



Summary of Medicare Preauthorization and Notification List Changes

Last updated: May 18, 2021

This list contains a summary of changes made to the current copy of the Medicare Preauthorization and Notification List. At Humana, we are dedicated to ensuring that every business decision we make reflects our commitment to improving the health and well-being of our members. To that end, we continuously evaluate our clinical programs, current medical literature, legislation and coding practices to help our members achieve their best health.

A copy of the most recent Medicare Preauthorization and Notification List can be found on our webpage at [Humana.com/PAL](https://www.humana.com/PAL).

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	Q5116	Add	March 3, 2020	February 22, 2020	New-to-market specialty drug (Trazimera) will require preauthorization for service dates on/after February 22, 2020
Specialty Drugs	C9399, J9999	Add	March 13, 2020	March 7, 2020	New-to-market specialty drug (Sarclisa) will require preauthorization for service dates on/after March 7, 2020
Specialty Drugs	C9399, J3590	Add	March 13, 2020	March 7, 2020	New-to-market specialty drug (Vyepti) will require preauthorization for service dates on/after February 22, 2020
Specialty Drugs	C9399, J3490	Add	March 25, 2020	March 14, 2020	New-to-market specialty drug (Scenesse) will require

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					preauthorization for service dates on/after March 14, 2020
Specialty Drugs	Q5113	Add	April 1, 2020	March 21, 2020	New-to-market specialty drug (Herzuma) will require preauthorization for service dates on/after March 21, 2020
Specialty Drugs	Q5115	Step Therapy	March 25, 2020	March 25, 2020	Effective March 25, 2020 Truxima may require Step Therapy through a preferred drug
Molecular Diagnostic/Genetic Testing	0168U, 0169U, 0170U, 0171U	Add	March 19, 2020	April 1, 2020	These are new codes effective April 1, 2020
Home Health/Home Infusion	G2168, G2169	Add	March 19, 2020	April 1, 2020	These are new codes effective April 1, 2020
Home Health	99510	Remove	March 3, 2020	April 3, 2020	This code will no longer require preauthorization for service dates on/after April 3, 2020
Specialty Drugs	J7677	Remove	April 15, 2020	April 15, 2020	Yupelri will no longer require preauthorization for service dates on/after April 15, 2020
Specialty Drugs	Q5112	Add	April 29, 2020	April 18, 2020	New-to-market specialty drug (Ontruzant) will require preauthorization for service dates on/after April 18, 2020
Specialty Drugs	C9399, J9999	Add	May 8, 2020	April 25, 2020	New-to-market specialty drug

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
					(Trodelvy) will require preauthorization for service dates on/after April 25, 2020
Specialty Drugs	C9399, J9999	Add	May 8, 2020	May 2, 2020	New-to-market specialty drug (Jelmyto) will require preauthorization for service dates on/after May 2, 2020
Specialty Drugs	C9399, J9999	Add	May 15, 2020	May 9, 2020	New-to-market specialty drug (Darzalex Faspro) will require preauthorization for service dates on/after May 9, 2020
Specialty Drugs	C9399, J3490	Add	May 15, 2020	May 9, 2020	New-to-market specialty drug (Fensolvi) will require preauthorization for service dates on/after May 9, 2020
Specialty Drugs	C9399, J3490	Add	May 27, 2020	May 16, 2020	New-to-market specialty drug (Durysta) will require preauthorization for service dates on/after May 16, 2020
Specialty Drugs	C9399, J3590	Add	June 5, 2020	May 30, 2020	New-to-market specialty drug (Avsola) requires preauthorization for service dates on/after May 16, 2020

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	June 1, 2020	July 17, 2020	Effective July 17, 2020, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug class	Drug name	Status	Operator
Trastuzumab and hyaluronidase- oysk	Herceptin (J9355)	Preferred	OR
	Trazimera (Q5116)	Preferred	
	Kanjinti (Q5117)	Preferred	
	Ogivri (Q5114)	Nonpreferred	
	Herzuma (Q5113)	Nonpreferred	
	Ontruzant (Q5112)	Nonpreferred	
	Herceptin Hylecta (J9356)	Nonpreferred	
Rituximab and hyaluronidase	Rituxan (J9312)	Preferred	OR
	Ruxience (C9399, J9999)	Preferred	
	Truxima (Q5115)	Nonpreferred	
	Rituxan Hycela (J9311)	Nonpreferred	
Colony-stimulating factors – leukocyte growth factors (long-acting)	Fulphila (Q5108)	Preferred	All co-preferred at this time
	Neulasta/Neulasta Onpro (J2505)	Preferred	
	Udenyca (Q5111)	Preferred	
	Ziextenzo (C9058, J3590)	Preferred	
Colony-stimulating factors – leukocyte growth factors (short-acting)	Neupogen (J1442)	Preferred	Unable to achieve treatment goals or intolerance to two of the preferred drugs
	Nivestym (Q5110)	Preferred	
	Zarxio (Q5101)	Preferred	
	Granix (J1447)	Nonpreferred	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Wheelchairs/scooters	E2386	Remove	May 29,2020	July 8, 2020	Code will no longer require preauthorization for Medicare

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3590	Step Therapy	June 17, 2020	June 17, 2020	Step therapy required for Avsola, through a Humana preferred drug as part of preauthorization
Specialty Drugs	J0887, J0888	Step Therapy	June 18, 2020	June 24, 2020	Step therapy no longer required for Mircera, through a Humana preferred drug as part of preauthorization
Cardiac implantable devices [e.g., pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]	0614T	Add	June 23, 2020	July 1, 2020	New code effective July 1, 2020
Magnetic Resonance Imaging (MRI)	C9762, C9763	Add	June 23, 2020	July 1, 2020	New code effective July 1, 2020
Skin and Tissue Substitutes	C1849, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240,	Add	June 23, 2020	July 1, 2020	New code effective July 1, 2020

	Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248				
Molecular Diagnostic/Genetic Testing	0172U, 0173U, 0175U, 0177U, 0179U, 0195U	Add	June 23, 2020	July 1, 2020	New code effective July 1, 2020
Skin and tissue substitutes	46707, 64912, 64913, 0437T	Remove	July 8, 2020	August 12, 2020	These codes will no longer require preauthorization for service dates on/after August 12, 2020
Transplant surgeries	47133, 50380	Remove	July 8, 2020	August 12, 2020	These codes will no longer require preauthorization for service dates on/after August 12, 2020
Molecular diagnostic/genetic testing	88291	Remove	July 8, 2020	August 12, 2020	This code will no longer require preauthorization for service dates on/after August 12, 2020
Specialty Drugs	C9399, J3590, J3490	Add	July 8, 2020	June 27, 2020	New-to-market specialty drug (Uplizna) will require preauthorization for service dates on/after June 27, 2020

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Specialty Drugs	C9399, J3490	Add	July 8, 2020	June 27, 2020	New-to-market specialty drug (Zepzelca) will require preauthorization for service dates on/after June 27, 2020
Specialty Drugs	C9399, J3490, J3590, J9999	Add	July 15, 2020	July 4, 2020	New-to-market specialty drug (Phesgo) will require preauthorization for service dates on/after July 4, 2020
Specialty Drugs	C9399, J3490,	Add	Aug. 12, 2020	Aug. 1, 2020	New-to-market specialty drug (Tecartus) will require preauthorization for service dates on/after Aug. 1, 2020
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Aug. 19, 2020	Aug. 8, 2020	New-to-market specialty drug (Monjuvi) will require preauthorization for service dates on/after August 8, 2020
Specialty Drugs	C9399, J3490, J3590	Add	Aug. 26, 2020	Aug. 15, 2020	New-to-market specialty drug (Blenrep) will require preauthorization for service dates on/after August 15, 2020

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	Sept. 2, 2020	Aug. 22, 2020	New-to-market specialty drug (Enspryng) will require preauthorization for service dates on/after August 22, 2020
Specialty Drugs	C9399, J3490,	Add	Sept. 2, 2020	Aug. 22, 2020	New-to-market specialty drug (Viltepso) will require preauthorization for service dates on/after August 22, 2020
Molecular diagnostic/genetic testing	0016M, 0203U, 0204U, 0205U, 0208U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U	Add	Sept. 20, 2020	Oct. 1, 2020	New code effective Oct. 1, 2020
Other durable medical equipment (DME)	K1007, K1009	Add	Sept. 20, 2020	Oct. 1, 2020	New code effective Oct. 1, 2020
Skin and tissue substitutes	Q4249, Q4250, Q4254, Q4255	Add	Sept. 20, 2020	Oct. 1, 2020	New code effective Oct. 1, 2020
Spinal Fusion, Decompression, Kyphoplasty and Vertebroplasty	22850, 22852, 22855, 22864, 22865	Remove	Sept. 25, 2020	Oct. 26,2020	These codes will no longer require preauthorization
Spinal Cord Stimulators	63661, 63662	Remove	Sept. 25, 2020	Oct. 26,2020	These codes will no longer require preauthorization

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590, J7199	Add	Sept. 30, 2020	Sept. 19, 2020	New-to-market specialty drug (SevenFact intravenous solution) will require preauthorization for service dates on/after August 19, 2020
Specialty Drugs	C9399, J3490,	Add	Oct. 31, 2020	Nov. 4, 2020	New-to-market specialty drug (Veklury intravenous solution) will require preauthorization for service dates on/after Nov. 4, 2020
Specialty Drugs	J7185	Add	Oct. 24, 2020	Nov. 4, 2020	New-to-market specialty drug (Xyntha Solofuse) will require preauthorization for service dates on/after June 27, 2020
Molecular Diagnostic/Genetic Testing	86316, 0024U, 0025U, 0035U, 0038U, 0051U, 0052U, 0054U, 0061U, 0062U, 0063U, 0091U, 0092U, 0114U	Remove	Nov. 6, 2020	Dec. 6, 2020	These codes will no longer require preauthorization

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Dec. 1, 2020	Jan. 1, 2021	Effective Jan. 1, 2021, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug class	Drug name	Status	Operator
Alpha-1s Effective 1/1/2021 (Click here to view the Part B Step list for 2021)	Prolastin-C (J0256)	Preferred	OR
	Aralast (J0256)	Nonpreferred	
	Glassia (J0257)	Nonpreferred	
	Zemaira (J2056)	Nonpreferred	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9065	Remove	Dec. 10, 2020	Dec. 10, 2020	This code is no longer applicable to specialty drug (Istodax)
Specialty Drugs	C9065	Add	Dec. 10, 2020	Dec. 10, 2020	Generic specialty drug (romidepsin) requires different billing code from brand (Istodax)
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Dec. 16, 2020	Dec. 5, 2020	New-to-market specialty drug (Danyelza) will require preauthorization for service dates on/after Dec. 5
Specialty Drugs	C9399, J3490	Add	Dec. 16, 2020	Dec. 5, 2020	New-to-market specialty drug (Oxlumo) will require preauthorization for service dates on/after Dec. 5

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590, J9999, Q5122	Add	Dec. 16, 2020	Dec. 5, 2020	Step therapy required for Nyvepria, through a Humana preferred drug as part of preauthorization
Molecular Diagnostic/Genetic Testing	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81529, 81546, 81554, 0017M, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U	Add			These are new codes effective Jan. 1, 2021
Percutaneous VADs	33995	Add	Dec 18, 2020	Jan 1, 2020	These are new codes effective Jan. 1, 2021
Prostate Surgeries (Prostatectomy)	55880	Add	Dec 18, 2020	Jan 1, 2020	These are new codes effective Jan. 1, 2021
Rhinoplasty	30468	Add	Dec 18, 2020	Jan 1, 2020	These are new codes effective Jan. 1, 2021

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Surgical Nasal/Sinus Endoscopic Procedures and Balloon Sinuplasty (Excludes diagnostic nasal/sinus endoscopies)	69705, 69706	Add	Dec 18, 2020	Jan 1, 2020	These are new codes effective Jan. 1, 2021
Cardiac Ablation/ Electrophysiology Study and Ablation for Bone, Liver, Kidney and Prostate cancer	C9747	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Epidural Injections (Outpatient Only)	0228T, 0229T, 0230T, 0231T	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Molecular Diagnostic/Genetic Testing	81545	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Other Breast Procedures (Excludes breast reconstruction following medically necessary mastectomies for breast cancer.)	19324, 19366	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Spinal Fusion, Decompression, Kyphoplasty and Vertebroplasty	63180, 63182	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Surgical Nasal/Sinus Endoscopic Procedures and Balloon Sinuplasty (Excludes diagnostic nasal/sinus endoscopies)	C9745	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Transplant Surgeries	0085T	Delete	Dec 24,2020	Jan 1, 2020	These codes are deleted effective Jan. 1, 2021
Specialty Drugs	C9399, J3490, J3590, J9999	Step Therapy	Jan. 13, 2021	Dec. 26, 2020	Step therapy required for Riabni, through a Humana preferred drug as part of preauthorization
Neurostimulators	E0731, E0744, E0745	Remove	Jan. 22, 2021	Feb. 23, 2021	These codes will no longer require preauthorization
Emerging technology/new indications for existing technology	33289	Remove	Feb. 1, 2021	Mar. 3, 2021	This code is removed from the Emerging technology/new indications for existing technology” category however, this code still requires preauthorization under the “Cardiac Devices” category
Specialty Drugs	J7401	Add	Feb. 03 2021	Feb. 03 2021	This code is being added to Sinuva effective Feb. 03 2021

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Skin and tissue substitutes	Q4122	Change	Feb 10, 2021	Mar. 12, 2021	This code is being updated to show no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Partial Hospitalization	912, 913	Remove	Feb. 11, 2021	Mar. 13, 2021	These codes will no longer require preauthorization
Specialty Drugs	C9399, J3490, J9999	Add	Feb. 24, 2021	Feb. 13, 2021	New-to-market specialty drug (Breyanzi) will require preauthorization for service dates on/after Feb. 13
Specialty Drugs	See list below	Step Therapy	Jan. 22, 2021	Mar. 1, 2021	Effective Mar. 1, 2021, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug class	Drug name	Status	Operator
Ophthalmic disorders - photodynamic therapy	Mvasi (Auth only required for Oncology/Chemo use) (Q5107)	Preferred	OR
	Zirabev (Q5118)	Preferred	OR

Drug class	Drug name	Status	Operator
Ophthalmic disorders - VEGF inhibitors	Mvasi (Auth only required for Oncology/Chemo use) (Q5107)	Preferred	OR
	Zirabev (Q5118)	Preferred	OR

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J9999	Add	Mar. 3, 2021	Feb. 20, 2021	New-to-market specialty drug (Cosela) will require preauthorization for service dates on/after Feb. 13
Specialty Drugs	See list below	Step Therapy	Mar. 3, 2021	Feb. 20, 2021	Effective Feb. 20, 2021, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug class	Drug name	Status	Operator
Homozygous familial hypercholesterolemia (HoFH)	Repatha	Preferred	OR
	Evkeeza	Nonpreferred	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Emerging technology/new indications for existing technology	33289	*Add Rescinded	Mar. 3, 2021	April 2, 2021	<p>33289 will be added to the “Emerging technology/new indications for existing technology” eff. April 2, 2021.</p> <p>We have rescinded this change. Please see below for updates concerning code C2624</p>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Cardiac devices	33289	*Remove Rescinded	Mar. 3, 2021	April 2, 2021	<p>33289 will be removed from review under HealthHelp and will be added to the “Emerging technology/new indications for existing technology” eff. April 2, 2021.</p> <p>Please note, the device code for CardioMems (C2624) will still require preauthorization under “Emerging technology/new indications for existing technology”</p> <p>We have rescinded this change. Please see below for updates concerning code C2624</p>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Emerging technology/new indications for existing technology	C2624	Change	Mar. 9, 2021	Apr. 8, 2021	<p>C2624 will be moved from the category “Emerging technology/new indications for existing technology” to category “Cardiac Devices” – “CardioMems.”</p> <p>C2624 will be reviewed by HealthHelp along with the insertion code 33289 together as CardioMems</p>
Specialty Drugs	C9399, J3490	Add	Mar. 17, 2021	Mar. 6, 2021	New-to-market specialty drug (Amondys-45 and Nulibry) will require preauthorization for service dates on/after Mar. 6
Specialty Drugs	C9399, J3490, J9999	Add	Mar. 17, 2021	Mar. 6, 2021	New-to-market specialty drug (Pepaxto) will require preauthorization for service dates on/after Mar. 6

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Mar. 17, 2021	Mar. 6, 2021	New-to-market specialty drug (Margenza) will require preauthorization for service dates on/after Mar. 6
Molecular Diagnostic/Genetic Testing	0242U, 0244U, 0245U	Add	Mar. 24, 2021	Apr. 1, 2021	These are newly released codes eff. Apr. 1, 2021
Neurostimulators	K1016, K1018, K1020	Add	Mar. 24, 2021	Apr. 1, 2021	These are newly released codes eff. Apr. 1, 2021
Prosthetics	K1014	Add	Mar. 24, 2021	Apr. 1, 2021	These are newly released codes eff. Apr. 1, 2021
Chimeric antigen receptor T-cell therapy (CAR-T)	Q2053	Add	Mar. 24, 2021	Apr. 1, 2021	These are newly released codes eff. Apr. 1, 2021
Specialty Drugs	C9399, J3490, J9999	Add	April 14, 2021	April 3, 2021	New-to-market specialty drug (Abecma intravenous suspension) will require preauthorization for service dates on/after April 3

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Cardiac implantable devices [e.g., CardioMems*, pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]†	0577T	Remove	April 28, 2021	June 1, 2021	This code will be removed from the “Cardiac implantable devices” category. Please note this code still requires preauthorization under “Electrophysiology (EPS) or EPS with 3D mapping†”
Specialty Drugs	C9399, J3490, J3590, J9999	Add	May 12, 2021	May 1, 2021	New-to-market specialty drug (Jemperli intravenous suspension) will require preauthorization for service dates on/after May 1
Specialty Drugs	C9399, J3490, J3590, J9999	Add	May 12, 2021	May 1, 2021	New-to-market specialty drug (Zynlonta intravenous suspension) will require preauthorization for service dates on/after May 1

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Other durable medical equipment (DME)	E0270, E0300, E0316, E0371, E0372, E0373, E0462, E0912	Remove	May 18, 2021	June 17, 2021	These codes will no longer require preauthorization