA.
33608	Repair Anomaly W/Conduit	This code requires PA. If an inpatient stay is requested, that will also require PA.
33610	Repair By Enlargement	This code requires PA. If an inpatient stay is requested, that will also require PA.
33611	Repair Double Ventricle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33612	Repair Double Ventricle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33615	Repair Modified Fontan	This code requires PA. If an inpatient stay is requested, that will also require PA.
33617	Repair Single Ventricle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33619	Repair Single Ventricle	This code requires PA. If an inpatient stay is requested, that will also require PA.
33620	Apply R&L Pulm Art Bands	This code requires PA. If an inpatient stay is requested, that will also require PA.
33621	Transthor Cath For Stent	This code requires PA. If an inpatient stay is requested, that will also require PA.
33622	Redo Compl Cardiac Anomaly	This code requires PA. If an inpatient stay is requested, that will also require PA.
33641	Repair Heart Septum Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33645	Revision Of Heart Veins	This code requires PA. If an inpatient stay is requested, that will also require PA.
33647	Repair Heart Septum Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.

33660	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33665	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33670	Repair Of Heart Chambers	This code requires PA. If an inpatient stay is requested, that will also require PA.
33675	Close Mult Vsd	This code requires PA. If an inpatient stay is requested, that will also require PA.
33676	Close Mult Vsd W/Resection	This code requires PA. If an inpatient stay is requested, that will also require PA.
33677	Cl Mult Vsd W/Rem Pul Band	This code requires PA. If an inpatient stay is requested, that will also require PA.
33681	Repair Heart Septum Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33684	Repair Heart Septum Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33688	Repair Heart Septum Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33690	Reinforce Pulmonary Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33692	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33694	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33697	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33702	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.

33710	Repair Of Heart Defects	This code requires PA. If an inpatient stay is requested, that will also require PA.
33720	Repair Of Heart Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33722	Repair Of Heart Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33724	Repair Venous Anomaly	This code requires PA. If an inpatient stay is requested, that will also require PA.
33726	Repair Pul Venous Stenosis	This code requires PA. If an inpatient stay is requested, that will also require PA.
33730	Repair Heart-Vein Defect(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33732	Repair Heart-Vein Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33735	Revision Of Heart Chamber	This code requires PA. If an inpatient stay is requested, that will also require PA.
33736	Revision Of Heart Chamber	This code requires PA. If an inpatient stay is requested, that will also require PA.
33737	Revision Of Heart Chamber	This code requires PA. If an inpatient stay is requested, that will also require PA.
33750	Major Vessel Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33755	Major Vessel Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33762	Major Vessel Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33764	Major Vessel Shunt & Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.

33766	Major Vessel Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33767	Major Vessel Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33768	Cavopulmonary Shunting	This code requires PA. If an inpatient stay is requested, that will also require PA.
33770	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33771	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33774	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33775	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33776	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33777	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33778	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33779	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33780	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33781	Repair Great Vessels Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33782	Nikaidoh Proc	This code requires PA. If an inpatient stay is requested, that will also require PA.

33783	Nikaidoh Proc W/Ostia Implt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33786	Repair Arterial Trunk	This code requires PA. If an inpatient stay is requested, that will also require PA.
33788	Revision Of Pulmonary Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33800	Aortic Suspension	This code requires PA. If an inpatient stay is requested, that will also require PA.
33802	Repair Vessel Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33803	Repair Vessel Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33813	Repair Septal Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33814	Repair Septal Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33820	Revise Major Vessel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33822	Revise Major Vessel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33824	Revise Major Vessel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33840	Remove Aorta Constriction	This code requires PA. If an inpatient stay is requested, that will also require PA.
33845	Remove Aorta Constriction	This code requires PA. If an inpatient stay is requested, that will also require PA.
33851	Remove Aorta Constriction	This code requires PA. If an inpatient stay is requested, that will also require PA.

33852	Repair Septal Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33853	Repair Septal Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
33860	Ascending Aortic Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33863	Ascending Aortic Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33864	Ascending Aortic Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33870	Transverse Aortic Arch Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33875	Thoracic Aortic Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33877	Thoracoabdominal Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
33880	Endovasc Taa Repr Incl Subcl	This code requires PA. If an inpatient stay is requested, that will also require PA.
33881	Endovasc Taa Repr W/O Subcl	This code requires PA. If an inpatient stay is requested, that will also require PA.
33883	Insert Endovasc Prosth Taa	This code requires PA. If an inpatient stay is requested, that will also require PA.
33884	Endovasc Prosth Taa Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
33886	Endovasc Prosth Delayed	This code requires PA. If an inpatient stay is requested, that will also require PA.
33889	Artery Transpose/Endovas Taa	This code requires PA. If an inpatient stay is requested, that will also require PA.

33891	Car-Car Bp Grft/Endovas Taa	This code requires PA. If an inpatient stay is requested, that will also require PA.
33910	Remove Lung Artery Emboli	This code requires PA. If an inpatient stay is requested, that will also require PA.
33915	Remove Lung Artery Emboli	This code requires PA. If an inpatient stay is requested, that will also require PA.
33916	Surgery Of Great Vessel	This code requires PA. If an inpatient stay is requested, that will also require PA.
33917	Repair Pulmonary Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33920	Repair Pulmonary Atresia	This code requires PA. If an inpatient stay is requested, that will also require PA.
33922	Transect Pulmonary Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33924	Remove Pulmonary Shunt	This code requires PA. If an inpatient stay is requested, that will also require PA.
33925	Rpr Pul Art Unifocal W/O Cpb	This code requires PA. If an inpatient stay is requested, that will also require PA.
33926	Repr Pul Art Unifocal W/Cpb	This code requires PA. If an inpatient stay is requested, that will also require PA.
33927	Transplant - Mdx Hawaii Not Delegated; Refer To Health Plan Transplant Programimplantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiectomy .	This code requires PA. If an inpatient stay is requested, that will also require PA.
33928	Removal And Replacement Of Total Replacement Heart System (Artificial Heart)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33929	Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33930	Transplant (Tissue Or Organ) - Heart /Lung	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

33930	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
33933	Prepare Donor Heart/Lung	This code requires PA. If an inpatient stay is requested, that will also require PA.
33933	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
33935	Transplant (Tissue Or Organ) - Heart /Lung	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
33935	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
33940	Transplant (Tissue Or Organ) - Heart /Lung	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
33940	Transplant Related Procedure - Heart	Transplant - Refer to Health Plan Transplant Program for information.
33944	Transplant Related Procedure - Heart	Transplant - Refer to Health Plan Transplant Program for information.
33945	Transplant (Tissue Or Organ) - Heart /Lung	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
33945	Transplant Related Procedure - Heart	Transplant - Refer to Health Plan Transplant Program for information.
33946	Ecmo/Ecls Initiation Venous	This code requires PA. If an inpatient stay is requested, that will also require PA.
33947	Ecmo/Ecls Initiation Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33948	Ecmo/Ecls Daily Mgmt-Venous	This code requires PA. If an inpatient stay is requested, that will also require PA.
33949	Ecmo/Ecls Daily Mgmt Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.

33951	Ecmo/Ecls Insj Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33952	Ecmo/Ecls Insj Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33953	Ecmo/Ecls Insj Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33954	Ecmo/Ecls Insj Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33955	Ecmo/Ecls Insj Ctr Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33956	Ecmo/Ecls Insj Ctr Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33957	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33958	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33959	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33962	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33963	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33964	Ecmo/Ecls Repos Perph Cnula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33965	Ecmo/Ecls Rmvl Perph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33966	Ecmo/Ecls Rmvl Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.

33967	Insert I-Aort Percut Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33968	Remove Aortic Assist Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33969	Ecmo/Ecls Rmvl Perph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33970	Aortic Circulation Assist	This code requires PA. If an inpatient stay is requested, that will also require PA.
33971	Aortic Circulation Assist	This code requires PA. If an inpatient stay is requested, that will also require PA.
33973	Insert Balloon Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33974	Remove Intra-Aortic Balloon	This code requires PA. If an inpatient stay is requested, that will also require PA.
33975	Implant Ventricular Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33976	Implant Ventricular Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33977	Remove Ventricular Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33978	Remove Ventricular Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33979	Insert Intracorporeal Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33980	Remove Intracorporeal Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33981	Replace Vad Pump Ext	This code requires PA. If an inpatient stay is requested, that will also require PA.

33982	Replace Vad Intra W/O Bp	This code requires PA. If an inpatient stay is requested, that will also require PA.
33983	Replace Vad Intra W/Bp	This code requires PA. If an inpatient stay is requested, that will also require PA.
33984	Ecmo/Ecls Rmvl Prph Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33985	Ecmo/Ecls Rmvl Ctr Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33986	Ecmo/Ecls Rmvl Ctr Cannula	This code requires PA. If an inpatient stay is requested, that will also require PA.
33987	Artery Expos/Graft Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
33988	Insertion Of Left Heart Vent	This code requires PA. If an inpatient stay is requested, that will also require PA.
33989	Removal Of Left Heart Vent	This code requires PA. If an inpatient stay is requested, that will also require PA.
33990	Insert Implant Vad, Lt Heart	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
33990	Insertion Ventricular Assist Device (Vad)	This code requires PA. If an inpatient stay is requested, that will also require PA.
33991	Insert Implant Vad, Lt Heart	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
33991	Insertion Of Ventricular Assist Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
33992	Removal Percutaneous Lt Heart Vad	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
33992	Remove Vad Different Session	This code requires PA. If an inpatient stay is requested, that will also require PA.

33993	Reposition Vad Diff Session	This code requires PA. If an inpatient stay is requested, that will also require PA.
33993	Repositioning Of Vad	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
33995	Insert Vad; Percutaneous	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
33997	Removal Percutaneous Rt Heart Vad	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
34001	Removal Of Artery Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
34051	Removal Of Artery Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
34151	Removal Of Artery Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
34401	Removal Of Vein Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
34451	Removal Of Vein Clot	This code requires PA. If an inpatient stay is requested, that will also require PA.
34502	Reconstruct Vena Cava	This code requires PA. If an inpatient stay is requested, that will also require PA.
34701	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34702	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34703	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34704	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.

34705	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34706	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34707	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34708	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34709	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34710	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34711	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34712	Endovascular Repair Abd Aorta - Iliac Arteries	This code requires PA. If an inpatient stay is requested, that will also require PA.
34808	Endovas Iliac A Device Addon	This code requires PA. If an inpatient stay is requested, that will also require PA.
34812	Opn Fem Art Expos	This code requires PA. If an inpatient stay is requested, that will also require PA.
34813	Femoral Endovas Graft Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
34820	Opn Iliac Art Expos	This code requires PA. If an inpatient stay is requested, that will also require PA.
34830	Open Aortic Tube Prosth Repr	This code requires PA. If an inpatient stay is requested, that will also require PA.
34831	Open Aortoiliac Prosth Repr	This code requires PA. If an inpatient stay is requested, that will also require PA.

34832	Open Aortofemor Prosth Repr	This code requires PA. If an inpatient stay is requested, that will also require PA.
34833	Opn Ilac Art Expos Cndt Crjt	This code requires PA. If an inpatient stay is requested, that will also require PA.
34834	Opn Brach Art Expos	This code requires PA. If an inpatient stay is requested, that will also require PA.
34841	Endovasc Visc Aorta 1 Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
34842	Endovasc Visc Aorta 2 Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
34843	Endovasc Visc Aorta 3 Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
34844	Endovasc Visc Aorta 4 Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
34845	Visc & Infraren Abd 1 Prosth	This code requires PA. If an inpatient stay is requested, that will also require PA.
34846	Visc & Infraren Abd 2 Prosth	This code requires PA. If an inpatient stay is requested, that will also require PA.
34847	Visc & Infraren Abd 3 Prosth	This code requires PA. If an inpatient stay is requested, that will also require PA.
34848	Visc & Infraren Abd 4+ Prost	This code requires PA. If an inpatient stay is requested, that will also require PA.
35001	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35002	Repair Artery Rupture Neck	This code requires PA. If an inpatient stay is requested, that will also require PA.
35005	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.

35013	Repair Artery Rupture Arm	This code requires PA. If an inpatient stay is requested, that will also require PA.
35021	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35022	Repair Artery Rupture Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
35081	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35082	Repair Artery Rupture Aorta	This code requires PA. If an inpatient stay is requested, that will also require PA.
35091	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35092	Repair Artery Rupture Aorta	This code requires PA. If an inpatient stay is requested, that will also require PA.
35102	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35103	Repair Artery Rupture Aorta	This code requires PA. If an inpatient stay is requested, that will also require PA.
35111	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35112	Repair Artery Rupture Spleen	This code requires PA. If an inpatient stay is requested, that will also require PA.
35121	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35122	Repair Artery Rupture Belly	This code requires PA. If an inpatient stay is requested, that will also require PA.
35131	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.

35132	Repair Artery Rupture Groin	This code requires PA. If an inpatient stay is requested, that will also require PA.
35141	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35142	Repair Artery Rupture Thigh	This code requires PA. If an inpatient stay is requested, that will also require PA.
35151	Repair Defect Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35152	Repair Ruptd Popliteal Art	This code requires PA. If an inpatient stay is requested, that will also require PA.
35182	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35189	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35211	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35216	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35221	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35241	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35246	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35251	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35271	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.

35276	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35281	Repair Blood Vessel Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
35301	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35302	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35303	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35304	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35305	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35306	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35311	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35331	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35341	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35351	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35355	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35361	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.

35363	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35371	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35372	Rechanneling Of Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35390	Reoperation Carotid Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
35400	Angioscopy	This code requires PA. If an inpatient stay is requested, that will also require PA.
35501	Art Byp Grft Ipsilat Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
35506	Art Byp Grft Subclav-Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
35508	Art Byp Grft Carotid-Vertbrl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35509	Art Byp Grft Contral Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
35510	Art Byp Grft Carotid-Brchial	This code requires PA. If an inpatient stay is requested, that will also require PA.
35511	Art Byp Grft Subclav-Subclav	This code requires PA. If an inpatient stay is requested, that will also require PA.
35512	Art Byp Grft Subclav-Brchial	This code requires PA. If an inpatient stay is requested, that will also require PA.
35515	Art Byp Grft Subclav-Vertbrl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35516	Art Byp Grft Subclav-Axilary	This code requires PA. If an inpatient stay is requested, that will also require PA.

35518	Art Byp Grft Axillary-Axily	This code requires PA. If an inpatient stay is requested, that will also require PA.
35521	Art Byp Grft Axill-Femoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35522	Art Byp Grft Axill-Brachial	This code requires PA. If an inpatient stay is requested, that will also require PA.
35523	Art Byp Grft Brchl-Ulnr-Rdl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35525	Art Byp Grft Brachial-Brchl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35526	Art Byp Grft Aor/Carot/Innom	This code requires PA. If an inpatient stay is requested, that will also require PA.
35531	Art Byp Grft Aorcel/Aormesen	This code requires PA. If an inpatient stay is requested, that will also require PA.
35533	Art Byp Grft Axill/Fem/Fem	This code requires PA. If an inpatient stay is requested, that will also require PA.
35535	Art Byp Grft Hepatorenal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35536	Art Byp Grft Splenorenal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35537	Art Byp Grft Aortoiliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35538	Art Byp Grft Aortobi-Iliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35539	Art Byp Grft Aortofemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35540	Art Byp Grft Aortbifemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.

35556	Art Byp Grft Fem-Popliteal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35558	Art Byp Grft Fem-Femoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35560	Art Byp Grft Aortorenal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35563	Art Byp Grft Iliioiliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35565	Art Byp Grft Iliofemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35566	Art Byp Fem-Ant-Post Tib/Prl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35570	Art Byp Tibial-Tib/Peroneal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35571	Art Byp Pop-Tibl-Prl-Other	This code requires PA. If an inpatient stay is requested, that will also require PA.
35583	Vein Byp Grft Fem-Popliteal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35585	Vein Byp Fem-Tibial Peroneal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35587	Vein Byp Pop-Tibl Peroneal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35600	Harvest Art For Cabg Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
35601	Art Byp Common Ipsi Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
35606	Art Byp Carotid-Subclavian	This code requires PA. If an inpatient stay is requested, that will also require PA.

35612	Art Byp Subclav-Subclavian	This code requires PA. If an inpatient stay is requested, that will also require PA.
35616	Art Byp Subclav-Axillary	This code requires PA. If an inpatient stay is requested, that will also require PA.
35621	Art Byp Axillary-Femoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35623	Art Byp Axillary-Pop-Tibial	This code requires PA. If an inpatient stay is requested, that will also require PA.
35626	Art Byp Aorsubcl/Carot/Innom	This code requires PA. If an inpatient stay is requested, that will also require PA.
35631	Art Byp Aor-Celiac-Msn-Renal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35632	Art Byp Ilio-Celiac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35633	Art Byp Ilio-Mesenteric	This code requires PA. If an inpatient stay is requested, that will also require PA.
35634	Art Byp Iliorenal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35636	Art Byp Spenorenal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35637	Art Byp Aortoiliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35638	Art Byp Aortobi-Iliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35642	Art Byp Carotid-Vertebral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35645	Art Byp Subclav-Vertebral	This code requires PA. If an inpatient stay is requested, that will also require PA.

35646	Art Byp Aortobifemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35647	Art Byp Aortofemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35650	Art Byp Axillary-Axillary	This code requires PA. If an inpatient stay is requested, that will also require PA.
35654	Art Byp Axill-Fem-Femoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35656	Art Byp Femoral-Popliteal	This code requires PA. If an inpatient stay is requested, that will also require PA.
35661	Art Byp Femoral-Femoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35663	Art Byp Iliioiliac	This code requires PA. If an inpatient stay is requested, that will also require PA.
35665	Art Byp Iliofemoral	This code requires PA. If an inpatient stay is requested, that will also require PA.
35666	Art Byp Fem-Ant-Post Tib/Prl	This code requires PA. If an inpatient stay is requested, that will also require PA.
35671	Art Byp Pop-Tibl-Prl-Other	This code requires PA. If an inpatient stay is requested, that will also require PA.
35681	Composite Byp Grft Pros&Vein	This code requires PA. If an inpatient stay is requested, that will also require PA.
35682	Composite Byp Grft 2 Veins	This code requires PA. If an inpatient stay is requested, that will also require PA.
35683	Composite Byp Grft 3/> Segmt	This code requires PA. If an inpatient stay is requested, that will also require PA.
35691	Art Trnsposj Vertbrl Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.

35693	Art Trnsposj Subclavian	This code requires PA. If an inpatient stay is requested, that will also require PA.
35694	Art Trnsposj Subclav Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
35695	Art Trnsposj Carotid Subclav	This code requires PA. If an inpatient stay is requested, that will also require PA.
35697	Reimplant Artery Each	This code requires PA. If an inpatient stay is requested, that will also require PA.
35700	Reoperation Bypass Graft	This code requires PA. If an inpatient stay is requested, that will also require PA.
35701	Exploration Carotid Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
35800	Explore Neck Vessels	This code requires PA. If an inpatient stay is requested, that will also require PA.
35820	Explore Chest Vessels	This code requires PA. If an inpatient stay is requested, that will also require PA.
35840	Explore Abdominal Vessels	This code requires PA. If an inpatient stay is requested, that will also require PA.
35870	Repair Vessel Graft Defect	This code requires PA. If an inpatient stay is requested, that will also require PA.
35901	Excision Graft Neck	This code requires PA. If an inpatient stay is requested, that will also require PA.
35905	Excision Graft Thorax	This code requires PA. If an inpatient stay is requested, that will also require PA.
35907	Excision Graft Abdomen	This code requires PA. If an inpatient stay is requested, that will also require PA.
36468	Spider Vein Surgery	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcoprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

36473	Endovenous Ablation Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
36474	Endovenous Ablation Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
36660	Insertion Catheter Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
36823	Insertion Of Cannula(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
37140	Revision Of Circulation	This code requires PA. If an inpatient stay is requested, that will also require PA.
37145	Revision Of Circulation	This code requires PA. If an inpatient stay is requested, that will also require PA.
37160	Revision Of Circulation	This code requires PA. If an inpatient stay is requested, that will also require PA.
37180	Revision Of Circulation	This code requires PA. If an inpatient stay is requested, that will also require PA.
37181	Splice Spleen/Kidney Veins	This code requires PA. If an inpatient stay is requested, that will also require PA.
37182	Insert Hepatic Shunt (Tips)	This code requires PA. If an inpatient stay is requested, that will also require PA.
37215	Transcath Stent Cca W/Eps	This code requires PA. If an inpatient stay is requested, that will also require PA.
37216	Surgery; Open Blocked Vessel With Stent	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
37217	Stent Placemt Retro Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.
37218	Stent Placemt Ante Carotid	This code requires PA. If an inpatient stay is requested, that will also require PA.

37220	Peripheral revascularization (atherectomy, angioplasty) - Iliac Revasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
37221	Peripheral revascularization (atherectomy, angioplasty) - Iliac Revasc W/Stent	This code requires PA. If an inpatient stay is requested, that will also require PA.
37224	Peripheral revascularization (atherectomy, angioplasty) - Fem/Popl Revas W/TIa	This code requires PA. If an inpatient stay is requested, that will also require PA.
37225	Peripheral revascularization (atherectomy, angioplasty) - Fem/Popl Revas W/Ather	This code requires PA. If an inpatient stay is requested, that will also require PA.
37226	Peripheral revascularization (atherectomy, angioplasty) - Fem/Popl Revasc W/Stent	This code requires PA. If an inpatient stay is requested, that will also require PA.
37227	Peripheral revascularization (atherectomy, angioplasty) - Fem/Popl Revasc Stnt & Ather	This code requires PA. If an inpatient stay is requested, that will also require PA.
37228	Peripheral revascularization (atherectomy, angioplasty) - Tib/Per Revasc W/TIa	This code requires PA. If an inpatient stay is requested, that will also require PA.
37229	Peripheral revascularization (atherectomy, angioplasty) - Tib/Per Revasc W/Ather	This code requires PA. If an inpatient stay is requested, that will also require PA.
37230	Peripheral revascularization (atherectomy, angioplasty) - Tib/Per Revasc W/Stent	This code requires PA. If an inpatient stay is requested, that will also require PA.
37231	Peripheral revascularization (atherectomy, angioplasty) - Tib/Per Revasc Stent & Ather	This code requires PA. If an inpatient stay is requested, that will also require PA.
37616	Ligation Of Chest Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
37617	Ligation Of Abdomen Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
37618	Ligation Of Extremity Artery	This code requires PA. If an inpatient stay is requested, that will also require PA.
37660	Revision Of Major Vein	This code requires PA. If an inpatient stay is requested, that will also require PA.

37788	Penile Revascularization Surgery; Microvascular Arterial Bypass For Impotence.	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
38100	Removal Of Spleen Total	This code requires PA. If an inpatient stay is requested, that will also require PA.
38101	Removal Of Spleen Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
38102	Removal Of Spleen Total	This code requires PA. If an inpatient stay is requested, that will also require PA.
38115	Repair Of Ruptured Spleen	This code requires PA. If an inpatient stay is requested, that will also require PA.
38232	Transplant surgeries - Bone Marrow Harvest Autolog	This code requires PA. If an inpatient stay is requested, that will also require PA.
38240	Transplant surgeries - Transplt Allo Hct/Donor	This code requires PA. If an inpatient stay is requested, that will also require PA.
38241	Transplant surgeries - Transplt Autol Hct/Donor	This code requires PA. If an inpatient stay is requested, that will also require PA.
38380	Thoracic Duct Procedure	This code requires PA. If an inpatient stay is requested, that will also require PA.
38381	Thoracic Duct Procedure	This code requires PA. If an inpatient stay is requested, that will also require PA.
38382	Thoracic Duct Procedure	This code requires PA. If an inpatient stay is requested, that will also require PA.
38562	Removal Pelvic Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38564	Removal Abdomen Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38724	Removal Of Lymph Nodes Neck	This code requires PA. If an inpatient stay is requested, that will also require PA.

38746	Remove Thoracic Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38747	Remove Abdominal Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38765	Remove Groin Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38770	Remove Pelvis Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
38780	Remove Abdomen Lymph Nodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
39000	Exploration Of Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
39010	Exploration Of Chest	This code requires PA. If an inpatient stay is requested, that will also require PA.
39200	Resect Mediastinal Cyst	This code requires PA. If an inpatient stay is requested, that will also require PA.
39220	Resect Mediastinal Tumor	This code requires PA. If an inpatient stay is requested, that will also require PA.
39501	Repair Diaphragm Laceration	This code requires PA. If an inpatient stay is requested, that will also require PA.
39503	Repair Of Diaphragm Hernia	This code requires PA. If an inpatient stay is requested, that will also require PA.
39540	Repair Of Diaphragm Hernia	This code requires PA. If an inpatient stay is requested, that will also require PA.
39541	Repair Of Diaphragm Hernia	This code requires PA. If an inpatient stay is requested, that will also require PA.
39545	Revision Of Diaphragm	This code requires PA. If an inpatient stay is requested, that will also require PA.

39560	Resect Diaphragm Simple	This code requires PA. If an inpatient stay is requested, that will also require PA.
39561	Resect Diaphragm Complex	This code requires PA. If an inpatient stay is requested, that will also require PA.
41130	Partial Removal Of Tongue	This code requires PA. If an inpatient stay is requested, that will also require PA.
41135	Tongue And Neck Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
41140	Removal Of Tongue	This code requires PA. If an inpatient stay is requested, that will also require PA.
41145	Tongue Removal Neck Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
41150	Tongue Mouth Jaw Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
41153	Tongue Mouth Neck Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
41155	Tongue Jaw & Neck Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
41512	Tongue Base Suspension	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
41530	Tongue Tissue Removal Surgery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
41599	Surgery for obstructive sleep apnea - Tongue And Mouth Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
42145	Surgery for obstructive sleep apnea - Repair Palate Pharynx/Uvula	This code requires PA. If an inpatient stay is requested, that will also require PA.
42426	Excise Parotid Gland/Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.

42845	Extensive Surgery Of Throat	This code requires PA. If an inpatient stay is requested, that will also require PA.
42894	Revision Of Pharyngeal Walls	This code requires PA. If an inpatient stay is requested, that will also require PA.
42953	Repair Throat Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
42961	Control Throat Bleeding	This code requires PA. If an inpatient stay is requested, that will also require PA.
42971	Control Nose/Throat Bleeding	This code requires PA. If an inpatient stay is requested, that will also require PA.
43045	Incision Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43100	Excision Of Esophagus Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43101	Excision Of Esophagus Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43107	Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43108	Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43112	Esphg Tot W/Thrcm	This code requires PA. If an inpatient stay is requested, that will also require PA.
43113	Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43116	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43117	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.

43118	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43121	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43122	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43123	Partial Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43124	Removal Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43135	Removal Of Esophagus Pouch	This code requires PA. If an inpatient stay is requested, that will also require PA.
43201	Esophagus Exam Scope	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
43210	Scope Exam - Stomach	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
43236	Digestive Tract Scope	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
43279	Lap Myotomy Heller	This code requires PA. If an inpatient stay is requested, that will also require PA.
43283	Lap Esoph Lengthening	This code requires PA. If an inpatient stay is requested, that will also require PA.
43285	Esophagus; Device Removed	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
43286	Esophg Tot W/Laps Moblj	This code requires PA. If an inpatient stay is requested, that will also require PA.
43287	Esophg Dstl 2/3 W/Laps Moblj	This code requires PA. If an inpatient stay is requested, that will also require PA.

43288	Esphg Tot Thrcs Moblj	This code requires PA. If an inpatient stay is requested, that will also require PA.
43300	Repair Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43305	Repair Esophagus And Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
43310	Repair Of Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43312	Repair Esophagus And Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
43313	Esophagoplasty Congenital	This code requires PA. If an inpatient stay is requested, that will also require PA.
43314	Tracheo-Esophagoplasty Cong	This code requires PA. If an inpatient stay is requested, that will also require PA.
43320	Fuse Esophagus & Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43325	Revise Esophagus & Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43327	Esoph Fundoplasty Lap	This code requires PA. If an inpatient stay is requested, that will also require PA.
43328	Esoph Fundoplasty Thor	This code requires PA. If an inpatient stay is requested, that will also require PA.
43330	Esophagomyotomy Abdominal	This code requires PA. If an inpatient stay is requested, that will also require PA.
43331	Esophagomyotomy Thoracic	This code requires PA. If an inpatient stay is requested, that will also require PA.
43332	Transab Esoph Hiat Hern Rpr	This code requires PA. If an inpatient stay is requested, that will also require PA.

43333	Transab Esoph Hiatt Hern Rpr	This code requires PA. If an inpatient stay is requested, that will also require PA.
43334	Transthor Diaphragm Hern Rpr	This code requires PA. If an inpatient stay is requested, that will also require PA.
43335	Transthor Diaphragm Hern Rpr	This code requires PA. If an inpatient stay is requested, that will also require PA.
43336	Thorabd Diaphragm Hern Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43337	Thorabd Diaphragm Hern Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43338	Esophagus Lengthening	This code requires PA. If an inpatient stay is requested, that will also require PA.
43340	Fuse Esophagus & Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.
43341	Fuse Esophagus & Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.
43351	Surgical Opening Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43352	Surgical Opening Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43360	Gastrointestinal Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43361	Gastrointestinal Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43400	Ligate Esophagus Veins	This code requires PA. If an inpatient stay is requested, that will also require PA.
43401	Esophagus Surgery For Veins	This code requires PA. If an inpatient stay is requested, that will also require PA.

43405	Ligate/Staple Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43410	Repair Esophagus Wound	This code requires PA. If an inpatient stay is requested, that will also require PA.
43415	Repair Esophagus Wound	This code requires PA. If an inpatient stay is requested, that will also require PA.
43425	Repair Esophagus Opening	This code requires PA. If an inpatient stay is requested, that will also require PA.
43460	Pressure Treatment Esophagus	This code requires PA. If an inpatient stay is requested, that will also require PA.
43496	Free Jejunum Flap Microvasc	This code requires PA. If an inpatient stay is requested, that will also require PA.
43500	Surgical Opening Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43501	Surgical Repair Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43502	Surgical Repair Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43520	Incision Of Pyloric Muscle	This code requires PA. If an inpatient stay is requested, that will also require PA.
43605	Binpatient Only Procedure (Iop)Sy Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43610	Excision Of Stomach Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43611	Excision Of Stomach Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43620	Removal Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.

43621	Removal Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43622	Removal Of Stomach	This code requires PA. If an inpatient stay is requested, that will also require PA.
43631	Removal Of Stomach Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
43632	Removal Of Stomach Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
43633	Removal Of Stomach Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
43634	Removal Of Stomach Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
43635	Removal Of Stomach Partial	This code requires PA. If an inpatient stay is requested, that will also require PA.
43640	Vagotomy & Pylorus Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43641	Vagotomy & Pylorus Repair	This code requires PA. If an inpatient stay is requested, that will also require PA.
43644	Bariatric	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
43645	Lap Gastr Bypass Incl Sml I	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
43771	Lap Revise Gastr Adj Device	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
43775	Lap Sleeve Gastrectomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
43800	Reconstruction Of Pylorus	This code requires PA. If an inpatient stay is requested, that will also require PA.

43810	Fusion Of Stomach And Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
43820	Fusion Of Stomach And Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
43825	Fusion Of Stomach And Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
43832	Place Gastrostomy Tube	This code requires PA. If an inpatient stay is requested, that will also require PA.
43840	Repair Of Stomach Lesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43842	Stomach Restrictive Surgery	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
43843	Gastroplasty W/O V-Band	This code requires PA. If an inpatient stay is requested, that will also require PA.
43845	Gastroplasty Duodenal Switch	This code requires PA. If an inpatient stay is requested, that will also require PA.
43846	Gastric Bypass For Obesity	This code requires PA. If an inpatient stay is requested, that will also require PA.
43847	Gastric Bypass Incl Small I	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
43848	Revision Gastroplasty	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
43850	Revise Stomach-Bowel Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43855	Revise Stomach-Bowel Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43860	Revise Stomach-Bowel Fusion	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

43865	Revise Stomach-Bowel Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
43880	Repair Stomach-Bowel Fistula	This code requires PA. If an inpatient stay is requested, that will also require PA.
44005	Freeing Of Bowel Adhesion	This code requires PA. If an inpatient stay is requested, that will also require PA.
44010	Incision Of Small Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
44015	Insert Needle Cath Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
44020	Explore Small Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.
44021	Decompress Small Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
44025	Incision Of Large Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
44050	Reduce Bowel Obstruction	This code requires PA. If an inpatient stay is requested, that will also require PA.
44055	Correct Malrotation Of Bowel	This code requires PA. If an inpatient stay is requested, that will also require PA.
44110	Excise Intestine Lesion(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
44111	Excision Of Bowel Lesion(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
44120	Removal Of Small Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.
44121	Removal Of Small Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.

44125	Removal Of Small Intestine	This code requires PA. If an inpatient stay is requested, that will also require PA.
44126	Enterectomy W/O Taper Cong	This code requires PA. If an inpatient stay is requested, that will also require PA.
44127	Enterectomy W/Taper Cong	This code requires PA. If an inpatient stay is requested, that will also require PA.
44128	Enterectomy Cong Add-On	This code requires PA. If an inpatient stay is requested, that will also require PA.
44130	Bowel To Bowel Fusion	This code requires PA. If an inpatient stay is requested, that will also require PA.
44132	Enterectomy Cadaver Donor	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
44132	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44133	Enterectomy Live Donor	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
44133	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44135	Intestine Transplnt Cadaver	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
44135	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44136	Intestine Transplant Live	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
44136	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44137	Remove Intestinal Allograft	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

44137	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44139	Mobilization Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44140	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44141	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44143	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44144	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44145	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44146	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44147	Partial Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44150	Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44151	Removal Of Colon/Ileostomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
44155	Removal Of Colon/Ileostomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
44156	Removal Of Colon/Ileostomy	This code requires PA. If an inpatient stay is requested, that will also require PA.
44157	Colectomy W/Ileoanal Anast	This code requires PA. If an inpatient stay is requested, that will also require PA.

44158	Colectomy W/Neo-Rectum Pouch	This code requires PA. If an inpatient stay is requested, that will also require PA.
44160	Removal Of Colon	This code requires PA. If an inpatient stay is requested, that will also require PA.
44715	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44720	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
44721	Transplant Related Procedure - Intestinal	Transplant - Refer to Health Plan Transplant Program for information.
47133	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
47135	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
47140	Transplant Related Procedure - Heart-Lung	Transplant - Refer to Health Plan Transplant Program for information.
48160	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.
48550	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.
48551	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.
48552	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.
48554	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.
48556	Transplant Related Procedure - Pancreas	Transplant - Refer to Health Plan Transplant Program for information.

50250	Ablation, Renal Mass	This code requires PA. If an inpatient stay is requested, that will also require PA.
50300	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50320	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50323	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50325	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50327	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50328	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50329	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50340	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50360	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50365	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50370	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50380	Transplant Related Procedure- Kidney	Transplant - Refer to Health Plan Transplant Program for information.
50547	Transplant surgeries - Laparo Removal Donor Kidney	This code requires PA. If an inpatient stay is requested, that will also require PA.

53854	Prostate; Heat Surgery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
54405	Penile Implant - Insert Multi-Comp Penis Pros	This code requires PA. If an inpatient stay is requested, that will also require PA.
55880	Prostate Tissue; Surgery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
56620	Vulvectomy Simple, Partial	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
58300	Insert Uid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
61640	Balloon Dilatation; Open Blood Vessel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
61641	Balloon Dilatation; Open Blood Vessel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
61642	Balloon Dilatation; Open Blood Vessel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
61863	Neurostimulators - Implant Neuroelectrode	This code requires PA. If an inpatient stay is requested, that will also require PA.
61867	Neurostimulators - Implant Neuroelectrode	This code requires PA. If an inpatient stay is requested, that will also require PA.
61885	Neurostimulators - Insrt/Redo Neurostim 1 Array	This code requires PA. If an inpatient stay is requested, that will also require PA.
61886	Neurostimulators - Implant Neurostim Arrays	This code requires PA. If an inpatient stay is requested, that will also require PA.
62281	Inject Medicine; Spine	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
62350	Pain infusion pump - Implant Spinal Canal Cath	This code requires PA. If an inpatient stay is requested, that will also require PA.

62351	Pain infusion pump - Implant Spinal Canal Cath	This code requires PA. If an inpatient stay is requested, that will also require PA.
62360	Pain infusion pump - Insert Spine Infusion Device	This code requires PA. If an inpatient stay is requested, that will also require PA.
62361	Pain infusion pump - Implant Spine Infusion Pump	This code requires PA. If an inpatient stay is requested, that will also require PA.
62362	Pain infusion pump - Implant Spine Infusion Pump	This code requires PA. If an inpatient stay is requested, that will also require PA.
62380	Endoscopic; Surgery Spinal Nerve	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
63001	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina 1/2 Crvl	This code requires PA. If an inpatient stay is requested, that will also require PA.
63003	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina 1/2 Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63005	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina 1/2 Lmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63011	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina 1/2 Scrl	This code requires PA. If an inpatient stay is requested, that will also require PA.
63012	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Lamina/Facets Lumbar	This code requires PA. If an inpatient stay is requested, that will also require PA.
63015	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina >2 Crvcl	This code requires PA. If an inpatient stay is requested, that will also require PA.
63016	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina >2 Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63017	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Spine Lamina >2 Lmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63020	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Neck Spine Disk Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.

63030	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Low Back Disk Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
63040	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Laminotomy Single Cervical	This code requires PA. If an inpatient stay is requested, that will also require PA.
63042	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Laminotomy Single Lumbar	This code requires PA. If an inpatient stay is requested, that will also require PA.
63045	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Lam Facetec & Foramot Crv	This code requires PA. If an inpatient stay is requested, that will also require PA.
63046	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Lam Facetec & Foramot Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63047	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Lam Facetec & Foramot Lumbar	This code requires PA. If an inpatient stay is requested, that will also require PA.
63050	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Cervical Laminoplasty 2/> Seg	This code requires PA. If an inpatient stay is requested, that will also require PA.
63051	Spinal fusion, decompression, kyphoplasty and vertebroplasty - C-Laminoplasty W/Graft/Plate	This code requires PA. If an inpatient stay is requested, that will also require PA.
63055	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Decompress Spinal Cord Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63056	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Decompress Spinal Cord Lmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63064	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Decompress Spinal Cord Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63075	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Neck Spine Disk Surgery	This code requires PA. If an inpatient stay is requested, that will also require PA.
63077	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Spine Disk Surgery Thorax	This code requires PA. If an inpatient stay is requested, that will also require PA.
63081	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Vert Body Dcmprn Crvl	This code requires PA. If an inpatient stay is requested, that will also require PA.

63085	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Vert Body Dcmprn Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63087	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remov Vertbr Dcmprn Thrclmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63090	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Vert Body Dcmprn Lmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63101	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Vert Body Dcmprn Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63102	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Remove Vert Body Dcmprn Lmbr	This code requires PA. If an inpatient stay is requested, that will also require PA.
63170	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Incise Spinal Cord Tract(S)	This code requires PA. If an inpatient stay is requested, that will also require PA.
63172	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Drainage Of Spinal Cyst	This code requires PA. If an inpatient stay is requested, that will also require PA.
63173	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Drainage Of Spinal Cyst	This code requires PA. If an inpatient stay is requested, that will also require PA.
63185	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Incise Spine Nrv Half Segmnt	This code requires PA. If an inpatient stay is requested, that will also require PA.
63190	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Incise Spine Nrv >2 Segmnts	This code requires PA. If an inpatient stay is requested, that will also require PA.
63191	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Incise Spine Accessory Nerve	This code requires PA. If an inpatient stay is requested, that will also require PA.
63197	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Lam W/Cordotomy 1Stg Thrc	This code requires PA. If an inpatient stay is requested, that will also require PA.
63200	Spinal fusion, decompression, kyphoplasty and vertebroplasty - Release Spinal Cord Lumbar	This code requires PA. If an inpatient stay is requested, that will also require PA.
63650	Spinal cord stimulators - Implant Neuroelectrodes	This code requires PA. If an inpatient stay is requested, that will also require PA.

63655	Spinal cord stimulators - Implant Neuroelectrodes	This code requires PA. If an inpatient stay is requested, that will also require PA.
63685	Spinal cord stimulators - Insrt/Redo Spine N Generator	This code requires PA. If an inpatient stay is requested, that will also require PA.
64555	Implant Verve Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64568	Neurostimulators - Opn Impltj Crnl Nrv Nea&Pg	This code requires PA. If an inpatient stay is requested, that will also require PA.
64575	Incision For Nerve Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64590	Gastric pacing - Insrt/Redo Pn/Gastr Stimul	This code requires PA. If an inpatient stay is requested, that will also require PA.
64600	Inject Nerve For Pain Control	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64620	Destruction; Neurolytic Agent	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64624	Destruction; Neurolytic Agent	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64625	Rf Abltj Nrv Nrvtg Si Jt	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64632	N Block Inj Common Digit	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
64910	Nerve Repair W/Allograft	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
65760	Keratomileusis	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
65765	Keratophakia	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

65770	Keratoprosthesis	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
65771	Radial Keratotomy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
67950	Canthoplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
69090	Ear Piercing	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
69300	Otoplasty	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
69710	Hearing Implant Surgery	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
74263	Ct Scan; Colon	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
76120	Cineradiography/Videoradiography	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
76125	Cineradiography/Videoradiography	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
76390	Mri Spectroscopy; Body Chemicals	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
77401	Radiation therapy - Radiation Treatment Delivery	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77402	Radiation therapy - Radiation Treatment Delivery	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77407	Radiation therapy - Radiation Treatment Delivery	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.

77412	Radiation therapy - Radiation Treatment Delivery	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77520	Radiation therapy - Proton Trmt Simple W/O Comp	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77522	Radiation therapy - Proton Trmt Simple W/Comp	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77523	Radiation therapy - Proton Trmt Intermediate	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
77525	Radiation therapy - Proton Treatment Complex	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
78350	Bone Density Test	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
78351	Bone Density Test	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
78609	Brain Imaging; Pet	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
80050	Lab; Comprehensive Health Testing	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
80145	Lab Test; Adalimumab	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
80230	Lab Test; Infliximab	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
80280	Lab Test; Vedolizumab	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
81538	Gene Test; Lung Cancer	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
81539	Blood Test; Prostate Cancer	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

90667	Influenza Virus Vaccine	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90668	Influenza Virus Vaccine	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90671	Pneumococcal Vaccine; Not Fda Approved	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90748	Hepb-Hib Vaccine	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90758	Ebolavirus Vaccine	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90863	Medication Management; Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90875	Therapy With Biofeedback	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90876	Therapy With Biofeedback	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
90882	Medication Intervention	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
92310	Fitting For Contact Lens(Es)	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
92314	Fitting For Contact Lens(Es)	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
92340	Fitting For Eye Glasses	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

92650	Test Hearing And Nerves	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
92653	Aep Neurodiagnostic I&R	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93040	Rhythm Ecg With Report	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93228	Mobile Ekg; Review And Report	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93229	Mobile Ekg; Tech Support	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93264	Remote Monitor; Lung Pressure	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93701	Blood Flow Study	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93895	Assessment Of Artery Blockage	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
93895	Ultrasound; Carotid Artery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95120	Allergy Shot	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95125	Preparation And Administration Allergy Shots	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95130	Allergy Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95131	Allergy Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

95132	Allergy Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95133	Allergy Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95134	Allergy Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95803	Actigraphy; Body Activity Study	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95812	Eeg 41-60 Minutes	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95816	Eeg Awake And Drowsy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
95957	Eeg Digital Analysis	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96000	Complete Analysis; Body Movement	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96001	Complete Analysis; Body Movement	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96002	Electromyography; Muscle-Nerve Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96003	Electromyography; Muscle-Nerve Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96004	Motion Study, Physician Review	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96110	Child Development Testing	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

96132	Nrpsyc Tst Eval Phys/Qhp 1St	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96138	Psycl/Nrpsyc Tech 1St	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96170	Health Behavior Intervention	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
96171	Health Behavior Intervention	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
97014	Nerve Or Muscle Stimulation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
97169	Athletic Training Eval	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
97170	Athletic Training Eval	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
97171	Athletic Training Eval	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
97172	Athletic Training Re-Eval	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
98943	Chiropractic; Non-Spinal Adjustment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
98960	Self-Care Training	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
98961	Self-Care Training	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

99252	Inpatient Consultation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99253	Inpatient Consultation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99254	Inpatient Consultation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99255	Inpatient Consultation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99605	Pharmacist Counseling	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99606	Pharmacist Counseling	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
99607	Pharmacist Counseling	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0002U	Pla Services; Colon Cancer Screening	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0003U	Pla Services; Ovarian Cancer	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0016M	Genetic Test; Bladder Cancer	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0042T	Ct Scan; Brain Blood Flow	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0062U	Pla Services; Lupus	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0071T	Focused Ultrasound Ablation; Uterus	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

0072T	Focused Ultrasound Ablation; Uterus	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0098T	Rev Artific Disc Addl	This code requires PA. If an inpatient stay is requested, that will also require PA.
0100T	Retinal Prosthesis; Insert Electronic Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0163U	Pla Services; Colon Cancer Screening	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0174U	Pla Services; Genetic Test Tumor Cells	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0176U	Pla Services; Test For Cdtb	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0180U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0181U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0182U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0183U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0184U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0185U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0186U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0187U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

0201T	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0219U	Pla Services; Lab Test For Hiv	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0220U	Pla Services; Image Analysis Breast Cancer	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0221T	Lumbar Bone Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0221U	Pla Services; Genetic Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0222T	Spine Bone Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0232T	Platelet Rich Plasma Injection	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0329T	Monitor Eye Pressure	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0333T	Visual Stimulation Test	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0358T	Body Composition Analysis	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0421T	Surgery; Prostate Tissue	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0469T	Scan Retinas; Ocular Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0470T	Optical Coherence Tolerance (Oct)	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0471T	Optical Coherence Tolerance (Oct)	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

0472T	Evaluate Retinal Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0473T	Evaluate Retinal Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0537T	CAR T - Bld Drv T Lymphcyt Car-T Clt	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
0538T	CAR T - Bld Drv T Lymphcyt Prep Trns	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
0539T	CAR T - Receipt&Prep Car-T Clt Admn	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
0540T	CAR T - Car-T Clt Admn Autologous	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
0546T	Radiofrequency Spectroscopy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0561T	3D-Printed Model Of Body Part	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0562T	3D-Printed Model Of Body Part	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0563T	Evacuation Meibomian Gland	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0565T	Cellular Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0566T	Cellular Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0581T	Ablation; Electrical Treatment Tumor	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0582T	Prostate Tissue; Surgery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

0594T	Osteotomy, Humerus	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0596T	Temporary Implant Female Intraurethral Pump	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0597T	Replace Temporary Implant Female Intraurethral Pump	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0598T	Wound Imaging	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0599T	Wound Imaging	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0600T	Electrical Treatment Tumor	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0601T	Electrical Treatment Tumor	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0602T	Gfr Measure; Kidney Function	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0603T	Monitor Kidney Function	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0604T	Optical Coherence Tolerance (Oct; Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0605T	Optical Coherence Tolerance (Oct; Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0606T	Optical Coherence Tolerance (Oct; Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0607T	Remote Monitoring; Heart	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0608T	Remote Monitoring; Heart	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

0627T	Injection; Tissue Into Lower Spine	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0628T	Injection; Tissue Into Lower Spine	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0629T	Injection; Tissue Into Lower Spine	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0630T	Injection; Tissue Into Lower Spine	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0631T	Measure; Blood Oxygen	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0632T	Destroy Nerves With Ultrasound	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0639T	Wireless Skin Sensor; Assess Flow In Shunt	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0655T	Ablation; Prostate Tissue	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0664T	Donor Hysterectomy; Removal Of Uterus	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0665T	Donor Hysterectomy; Removal Of Uterus	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0666T	Donor Hysterectomy; Removal Of Uterus	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
0667T	Donor Uterus And Transplant	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21125	Oral, orthognathic, temporomandibular joint (TMJ) surgeries - Augmentation Lower Jaw Bone	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
21240	Oral, orthognathic, temporomandibular joint (TMJ) surgeries - Reconstruction Of Jaw Joint	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

A0422	Amb Oxygen&O2 Spl Life Sustaining	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A0424	Extra Amb Attendant Ground/Air,	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A0888	Noncovered Amb Mileage Per Mile	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A0998	Ambulance Rspn&Treatment No Trnsprt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4210	Needle-Free Injection Device Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4226	S Mnt Ins Ip Dr Adj Tx Cnt G Sns Pw	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4232	Syringe Ndle Ext Insulin Pump Sterl	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4250	Urine Test/Reagent Strips/Tablets	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4252	Blood Ketone Test/Reagent Strip Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4261	Cervical Cap For Contraceptive Use	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4264	Perm Impl Contraceptv Tubal Occl Dev	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4266	Diaphragm For Contraceptive Use	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

A4267	Contraceptive Supply Condom Male Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4268	Contracept Supply Condom Female Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4269	Contraceptive Supply Spermicide Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4467	Belt Strap Slv Garment/Cov Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4490	Surg Stocking Above Knee Length Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4495	Surgical Stocking Thigh Length Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4500	Surg Stocking Below Knee Length Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4510	Surgical Stocking Full-Length Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4520	Incontinence Garment Any Type Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4553	Non-Disposable Underpads All Sizes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4554	Disposable Underpads All Sizes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4555	E/Transduc E-Stim U Ca Tx Rpl Only	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

A4566	Shouldr Sling/Vest Abd Rstrn Prefab	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4570	Splints	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4580	Cast Supplies	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4590	Special Casting Material	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4611	Battry Hevy Duty; Repl Pt-Ownd Vent	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4612	Battry Cables; Repl Pt-Owned Vent	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4613	Battry Charger; Repl Pt-Owned Vent	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4627	Spacr Bag/Resrvor Metrd Dose Inhal	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A4670	Automatic Blood Pressure Monitor	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A6000	Non-Cntc Wnd Warming Covr W/Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A6413	Adhesive Bandage First-Aid Type Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A6460	Wound Dressing	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

A6549	Gradient Comp Stocking/Sleeve Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9152	1 Vit/Minerl/Trace Elem Orldose Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9153	Multiple Vitamins Oral Per Dose Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9180	Pediculosis Tx Top Admn Pt/Caretakr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9270	Noncovered Item Or Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9272	Wnd Sctn Dispbl Drsg Acc Any Typ Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9273	Cold/Hot Fl Btl Ic/C Ht&Cld W Any	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9274	Ext Amb Insulin Del Sys Disposbl Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9275	Home Glu Dispbl Mon W/Test Strips	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9276	Sensor; Invsv Intrstl Glu Mon Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9277	Transmtr; Ext Intrstl Cont Glu Mon	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9278	Receiver Mon; Ext Intrstl Glu Mon	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

A9279	Mon Feature/Devc Alone/Integrat Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9280	Alert Or Alarm Device Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9281	Reach/Grabbing Devc Any Type/Len Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9282	Wig Any Type Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9283	Foot Pressure Off Load/Supp Dev Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9286	Hyg I/Dvc Dispbl/Non-Dispbl Any T E	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9300	Exercise Equipment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
A9507	Radioactive Contrast Agent	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
B4100	Food Thickener Admided Orally-Ounce	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1052	Hemostatic Agent; Gi Bleed	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1761	Catheter; Shockwave Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1821	Spine Bone Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1823	Nerve Stimulator Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

C1841	Electronic Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1842	Electronic Retina	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C1849	Skin Substitute	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C2596	Probe; Waterjet Ablation	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C2614	Probe; Spinal Disc Surgery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C2624	Cardiac devices - Implt Wl Pulm Art Prss Snsr Del Cath	This code requires PA. If an inpatient stay is requested, that will also require PA.
C9361	Collagen Matrix Nerve Wrap	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9363	Substitute Skin	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9364	Porcine Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9764	Surgery; Artery Blood Flow	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9765	Surgery; Artery Blood Flow	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9766	Surgery; Artery Blood Flow	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9767	Surgery; Artery Blood Flow	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9772	Stent Surgery; Major Artery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

C9773	Stent Surgery; Major Artery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9774	Stent Surgery; Major Artery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9775	Stent Surgery; Major Artery	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
C9777	Stomach Barrier Strength Test	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
D9999	Uns Adjunctive Procedure Report	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0172	Seat Lift Mech Place Ovr/Top Toilet	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0190	Pstn Cush/Pillow/Edge All Component	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0194	Electric beds - Air Fluidized Bed	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0203	Tx Ltbox Mini 10000 Lux Table Top	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0231	Non-Cntc Wnd Warm Devc W/Card&Covr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0232	Wound Warming Wound Cover	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0240	Bath/Shower Chair W/Wo Whls Any Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0241	Bath tub Wall Rail Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E0242	Bathtub Rail Floor Base	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0243	Toilet Rail Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0244	Raised Toilet Seat	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0245	Tub Stool Or Bench	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0246	Transfer Tub Rail Attachment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0247	Trnsf Bench Tub/Toilet W/Wo Commode	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0248	Trnsf Bench Hevy Duty Tub/Toilet	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0270	Hosp Bed Inst Type: W/Matrrss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0273	Bed Board	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0274	Over-Bed Table	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0277	Other durable medical equipment (DME) - Power Pressure-Reducing Air Matrrss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0302	Other durable medical equipment (DME) - Hos Bed Wt Cap>600 W/O Mattress	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E0304	Other durable medical equipment (DME) - Hos Bed Xtra Hd Wt Cap>600 Mtrss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0315	Bed Access: Board/Tabl/Supprt Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0328	Other durable medical equipment (DME) - Hosp Bed Ped Manual Inct Mattress	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0350	Cntrl U Elec Bowel Irrig/Evac Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0352	Dispbl Pack W/Elec Bowel Irrig/Evac	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0370	Air Pressure Elevator For Heel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0425	Station Comprs Gas Sys Purchase;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0430	Prtble Gaseous O2 Sys Purchase;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0435	Prtble Liquid O2 Sys Purchase;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0446	Topical Oxygen Delivery System Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0457	Chest Shell	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0459	Chest Wrap	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E0466	Noninvasive home ventilators - Home Vent Type Used Non-Invasv Intf	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0481	Intrapulm Percuss Vent Sys&Rel Acss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0483	High-frequency chest compression vests - High Frequency Chest Wall Oscillation System, With Full Anterior And/Or Posterior Thoracic Region Re	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0625	Patient Lift Bathroom Or Toilet Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0637	Comb Sit Stand Frame/Table Seatlift	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0638	Stand Frame/Table Sys 1 Pos Any Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0639	Pt Lift Moveable Disassmbl&Reassmbl	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0640	Pt Lift Fix Sys All Cmpnts/Access	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0641	Stand Frame/Table Sys Mx-Pos Any Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0642	Stand Frame/Table Sys Mobile Any Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0692	Other durable medical equipment (DME) - Uv Lt Tx Sys Pant W/Lamp 4 Ft Panel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0693	Other durable medical equipment (DME) - Uv Lt Tx Sys Pant W/Lamp 6 Ft Panel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E0694	Other durable medical equipment (DME) - Uv Mx Dir Lt Tx Sys 6 Ft Cabinet	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0700	Safety Eqp Device/Accessry Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0710	Restraint Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0746	Electromyography Biofeedback Device	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0747	Bone growth stimulators - Ostogns Stim Noninvasv Not Sp Applic	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
E0748	Bone growth stimulators - Ostogns Stim Noninvasv Sp Applic	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
E0755	Elec Salivary Reflex Stimulator	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0760	Bone growth stimulators - Ostogns Stim Lw Intens Us Noninvasv	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
E0761	Non-Thrml Puls Radiowave Elec magnet	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0764	Neuromuscular stimulators - Func Neuromusc Stim Cmpnt Sc Inj	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
E0766	Other durable medical equipment (DME) - Elec Stm Dvc Ca Tx All Acc Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0769	Wound Healing Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0770	Nerve-Muscle Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E0784	Other durable medical equipment (DME) - External Amb Infusion Pump Insulin	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0787	Ext Amb Infus Pump Insulin D R Adj	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0936	Cont Pass Motion Exer Devc Not Knee	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0970	No 2 Footplates Except Elev Legrest	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E0986	Wheelchairs/scooters - Mnl Wc Acss Psh-Rm Act Pwr Asst Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1002	Wheelchairs/scooters - Wc Acss Pwr Seating Sys Tilt Only	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1003	Wheelchairs/scooters - Wc Acss Recline Only No Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1004	Wheelchairs/scooters - Wc Acss Recline W/Mech Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1005	Wheelchairs/scooters - Wc Acss Recline W/Pwr Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1006	Wheelchairs/scooters - Wc Acss Tilt&Recline No Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1007	Wheelchairs/scooters - Wc Acss Tilt&Reclin Mech Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1008	Wheelchairs/scooters - Wc Acss Tilt&Recline Pwr Shear Rduc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E1009	Wheelchairs/scooters - Wc Accss Mech Linkd Leg Elev Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1010	Wheelchairs/scooters - Wc Accss Pwr Leg Elev Sys Pair	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1085	Hemi-Whlchair;Fix Arm Dtach Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1086	Hemi-Whlchair; Dtachbl Arms Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1089	Hi-Strgrth Whlchair; Fix Arm Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1090	Hi-Strgrth Whlchar;Dtach Arm Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1130	Std Whlchair; Fix Arm Dtach Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1140	Whlchair; Dtachble Arms Footrests	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1161	Wheelchairs/scooters - Manual Adlt Sz Wc Incl Tilt Space	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1234	Wheelchairs/scooters - Wc Ped Sz Tilt-In-Spce Fold No Seat	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1235	Wheelchairs/scooters - Wc Ped Sz Rigd Adjustbl W/Seat Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1239	Wheelchairs/scooters - Power Wheelchair Pediatric Size Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

E1250	Lghtwt Whlchr;Fix Arm Dtach Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1260	Lghtwt Whlchair; Dtach Arms Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1285	Hevy-Duty Whlchr;Fix Arm Dtach Foot	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1290	Hevy-Duty Whlchr; Dtach Arm Footrst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1300	Whirlpool Portable	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E1399	Durable Medical Equipment, Misc	Possible denial. Unlisted code.
E2510	Other durable medical equipment (DME) - Spch Gen Dvc Synthsizd Mx Meth Mess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E8000	Gait Trainer Ped Sz Post Supp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E8001	Gait Trainer Ped Sz Upright Supp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
E8002	Gait Trainer Ped Sz Ant Supp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0122	Colorec Cancer Screening; Ba Enema	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0219	Pet Bdy; Melanoma Non-Covr Indicat	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

G0235	Pet Imaging Any Site Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0252	Pet Imag Dx Brest Ca&/Surg Plan	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0255	Cpt/Snct Per Limb Any Nerve	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0259	Contrast Injection For Ct Scan	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0282	Wound Treatment	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0282	E-Stim 1/> Areas Wnd Care Not G0281	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0295	Electromagnetic Wound Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0295	Elecmagnet Tx 1/>Area Not G0329/Oth	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0329	Electromagnetic Wound Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0341	Transplant Related Procedure - Pancreatic Islet	Transplant - Refer to Health Plan Transplant Program for information.
G0343	Transplant Related Procedure - Pancreatic Islet	Transplant - Refer to Health Plan Transplant Program for information.
G0428	Insertion Of Collagen Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G0428	Coll Menisc Impl Fil Meniscal Defec	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

G0460	Plasma Treatment	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G6003	Radiation therapy - Rt D 2 Tx Ar Pt/Pl Opp Pt:To 5 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6004	Radiation therapy - Rt D 1 Tx Ar Pt/Pl Opp Pt: 6-10 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6005	Radiation therapy - Rt D 1 Tx Ar Pt/Pl Opp Pt:11-19 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6006	Radiation therapy - Rt D 1 Tx Ar Pt/Pl Opp Pt:20 Mev/>	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6007	Radiation therapy - Rt Del 2 Sep 3/>Pt 1 Tx Ar:To 5 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6008	Radiation therapy - Rt Del 2 Sep Ar 3/>Pt 1 Ar:6-10 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6009	Radiation therapy - Rt Del 2 S Ar 3/>Pt 1 Ar:11-19 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6010	Radiation therapy - Rt Del 2 Sep Ar 3/>Pt 1 Ar:20 Mev/>	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6011	Radiation therapy - Rt D 3/> S Tx Ar Cstm Blk;To 5 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6012	Radiation therapy - Rt D 3/> S Tx Ar Cstm Blk;6-10 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6013	Radiation therapy - Rt D 3/> S Tx Ar Cstm Blk;11-19 Mev	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G6014	Radiation therapy - Rt D 3/> S Tx Ar Cstm Blk;20 Mev/>	Pre-service review and authorization required when performed in an outpatient setting. Please provide pre-operative evaluation, history and physical and documentation of medical necessity.
G9013	Esrd Demo Basic Bundle Level I	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

G9014	Esrd Demo Expnd Bundle W/Venus Acss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9016	Smok Cessatn Cnsl Ind Absnc/Add E&M	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9051	Onc; Prim Focus; Tx Decision Optns	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9052	Onc; Prim; Surveillance Recur;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9053	Onc; Prim; Expect Mgmt Evidence Ca;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9054	Onc;Prim;Sup Pt Term Ca;Palliatv Tx	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9055	Onc;Prim;Oth Uns Not Otherwise List	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9056	Onc;Prac Guide;Mgmt Adhers To Guide	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9057	Onc; Prac; Mgmt Differ Clin Trial	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9058	Onc; Mgmt Difr Phys Disagree Guide	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9059	Onc;Prac;Mgmt Differs Pt Opt Alt Tx	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9060	Onc; Prac; Mgmt Differ Comorbid Ill	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

G9061	Onc; Pts Cond Not Addressed Guide	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9062	Onc; Prac; Mgmt Differs Oth Reason	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
G9062	Onc; Prac; Mgmt Differs Oth Reason	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0001	Alcohol And/Or Drug Assessment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0002	Bhval Hlth Scr Determ Admis Tx Progn	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0003	Alcohol&/Rx Scr;Lab Analy Alcohol&/Rx	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0004	Behavioral Health Cnsl&Tx-15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0005	Alcohol&/Rx Svc; Grp Cnsl Clinician	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0006	Alcohol &Or Drug Svc; Case Mgmt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0007	Alcohol &Or Rx Svc; Crisis Interven	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0008	Alcohol&/Rx Svc;Sub-Ac Dtox Hosp Ip	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0009	Alcohol&/Rx Svc; Acute Dtox Hosp Ip	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H0010	Alcohol/Rx Svc; Sub-Ac Dtox Res Ip	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0011	Alcohol/Rx Svc;Ac Dtox Res Prog Ip	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0012	Alcohol/Rx Svc; Sub-Ac Dtox Res Op	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0013	Alcohol/Rx Svc;Ac Dtox Res Prog Op	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0014	Alcohol & Rx Svc; Amb Dtoxication	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0015	Alcohol/Rx Svc; Intensv Op; Intrvn	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0016	Alcohol & Or Rx Svc; Medical/Somatic	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0017	Bhval Health; Res W/O Room&Bd-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0018	Bhval Hlth; Shrt-Term Res Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0019	Bhval Hlth; Lng-Term Res Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0020	Alcohol/Rx Svc;Methdone Admn&/Srv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0021	Alcohol & Or Drug Training Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H0022	Alcohol &Or Drug Interven Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0023	Behavioral Health Outreach Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0024	Bhval Hlth Prv Inform Dissemin Srvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0025	Bhval Health Prev Education Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0026	Alcohol&Rx Prev Prc Srvc Cmty-Based	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0027	Alcohol &Or Rx Prev Envir Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0028	Alcohol&Rx Prev Prob Id&Ref Srvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0029	Alcohol &Or Rx Prevention Alt Srvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0030	Behavioral Health Hotline Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0031	Mental Health Assess Non-Physician	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0032	Mentl Hlth Srvc Plan Dvlp Non-Phys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0033	Oral Medadmin Dir Observation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H0034	Medication Trn&Support Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0035	Mental Health Part Hosp Tx < 24 Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0036	Cmty Psyc Supp Tx Fce-To-Fce-15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0037	Cmty Psyc Supportive Tx Progm-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0038	Self-Help/Peer Services Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0039	Assertive Cmty Tx Fce-To-Fce-15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0040	Assertive Cmty Tx Progm Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0041	Foster Care Chld Non-Tx-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0042	Foster Care Chld Non-Tx-Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0043	Supported Housing Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0044	Supported Housing Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0045	Respite Care Srvc Not Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H0046	Mental Health Services Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0047	Alcohol &Or Oth Drug Abs Srvc Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0048	Alc &/Oth Rx Tst: Clct&Hndl Not Bld	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0049	Alcohol And/Or Drug Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H0050	Alcohol &/ Drug Srvc Brf Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1000	Prenatal Care At-Risk Assessment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1001	Prenatal @Risk Enhncd Srvc; Antprtm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1002	Prenatal @Risk Enhncd Srvc; Coord	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1003	Prenatal @Risk Enhncd Srvc; Ed	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1004	Prenatal @Risk Enhncd Srvc; F/U Hom	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1005	Prenatal @Risk Enhncd Srvc Pkg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H1010	Non-Medical Fam Planning Ed-Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H1011	Fam Assess Lic Bhval Hlth State Def	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2000	Comp Multidisciplinary Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2001	Rehabilitation Program Per 1/2 Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2010	Comp Medication Services Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2011	Crisis Interven Service Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2012	Behavioral Health Day Tx Per Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2013	Psyc Health FacI Service Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2014	Skills Training&Dvlp Per 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2015	Comp Cmty Support Svc Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2016	Comp Cmty Support Svc Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2017	Psychosocial Rehab Svc 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2018	Psychosocial Rehab Svc Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H2019	Therapeutic Behavioral Srvc 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2020	Therapeutic Behavioral Srvc Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2021	Cmty-Based Wrap-Around Srvc 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2022	Cmty-Based Wrap-Around Srvc Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2023	Supported Employment Per 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2024	Supported Employment Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2025	Ongoing Supp Mntain Employ 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2026	Ongoing Supp Mntain Employment Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2027	Psychoeducational Service 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2028	Sexloffender Tx Service Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2029	Sexual Offender Tx Service Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2030	Mental Health Clubhouse Srvc 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

H2031	Mental Health Clubhouse Srvc Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2032	Activity Therapy Per 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2033	Multisys Therapy Juvs Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2034	Alc&/Rx Abs Halfway House Srvc Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2035	Alcohol &Or Oth Drug Tx Progm-Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2036	Alcohol &Or Oth Drug Tx Progm-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
H2037	Dvlpmntl Day Prev Actv Chld 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0606	AED W/Intgr Ecg Analy Garmnt Type	Pre-service review and authorization required. Please provide clinical evaluation, history and physical and documentation of medical necessity.
K0801	Wheelchairs/scooters - Pwr Op Veh Grp 1 Hvy Pt 301-450 Lbs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0806	Wheelchairs/scooters - Pwr Op Veh Grp 2 Std Pt To 300 Lbs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0808	Wheelchairs/scooters - Pwr Op Veh Grp 2 Pt 451-600 Lbs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0813-K0899	Power Wheelchair	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

K0863	Wheelchairs/scooters - Pwr Wc 3 Mx Pwr Sling Pt 451-600	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0864	Wheelchairs/scooters - Pwr Wc 3 Mx Pwr Sling Seat Pt 601/>	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0877	Wheelchairs/scooters - Pwr Wc 4 1 Pwr Sling Seat Pt To 300	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0884	Wheelchairs/scooters - Pwr Wc 4 Mx Pwr Sling Seat Pt To 300	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0890	Wheelchairs/scooters - Pwr Wc 5 Ped 1 Pwr Sling Pt To 125	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0891	Wheelchairs/scooters - Pwr Wc 5 Ped Mx Pwr Sling Pt To 125	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0898	Wheelchairs/scooters - Power Wheelchair Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K0899	Wheelchairs/scooters - Pwr Mobilty Devc Not Coded Dme Pdac	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1002	Brain Stimulation; Ces System	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1007	Custom Hip-To-Ankle Brace	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1009	Device; Modulate Speech	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1016	Trigeminal Nerve Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1017	Monthly Supply; Disposable Patches For K1016	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

K1018	Wrist Nerve Stimulation Device	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1019	Supply For Nerve Device	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1020	Noninvasice Nerve Stimulator	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
K1026	Mechanical Allergen Filter	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L2006	Knee-Ankle-Foot Device	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L2861	Add Low Ext Jnt Knee/Ank Cstm Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3215	Orthoped Ftwear Ladies Oxford Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3216	Ortho Ftwear Ladies Shoe Dpth Inlay	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3217	Orthoped Ftwear Ladies Hitop Inlay	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3219	Orthoped Ftwear Mens Shoe Oxford Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3221	Orthopd Ftwear Mens Shoe Dpth Inlay	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3222	Ortho Ftwear Mens Hitop Dpth Inlay	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L3260	Surgical Boot/Shoe Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

L3891	Add Up Ext Jnt Wrist/Elb Cstm Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5301	Prosthetics - Bk Mold Sckt Shin Sach Ft Endo Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5856	Prosthetics - Add Low Ext Pros Kn-Shn Swing&Stnce	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5859	Powered Leg Hinge; Lower Extremity	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5968	Prosthetics - Add Lw Limb Prosth Mx-Axial Ankle	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5981	Prosthetics - All Low Extrm Prosth Flx-Walk Sys/=	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L5987	Prosthetics - All Lw Extrm Prosth Shank Foot Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L7600	Prostetic Donning Sleeve Material Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L7900	Male Vacuum Erection System	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L7902	Tension Ring Vac Erect Devc Repl Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8600	Breast procedures - Impl Breast Prosth Silicone/Equal	Possible denial. Not covered when cosmetic. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8608	Retinal Implant Accessory	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8641	Metatarsal Joint Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

L8642	Hallux Implant	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8680	Impl Neurostimulator Electrode Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8682	Spinal cord stimulators - Impl Neurostimulator Radiofreq Recv	This code requires PA. If an inpatient stay is requested, that will also require PA.
L8683	Neurostimulators - Rf Trnsmt W/Impl Neurostim Rf Recv	This code requires PA. If an inpatient stay is requested, that will also require PA.
L8685	Impl Neurostim 1 Array Rechargeable	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8686	Impl Neurostim 1 Array Non-Recharge	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8687	Impl Neurostim 2 Array Rechargeable	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8688	Impl Neurostim 2 Array Non-Recharge	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8692	Auditory Osseointegrat Dev Bdy Worn	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8701	Custom Made Robotic Arm	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
L8702	Custom Made Robotic Arm	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0075	Cellular Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0076	Prolotherapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

M0076	Prolotherapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0100	Intragastr Hypothm Use Gastr Freez	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0300	Iv Chelation Therapy	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0300	Iv Chelation Therapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
M0301	Fabric Wrapping Abdominal Aneurysm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
P2031	Hair Analysis	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
P7001	Cult Bacterl Urine; Quan Sens Study	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
P9020	Platelet Rich Plasma	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q0144	Azithromycin Oral Cap/Powder 1 Gm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q3028	Inj Interferon Beta-1A 1 Mcg Subq	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q4104	Integra Bmwrd; Wound Covering	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q4108	Integra Matrix	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q4137	Human Tissue Graft	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

Q4139	Human Placenta Tissue	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
Q4179	Flowerderm; Wound Covering	Possible denial. Not covered when experimental. Pre-service review and authorization required. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0012	Butorphanl Tartrat Nasl Spray 25 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0013	Esketamine Nasal Spray 1 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0014	Tacrine Hydrochloride 10 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0017	Injection Aminocaproic Acid 5 Grams	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0020	Inj Bupivacaine Hydrochloride 30 Ml	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0021	Inj Cefoperazone Sodium 1 Gm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0023	Inj Cimetidine Hydrochloride 300 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0028	Injection Famotidine 20 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0030	Injection Metronidazole 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0032	Injection Nafcillin Sodium 2 Grams	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0034	Injection Ofloxacin 400 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0039	Inj Sulfmethoxaz&Trimethoprm 10 Ml	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0040	Inj Ticarcillin & Clavulanat K+3.1 Gm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0073	Injection Aztreonam 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0074	Injection Cefotetan Disodium 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0077	Inj Clindamycin Phosphate 300 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0078	Inj Fosphenytoin Sodium 750 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0080	Inj Pentamidine Isethionate 300 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0081	Inj Piperacillin Sodium 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0088	Imatinib 100 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0090	Sildenafil Citrate 25 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0091	Granisetron Hydrochloride 1 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0092	Inj Hydromorphone Hydrochlorid 250 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0093	Injection Morphine Sulfate 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0104	Zidovudine Oral 100 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0106	Bupropion Hci Sr Tab 150 Mg 60 Tabs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0108	Mercaptopurine Oral 50 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0109	Methadone Oral 5Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0117	Tretinoin Topical 5 Grams	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0119	Ondansetron Oral 4 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0122	Injection Menotropins 75 Iu	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0126	Injection Follitropin Alfa 75 Iu	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0128	Injection Follitropin Beta 75 Iu	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0132	Injection Ganirelix Acetate 250 Mcg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0136	Clozapine 25 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0137	Didanosine 25 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0138	Finasteride 5 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0139	Minoxidil 10 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0140	Saquinavir 200 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0142	Colisthmthate Soduim Inhal Conc-Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0145	Inj Pegylatd Ifn Alfa-2A 180 Mcg Ml	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0148	Inj Pegylatd Intrfer Alfa-2B 10 Mcg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0155	Sterile Dilutant Epoprostenol 50 Ml	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0156	Exemestane 25 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0157	Becaplermin Gel 0.01% 0.5 Gm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0160	Dextroamphetamine Sulfate 5 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0164	Injection Pantoprazole Sodium 40 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0166	Injection Olanzapine 2.5 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0169	Calcitrol 0.25 Microgram	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0170	Anastrozole Oral 1 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0171	Injection Bumetanide 0.5 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0172	Chlorambucil Oral 2 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0174	Dolasetron Mesylate Oral 50 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0175	Flutamide Oral 125 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0176	Hydroxyurea Oral 500 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0177	Levamisole Hydrochloride Oral 50 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0178	Lomustine Oral 10 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0179	Megestrol Acetate Oral 20 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0182	Procarbazine Hydrochlorid Oral 50 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0183	Prochlorperazine Maleate Oral 5Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0187	Tamoxifen Citrate Oral 10 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0189	Testosterone Pellet 75 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0190	Mifepristone Oral 200 Mg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0191	Misoprostol Oral 200 Mcg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0194	Dialys/Stress Vit Supl Oral 100 Cap	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0197	Prenatal Vitamins 30-Day Supply	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0199	Med Induced Ab Oral Ingest Med	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0201	Part Hospitalizatn Srvc<24 Hr-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0207	Paramed Intercept Non-Hos-Based Als	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0208	Paramed Intropt Als Non-Trnsprt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0209	Wheelchair Van Mileage Per Mile	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0215	Non-Emerg Transportation; Per Mile	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0220	Med Conf Md W/Team Hlth Prof;30 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0221	Med Conf Md W/Team Hlth Prof;60 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0250	Comp Geriatric Assess&Tx Planning	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0255	By Nrs Socl Wrker/Oth Desnatd Staff	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0257	Cnsl&Discuss Ad/Eol Pt&/Surrogate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0260	Hx & Phys Related To Surgical Proc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0265	Genetic Cnsl Phys Sup Ea 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0270	Phys Mgt Pt Home Care Std Mon Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0271	Phys Mgt Pt Hm Care Hospice Mo Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0272	Phys Mgt Pt Hm Care Episodic Mo Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0273	Phys Vst Member Home Out Capitation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0274	Np Vst Membr Hom Outside Capitation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0280	Med Home Prog Comp Care Coord Init	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0281	Med Home Program Care Coord Maint	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0285	Col Cnslt Prfrm Prior Scr Col Proc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0302	Cmpl Early Prd Screen Dx&Tx Srv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0310	Hospitalist Services	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0311	Comp Mgmt&Care Coord Adv Ill Cal Mo	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0315	Dz Mgmt Progm; Init Assess&Init Pro	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0316	Dz Mgmt Progm Follow-Up/Reassess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0317	Disease Management Progm; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0320	Tel Calls Rn Dz Mgmt Memb Monitr;Mo	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0340	Lifestyl Mod Mgmt Cor Art Dz; 1 Qtr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0341	Lifestyl Mod Mgmt Cad; 2Nd/3Rd Qtr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0342	Lifestyl Mod Mgmt Cor Art Dz; 4 Qtr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0353	Tx Plan Care Coord Mgmt Ca Init Tx	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0354	Tx Plan Care Mgmt Ca Est Pt Chg Reg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0390	Routine Foot Care; Per Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0395	Impression Cast Foot-Practitioner	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0400	Globl Fee Xtracorp Shock Wave Lith	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0500	Disposable Contact Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0504	Single Vision Prsc Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0506	Bifocal Vision Prsc Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0508	Trifocal Vision Prsc Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0510	Non-Prescription Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0512	Daily Wear Spclty Cntc Lens-Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0514	Color Contact Lens Per Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0515	Scleral Lens Lqd Bandge Device-Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0516	Safety Eyeglass Frames	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0518	Sunglasses Frames	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0581	Nonstandard Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0590	Integrl Lens Svc Misc Reported Sep	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0592	Comp Contact Lens Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0595	Dispns New Spctcl Lens Pt Spl Frme	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0596	Phakic Iol Correct Refractive Error	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0601	Screening Proctoscopy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S0610	Annual Gyn Examination New Patient	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0612	Annual Gyn Examination Est Patient	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0613	Annual Gyn Ex Clin Brst Ex No Pelv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0622	Physical Exam College New/Est Pt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0630	Remv Sutures; Md Not Md Who Clos Wnd	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0800	Laser In Situ Keratomileusis	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0810	Photorefractive Keratectomy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S0812	Phototherapeutic Keratectomy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1001	Deluxe Item Patient Aware	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1002	Customized Item	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1015	Iv Tubing Extension Set	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1016	Non-Pvc Iv Admn Set Rx Not Stable	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S1030	Cont Noninvas Glu Mon Devc Purchase	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1031	Cont Noninvas Glu Mon Devc Rental	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1034	Artif Panc Devc Sys Cmncct All Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1035	Snsr;Invasv Dspbl Art Panc Devc Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1036	Transmtr;Ext Use Art Panc Devc Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1037	Recver; Ext Use Artif Panc Devc Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1040	Cranial Remold Orthot Ped Cust Fab	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S1091	Stent Noncoronary Temporary Del Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2053	Tplnt Sm Intestine&Liver Allogfts	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2054	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2054	Transplantation Multivisceral Orgn	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2055	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S2055	Harv Donr Mx-Vscrfl Orgn; Cadvr Donr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2060	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2060	Lobar Lung Transplantation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2061	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2061	Donor Lobect Tplnt Living Donor	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2065	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2065	Simultaneous Panc Kidney Tplnt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2066	Breast Recon W/Gap Flap Unilateral	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2067	Brst Recn 1 Brst Diep&/Gap Flp(S)	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2068	Breast Recon Diep/Siea Flap Uni	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2070	Cysto; Laser Tx Ureteral Calc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2079	Lap Esophagomyotomy Heller Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S2080	Laser-Assisted Uvulopalatoplasty	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2083	Adj Gastric Band Diam Subq Port	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2095	Trnscath Occl/Emboliz Tumr Destruc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2102	HcpCs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2102	Islet Cell Tiss Tplnt Panc; Allogen	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2103	HcpCs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2103	Adrenal Tissue Transplant To Brain	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2107	Adoptive Immunotx Course Treatment	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2112	Arthroscopy Knee Surg Harvest Cart	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2115	Osteot Periacetabular W/Intrl Fix	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2117	Arthroereisis Subtalar	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2118	Mtl-On-Mtl Tot Hip Rsrfc Acetab&Fem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S2120	Ldl Apheres Heparin Xtrcrp Ldl Precp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2140	Cord Bld Harvest Tplnt Allogeneic	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2142	Cord Blood Stem-Cell Tplnt Allogen	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2150	Bn Marrow/Stem Cell Harv Tplnt&Comp;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2152	Hcpcs: S-Codes Are Not Valid For Medicare Purposes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2152	Solid Organ; Tplnt & Related Comp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2202	Echosclerotherapy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2205	Min Invas Dir Cab; Art Gft 1 Cag	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2206	Min Invas Dir Cab; Art Gft 2 Cag	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2207	Min Invas Dir Cab; Ven Only 1 Cvg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2208	Min Invas Dir Cab; 1 Art&Vg 1 Vg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2209	Min Invas Dir Cab; 2 Art Gft&1 Vg	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S2225	Myringotomy Laser-Assisted	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2230	Impl Magnt Cmpnt Semi-Impl Hear Dvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2235	Impl Auditory Brain Stem Implant	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2260	Induced Ab 17-24 Weeks Any Surg Meth	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2265	Induced Abortion 25 To 28 Weeks	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2266	Induced Abortion 29 To 31 Weeks	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2267	Induced Abortion 32 Weeks/Greater	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2300	Scope Shldr;W/Therm-Induced Cpslrr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2325	Hip Core Decompression	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2340	Chemodervat Abductr Musc Vocl Cord	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2341	Chemodervat Adduct Musc Vocal Crd	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2342	Nasl Endo Postop Debrid Uni/Bil	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S2348	Decomp Perq Disc Rf 1/Mx Lumb	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2350	Disiect Ant-Osteophyt;Lumb 1 Intrsp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2351	Dskct Ant-Osteophyt;Lumb Add Intrsp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2400	Repair Congen Hernia Fetus-Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2401	Repair Urin Tract Obst Fetus-Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2402	Repair Congen Cyst Malf Fetus-Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2403	Repair Eps In The Fetus In Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2404	Repr Myelomeningo Fetus Proc-Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2405	Repr Sacrococ Tratoma Fetus In Utero	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2409	Rep Congn Malform Fetus-Utero Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2411	Fetoscopic Laser Therapy Tx Of Ttts	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S2900	Surg Tech Rqr Use Robotic Surg Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S3000	Diab Ind; Ret Eye Ex Dilat Bil	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3005	Pfrfm Msr Eval Pt Self Assess Dprss	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3600	Stat Laboratory Request	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3601	Emerg Stat Lab Chrg Pt Hb/Nrs FacI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3620	Newborn Metabolic Screening Panel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3630	Eosinophil Count Blood Direct	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3645	Hiv-1 Antibod Test Mucos Transudate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3650	Saliva Test Hormone Level;Menopause	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3652	Sliva Tst Hormone LevI;Prterm Labor	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3655	Antisperm Antibodies Test	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3708	Gastrointestinal Fat Absorb Study	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3722	Dose Optimization Auc Anal Inf 5-Fu	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S3800	Genetic Testing Als	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3840	Dna Analysis Ret Proto-Oncogene	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3841	Genetic Testing For Retinoblastoma	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3842	Genetic Tst Von Hippel-Lindau Dz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3844	Dna Analy Gjb2 Congn Pfnd Deafness	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3845	Genetic Testing Alpha-Thalassemia	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3846	Genetic Tst Hgb E Beta-Thalassemia	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3849	Genetic Testing Niemann-Pick Dz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3850	Genetic Testing Sickle Cell Anemia	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3852	Dna Analy Apoe Epsilon 4 Allele Alz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3853	Genetic Tst Myotonic Musc Dystrophy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3854	Gene Expression Profiling Panel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S3861	Genetic Test Scn5A&Variants Spct Bs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3865	Comp Gene Sequence Analysis Hcm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3866	Genetic Analysis Gene Mutat Hcm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3870	Cgh Microarray Test Dd Asd &/Or Id	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3900	Surface Electromyography	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3902	Ballistocardiogram	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S3904	Masters Two Step	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4005	Interim Labor Facility Global	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4011	In Vitro Fertilization;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4013	Complete Cycle Gift Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4014	Complete Cycle Zift Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4015	Complete Ivf Cycle Case Rate Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S4016	Frozen Ivf Cycle Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4017	Incl Cycl Tx Canceled Prior To Stim	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4018	Frzn Emb Trans Canc Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4020	Ivf Proc Canc Befr Aspir Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4021	Ivf Proc Canc Afr Aspir Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4022	Assist Oocyte Fertiliz Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4023	Donor Egg Cycle Incl Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4025	Donor Srvc In Vitro Fertilization	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4026	Procurement Donr Sperm Sperm Bank	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4027	Storage Previously Frozen Embryos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4028	Micsurg Epididymal Sperm Aspir	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4030	Sperm Procurement&Cryopres; 1 Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S4031	Sperm Procure&Cryopres; Subsqt Vst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4035	Stim Intrauterine Insemin Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4037	Cryopreservd Embryo Trnsf Case Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4040	Mon & Stor Cryopresrv Embryos 30 Da	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4042	Mgmt Ovulation Induction Per Cycle	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4981	Instrt Levonorgestrel Intrautrn Sys	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4989	Contracept Iud Incl Impl&Supplies	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4990	Nicotine Patches Legend	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4991	Nicotine Patches Non-Legend	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4993	Contraceptive Pills Birth Control	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S4995	Smoking Cessation Gum	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5000	Prescription Drug Generic	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S5001	Prescription Drug Brand Name	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5010	5% Dxtros & 0.45% NI Saline 1000 MI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5012	5% Dxtros W/K+ Chlorid 1000 MI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5013	5% Dxtros/0.45% S Kcl&Mgso4 1000 MI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5014	5% Dxtros/0.45% Ns Kci&Mgso4 1500 MI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5035	Home Infus Tx Routine Infus Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5036	Home Infus Tx Repair Infus Device	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5100	Day Care Services Adult; Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5101	Day Care Svc Adult; Per Half Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5102	Day Care Services Adult; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5105	Day Care Cntr-Basd; Svc Not W/Fee	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5108	Hom Care Trn Hom Care Client 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S5136	Companion Care Adult ; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5140	Foster Care Adult; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5141	Foster Care Adult; Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5145	Foster Care Therapeutic Child; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5146	Foster Care Therapeutic Chld; Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5150	Unskld Respite Care Not Hospice; 15	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5151	Unskld Respite Care Not Hospice;Per	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5160	Emerg Response System; Instl&Tst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5161	Emerg Response Sys; Svc Fee-Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5162	Emerg Response Sys; Purchase Only	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5165	Home Modifications; Per Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5170	Home Del Meals Incl Prep; Meal	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S5175	Laundry Service Ext Prof; Order	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5180	Home Health Resp Tx Init Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5181	Home Health Resp Tx Nos Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5185	Med Remindr Srvc Non-Fce-To-Fce; Mo	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5190	Wellness Assess Prfrm Non-Physician	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5199	Personal Care Item Nos Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5497	Home Infus Tx Cath Care Noc; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5502	Hit Cath Care Impl Acsss Devc Pd	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5550	Insulin Rapid Onset; 5 Units	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5551	Insulin Most Rapid Onset; 5 Units	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5552	Insulin Intermed Acting; 5 Units	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5553	Insulin Long Acting; 5 Units	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S5560	Insulin Devc Reusable Pen;1.5 MI Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5561	Insulin Devc Reusable Pen; 3 MI Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5565	Insulin Cartridge Not Pump; 150 U	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5566	Insulin Cartridge Not Pump; 300 U	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5570	Insulin Disposable Pen; 1.5 MI Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S5571	Insulin Disposable Pen; 3 MI Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8030	Scleral Application Tantalum Ring	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8035	Magnetic Source Imaging	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8037	Mr Cholangiopancreatography	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8040	Topographic Brain Mapping	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8042	Magnetic Resonance Imag Low-Field	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8055	Us Guid Mxifetl Pg Rduc Tech Cmpnt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S8080	Scintimammo Uni W/Spl Radiopharm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8085	F-18 Fdg Imag 2-Hd Coincenc Detct	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8092	Electron Beam Computed Tomography	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8096	Portable Peak Flow Meter	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8097	Asthma Kit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8100	Hold Chamb W/Inhal/Nebulizr;No Mask	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8101	Hold Chamb W/Inhal/Nebulizr; W/Mask	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8110	Peak Expiratory Flow Rate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8120	O2 Cntn Gaseous 1 U = 1 Cubic Foot	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8121	O2 Contents Lqd 1 U Equals 1 Pound	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8130	Interferential Curr Stim 2 Channel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8131	Interferential Curr Stim 4 Channel	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S8185	Flutter Device	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8186	Swivel Adaptor	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8189	Tracheostomy Supply Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8210	Mucus Trap	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8265	Haberman Feeder Cleft Lip/Palate	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8270	Enuresis Alarm Buzz&/Vibration Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8301	Infection Control Supplies Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8415	Supplies Home Delivery Of Infant	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8420	Gradent Press Aid Sleeve&Glove Cstm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8421	Gradent Press Aid Slv&Glov Rdy Made	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8422	Gradent Press Aid Sleev Cstm Med Wt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8423	Gradent Press Aid Sleev Cstm Hvy Wt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S8424	Gradient Press Aid Sleeve Ready Made	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8425	Gradient Press Aid Glove Cstm Med Wt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8426	Gradient Press Aid Glove Cstm Hvy Wt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8427	Gradient Press Aid Glove Ready Made	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8428	Gradient Press Aid Gauntlet Rdy Made	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8429	Gradient Pressure Exterior Wrap	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8430	Padding Compression Bandage Roll	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8431	Compression Bandage Roll	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8450	Splint Prefabricated Digit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8451	Splint Prefabricated Wrist Or Ankle	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8452	Splint Prefabricated Elbow	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8460	Camisole Post-Mastectomy	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S8490	Insulin Syringes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8930	E-Stim Aur Acp Pnt;Ea 15 Min 1-1 Pt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8940	Equestrian/Hippotherapy Per Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8948	Applic Modal 1/More Areas; Lw-Levl	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8950	Complex Lymphedema Tx Ea 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8990	Phys/Manip Tx Maint Not Restoration	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S8999	Resuscitation Bag	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9001	Home Uterin Mon W/Wo Assoc Nrs Srvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9007	Ultrafiltration Monitor	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9024	Paranasal Sinus Ultrasound	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9025	Omniscardiogram/Cardiointegram	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9034	Eswl For Gall Stones	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9055	Procuren/Oth Growth Factor Prep	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9056	Coma Stimulation Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9061	Home Admin Aerosolized Drug Tx Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9083	Global Fee Urgent Care Centers	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9088	Services Prov An Urgent Care Center	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9090	Vert Axial Decomprs Per Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9097	Home Visit For Wound Care	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9098	Home Visit Phototherapy Srvc Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9110	Telemon Pt Home All Equip; Per Mth	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9117	Back School Per Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9122	Hom Hlth Aide/Cna Prov Care Hom; Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9123	Nrs Care Hom; Registered Nurse-Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9124	Nursing Care The Home; Lpn Per Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9125	Respite Care In The Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9126	Hospice Care In The Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9127	Social Work Visit The Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9128	Speech Therapy In The Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9129	Occupational Therapy Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9131	Physical Therapy; Home Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9140	Dm Mgmt Progm F/U Vst Non-Md Prov	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9141	Diab Mgmt Progm F/U Visit Md Prov	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9145	Insulin Pump Init Instruct Use Pump	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9150	Evaluation By Occularist	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9152	Speech Therapy Re-Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9208	Home Mgmt Preterm Labor Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9209	Home Mangement Pprom Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9211	Home Mgmt Gestational Htn; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9212	Home Management Postpartum Htn Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9213	Home Management Preeclampsia; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9214	Home Mgmt Gestational Diabetes;Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9325	Hit Pain Management Infus; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9328	Hit Implanted Pump Pain Mgmt; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9329	Hit Chemotherapy Infusion; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9330	Hit Cont Chemothapy Infus; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9331	Hit Intermit Chemothapy Infus; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9335	Hom Tx Hd; Admin Spl & Eqp Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9339	Home Tx; Peritonl Dialysis Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9340	Home Tx; Enteral Nutrition; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9347	Hit Unintrped Lng-Term Iv/Subq;Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9349	Home Infus Tx Tocolytic; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9355	Home Infus Tx Chelation; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9364	Hit Tpn; Care Coordination Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9372	Ht; Intermit Anticoagulant Inj Tx;	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9373	Hit Hydration Tx; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9374	Hit Hydration Tx; 1 Liter Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9375	Hit Hydrat; >1 Litr No>2 Litr Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9376	Hit Hydrat; >2 Litr No>3 Litr Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9381	Del/Hi Risk Req Escrt/Protect Vst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9401	Anticoagulat Clin No Lab Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9430	Pharm Compounding & Dispensing Serv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9433	Med Food Nutr Oral 100% Nutr Intake	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9434	Mod Solid Food Sup Inborn Err Metab	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9435	Medical Foods Inborn Errors Metab	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9436	Chldbrth Prep/Lamaze Class Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9437	Childbirth Refresh Class Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9438	Cesarean Brth Class Non-Md Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9439	Vbac Classes Non-Md Per Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9441	Asthma Ed Non-Md Prov Per Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9442	Birthing Classes Non-Phys Prov-Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9443	Lactation Class Non-Phys Prov-Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9444	Parenting Classes Non-Md Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9445	Pt Ed Noc Non-Md Prov Ind Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9446	Pt Ed Noc Non-Md Prov Group Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9447	Infant Safety Class Non-Md Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9449	Weight Mgmt Class Non-Phys Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9451	Exercise Classes Non-Phys Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9452	Nutrition Classes Non-Phys Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9453	Smoking Cessation Class Non-Md Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9454	Stress Mgmt Class Non-Phys Per Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9455	Diabetic Mgmt Progm Group Session	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9460	Diabetic Mgmt Progm Nurse Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9465	Diabetic Mgmt Progm Dietitian Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9470	Nutritional Cnsl Dietitian Visit	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9472	Card Rehab Progm Non-Phys Prov Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9473	Pulm Rehab Progm Non-Phys Prov Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9474	Entrstrml Tx Rn Cert Entrstrml Tx Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9475	Amb Set Sbstnc Abs Tx/Dtox Srvc Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9476	Vestibulr Rehab Non-Phys Prov-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9480	Intensive Op Psyc Services Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9482	Family Stabilizatn Srvc Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9484	Crisis Interven Mentl Hlth Srvc-Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9485	Crisis Intervent Mental Health Serv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9497	Hit Antibiotic/Antifungal; Q3 Hrs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9529	Home Or Snf Patient	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9537	Hom Tx Hematopoietic H Inj Tx;Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9538	Home Transfusion Blood Prod; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9559	Home Infus Tx Interferon Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9560	Home Inj Tx; Hormonal Therapy Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9590	Hom Tx Irrig Tx; W/Admn-Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9810	Home Therapy; Noc Per Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9900	Srvc Jour-Listed Cs Pract Heal-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9901	Services Jnl-Listed Cs Nurse Per Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9960	Amb Servc Air Non-Er 1 Way Fix Wing	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9961	Amb Servc Air Non-Er 1 Way Rot Wing	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9970	Health Club Membership Annual	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9975	Tplnt Rel Lodg Meals & Trnsprt Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9976	Lodging Per Diem Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9977	Meals Per Diem Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9981	Medical Records Copying Fee Admin	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9982	Medical Records Copying Fee-Page	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9986	Not Medically Necessary Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9988	Serv Part Of Phase 1 Clinical Trial	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9989	Services Provided Outside Usa	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9990	Srvc Prov Part Phase Ii Clin Trial	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9991	Srvc Prov Part Phase Iii Clin Trial	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9992	Trnsprt Costs Clin Trial Prtcp&Comp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9994	Lodg Cost Clin Trial Prtcp&Caregvr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
S9996	Meals Clin Trial Prtcp&One Caregivr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

S9999	Sales Tax	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1000	Priv Duty/Independent Nrs To 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1001	Nursing Assessment/Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1002	Rn Services Up To 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1003	Lpn/Lvn Services Up To 15 Minutes	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1004	Svc Qualified Nrs Aide To 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1005	Respite Care Services To 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1006	Alcohol&/Substnc Abs Fam/Couple Cnsl	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1007	Alcohol&/Substance Abuse Services	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1009	Child Sit Ind Alc&/Substnc Abs Svc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1010	Meals Rec Alcohol&/Substnc Abs Svc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1012	Alcohol&/Substnc Abs Svc Skl Dvlp	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T1013	Sign Lange/Oral Intepr Srvc-15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1014	Telehealth Trans Min Prof Srvc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1015	Clinic Vst/Encounter All-Inclusive	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1016	Case Management Each 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1017	Targeted Case Management Ea 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1018	School-Basd Ind Ed Prog Serv Bundld	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1019	Personal Care Services Per 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1020	Personal Care Services Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1021	Home Hlth Aide/Cert Nurse Asst Vst	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1022	Contract Home Health Agcy Srvc Day	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1023	Scr Ind Particip Spec Prog Proj/Tx	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1024	Eval&Tx Team Mx/Sev Handicap Child	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T1025	Mxdisciplin Child Cmplx Impair Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1026	Mxdisciplin Child W/Cmplx Impair Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1027	Fam Train & Cnsl Child Dvlp 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1028	Assess Home Physical & Family Envir	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1029	Comp Envir Lead Investigat-Dwell	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1030	Nrs Care Home Registered Nurse-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1031	Nursing Care The Home Lpn Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1040	Medicaid Cert Com Bh Clinic Svc Pd	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1041	Medicaid Cert Com Bh Clinic Svc Pm	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1502	Admn Orl Im&/Subq Med Hlth Prof	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1503	Admn Med Not Oral&/Inj Agency/Prof	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T1505	Electron Med Compl Manage Devc Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T1999	Misc Tx Items&Spl Rtail Purchase Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2001	N-Emerg Trnsprt; Pt Attndnt/Escort	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2002	Non-Emerg Transportation; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2003	Non-Emerg Trnsprt; Encounter/Trip	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2004	N-Emerg Trnsprt;Commer Carr Mx-Pass	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2005	Nonemergency Trnsprt; Stretcher Van	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2007	Trnsprt Wait Time Non-Er Veh 1/2 Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2010	Pasrr Level I Id Screen Per Screen	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2011	Pasrr Level Ii Evaluation Per Eval	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2012	Habilitation Ed Waiver; Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2013	Habilitation Ed Waiver; Hour	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2014	Habilitatn Prevocationl Waivr;Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T2015	Habilitation Prevocational Waivr;Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2016	Habilitation Res Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2017	Habilitation Res Waiver; Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2018	Habilitatn Supp Emplmnt Waivr;Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2019	Habilitatn Supp Emplmnt Waivr;15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2020	Day Habilitation Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2021	Day Habilitation Waiver; Per 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2022	Case Management; Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2023	Targeted Case Management; Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2024	Srv Assess/Plan Care Dvlp Waiver	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2025	Waiver Services; Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2026	Spclized Childcare Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T2027	Spclized Childcare Waiver; 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2028	Specialized Supply Nos Waiver	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2029	Specialized Medical Eqp Nos Waiver	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2030	Assisted Living Waiver; Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2031	Assisted Living Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2032	Res Care Nos Waiver; Per Month	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2033	Res Care Nos Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2034	Crisis Interven Waiver; Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2035	Utility Services Med Eqp Waiver	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2036	Tx Camping Ovrngt Waiver; Ea Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2037	Tx Camping Da Waiver; Ea Sess	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2038	Cmty Transition Waiver; Per Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T2039	Vehicle Mod Waiver; Per Service	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2040	Financial Mgmt Waiver; 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2041	Supp Broker Slf-Dired Waivr; 15 Min	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2042	Hospice Routine Home Care Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2043	Hospice Continuous Home Care Per Hr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2044	Hospice Inpat Respite Care Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2045	Hospice General Inpat Care Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2046	Hospice Lt Care Rm And Bd Per Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2047	Habil Prevoc Waiver; Per 15 Mins	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2048	Bhval Hlth; Ltc Res W/Room&Bd-Diem	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2049	Non-Emerg Trnsprt; Van Mileage;Mile	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T2101	Humn Brst Milk Prc Stor&Dstrb Only	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T4533	Youth Szd Dispbl Incont Brf/Diaper	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4534	Youth Szd Dispbl Incont Undwear Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4535	Dispbl Liner/Pad/Undgrmnt Incont Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4536	Incont Prod Undwear/Pullon Reuse Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4537	Incont Prod Undpad Reusbl Bed Sz Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4538	Diaper Srvc Reusbl Diaper Ea Diaper	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4539	Incont Prod Diaper/Brf Reusbl Sz Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4540	Incont Prod Undpad Reusbl Chair Sz	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4541	Incont Product Dispbl Undpad Lg Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4542	Incont Prod Dispbl Undpad Sm Sz Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4543	Adult Disp Incontinence Prod Abv XI	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T4544	Adult Size Dispbl Pullup Abve XI Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

T4545	Incontin Prod Disp Penile Wrap Ea	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T5001	Pstn Seat Person Spec/Ortho Needs	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
T5999	Supply Not Otherwise Specified	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V2025	Deluxe Frame	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V2702	Deluxe Lens Feature	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V2787	Astigmatism Correcting Function Iol	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V2788	Presbyopia Correcting Funct Io Lens	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5008	Hearing Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5010	Assessment For Hearing Aid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5011	Fit/Orientation/Check Hearing Aid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5014	Repair/Modification Of Hearing Aid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5020	Conformity Evaluation	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

V5030	Hear Aid Monaural Bdy Wrn Air Condt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5040	Hear Aid Monaural Bdy Worn Bn Condt	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5050	Hearing Aid Monaural In The Ear	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5060	Hearing Aid Monaural Behind The Ear	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5070	Glasses Air Conduction	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5080	Glasses Bone Conduction	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5090	Dispensing Fee Unspec Hearing Aid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5095	Semi-Impl Mid Ear Hearing Prosth	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5100	Hearing Aid Bilateral Body Worn	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5110	Dispensing Fee Bilateral	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5120	Binaural Body	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5130	Binaural In The Ear	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

V5262	Hearing Aid Dispbl Type Monaural	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5263	Hearing Aid Dispbl Type Binaural	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5264	Ear Mold/Insert Not Dispbl Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5265	Ear Mold/Insert Disposable Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5266	Battery For Use In Hearing Device	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5267	Ha/Ald/Supp/Access Not O/W Spec	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5268	Asst Listening Device Tel Amp Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5269	Asst Listening Device Alerting Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5270	Asst Listening Device Tv Amp Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5271	Asst Listen Devc Tv Caption Decoder	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5272	Assistive Listening Device Tdd	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5273	Asstive Listen Devc W/Cochlear Impl	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

V5274	Assistive Learning Device Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5275	Ear Impression Each	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5281	Aid Pers Fm/Dm Sys Monaural Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5282	Aid Pers Fm/Dm Sys Binaural Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5283	Aid Pers Fm/Dm Nck Loop Induct Recv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5284	Aid Pers Fm/Dm Ear Level Receiver	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5285	Aid Pers Fm/Dm Dir Audio Input Recv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5286	Aid Pers Blue Tooth Fm/Dm Receivr	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5287	Aid Pers Fm/Dm Receiver Nos	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5288	Aid Pers Fm/Dm Transmitter Aid	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5289	Aid Pers Fm/Dm Adptr/Boot Cplg Recv	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5290	Aid Transmitt Microphone Any Type	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html

V5298	Hearing Aid Noc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5299	Hearing Service Miscellaneous	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5336	Repr/Mod Augmentativ Cmncnt Sys/Devc	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5362	Speech Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5363	Language Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html
V5364	Dysphagia Screening	Possible denial. Non-covered Service. Submit records only when the member's plan contract indicates coverage. Check with the Health Plan, to determine if supplemental rider coverage is available. To submit an on-line review, go to Health Plan Provider Portal. Humana: https://www.humana.com/provider/medical-resources/authorizations-referrals United Healthcare: https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html



