

Cohere's Prior Authorization Required Services Scope

Overview

Cohere Health, a patient journey optimization company, has been designated the exclusive pre- authorization vendor for Humana Musculoskeletal (MSK) diagnoses starting January 1, 2021.

Plans and Locations

This will include all Humana Commercial, Medicare Advantage, and dual Medicare-Medicaid plans in the following states: **AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV**. This also includes patients with Author by Humana in South Carolina in the following counties: Berkeley, Charleston, Colleton, Dorchester, Anderson, Oconee, Pickens.

Clinical Scope

Practices should use Cohere for any pre-authorizations for **all clinical indications (i.e. diagnoses)** for the procedure codes listed in *Category #1*, as well as the services related to musculoskeletal (MSK) indications (Diagnosis Codes M00-M99) in *Category #2*.

For more information and to view the official Humana Prior Authorization List ("PAL"), please refer to Humana's [network provider website](#).

Category #1

Use Cohere for these procedure codes:

For **ALL** indications Cohere will be managing the following:

| Medical services | Procedure codes |
|---|---|
| Epidural Injections (Outpatient Only) | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0228T, 0229T, 0230T, 0231T |
| Facet Injections | 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T |
| Foot Surgeries: Bunionectomy and Hammertoe | 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641 |
| Neuromuscular Stimulators | E0731, E0744, E0745, E0764, E0770 |
| Orthopedic Surgeries: Hip, Knee and Shoulder Arthroplasty† | 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487 |
| Orthopedic Surgeries: Hip, Knee and Shoulder Arthroscopy | 23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, J7330, S2112, S2300 |
| Pain Infusion Pump | 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786 |
| Physical, Occupational and Speech Therapy (Excludes Alabama) | 420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, |

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| | 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364 |
| SI Joint Injections† | 27096 |
| Spinal Cord Stimulators | 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688 |
| Spinal Fusion, Decompression, Kyphoplasty and Vertebroplasty | 20999, 22100†, 22101†, 22102†, 22103, 22116, 22206†, 22207†, 22208, 22210†, 22212†, 22214†, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, C1821, C2614, C9757, S2348, S2350, S2351 |
| Viscosupplementation (musculoskeletal)† | Preauthorization required for 20610–20611 when used for viscosupplementation procedures regardless of viscosupplementation agent. |

† - denotes new preauthorization requirement for Cohere

Category #2

Use Cohere for these service requests only if the primary ICD-10 code is in range M00-M99:

- Inpatient Surgical / Initial Admit†
 - Acute Hospital
 - Acute rehab facilities
 - Long term acute care
 - Skilled nursing facilities
- Home Health
- Durable Medical Equipment
- Diagnostic Imaging

† For musculoskeletal surgical procedures, Cohere will review the initial inpatient admit pre-authorization request only.

NOTE: Please note that receipt of an approved pre-authorization by Cohere does not represent a guarantee of payment.

Pre-Authorization Requests for services managed by Cohere can be submitted via:
Cohere Health’s online platform (CohereNext:)

Register for an account: www.coherehealth.com/register

Log in to the platform: www.next.coherehealth.com