



## **Cohere Health's 2022 Scope of Management: Prior Authorization List Codes Under Management Effective January 1, 2022**

### **Overview**

[Cohere Health](#), a patient journey optimization company, has been designated the exclusive preauthorization and utilization management vendor for Humana's musculoskeletal (MSK) services.

- ❖ This is a continuation of Cohere's oversight in the 12 states transitioned to Cohere in early 2021 (*i.e.*, AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV).
- ❖ For all remaining states and the District of Columbia, Cohere shall become the only UM organization responsible for reviewing preauthorization requests for all listed MSK services if planned to occur on or after January 1, 2022.

### **Impacted Plans and Geographies**

Impacted plans and geographies will include most Humana Commercial, Medicare Advantage, and dual Medicare-Medicaid plans in **all 50 states** and the District of Columbia. 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 must use Cohere when requesting preauthorizations for any of the procedure codes or services listed in the table below.

**NEW CODES ADDED TO PRIOR AUTH LIST EFFECTIVE 1/1/2022:** Humana's Prior Authorization List has expanded effective 1/1/2022 and all 50 states are impacted by one or more of these changes. Please review this document in its entirety, even if your practice began using Cohere during the 2021 calendar year.

For more information and to view the official and most up to date Humana Prior Authorization List (PAL), please visit [Humana's provider website \(www.humana.com/PAL\)](http://www.humana.com/PAL).

**All practices are encouraged to submit preauthorization requests electronically by registering\* for a Cohere account. Only Cohere users can benefit from instant authorization decisions, if eligible.**

- ❖ **New users:** register for an account: [www.coherehealth.com/register](http://www.coherehealth.com/register)
- ❖ **Existing users:** log in to Cohere: [www.next.coherehealth.com](http://www.next.coherehealth.com)

\* If your practice already has access to CohereNext®, please ask any existing CohereNext® administrative user(s) at your practice to create an account for you.

**Use Cohere to obtain preauthorizations for the following procedure codes:**

Medical services	Procedure codes
Epidural injections (outpatient only)	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
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	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)	92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, 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
Spine Surgeries; Spinal fusion, decompression, kyphoplasty and vertebroplasty	20999, 22100, 22101, 22102, 22103, 22116, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 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, 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, 0656T, 0657T, C1821, C2614, C9752†, C9753†, C9757, S2348, S2350, S2351
Viscosupplementation (musculoskeletal)†	Preauthorization required for 20610–20611 only when used for viscosupplementation procedures regardless of viscosupplementation agent.

<p><b>Note:</b> For detailed guidance and FAQs on when to submit this service for prior auth, visit Cohere’s knowledge base, <a href="#">here</a>.</p>	
<p>Xiaflex†</p> <p><b>Note:</b> Prior authorization is <u>not</u> required for Peyronie's disease (N48.6). All other indications require prior authorization.</p>	<p>J0775</p>

† Denotes new preauthorization requirement for Cohere Jan. 1, 2022

**NOTES:** Please note that issuance of an approval decision for any preauthorization request does not represent a guarantee of payment. Always refer to Humana’s official Prior Authorization Lists (PAL) at [www.humana.com/pal](http://www.humana.com/pal) for the most up to date prior authorization requirements, coverage policies, and related plan policies.

1. Cohere will not be used for members with Medicare HMO policies in FL, CA, and HI. These members will continue to get authorizations through their primary care provider.
2. Outpatient therapy performed in a skilled nursing facility or nursing home that is billed under the Medicare Part B benefit should be authorized through Cohere.

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