



BlueCross BlueShield of Oklahoma

Blue Cross Medicare Advantage Prior Authorization List Effective 1/1/2023

The attending physician must obtain prior authorization for the services outlined in the Blue Cross Medicare Advantage Prior Authorization List, except in an urgent situation.

For additional prior authorization information please contact Customer Service at 1-877-774-8592 or email [Oklahoma Medicare Advantage Network](#).

Business hours: Monday – Friday 8 a.m. to 8 p.m. Central time

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the BlueCross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

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**MAPD Benefit Preauthorization Procedure Code List
Effective 1/1/2023**

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, prior to rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. **Green highlighted codes are managed by eviCore healthcare (eviCore).**

Utilization Management Process
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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 01939 | Anes nulyt agt crv/thrc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 01940 | Anes nulyt agt lmr/sac | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 01941 | Anes neuromd/ntrvrt crv/thrc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 01942 | Anes neuromd/ntrvrt lmr/sac | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 11970 | REPLACE TISSUE EXPANDER | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 15271 | SKIN SUB GRAFT TRNK/ARM/LEG | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 15775 | HAIR TRNSPL 1-15 PUNCH GRFTS | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 15776 | HAIR TRNSPL >15 PUNCH GRAFTS | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 15777 | ACELLULAR DERM MATRIX IMPLT | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 15780 | DERMABRASION TOTAL FACE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15781 | DERMABRASION SEGMENTAL FACE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15782 | DERMABRASION OTHER THAN FACE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15783 | DERMABRASION SUPRFL ANY SITE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15786 | ABRASION LESION SINGLE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15787 | ABRASION LESIONS ADD-ON | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15788 | CHEMICAL PEEL FACE EPIDERM | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15789 | CHEMICAL PEEL FACE DERMAL | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15792 | CHEMICAL PEEL NONFACIAL | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15793 | CHEMICAL PEEL NONFACIAL | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15819 | PLASTIC SURGERY NECK | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15820 | REVISION OF LOWER EYELID | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 15821 | REVISION OF LOWER EYELID | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Prior to 9/1/2019 |
| 15822 | REVISION OF UPPER EYELID | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Prior to 9/1/2019 |
| 15823 | REVISION OF UPPER EYELID | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Prior to 9/1/2019 |
| 15824 | REMOVAL OF FOREHEAD WRINKLES | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15825 | REMOVAL OF NECK WRINKLES | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15826 | REMOVAL OF BROW WRINKLES | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15828 | REMOVAL OF FACE WRINKLES | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15829 | REMOVAL OF SKIN WRINKLES | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15830 | EXC SKIN ABD | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15832 | EXCISE EXCESSIVE SKIN THIGH | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15833 | EXCISE EXCESSIVE SKIN LEG | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15834 | EXCISE EXCESSIVE SKIN HIP | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15835 | EXCISE EXCESSIVE SKIN BUTTCK | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15836 | EXCISE EXCESSIVE SKIN ARM | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15837 | EXCISE EXCESS SKIN ARM/HAND | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 15838 | EXCISE EXCESS SKIN FAT PAD | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15839 | EXCISE EXCESS SKIN & TISSUE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15847 | EXC SKIN ABD ADD-ON | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15876 | SUCTION LIPECTOMY HEAD&NECK | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15877 | SUCTION LIPECTOMY TRUNK | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15878 | SUCTION LIPECTOMY UPR EXTREM | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 15879 | SUCTION LIPECTOMY LWR EXTREM | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 17340 | CRYOTHERAPY OF SKIN | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 17360 | SKIN PEEL THERAPY | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 17380 | HAIR REMOVAL BY ELECTROLYSIS | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19316 | SUSPENSION OF BREAST | Pre-operative evaluation, history and physical including functional impairment and operative | Prior to 9/1/2019 |
| 19318 | REDUCTION OF LARGE BREAST | Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue | Prior to 9/1/2019 |
| 19324 | ENLARGE BREAST | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19325 | ENLARGE BREAST WITH IMPLANT | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19328 | REMOVAL OF BREAST IMPLANT | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19330 | REMOVAL OF IMPLANT MATERIAL | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 19340 | IMMEDIATE BREAST PROSTHESIS | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19342 | DELAYED BREAST PROSTHESIS | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19350 | BREAST RECONSTRUCTION | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 19355 | CORRECT INVERTED NIPPLE(S) | Pre Operative evaluation, History and Physical including functional impairment, and operative | Prior to 9/1/2019 |
| 20930 | SP BONE ALGRFT MORSEL ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 20931 | SP BONE ALGRFT STRUCT ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 20936 | SP BONE AGRFT LOCAL ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 20937 | SP BONE AGRFT MORSEL ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 20938 | SP BONE AGRFT STRUCT ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 20974 | ELECTRICAL BONE STIMULATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 20975 | ELECTRICAL BONE STIMULATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 21083 | PREPARE FACE/ORAL PROSTHESIS | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 21085 | PREPARE FACE/ORAL PROSTHESIS | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21120 | RECONSTRUCTION OF CHIN | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21121 | RECONSTRUCTION OF CHIN | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21122 | RECONSTRUCTION OF CHIN | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21123 | RECONSTRUCTION OF CHIN | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21125 | AUGMENTATION LOWER JAW BONE | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21127 | AUGMENTATION LOWER JAW BONE | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21138 | REDUCTION OF FOREHEAD | History and physical, documentation of medical necessity and previous stages of reconstruction if | Prior to 9/1/2019 |
| 21141 | LEFORT I-1 PIECE W/O GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21142 | LEFORT I-2 PIECE W/O GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21143 | LEFORT I-3/> PIECE W/O GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21145 | LEFORT I-1 PIECE W/ GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21146 | LEFORT I-2 PIECE W/ GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 21147 | LEFORT I-3/> PIECE W/ GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21150 | LEFORT II ANTERIOR INTRUSION | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21151 | LEFORT II W/BONE GRAFTS | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21154 | LEFORT III W/O LEFORT I | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21155 | LEFORT III W/ LEFORT I | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21159 | LEFORT III W/FHDW/O LEFORT I | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21160 | LEFORT III W/FHD W/ LEFORT I | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21188 | RECONSTRUCTION OF MIDFACE | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21193 | RECONST LWR JAW W/O GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21194 | RECONST LWR JAW W/GRAFT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21195 | RECONST LWR JAW W/O FIXATION | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21196 | RECONST LWR JAW W/FIXATION | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21198 | RECONSTR LWR JAW SEGMENT | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21199 | RECONSTR LWR JAW W/ADVANCE | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21206 | RECONSTRUCT UPPER JAW BONE | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21208 | AUGMENTATION OF FACIAL BONES | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 21209 | REDUCTION OF FACIAL BONES | Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic | Prior to 9/1/2019 |
| 21210 | FACE BONE GRAFT | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21215 | LOWER JAW BONE GRAFT | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21230 | RIB CARTILAGE GRAFT | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21244 | RECONSTRUCTION OF LOWER JAW | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21245 | RECONSTRUCTION OF JAW | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21246 | RECONSTRUCTION OF JAW | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21270 | AUGMENTATION CHEEK BONE | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21685 | HYOID MYOTOMY & SUSPENSION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21740 | RECONSTRUCTION OF STERNUM | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21742 | REPAIR STERN/NUSS W/O SCOPE | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 21743 | REPAIR STERNUM/NUSS W/SCOPE | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 22505 | MANIPULATION OF SPINE | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 22510 | PERQ CERVICOTHORACIC INJECT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 22511 | PERQ LUMBOSACRAL INJECTION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22512 | VERTEBROPLASTY ADDL INJECT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22513 | PERQ VERTEBRAL AUGMENTATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22514 | PERQ VERTEBRAL AUGMENTATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22515 | PERQ VERTEBRAL AUGMENTATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22526 | IDET SINGLE LEVEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 22527 | IDET 1 OR MORE LEVELS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 22533 | LAT LUMBAR SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 22534 | LAT THOR/LUMB ADDL SEG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22551 | NECK SPINE FUSE&REMOV BEL C2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22552 | ADDL NECK SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22554 | NECK SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22558 | LUMBAR SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22585 | ADDITIONAL SPINAL FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22595 | NECK SPINAL FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22600 | NECK SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 22612 | LUMBAR SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22614 | SPINE FUSION EXTRA SEGMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22630 | LUMBAR SPINE FUSION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22632 | SPINE FUSION EXTRA SEGMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22633 | LUMBAR SPINE FUSION COMBINED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22634 | SPINE FUSION EXTRA SEGMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22800 | POST FUSION </6 VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |
| 22802 | POST FUSION 7-12 VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |
| 22804 | POST FUSION 13/> VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |
| 22808 | ANT FUSION 2-3 VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 22810 | ANT FUSION 4-7 VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |
| 22812 | ANT FUSION 8/> VERT SEG | Submit history and physical, operative report, documentation of conservative measures. | Prior to 9/1/2019 |
| 22840 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 9/1/2020 |
| 22841 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22842 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22843 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22844 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22845 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22846 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 22847 | INSERT SPINE FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22848 | INSERT PELV FIXATION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22853 | INSJ BIOMECHANICAL DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22854 | INSJ BIOMECHANICAL DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22856 | CERV ARTIFIC DISKECTOMY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22857 | LUMBAR ARTIF DISKECTOMY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22858 | SECOND LEVEL CER DISKECTOMY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22859 | INSJ BIOMECHANICAL DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 22860 | Tot disc arthrp 2ntrspc lmr | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 22861 | REVISE CERV ARTIFIC DISC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22862 | REVISE LUMBAR ARTIF DISC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22864 | REMOVE CERV ARTIF DISC | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 22865 | REMOVE LUMB ARTIF DISC | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 22867 | INSJ STABLJ DEV W/DCMPRN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22868 | INSJ STABLJ DEV W/DCMPRN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22869 | INSJ STABLJ DEV W/O DCMPRN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22870 | INSJ STABLJ DEV W/O DCMPRN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 22999 | ABDOMEN SURGERY PROCEDURE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 23000 | REMOVAL OF CALCIUM DEPOSITS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23020 | RELEASE SHOULDER JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23120 | PARTIAL REMOVAL COLLAR BONE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23130 | REMOVE SHOULDER BONE PART | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23410 | REPAIR ROTATOR CUFF ACUTE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23412 | REPAIR ROTATOR CUFF CHRONIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23415 | RELEASE OF SHOULDER LIGAMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23420 | REPAIR OF SHOULDER | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 23430 | REPAIR BICEPS TENDON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23440 | REMOVE/TRANSPLANT TENDON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23450 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23455 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23460 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23462 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23465 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23466 | REPAIR SHOULDER CAPSULE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 23470 | RECONSTRUCT SHOULDER JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23472 | RECONSTRUCT SHOULDER JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23473 | REVIS RECONST SHOULDER JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 23474 | REVIS RECONST SHOULDER JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27096 | INJECT SACROILIAC JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 27125 | PARTIAL HIP REPLACEMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27130 | TOTAL HIP ARTHROPLASTY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27132 | TOTAL HIP ARTHROPLASTY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 27134 | REVISE HIP JOINT REPLACEMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27137 | REVISE HIP JOINT REPLACEMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27138 | REVISE HIP JOINT REPLACEMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27279 | ARTHRODESIS SACROILIAC JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27280 | FUSION OF SACROILIAC JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27332 | REMOVAL OF KNEE CARTILAGE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27333 | REMOVAL OF KNEE CARTILAGE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27334 | REMOVE KNEE JOINT LINING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 27335 | REMOVE KNEE JOINT LINING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27403 | REPAIR OF KNEE CARTILAGE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27412 | AUTOCHONDROCYTE IMPLANT KNEE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27418 | REPAIR DEGENERATED KNEECAP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27420 | REVISION OF UNSTABLE KNEECAP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27422 | REVISION OF UNSTABLE KNEECAP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 27424 | REVISION/REMOVAL OF KNEECAP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27425 | LAT RETINACULAR RELEASE OPEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27427 | RECONSTRUCTION KNEE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27428 | RECONSTRUCTION KNEE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27429 | RECONSTRUCTION KNEE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27430 | REVISION OF THIGH MUSCLES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27438 | REVISE KNEECAP WITH IMPLANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27440 | REVISION OF KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 27441 | REVISION OF KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27442 | REVISION OF KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27443 | REVISION OF KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27445 | REVISION OF KNEE JOINT | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 27446 | REVISION OF KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27447 | TOTAL KNEE ARTHROPLASTY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27486 | REVISE/REPLACE KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27487 | REVISE/REPLACE KNEE JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 27557 | TREAT KNEE DISLOCATION | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 27558 | TREAT KNEE DISLOCATION | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 27690 | REVISE LOWER LEG TENDON | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 27691 | REVISE LOWER LEG TENDON | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 27692 | REVISE ADDITIONAL LEG TENDON | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 28446 | PT TALK EVAL HLTHWKR RE MDD | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 28890 | HI ENRGY ESWT PLANTAR FASCIA | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 29805 | SHOULDER ARTHROSCOPY DX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29806 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29807 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29819 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29820 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 29821 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29822 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29823 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29824 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29825 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29826 | SHOULDER ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29827 | ARTHROSCOP ROTATOR CUFF REPR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29828 | ARTHROSCOPY BICEPS TENODESIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 29860 | HIP ARTHROSCOPY DX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29861 | HIP ARTHRO W/FB REMOVAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29862 | HIP ARTHRO W/DEBRIDEMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29863 | HIP ARTHRO W/SYNOVECTOMY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29866 | AUTGRFT IMPLNT KNEE W/SCOPE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29867 | ALLGRFT IMPLNT KNEE W/SCOPE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29868 | MENISCAL TRNSPL KNEE W/SCPE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29870 | KNEE ARTHROSCOPY DX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 29871 | KNEE ARTHROSCOPY/DRAINAGE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29873 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29874 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29875 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29876 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29877 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29879 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29880 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 29881 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29882 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29883 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29884 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29885 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29886 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29887 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29888 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 29889 | KNEE ARTHROSCOPY/SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29914 | HIP ARTHRO W/FEMOROPLASTY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29915 | HIP ARTHRO ACETABULOPLASTY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 29916 | HIP ARTHRO W/LABRAL REPAIR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 30120 | REVISION OF NOSE | Pre Operative Evaluation, History and Physical including functional impairment, and Operative | Prior to 9/1/2019 |
| 30400 | RECONSTRUCTION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30410 | RECONSTRUCTION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30420 | RECONSTRUCTION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30430 | REVISION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30435 | REVISION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30450 | REVISION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30460 | REVISION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 30462 | REVISION OF NOSE | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30801 | ABLATE INF TURBINATE SUPERF | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 30802 | ABLATE INF TURBINATE SUBMUC | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 32850 | DONOR PNEUMONECTOMY | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 32851 | LUNG TRANSPLANT SINGLE | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 32852 | LUNG TRANSPLANT WITH BYPASS | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 32853 | LUNG TRANSPLANT DOUBLE | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 32854 | LUNG TRANSPLANT WITH BYPASS | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 32855 | PREPARE DONOR LUNG SINGLE | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 32856 | PREPARE DONOR LUNG DOUBLE | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 33208 | INSRT HEART PM ATRIAL & VENT | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 Removed 1/1/2023 |
| 33404 | PREPARE HEART-AORTA CONDUIT | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33405 | REPLACEMENT AORTIC VALVE OPN | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 33406 | REPLACEMENT AORTIC VALVE OPN | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33407 | REPLACEMENT AORTIC VALVE OPN | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33410 | REPLACEMENT AORTIC VALVE OPN | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33411 | REPLACEMENT OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33412 | REPLACEMENT OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33413 | REPLACEMENT OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33414 | REPLACEMENT OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33415 | REVISION SUBVALVULAR TISSUE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33419 | MAMMO ASSESS INC XRAY DOCD | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33420 | REVISION OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33422 | REPLACEMENT OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33425 | REPAIR OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33426 | REPAIR OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33427 | REPAIR OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33430 | REPLACEMENT OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33460 | REVISION OF TRICUSPID VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 33463 | VALVULOPLASTY TRICUSPID | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33464 | VALVULOPLASTY TRICUSPID | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33465 | REPLACE TRICUSPID VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33468 | REVISION OF TRICUSPID VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33470 | REVISION OF PULMONARY VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33471 | VALVOTOMY PULMONARY VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33474 | REVISION OF PULMONARY VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33475 | REPLACEMENT PULMONARY VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33476 | REVISION OF HEART CHAMBER | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33477 | IMPLANT TCAT PULM VLV PERQ | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33478 | REVISION OF HEART CHAMBER | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33548 | MILD-MOD DEP SYMP BY DEPTOOL | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33600 | CLOSURE OF VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33602 | CLOSURE OF VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33606 | ANASTOMOSIS/ARTERY-AORTA | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33608 | REPAIR ANOMALY W/CONDUIT | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 33610 | REPAIR BY ENLARGEMENT | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33611 | REPAIR DOUBLE VENTRICLE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33612 | REPAIR DOUBLE VENTRICLE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33615 | REPAIR MODIFIED FONTAN | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33617 | REPAIR SINGLE VENTRICLE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33619 | REPAIR SINGLE VENTRICLE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33620 | APPLY R&L PULM ART BANDS | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33621 | TRANSTHOR CATH FOR STENT | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33622 | REDO COMPL CARDIAC ANOMALY | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 33930 | REMOVAL OF DONOR HEART/LUNG | If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant | Prior to 9/1/2019 |
| 33933 | PREPARE DONOR HEART/LUNG | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 33935 | TRANSPLANTATION HEART/LUNG | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 33940 | REMOVAL OF DONOR HEART | If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant | Prior to 9/1/2019 |
| 33944 | PREPARE DONOR HEART | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 33945 | TRANSPLANTATION OF HEART | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 34806 | OPN AX/SUBCLA ART EXPOS CNDT | Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative | Prior to 9/1/2019 |
| 35879 | REVISE GRAFT W/VEIN | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 36468 | NJX SCLRSNT SPIDER VEINS | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 36470 | NJX SCLRSNT 1 INCMPTNT VEIN | Pre-operative evaluation, history and physical including functional impairment, and operative | Prior to 9/1/2019 |
| 36479 | ENDOVENOUS LASER VEIN ADDON | Pre-operative evaluation, history and physical including results of Doppler studies, and operative | Prior to 9/1/2019 |
| 37225 | FEM/POPL REVAS W/ATHER | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 Removed 1/1/2023 |
| 37241 | VASC EMBOLIZE/OCCLUDE VENOUS | Pre-operative evaluation, history and physical including results of Doppler studies, and operative | Prior to 9/1/2019 |
| 37500 | ENDOSCOPY LIGATE PERF VEINS | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37565 | LIGATION OF NECK VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37650 | REVISION OF MAJOR VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37700 | REVISE LEG VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37718 | LIGATE/STRIP SHORT LEG VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37722 | LIGATE/STRIP LONG LEG VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37735 | REMOVAL OF LEG VEINS/LESION | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37760 | LIGATE LEG VEINS RADICAL | History and physical and operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 37761 | LIGATE LEG VEINS OPEN | History and physical and operative report. | Prior to 9/1/2019 |
| 37780 | REVISION OF LEG VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 37785 | LIGATE/DIVIDE/EXCISE VEIN | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 38204 | BL DONOR SEARCH MANAGEMENT | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38205 | HARVEST ALLOGENEIC STEM CELL | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38206 | HARVEST AUTO STEM CELLS | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38230 | BONE MARROW HARVEST ALLOGEN | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38232 | BONE MARROW HARVEST AUTOLOG | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38240 | TRANSPLT ALLO HCT/DONOR | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38241 | TRANSPLT AUTOL HCT/DONOR | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38242 | TRANSPLT ALLO LYMPHOCYTES | If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 38308 | INCISION OF LYMPH CHANNELS | History and Physical, Operative report | Prior to 9/1/2019 |
| 40700 | REPAIR CLEFT LIP/NASAL | History and physical and operative report. | Prior to 9/1/2019 |
| 40701 | REPAIR CLEFT LIP/NASAL | History and physical and operative report. | Prior to 9/1/2019 |
| 40702 | REPAIR CLEFT LIP/NASAL | History and physical and operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 40720 | REPAIR CLEFT LIP/NASAL | History and physical and operative report. | Prior to 9/1/2019 |
| 40761 | REPAIR CLEFT LIP/NASAL | History and physical and operative report. | Prior to 9/1/2019 |
| 40820 | TREATMENT OF MOUTH LESION | History and physical and operative report. | Prior to 9/1/2019 |
| 41512 | TONGUE SUSPENSION | History and physical and operative report. | Prior to 9/1/2019 |
| 41530 | TONGUE BASE VOL REDUCTION | History and physical, including sleep study results, results of CPAP trial. | Prior to 9/1/2019 |
| 42145 | REPAIR PALATE PHARYNX/UVULA | History and physical, including sleep study results, results of CPAP trial. | Prior to 9/1/2019 |
| 42200 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 42205 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 42210 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 42215 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 42220 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 42225 | RECONSTRUCT CLEFT PALATE | History and physical and operative report. | Prior to 9/1/2019 |
| 43112 | ESPHG TOT W/THRCM | History and physical and operative report. | Prior to 9/1/2019 |
| 43122 | PARTIAL REMOVAL OF ESOPHAGUS | History and physical and operative report. | Prior to 9/1/2019 |
| 43360 | GASTROINTESTINAL REPAIR | History and physical and operative report. | Prior to 9/1/2019 |
| 43633 | REMOVAL OF STOMACH PARTIAL | History and physical and operative report. | Prior to 9/1/2019 |
| 43644 | LAP GASTRIC BYPASS/ROUX-EN-Y | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43645 | LAP GASTR BYPASS INCL SMLL I | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43770 | LAP PLACE GASTR ADJ DEVICE | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43771 | LAP REVISE GASTR ADJ DEVICE | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43772 | LAP RMVL GASTR ADJ DEVICE | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43773 | LAP REPLACE GASTR ADJ DEVICE | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43774 | LAP RMVL GASTR ADJ ALL PARTS | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 43775 | LAP SLEEVE GASTRECTOMY | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43800 | RECONSTRUCTION OF PYLORUS | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43843 | GASTROPLASTY W/O V-BAND | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43845 | GASTROPLASTY DUODENAL SWITCH | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43846 | GASTRIC BYPASS FOR OBESITY | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43847 | GASTRIC BYPASS INCL SMALL I | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43848 | REVISION GASTROPLASTY | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43886 | REVISE GASTRIC PORT OPEN | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43887 | REMOVE GASTRIC PORT OPEN | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43888 | CHANGE GASTRIC PORT OPEN | history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, | Prior to 9/1/2019 |
| 43999 | STOMACH SURGERY PROCEDURE | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44132 | ENTERECTOMY CADAVER DONOR | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44133 | ENTERECTOMY LIVE DONOR | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44135 | INTESTINE TRANSPLNT CADAVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 44136 | INTESTINE TRANSPLANT LIVE | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44137 | REMOVE INTESTINAL ALLOGRAFT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44715 | PREPARE DONOR INTESTINE | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44720 | PREP DONOR INTESTINE/VENOUS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 44721 | PREP DONOR INTESTINE/ARTERY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 45126 | PELVIC EXENTERATION | History and physical and procedure report. | Prior to 9/1/2019 |
| 46707 | MYOCARDIAL IMAGING MCG I&R | History and physical, procedure report. | Prior to 9/1/2019 |
| 46760 | REPAIR OF ANAL SPHINCTER | History and physical and procedure report. | Prior to 9/1/2019 |
| 47120 | PARTIAL REMOVAL OF LIVER | History and physical and procedure report. | Prior to 9/1/2019 |
| 47122 | EXTENSIVE REMOVAL OF LIVER | History and physical and procedure report. | Prior to 9/1/2019 |
| 47125 | PARTIAL REMOVAL OF LIVER | History and physical and procedure report. | Prior to 9/1/2019 |
| 47130 | PARTIAL REMOVAL OF LIVER | History and physical and procedure report. | Prior to 9/1/2019 |
| 47133 | REMOVAL OF DONOR LIVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47135 | TRANSPLANTATION OF LIVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47140 | PARTIAL REMOVAL DONOR LIVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 47141 | PARTIAL REMOVAL DONOR LIVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47142 | PARTIAL REMOVAL DONOR LIVER | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47143 | PREP DONOR LIVER WHOLE | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47144 | PREP DONOR LIVER 3-SEGMENT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47145 | PREP DONOR LIVER LOBE SPLIT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47146 | PREP DONOR LIVER/VENOUS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47147 | PREP DONOR LIVER/ARTERIAL | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 47381 | MYOCARDIAL IMAGING MCG I&R | History and physical, procedure report. | Prior to 9/1/2019 |
| 47383 | MYOCARDIAL IMAGING MCG I&R | History and physical, procedure report. | Prior to 9/1/2019 |
| 47399 | MYOCARDIAL IMAGING MCG I&R | History and physical, procedure report. | Prior to 9/1/2019 |
| 47420 | INCISION OF BILE DUCT | If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant | Prior to 9/1/2019 |
| 47425 | INCISION OF BILE DUCT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 48550 | DONOR PANCREATECTOMY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 48551 | PREP DONOR PANCREAS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 48552 | PREP DONOR PANCREAS/VENOUS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 48554 | TRANSPL ALLOGRAFT PANCREAS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 48556 | REMOVAL ALLOGRAFT PANCREAS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50300 | REMOVE CADAVER DONOR KIDNEY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50320 | REMOVE KIDNEY LIVING DONOR | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50323 | PREP CADAVER RENAL ALLOGRAFT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50325 | PREP DONOR RENAL GRAFT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50327 | PREP RENAL GRAFT/VENOUS | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50328 | PREP RENAL GRAFT/ARTERIAL | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50329 | PREP RENAL GRAFT/URETERAL | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 50340 | REMOVAL OF KIDNEY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50365 | TRANSPLANTATION OF KIDNEY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50370 | REMOVE TRANSPLANTED KIDNEY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50380 | REIMPLANTATION OF KIDNEY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50544 | LAPAROSCOPY PYELOPLASTY | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 50547 | MYOCARDIAL IMAGING MCG I&R | If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant | Prior to 9/1/2019 |
| 50860 | TRANSPLANT URETER TO SKIN | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 51580 | REMOVE BLADDER/REVISE TRACT | If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Prior to 9/1/2019 |
| 51585 | REMOVAL OF BLADDER & NODES | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 51597 | REMOVAL OF PELVIC STRUCTURES | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 52648 | LASER SURGERY OF PROSTATE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 Removed 1/1/2023 |
| 53430 | RECONSTRUCTION OF URETHRA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 53860 | TRANSURETHRAL RF TREATMENT | Submit History and Physical, documentation of medical necessity, operative report | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 54125 | REMOVAL OF PENIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54240 | PENIS STUDY | Submit History and Physical, documentation of medical necessity, operative report | Prior to 9/1/2019 |
| 54304 | REVISION OF PENIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54400 | INSERT SEMI-RIGID PROSTHESIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54401 | INSERT SELF-CONTD PROSTHESIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54405 | INSERT MULTI-COMP PENIS PROS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54520 | REMOVAL OF TESTIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54660 | REVISION OF TESTIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 54690 | LAPAROSCOPY ORCHIECTOMY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 55175 | REVISION OF SCROTUM | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 55180 | REVISION OF SCROTUM | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 55970 | SEX TRANSFORMATION M TO F | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 55980 | SEX TRANSFORMATION F TO M | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 56625 | COMPLETE REMOVAL OF VULVA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 56800 | REPAIR OF VAGINA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 56805 | REPAIR CLITORIS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 56810 | REPAIR OF PERINEUM | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57106 | REMOVE VAGINA WALL PARTIAL | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57107 | REMOVE VAGINA TISSUE PART | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57110 | REMOVE VAGINA WALL COMPLETE | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57111 | REMOVE VAGINA TISSUE COMPL | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57291 | CONSTRUCTION OF VAGINA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57292 | CONSTRUCT VAGINA WITH GRAFT | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57295 | REVISE VAG GRAFT VIA VAGINA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57296 | REVISE VAG GRAFT OPEN ABD | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57311 | REPAIR URETHROVAGINAL LESION | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57335 | REPAIR VAGINA | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 57426 | REVISE PROSTH VAG GRAFT LAP | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 58150 | TOTAL HYSTERECTOMY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 58180 | PARTIAL HYSTERECTOMY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 58240 | REMOVAL OF PELVIS CONTENTS | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 58285 | EXTENSIVE HYSTERECTOMY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 58672 | LAPAROSCOPY FIMBRIOPLASTY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 58760 | FIMBRIOPLASTY | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| 59840 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59841 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59850 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59851 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59852 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59855 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59856 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59857 | ABORTION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 59897 | MYOCARDIAL IMAGING MCG I&R | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 60512 | AUTOTRANSPLANT PARATHYROID | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 61630 | MYOCARDIAL IMAGING MCG I&R | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 62115 | REDUCTION OF SKULL DEFECT | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 62120 | REPAIR SKULL CAVITY LESION | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 62263 | EPIDURAL LYSIS MULT SESSIONS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 62264 | EPIDURAL LYSIS ON SINGLE DAY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 62280 | TREAT SPINAL CORD LESION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62281 | TREAT SPINAL CORD LESION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62282 | TREAT SPINAL CANAL LESION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62287 | PERCUTANEOUS DISKECTOMY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 62292 | NJX CHEMONUCLEOLYSIS LMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 62320 | NJX INTERLAMINAR CRV/THRC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 62321 | NJX INTERLAMINAR CRV/THRC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62322 | NJX INTERLAMINAR LMBR/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62323 | NJX INTERLAMINAR LMBR/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62324 | NJX INTERLAMINAR CRV/THRC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62325 | NJX INTERLAMINAR CRV/THRC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62326 | NJX INTERLAMINAR LMBR/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62327 | NJX INTERLAMINAR LMBR/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62350 | IMPLANT SPINAL CANAL CATH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 62351 | IMPLANT SPINAL CANAL CATH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |
| 62360 | INSERT SPINE INFUSION DEVICE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |
| 62361 | IMPLANT SPINE INFUSION PUMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |
| 62362 | IMPLANT SPINE INFUSION PUMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 62380 | NDSC DCMPRN 1 NTRSPC LUMBAR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| 62630 | NDSC DCMPRN 1 NTRSPC LUMBAR | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 63001 | REMOVE SPINE LAMINA 1/2 CRVL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63005 | REMOVE SPINE LAMINA 1/2 LMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 63012 | REMOVE LAMINA/FACETS LUMBAR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63015 | REMOVE SPINE LAMINA >2 CRVCL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63017 | REMOVE SPINE LAMINA >2 LMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63020 | NECK SPINE DISK SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63030 | LOW BACK DISK SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63035 | SPINAL DISK SURGERY ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63040 | LAMINOTOMY SINGLE CERVICAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63042 | LAMINOTOMY SINGLE LUMBAR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|----------------|
| 63043 | LAMINOTOMY ADDL CERVICAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63044 | LAMINOTOMY ADDL LUMBAR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63045 | REMOVE SPINE LAMINA 1 CRVL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63047 | REMOVE SPINE LAMINA 1 LMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63048 | REMOVE SPINAL LAMINA ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63050 | CERVICAL LAMINOPLSTY 2/> SEG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63051 | C-LAMINOPLASTY W/GRAFT/PLATE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63056 | DECOMPRESS SPINAL CORD LMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 63057 | DECOMPRESS SPINE CORD ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63075 | NECK SPINE DISK SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63076 | NECK SPINE DISK SURGERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63081 | REMOVE VERT BODY DCMPRN CRVL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63082 | REMOVE VERTEBRAL BODY ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 11/1/2019 |
| 63620 | SRS SPINAL LESION | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 63650 | IMPLANT NEUROELECTRODES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |
| 63655 | IMPLANT NEUROELECTRODES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 63685 | INSRT/REDO SPINE N GENERATOR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 11/1/2019 |
| 64451 | NJX AA&/STRD NRV NRV TG SI JT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 9/1/2020 |
| 64479 | INJ FORAMEN EPIDURAL C/T | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64480 | INJ FORAMEN EPIDURAL ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64483 | INJ FORAMEN EPIDURAL L/S | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64484 | INJ FORAMEN EPIDURAL ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64490 | INJ PARAVERT F JNT C/T 1 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64491 | INJ PARAVERT F JNT C/T 2 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 64492 | INJ PARAVERT F JNT C/T 3 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64493 | INJ PARAVERT F JNT L/S 1 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64494 | INJ PARAVERT F JNT L/S 2 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64495 | INJ PARAVERT F JNT L/S 3 LEV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64510 | N BLOCK STELLATE GANGLION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64520 | N BLOCK LUMBAR/THORACIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64530 | N BLOCK INJ CELIAC PELUS | Submit history and physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 64555 | IMPLANT NEUROELECTRODES | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 64561 | IMPLANT NEUROELECTRODES | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |
| 64565 | IMPLANT NEUROELECTRODES | Submit History and Physical, documentation of medical necessity including operative report. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 64625 | RF ABLTJ NRV NRV TG SI JT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64633 | DESTROY CERV/THOR FACET JNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64634 | DESTROY C/TH FACET JNT ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64635 | DESTROY LUMB/SAC FACET JNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 64636 | DESTROY L/S FACET JNT ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 65710 | CORNEAL TRANSPLANT | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 65730 | CORNEAL TRANSPLANT | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 65750 | CORNEAL TRANSPLANT | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 65755 | CORNEAL TRANSPLANT | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 65780 | OCULAR RECONST TRANSPLANT | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 65781 | OCULAR RECONST TRANSPLANT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 65782 | OCULAR RECONST TRANSPLANT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67900 | REPAIR BROW DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67901 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67902 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67903 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67904 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67906 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67908 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67909 | REVISE EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67911 | REVISE EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67912 | CORRECTION EYELID W/IMPLANT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67914 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67915 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67916 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67921 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67922 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 67923 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 67924 | REPAIR EYELID DEFECT | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 69300 | REVISE EXTERNAL EAR | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 69320 | REBUILD OUTER EAR CANAL | Pre Operative Evaluation, History and Physical and Operative report | Prior to 9/1/2019 |
| 69604 | MASTOID SURGERY REVISION | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 69714 | IMPLANT TEMPLE BONE W/STIMUL | Pre-operative evaluation, history and physical and operative report. | Prior to 9/1/2019 |
| 69715 | TEMPLE BNE IMPLNT W/STIMULAT | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| 69717 | TEMPLE BONE IMPLANT REVISION | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| 69718 | REVISE TEMPLE BONE IMPLANT | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| 69930 | IMPLANT COCHLEAR DEVICE | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| 70336 | MAGNETIC IMAGE JAW JOINT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70450 | CT HEAD/BRAIN W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70460 | CT HEAD/BRAIN W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70470 | CT HEAD/BRAIN W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70480 | CT ORBIT/EAR/FOSSA W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 70481 | CT ORBIT/EAR/FOSSA W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70482 | CT ORBIT/EAR/FOSSA W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70486 | CT MAXILLOFACIAL W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70487 | CT MAXILLOFACIAL W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70488 | CT MAXILLOFACIAL W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70490 | CT SOFT TISSUE NECK W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70491 | CT SOFT TISSUE NECK W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70492 | CT SFT TSUE NCK W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70496 | CT ANGIOGRAPHY HEAD | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70498 | CT ANGIOGRAPHY NECK | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70540 | MRI ORBIT/FACE/NECK W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70542 | MRI ORBIT/FACE/NECK W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70543 | MRI ORBT/FAC/NCK W/O &W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70544 | MR ANGIOGRAPHY HEAD W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70546 | MR ANGIOGRAPH HEAD W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 70547 | MR ANGIOGRAPHY NECK W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70548 | MR ANGIOGRAPHY NECK W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70549 | MR ANGIOGRAPHY NECK W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70551 | MRI BRAIN STEM W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70552 | MRI BRAIN STEM W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70553 | MRI BRAIN STEM W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70554 | FMRI BRAIN BY TECH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 70555 | FMRI BRAIN BY PHYS/PSYCH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71250 | CT THORAX W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71260 | CT THORAX W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71270 | CT THORAX W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71271 | CT THORAX LUNG CANCER | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 71275 | CT ANGIOGRAPHY CHEST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71550 | MRI CHEST W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71551 | MRI CHEST W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 71552 | MRI CHEST W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 71555 | MRI ANGIO CHEST W OR W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72125 | CT NECK SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72126 | CT NECK SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72127 | CT NECK SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72128 | CT CHEST SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72129 | CT CHEST SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72130 | CT CHEST SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72131 | CT LUMBAR SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72132 | CT LUMBAR SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72133 | CT LUMBAR SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72141 | MRI NECK SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72142 | MRI NECK SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72146 | MRI CHEST SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72147 | MRI CHEST SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72148 | MRI LUMBAR SPINE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72149 | MRI LUMBAR SPINE W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 72156 | MRI NECK SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72157 | MRI CHEST SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72158 | MRI LUMBAR SPINE W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72159 | MR ANGIO SPINE W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72191 | CT ANGIOGRAPH PELV W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72192 | CT PELVIS W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72193 | CT PELVIS W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72194 | CT PELVIS W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72195 | MRI PELVIS W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72196 | MRI PELVIS W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72197 | MRI PELVIS W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72198 | MR ANGIO PELVIS W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 72291 | DISCOGRAPHY CERV/THOR SPINE | For Prior Authorization: history and physical, results of previous diagnostics procedure report. | Prior to 9/1/2019 |
| 72292 | DISCOGRAPHY CERV/THOR SPINE | For Prior Authorization: history and physical, results of previous diagnostics procedure report. | Prior to 9/1/2019 |
| 73200 | CT UPPER EXTREMITY W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73201 | CT UPPER EXTREMITY W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 73202 | CT UPPR EXTREMITY W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73206 | CT ANGIO UPR EXTRM W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73218 | MRI UPPER EXTREMITY W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73219 | MRI UPPER EXTREMITY W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73220 | MRI UPPR EXTREMITY W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73221 | MRI JOINT UPR EXTREM W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73222 | MRI JOINT UPR EXTREM W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73223 | MRI JOINT UPR EXTR W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73225 | MR ANGIO UPR EXTR W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73700 | CT LOWER EXTREMITY W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73701 | CT LOWER EXTREMITY W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73702 | CT LWR EXTREMITY W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73706 | CT ANGIO LWR EXTR W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73718 | MRI LOWER EXTREMITY W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73719 | MRI LOWER EXTREMITY W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73720 | MRI LWR EXTREMITY W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 73721 | MRI JNT OF LWR EXTRE W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73722 | MRI JOINT OF LWR EXTR W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73723 | MRI JOINT LWR EXTR W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 73725 | MR ANG LWR EXT W OR W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74150 | CT ABDOMEN W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74160 | CT ABDOMEN W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74170 | CT ABDOMEN W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74174 | CT ANGIO ABD&PELV W/O&W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74175 | CT ANGIO ABDOM W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74176 | CT ABD & PELVIS W/O CONTRAST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74177 | CT ABD & PELV W/CONTRAST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74178 | CT ABD & PELV 1/> REGNS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74181 | MRI ABDOMEN W/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74182 | MRI ABDOMEN W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74183 | MRI ABDOMEN W/O & W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74185 | MRI ANGIO ABDOM W ORW/O DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 74261 | CT COLONOGRAPHY DX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74262 | CT COLONOGRAPHY DX W/DYE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74263 | CT COLONOGRAPHY SCREENING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 74712 | MRI FETAL SNGL/1ST GESTATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for NM Medicare Advantage Plan effective 11/1/2018. | Prior to 9/1/2019 |
| 74713 | MRI FETAL EA ADDL GESTATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for NM Medicare Advantage Plan effective 11/1/2018. | Prior to 9/1/2019 |
| 75635 | CT ANGIO ABDOMINAL ARTERIES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76376 | 3D RENDER W/INTRP POSTPROCES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76377 | 3D RENDER W/INTRP POSTPROCES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76380 | CAT SCAN FOLLOW-UP STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76390 | MR SPECTROSCOPY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76391 | MR ELASTOGRAPHY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76497 | CT PROCEDURE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76498 | MRI PROCEDURE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76506 | ECHO EXAM OF HEAD | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76536 | US EXAM OF HEAD AND NECK | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76604 | US EXAM CHEST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76641 | ULTRASOUND BREAST COMPLETE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76642 | ULTRASOUND BREAST LIMITED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76700 | US EXAM ABDOM COMPLETE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76705 | ECHO EXAM OF ABDOMEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76706 | US ABDL AORTA SCREEN AAA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76770 | US EXAM ABDO BACK WALL COMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76775 | US EXAM ABDO BACK WALL LIM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76776 | US EXAM K TRANSPL W/DOPPLER | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76800 | US EXAM SPINAL CANAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76801 | OB US < 14 WKS SINGLE FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76802 | OB US < 14 WKS ADDL FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76805 | OB US >= 14 WKS SNGL FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76810 | OB US >= 14 WKS ADDL FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76811 | OB US DETAILED SNGL FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76812 | OB US DETAILED ADDL FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76813 | OB US NUCHAL MEAS 1 GEST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76814 | OB US NUCHAL MEAS ADD-ON | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76815 | OB US LIMITED FETUS(S) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76816 | OB US FOLLOW-UP PER FETUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76817 | TRANSVAGINAL US OBSTETRIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76818 | FETAL BIOPHYS PROFILE W/NST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76819 | FETAL BIOPHYS PROFIL W/O NST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76820 | UMBILICAL ARTERY ECHO | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76821 | MIDDLE CEREBRAL ARTERY ECHO | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76825 | ECHO EXAM OF FETAL HEART | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76826 | ECHO EXAM OF FETAL HEART | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76827 | ECHO EXAM OF FETAL HEART | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76828 | ECHO EXAM OF FETAL HEART | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76830 | TRANSVAGINAL US NON-OB | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76831 | ECHO EXAM UTERUS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76856 | US EXAM PELVIC COMPLETE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76857 | US EXAM PELVIC LIMITED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76870 | US EXAM SCROTUM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76872 | US TRANSRECTAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76881 | US COMPL JOINT R-T W/IMG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76882 | US LMTD JT/NONVASC XTR STRUX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76885 | US EXAM INFANT HIPS DYNAMIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 76886 | US EXAM INFANT HIPS STATIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 Removed 7/1/2023 |
| 76965 | ECHO GUIDANCE RADIOTHERAPY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 76975 | GI ENDOSCOPIC ULTRASOUND | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 76978 | US TRGT DYN MBUBB 1ST LES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 7/1/2023 |
| 76979 | US TRGT DYN MBUBB EA ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 7/1/2023 |
| 77014 | CT SCAN FOR THERAPY GUIDE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77021 | MRI GUIDANCE NDL PLMT RS&I | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77022 | MRI GDN PARNCHYMA TISS ABLTJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77046 | MRI BREAST C- UNILATERAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77047 | MRI BREAST C- BILATERAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77048 | MRI BREAST C-+ W/CAD UNI | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 77049 | MRI BREAST C-+ W/CAD BI | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 77078 | CT BONE DENSITY AXIAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77084 | MAGNETIC IMAGE BONE MARROW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

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|---|-------------------------------|--|-------------------|
| 77371 | SRS MULTISOURCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77372 | SRS LINEAR BASED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77373 | SBRT DELIVERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77385 | NTSTY MODUL RAD TX DLVR SMPL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77386 | NTSTY MODUL RAD TX DLVR CPLX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77387 | GUIDANCE FOR RADJ TX DLVR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77401 | RADIATION TREATMENT DELIVERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77402 | RADIATION TREATMENT DELIVERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77407 | RADIATION TREATMENT DELIVERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77412 | RADIATION TREATMENT DELIVERY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77423 | NEUTRON BEAM TX COMPLEX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77424 | NEUTRON BEAM TX COMPLEX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77425 | IO RAD TX DELIVER BY ELCTRNS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77520 | PROTON TRMT SIMPLE W/O COMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77522 | PROTON TRMT SIMPLE W/COMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77523 | PROTON TRMT INTERMEDIATE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

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|---|-------------------------------|--|-------------------|
| 77525 | PROTON TREATMENT COMPLEX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77600 | HYPERThERMIa TREATMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77605 | HYPERThERMIa TREATMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77610 | HYPERThERMIa TREATMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77615 | HYPERThERMIa TREATMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77620 | HYPERThERMIa TREATMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77750 | INFUSE RADIOACTIVE MATERIALS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77761 | APPLY INTRCAV RADIAT SIMPLE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77762 | APPLY INTRCAV RADIAT INTERM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77763 | APPLY INTRCAV RADIAT COMPL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77767 | HDR RDNCL SKN SURF BRACHYTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77768 | HDR RDNCL SKN SURF BRACHYTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77770 | HDR RDNCL NTRSTL/ICAV BRCHTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77771 | HDR RDNCL NTRSTL/ICAV BRCHTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77772 | HDR RDNCL NTRSTL/ICAV BRCHTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 77778 | APPLY INTERSTIT RADIAT COMPL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 78012 | THYROID UPTAKE MEASUREMENT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78013 | THYROID IMAGING W/BLOOD FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78014 | THYROID IMAGING W/BLOOD FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78015 | THYROID MET IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78016 | THYROID MET IMAGING/STUDIES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78018 | THYROID MET IMAGING BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78020 | THYROID MET UPTAKE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78070 | PARATHYROID PLANAR IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78071 | PARATHYRD PLANAR W/WO SUBTRJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78072 | PARATHYRD PLANAR W/SPECT&CT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78075 | ADRENAL CORTEX & MEDULLA IMG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78102 | BONE MARROW IMAGING LTD | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78103 | BONE MARROW IMAGING MULT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78104 | BONE MARROW IMAGING BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78185 | SPLEEN IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78195 | LYMPH SYSTEM IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

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|---|-------------------------------|--|-------------------|
| 78201 | LIVER IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78202 | LIVER IMAGING WITH FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78215 | LIVER AND SPLEEN IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78216 | LIVER & SPLEEN IMAGE/FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78226 | HEPATOBIILIARY SYSTEM IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78227 | HEPATOBI SYST IMAGE W/DRUG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78230 | SALIVARY GLAND IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78231 | SERIAL SALIVARY IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78232 | SALIVARY GLAND FUNCTION EXAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78258 | ESOPHAGEAL MOTILITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78261 | GASTRIC MUCOSA IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78262 | GASTROESOPHAGEAL REFLUX EXAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78264 | GASTRIC EMPTYING IMAG STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78265 | GASTRIC EMPTYING IMAG STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78266 | GASTRIC EMPTYING IMAG STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78278 | ACUTE GI BLOOD LOSS IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 78290 | MECKELS DIVERT EXAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78291 | LEVEEN/SHUNT PATENCY EXAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78300 | BONE IMAGING LIMITED AREA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78305 | BONE IMAGING MULTIPLE AREAS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78306 | BONE IMAGING WHOLE BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78315 | BONE IMAGING 3 PHASE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78445 | VASCULAR FLOW IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for NM Medicare Advantage Plan effective 11/1/2018. | Prior to 9/1/2019 |
| 78456 | ACUTE VENOUS THROMBUS IMAGE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 78457 | VENOUS THROMBOSIS IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 78458 | VEN THROMBOSIS IMAGES BILAT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 78579 | LUNG VENTILATION IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78580 | LUNG PERFUSION IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78582 | LUNG VENTILAT&PERFUS IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78597 | LUNG PERFUSION DIFFERENTIAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78598 | LUNG PERF&VENTILAT DIFERENTL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 78600 | BRAIN IMAGE < 4 VIEWS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78601 | BRAIN IMAGE W/FLOW < 4 VIEWS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78605 | BRAIN IMAGE 4+ VIEWS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78606 | BRAIN IMAGE W/FLOW 4 + VIEWS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78608 | BRAIN IMAGING (PET) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78609 | BRAIN IMAGING (PET) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78610 | BRAIN FLOW IMAGING ONLY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78630 | CEREBROSPINAL FLUID SCAN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78635 | CSF VENTRICULOGRAPHY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78645 | CSF SHUNT EVALUATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78650 | CSF LEAKAGE IMAGING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78660 | NUCLEAR EXAM OF TEAR FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78700 | KIDNEY IMAGING MORPHOL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78701 | KIDNEY IMAGING WITH FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78707 | K FLOW/FUNCT IMAGE W/O DRUG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78708 | K FLOW/FUNCT IMAGE W/DRUG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 78709 | K FLOW/FUNCT IMAGE MULTIPLE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78725 | KIDNEY FUNCTION STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78730 | URINARY BLADDER RETENTION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78740 | URETERAL REFLUX STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78761 | TESTICULAR IMAGING W/FLOW | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78800 | TUMOR IMAGING LIMITED AREA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78801 | TUMOR IMAGING MULT AREAS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78802 | TUMOR IMAGING WHOLE BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78803 | TUMOR IMAGING (3D) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78804 | TUMOR IMAGING WHOLE BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78811 | PET IMAGE LTD AREA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78812 | PET IMAGE SKULL-THIGH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78813 | PET IMAGE FULL BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78814 | PET IMAGE W/CT LMTD | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78815 | PET IMAGE W/CT SKULL-THIGH | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 78816 | PET IMAGE W/CT FULL BODY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 78830 | RP LOCLZJ TUM SPECT W/CT 1 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 78831 | RP LOCLZJ TUM SPECT 2 AREAS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 78832 | RP LOCLZJ TUM SPECT W/CT 2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 78999 | NUCLEAR DIAGNOSTIC EXAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 79005 | NUCLEAR RX ORAL ADMIN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 79101 | NUCLEAR RX IV ADMIN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 79403 | HEMATOPOIETIC NUCLEAR TX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81163 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81164 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81165 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81166 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81167 | BRCA1&2 GEN FULL SEQ DUP/DEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81173 | AR GENE FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81174 | AR GENE KNOWN FAMIL VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81185 | CACNA1A GENE FULL GENE SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 81186 | CACNA1A GEN KNOWN FAMIL VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81189 | CSTB GENE FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81190 | CSTB GENE KNOWN FAMIL VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81201 | APC GENE FULL SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81202 | APC GENE KNOWN FAM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81203 | APC GENE DUP/DELET VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81212 | BRCA1&2 185&5385&6174 VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81215 | BRCA1 GENE KNOWN FAMIL VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81216 | BRCA2 GENE FULL SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81217 | BRCA2 GENE KNOWN FAMIL VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81221 | CFTR GENE KNOWN FAM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81222 | CFTR GENE DUP/DELET VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81223 | CFTR GENE FULL SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81225 | CYP2C19 GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81226 | CYP2D6 GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81227 | CYP2C9 GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| 81228 | CYTOGEN MICRARRAY COPY NMBR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81229 | CYTOGEN M ARRAY COPY NO&SNP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81230 | CYP3A4 GENE COMMON VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81231 | CYP3A5 GENE COMMON VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81232 | DPYD GENE COMMON VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81238 | F9 FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81248 | G6PD KNOWN FAMILIAL VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81249 | G6PD FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81252 | GJB2 GENE FULL SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81253 | GJB2 GENE KNOWN FAM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81257 | HBA1/HBA2 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81258 | HBA1/HBA2 GENE FAM VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81259 | HBA1/HBA2 FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81269 | HBA1/HBA2 GENE DUP/DEL VRNTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81277 | CYTOGENOMIC NEO MICRORA ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81278 | Short description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| 81279 | Short description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81283 | IFNL3 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81286 | FXN GENE FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81289 | FXN GENE KNOWN FAMIL VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81291 | MTHFR GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81292 | MLH1 GENE FULL SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81293 | MLH1 GENE KNOWN VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81294 | MLH1 GENE DUP/DELETE VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81295 | MSH2 GENE FULL SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81296 | MSH2 GENE KNOWN VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81297 | MSH2 GENE DUP/DELETE VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81298 | MSH6 GENE FULL SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81299 | MSH6 GENE KNOWN VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81300 | MSH6 GENE DUP/DELETE VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81302 | MECP2 GENE FULL SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81303 | MECP2 GENE KNOWN VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

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|---|-------------------------------|--|-------------------|
| 81304 | MECP2 GENE DUP/DELET VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81306 | NUDT15 GENE COMMON VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81307 | PALB2 GENE FULL GENE SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2021 |
| 81308 | PALB2 GENE KNOWN FAMIL VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2021 |
| 81313 | PCA3/KLK3 ANTIGEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81317 | PMS2 GENE FULL SEQ ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81318 | PMS2 KNOWN FAMILIAL VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81319 | PMS2 GENE DUP/DELET VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81321 | PTEN GENE FULL SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81322 | PTEN GENE KNOWN FAM VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81323 | PTEN GENE DUP/DELET VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81325 | PMP22 GENE FULL SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81326 | PMP22 GENE KNOWN FAM VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81327 | SEPT9 GEN PRMTR MTHYLTN ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81328 | SLCO1B1 GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81335 | TPMT GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 81336 | SMN1 GENE FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81337 | SMN1 GEN NOWN FAMIL SEQ VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81346 | TYMS GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81349 | Short description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 81350 | UGT1A1 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81351 | Short description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81353 | Short description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81355 | VKORC1 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81361 | HBB GENE COM VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81362 | HBB GENE KNOWN FAM VARIANT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81363 | HBB GENE DUP/DEL VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81364 | HBB FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81400 | MOPATH PROCEDURE LEVEL 1 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81401 | MOPATH PROCEDURE LEVEL 2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81402 | MOPATH PROCEDURE LEVEL 3 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81403 | MOPATH PROCEDURE LEVEL 4 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 81404 | MOPATH PROCEDURE LEVEL 5 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81405 | MOPATH PROCEDURE LEVEL 6 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81406 | MOPATH PROCEDURE LEVEL 7 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81407 | MOPATH PROCEDURE LEVEL 8 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81408 | MOPATH PROCEDURE LEVEL 9 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81410 | AORTIC DYSFUNCTION/DILATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81411 | AORTIC DYSFUNCTION/DILATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81412 | ASHKENAZI JEWISH ASSOC DIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81413 | CAR ION CHNNLPATH INC 10 GNS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81414 | CAR ION CHNNLPATH INC 2 GNS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81415 | EXOME SEQUENCE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81416 | EXOME SEQUENCE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81417 | EXOME RE-EVALUATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81418 | Rx metab gen seq alys pnl 6 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 81419 | Epilepsy gen seq alys panel | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81422 | FETAL CHRMOML MICRODELTA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 81425 | GENOME SEQUENCE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81426 | GENOME SEQUENCE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81427 | GENOME RE-EVALUATION | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81430 | HEARING LOSS SEQUENCE ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81431 | HEARING LOSS DUP/DEL ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81432 | HRDRY BRST CA-RLATD DSORDRS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81433 | HRDRY BRST CA-RLATD DSORDRS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81434 | HEREDITARY RETINAL DISORDERS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81435 | HEREDITARY COLON CA DSORDRS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81436 | HEREDITARY COLON CA DSORDRS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81437 | HEREDTRY NURONDCRN TUM DSRDR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81438 | HEREDTRY NURONDCRN TUM DSRDR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81439 | HRDRY CARDMPYPY GENE PANEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81440 | MITOCHONDRIAL GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81441 | Ibmfs seq alys pnl 30 genes | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 81442 | NOONAN SPECTRUM DISORDERS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 81443 | TARGETED GENOMIC SEQ ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81445 | TARGETED GENOMIC SEQ ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81448 | HRDTRY PERPH NEURPHY PANEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81449 | Tgsap so neo 5-50 rna alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 81450 | TARGETED GENOMIC SEQ ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81451 | Tgsap hl neo 5-50 rna alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 81455 | TARGETED GENOMIC SEQ ANALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81456 | Tgsap so/hl 51/< rna alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 81460 | WHOLE MITOCHONDRIAL GENOME | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81465 | WHOLE MITOCHONDRIAL GENOME | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81470 | X-LINKED INTELLECTUAL DBLT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81471 | X-LINKED INTELLECTUAL DBLT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81479 | UNLISTED MOLECULAR PATHOLOGY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81493 | COR ARTERY DISEASE MRNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81500 | ONCO (OVAR) TWO PROTEINS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 81503 | ONCO (OVAR) FIVE PROTEINS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81504 | ONCOLOGY TISSUE OF ORIGIN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81518 | ONCOLOGY BREAST MRNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81519 | ONCOLOGY BREAST MRNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81520 | ONC BREAST MRNA 58 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81521 | ONC BREAST MRNA 70 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81522 | ONC BREAST MRNA 12 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 81523 | Onc brst mrna 70 cnt 31 gene | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 81525 | ONCOLOGY COLON MRNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81529 | Onc cutan mlnma mrna 31 gene | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81535 | ONCOLOGY GYNECOLOGIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81536 | ONCOLOGY GYNECOLOGIC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81538 | ONCOLOGY LUNG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81539 | ONCOLOGY PROSTATE PROB SCORE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81541 | ONC PROSTATE MRNA 46 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 81542 | ONC PROSTATE MRNA 22 CNT GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81545 | ONCOLOGY THYROID | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81546 | Onc thyr mrna 10,196 gen alg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81551 | ONC PROSTATE 3 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81552 | ONC UVEAL MLNMA MRNA 15 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81554 | Pulm ds ipf mrna 190 gen alg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 81596 | NFCT DS CHRNC HCV 6 ASSAYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 81599 | UNLISTED MAAA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 84999 | CLINICAL CHEMISTRY TEST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 90281 | HUMAN IG IM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 90283 | HUMAN IG IV | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 90284 | HUMAN IG SC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 90378 | RSV MAB IM 50MG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 90870 | ELECTROCONVULSIVE THERAPY | History and physical, chart notes from ordering physician, treatment plan. | Prior to 9/1/2019 |
| 91111 | ESOPHAGEAL CAPSULE ENDOSCOPY | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 91112 | GI WIRELESS CAPSULE MEASURE | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 91132 | ELECTROGASTROGRAPHY | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 91133 | ELECTROGASTROGRAPHY W/TEST | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 92986 | REVISION OF AORTIC VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 92987 | REVISION OF MITRAL VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 92990 | REVISION OF PULMONARY VALVE | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 92992 | REVISION OF HEART CHAMBER | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 92993 | REVISION OF HEART CHAMBER | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 93880 | EXTRACRANIAL BILAT STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93882 | EXTRACRANIAL UNI/LTD STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93886 | INTRACRANIAL COMPLETE STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 93888 | INTRACRANIAL LIMITED STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93890 | TCD VASOREACTIVITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93892 | TCD EMBOLI DETECT W/O INJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93893 | TCD EMBOLI DETECT W/INJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93922 | UPR/L XTREMITY ART 2 LEVELS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93923 | UPR/LXTR ART STDY 3+ LVLS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 93924 | LWR XTR VASC STDY BILAT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93925 | LOWER EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93926 | LOWER EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93930 | UPPER EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93931 | UPPER EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93970 | EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 93971 | EXTREMITY STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93975 | VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93976 | VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93978 | VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93979 | VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93980 | PENILE VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|---------------------------------------|
| 93981 | PENILE VASCULAR STUDY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2024 |
| 93985 | Dup-scan hemo compl bi std | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 Removed 7/1/2023 |
| 93986 | Dup-scan hemo compl uni std | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 Removed 7/1/2023 |
| 93990 | DOPPLER FLOW TESTING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 93998 | NONINVAS VASC DX STUDY PROC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs , No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 11/1/18. | Prior to 9/1/2019 Removed 7/1/2023 |
| 95782 | POLYSOM <6 YRS 4/> PARAMTRS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95783 | POLYSOM <6 YRS CPAP/BILVL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95800 | SLP STDY UNATTENDED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 95801 | SLP STDY UNATND W/ANAL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95805 | MULTIPLE SLEEP LATENCY TEST | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95806 | SLEEP STUDY UNATT&RESP EFFT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95807 | SLEEP STUDY ATTENDED | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95808 | POLYSOM ANY AGE 1-3> PARAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95810 | POLYSOM 6/> YRS 4/> PARAM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 95811 | POLYSOM 6/>YRS CPAP 4/> PARM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| 0001U | RBC DNA HEA 35 AG 11 BLD GRP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0002M | Liver disease | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|---------------------------------------|
| 0003M | Liver disease | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0004M | SCO 53 SNPS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0005U | ONCO PRST8 3 GENE UR ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0006M | Onc hep gene risk classifier | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0007M | Onc gastro 51 gene nomogram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0011M | ONC PRST8 CA MRNA 12 GEN ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0012M | ONC MRNA 5 GEN RSK URTHL CA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0012U | GERMLN DO GENE REARGMT DETCJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 4/1/2023 |
| 0013M | ONC MRNA 5 GEN RECR URTHL CA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0013U | ONC SLD ORG NEO GENE REARGMT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 4/1/2023 |
| 0014U | HEM HMTLMF NEO GENE REARGMT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 4/1/2024 |
| 0016M | Onc bladder mrna 209 gen alg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0018U | ONC THYR 10 MICRORNA SEQ ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0019U | ONC RNA TISS PREDICT ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0022U | TRGT GEN SEQ DNA&RNA 23 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0026U | ONC THYR DNA&MRNA 112 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|--|
| 0029U | RX METAB ADVRS TRGT SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0030U | RX METAB WARF TRGT SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0031U | CYP1A2 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0032U | COMT GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0033U | HTR2A HTR2C GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0034U | TPMT NUDT15 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0036U | XOME TUM & NML SPEC SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0037U | TRGT GEN SEQ DNA 324 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0042T | B BRGDRFERI ANTB 12 PRTN IGG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0045U | ONC BRST DUX CARC IS 12 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0047U | ONC PRST8 MRNA 17 GENE ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0048U | ONC SLD ORG NEO DNA 468 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0050U | TRGT GEN SEQ DNA 324 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0053U | ONC PRST8 CA FISH ALYS 4 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 10/1/2023 |
| 0055U | CARD HRT TRANSPL 96 DNA SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0056U | HEM AML DNA GENE REARGMT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 4/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 0060U | TWN ZYG GEN SEQ ALYS CHRMS2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| 0067U | ONC BRST IMHCHEM PRFL 4 BMRK | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0069U | ONC CLRCT MICRORNA MIR-31-3P | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0070U | CYP2D6 GEN COM&SLCT RAR VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0071U | CYP2D6 FULL GENE SEQUENCE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0072U | CYP2D6 GEN CYP2D6-2D7 HYBRID | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0073U | CYP2D6 GEN CYP2D7-2D6 HYBRID | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0074U | CYP2D6 NONDUPLICATED GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0075U | CYP2D6 5' GENE DUP/MLT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0076U | CYP2D6 3' GENE DUP/MLT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0078U | PAIN MGT OPI USE GNOTYP PNL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0079U | CMPRTV DNA ALYS MLT SNPS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0084U | RBC DNA GNOTYP 10 BLD GROUPS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0087U | CRD HRT TRNSPL MRNA 1283 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0088U | TRNSPLJ KDN ALGRFT REJ 1494 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0089U | ONC MLNMA PRAME & LINC00518 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0090U | ONC CUTAN MLNMA MRNA 23 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0094U | GENOME RAPID SEQUENCE ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0095T | RMVL ARTIFIC DISC ADDL CRVCL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 1/1/2020 |
| 0098T | REV ARTIFIC DISC ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 1/1/2020 |
| 0101U | HERED COLON CA DO 15 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0102U | HERED BRST CA RLTD DO 17 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0103U | HERED OVA CA PNL 24 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0111U | ONC COLON CA KRAS&NRAS ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0113U | ONC PRST8 PCA3&TMPRSS2-ERG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0114U | GI BARRETTS ESOPH VIM&CCNA1 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0118U | TRNSPLJ DON-DRV CLL-FR DNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0120U | ONC B CLL LYMPHM MRNA 58 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0129U | HERED BRST CA RLTD DO PANEL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0130U | HERED COLON CA DO MRNA PNL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0131U | HERED BRST CA RLTD DO PNL 13 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0132U | HERED OVA CA RLTD DO PNL 17 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0133U | HERED PRST8 CA RLTD DO 11 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0134U | HERED PAN CA MRNA PNL 18 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0135U | HERED GYN CA MRNA PNL 12 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0136U | ATM MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0137U | ATM MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0138U | BRCA1 BRCA2 MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0153U | ONC BREAST MRNA 101 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0156U | COPY NUMBER SEQUENCE ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0157U | APC MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0158U | MLH1 MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0159U | MSH2 MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0160U | MSH6 MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0161U | PMS2 MRNA SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0162U | HERED COLON CA TRGT MRNA PNL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|------------------------------|
| 0163T | LUMB ARTIF DISKECTOMY ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 9/1/2020 Removed 4/1/2023 |
| 0164T | REMOVE LUMB ARTIF DISC ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 9/1/2020 |
| 0165T | REVISE LUMB ARTIF DISC ADDL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 9/1/2020 |
| 0169U | NUDT15&TPMT GENE COM VRNT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0170U | NEURO ASD RNA NEXT GEN SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0171U | TRGT GEN SEQ ALYS PNL DNA 23 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0172U | ONC SLD TUM ALYS BRCA1 BRCA2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0173U | PSYC GEN ALYS PANEL 14 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0175U | PSYC GEN ALYS PANEL 15 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0178T | 64 LEAD ECG W I&R | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0179T | 64 LEAD ECG W TRACING | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0179U | short description not available at time of update | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| 0180T | 64 LEAD ECG W I&R ONLY | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|----------------------------|
| 0195T | ARTHROD PRESAC INTERBODY | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0196T | ARTHROD PRESAC INTERBODY EAC | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0198T | OCULAR BLOOD FLOW MEASURE | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0200T | PERQ SACRAL AUGMT UNILAT INJ | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| 0203U | AI IBD MRNA XPRSN PRFL 17 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0204U | ONC THYR MRNA XPRSN ALYS 593 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0205U | OPH AMD ALYS 3 GENE VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0208U | NEURO ALZHEIMER CELL AGGREGJ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Removed effective 7/1/2022 |
| 0209U | CYTOG CONST ALYS INTERROG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0211U | ONC PAN-TUM DNA&RNA GNRJ SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0212U | RARE DS GEN DNA ALYS PROBAND | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0213T | NJX PARAVERT W/US CER/THOR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0213U | RARE DS GEN DNA ALYS EA COMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0214T | NJX PARAVERT W/US CER/THOR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0214U | RARE DS XOM DNA ALYS PROBAND | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0215T | NJX PARAVERT W/US CER/THOR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|----------------|
| 0215U | RARE DS XOM DNA ALYS EA COMP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0216T | NJX PARAVERT W/US LUMB/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0216U | NEURO INH ATAXIA DNA 12 COM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0217T | NJX PARAVERT W/US LUMB/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0217U | NEURO INH ATAXIA DNA 51 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0218T | NJX PARAVERT W/US LUMB/SAC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| 0218U | NEURO MUSC DYS DMD SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0220U | Short Description not available at time of distribution | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0228U | ONC PRST8 MA MOLEC PRFL ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0229U | BCAT1 PROMOTER MTHYLTN ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0230U | AR FULL SEQUENCE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0231U | CACNA1A FULL GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0232U | CSTB FULL GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0233U | FXN GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0234U | MECP2 FULL GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0235U | PTEN FULL GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0236U | SMN1&SMN2 FULL GENE ANALYSIS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0237U | CAR ION CHNLPHTY GEN SEQ PNL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0238U | ONC LNCH SYN GEN DNA SEQ ALY | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0239U | TRGT GEN SEQ ALYS PNL 311+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0242U | TRGT GEN SEQ ALYS PNL 55-74 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2021 |
| 0244U | ONC SOLID ORGN DNA 257 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2021 |
| 0245U | ONC THYR MUT ALYS 10 GEN&37 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2021 |
| 0246U | RBC DNA GNOTYP 16 BLD GROUPS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2021 |
| 0250U | ONC SLD ORG NEO DNA 505 GENE | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| 0252U | FTL ANEUPLOIDY STR ALYS DNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| 0253U | RPRDVE MED RNA GEN PRFL 238 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| 0254U | REPRDVE MED ALYS 24 CHRMSM | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| 0258U | AI PSOR MRNA 50-100GEN ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0260U | RARE DS ID OPTGENOME MAPG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0262U | ONC SLD TUM RTPCR 7 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0264U | RARE DS ID OPT GENOME MAPG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0265U | RAR DO WHL GN&MTCDRL DNA ALS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0266U | UNXPL CNST HRTBL DO GN XPRSN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0267U | RARE DO ID OPT GEN MAPG&SEQ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0268U | HEM AHUS GEN SEQ ALYS 15 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0269U | HEM AUT DM CGEN TRMBCTPNA 14 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0270U | HEM CGEN COAGJ DO 20 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0271U | HEM CGEN NEUTROPENIA 23 GEN J | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0272U | HEM GENETIC BLD DO 51 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0273U | HEM GEN HYPRFIBRNLYSIS 8 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0274T | PERQ LAMOT/LAM CRV/THRC | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 0274U | HEM GEN PLTLT DO 43 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0275T | PERQ LAMOT/LAM LUMBAR | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 1/1/2020 |
| 0276U | HEM INH THROMBOCYTOPENIA 23 J | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0277U | HEM GEN PLTLT FUNCJ DO 31 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0278U | HEM GEN THROMBOSIS 12 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0282U | RBC DNA GNTYP 12 BLD GRP GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0285U | ONC RSPS RADJ CLL FR DNA TOX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0286U | CEP72 NUDT15&TPMT GENE ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0287U | ONC THYR DNA&MRNA 112 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0288U | ONC LUNG MRNA QUAN PCR 11&3 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0289U | NEURO ALZHEIMER MRNA 24 GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0290U | PAIN MGMT MRNA GEN XPRSN 36 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0291U | PSYC MOOD DOMRNA 144 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0292U | PSYC STRS DO MRNA 72 GENES | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0293U | PSYC SUICIDAL IDEA MRNA 54 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0294U | LNGVTY&MRTLTY RSK MRNA 18GEN | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0296U | ONC ORL&/OROP CA 20 MLC FEAT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0297U | ONC PAN TUM WHL GEN SEQ DNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0298U | ONC PAN TUM WHL TRNS SEQ RNA | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0299U | ONC PAN TUM WHL GEN OPT MAPG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0300U | ONC PAN TUM WHL GEN SEQ&OPT | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 4/1/2022 |
| 0326U | TRGT GEN SEQ ALYS PNL 83+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 7/1/2022 |
| 0329U | ONC NEO XOME&TRNS SEQ ALYS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 7/1/2022 |
| 0331U | ONC HL NEO OPT GEN MAPPING | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | added 7/1/2022 |
| 0332U | Onc pan tum gen prflg 8 dna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0333U | Onc lvr surveilanc hcc cfdna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0334U | Onc sld orgn tgasa dna 84/+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0335U | Rare ds whl gen seq fetal | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0336U | Rare ds whl gen seq bld/slv | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0339U | Onc prst8 mrna hoxc6 & dlx1 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0340U | Onc pan ca alys mrd plasma | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0341U | Ftl aneup dna seq cmpr alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0343U | Onc prst8 xom aly 442 snrna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0345U | Psyc genom alys pnl 15 gen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0346U | Beta amyl ab40&ab42 lc-ms/ms | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| 0347U | Rx metab/pcx dna 16 gen alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|-------------------|
| 0348U | Rx metab/pcx dna 25 gen alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0349U | Rx metab/pcx dna 27gen rx ia | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0350U | Rx metab/pcx dna 27 gen alys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0355U | APOL1 RISK VARIANTS | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0356U | ONC OROP 17 DNA DDPCR ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0362U | ONC PAP THYR CA RNA 82&10 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0363U | ONC URTHL MRNA 5 GEN ALG | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2023 |
| 0368U | Onc clrct ca mut&mthyltn mrk | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| 0379U | Tgsap sl or neo dna523&rna55 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| 0380U | Rx metb advrs trgt sq aly 20 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| 0386U | Gi barrett esoph mthyltn aly | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| 0388U | Onc nonsm cll lng ca 37 gen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0389U | Ped fbri kd ifi27&mcomp1 rna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0391U | Onc sld tum dna&rna 437 gen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0392U | Rx metab genrx ia 16 genes | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0394T | HDR ELCTRNC SKN SURF BRCHYTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| 0395T | HDR ELCTR NTRST/NTRCV BRCHTX | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2020 |
| 0395U | Onc lng multiomics plsm alg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0396U | Ob preimpltj tst 300000 dna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0397U | Onc nonsm cll lng ca 109 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0398U | Gi baret esph dna mthyln aly | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0400U | Ob xpnd car scr 145 genes | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0401U | Crd c hrt ds 9 gen 12 vrnts | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| 0537T | Cellular Therapy Procedures Ancillary Code | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| 0538T | Cellular Therapy Procedures Ancillary Code | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| 0539T | Cellular Therapy Procedures Ancillary Code | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| 0540T | Cellular Therapy Procedures Ancillary Code | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| 0609T | Mrs disc pain acquisj data | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0610T | Mrs disc pain transmis data | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0611T | Mrs disc pain alg alys data | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0612T | Mrs discogenic pain i&r | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0627T | Perq njx algc fluor lmr 1st | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|--|----------------|
| 0628T | Perq njx algc fluor lmbr ea | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0629T | Perq njx algc ct lmbr 1st | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0630T | Perq njx algc ct lmbr ea | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| 0633T | Ct breast w/3d uni c- | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0634T | Ct breast w/3d uni c+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0635T | Ct breast w/3d uni c-/c+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0636T | Ct breast w/3d bi c- | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0637T | Ct breast w/3d bi c+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0638T | Ct breast w/3d bi c-/c+ | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| 0648T | QUAN MR ALYS TISS W/O MRI | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0649T | QUAN MR ALYS TISS W/MRI | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| 0697T | Quan mr tis wo mri mlt orgn | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 0698T | Quan mr tiss w/mri mlt orgn | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 0711T | N-nvs artl plaq alys dat prp | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 0712T | N-nvs artl plaq alys quan | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |
| 0713T | N-nvs artl plaq alys rw i&r | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| 0745T | Insj bioprostc vlv fem vn | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2023 |
| 0746T | Car ablt rad arr n-invas loc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2023 |
| 0747T | Car ablt rad arr cnv loc map | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2023 |
| 0775T | Arthrd si jt prq iartic impl | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2023 |
| A0430 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING) | Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport. | Prior to 9/1/2019 |
| A0435 | FIXED WING AIR MILEAGE, PER STATUTE MILE | Recent history and physical if applicable and letter of Medical Necessity documenting the need for the | Prior to 9/1/2019 |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7030 | Full face mask used with positive airway pressure device, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| A7031 | Face mask interface, replacement for full face mask, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7032 | Cushion for use on nasal mask interface, replacement only, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7035 | Headgear used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7036 | Chinstrap used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7037 | Tubing used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7038 | Filter, disposable, used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| A7039 | Filter, non disposable, used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7044 | Oral interface used with positive airway pressure device, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| A9590 | Iodine i-131, iobenguane, 1 millicurie | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| A9606 | Radium ra-223 dichloride, therapeutic, per microcurie | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicuri | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 1/1/23 |
| C8900 | Magnetic resonance angiography with contrast, abdomen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8901 | Magnetic resonance angiography without contrast, abdomen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| C8903 | Magnetic resonance imaging with contrast, breast; unilateral | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8906 | Magnetic resonance imaging with contrast, breast; bilateral | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8912 | Magnetic resonance angiography with contrast, lower extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8913 | Magnetic resonance angiography without contrast, lower extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8918 | Magnetic resonance angiography with contrast, pelvis | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8919 | Magnetic resonance angiography without contrast, pelvis | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8931 | Magnetic resonance angiography with contrast, spinal canal and contents | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8932 | Magnetic resonance angiography without contrast, spinal canal and contents | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8934 | Magnetic resonance angiography with contrast, upper extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8935 | Magnetic resonance angiography without contrast, upper extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C8937 | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C9047 | aTTP | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| C9055 | Zulresso is indicated for the treatment of postpartum depression (PPD) in adults. | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| C9062 | Daratumumab and hyaluronidase-fihj OR Darzalex Faspro | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| C9064 | Mitomycin OR Jelmyto | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| C9065 | Romidepsin (non-lypohilized) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| C9066 | Sacituzumab govitecan-hziy OR Trodelvy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| C9076 | Lisocabtagene maraleucel | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| C9257 | Injection, bevacizumab, 0.25 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| C9399 | Unclassified drugs or biologicals, Susrimo, Leqvio, Ryplazim, Tezspire, Sunlenca, Skyrizi, Briumyi | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| C9739 | Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants | Recent History and Physical, and documentation of medical necessity | Prior to 9/1/2019 |
| C9741 | Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report | Recent History and Physical, and documentation of medical necessity | Prior to 9/1/2019 |
| C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| E0471 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 9/1/2020 |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | 9/1/2020 |
| E0561 | Humidifier, non-heated, used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| E0562 | Humidifier, heated, used with positive airway pressure device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| E0601 | Continuous positive airway pressure (cpap) device | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| E0635 | Patient lift, electric with seat or sling | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0641 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| E0642 | STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0650 | Pneumatic compressor, non-segmental home model | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0660 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0665 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0666 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E0673 | Segmental gradient pressure pneumatic appliance, | Letter of medical necessity, including condition | Prior to 9/1/2019 |
| E0675 | PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM) | History and physical including comorbidities, previously tried clinical interventions and operative report if any available. | Prior to 9/1/2019 |
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | History and physical including comorbidities, previously tried clinical interventions and operative | Prior to 9/1/2019 |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less | History and physical including comorbidities, previously tried clinical interventions and operative report if any available. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel | History and physical including comorbidities, previously tried clinical interventions and operative report if any available. | Prior to 9/1/2019 |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel | History and physical including comorbidities, previously tried clinical interventions and operative report if any available. | Prior to 9/1/2019 |
| E0747 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| E0749 | Osteogenesis stimulator, electrical, surgically implanted | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | Prior to 9/1/2019 |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories | History and Physical or clinical notes, including anticipated length of use | Prior to 9/1/2019 |
| E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0782 | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment. | Prior to 9/1/2019 |
| E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment. | Prior to 9/1/2019 |
| E0830 | Ambulatory traction device, all types, each | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |
| E0840 | Traction frame, attached to headboard, cervical traction | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |
| E0850 | Traction stand, free standing, cervical traction | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |
| E0856 | Cervical traction device, with inflatable air bladder(s) | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| E0890 | Traction frame, attached to footboard, pelvic traction | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |
| E0900 | Traction stand, free standing, pelvic traction, (e.g., buck's) | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical | Prior to 9/1/2019 |
| E0942 | Cervical head harness/halter | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E0944 | Pelvic belt/harness/boot | Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including | Prior to 9/1/2019 |
| E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, | Prior to 9/1/2019 |
| E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1230 | Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1239 | Power wheelchair, pediatric size, not otherwise specified | Letter of medical Necessity supporting need for the wheelchair. | Prior to 9/1/2019 |
| E1310 | Whirlpool, nonportable (built-in type) | Letter of medical Necessity supporting need for the | Prior to 9/1/2019 |
| E1700 | Jaw motion rehabilitation system | Letter of medical necessity, including condition | Prior to 9/1/2019 |
| E1701 | Replacement cushions for jaw motion rehabilitation system, pkg. of 6 | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E1702 | Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200 | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E2120 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| E2300 | Wheelchair accessory, power seat elevation system, any type | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, | Prior to 9/1/2019 |
| E2301 | Wheelchair accessory, power standing system, any type | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2504 | Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| E2506 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| E2599 | Accessory for speech generating device, not otherwise classified | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| E2609 | Custom fabricated wheelchair seat cushion, any size | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2627 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| E2629 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) | Letter of medical Necessity supporting need for the wheelchair accessory. | Prior to 9/1/2019 |
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0155 | Services of clinical social worker in home health or hospice settings, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0156 | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0157 | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| G0158 | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0160 | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0161 | Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0162 | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting) | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0166 | External counterpulsation, per treatment session | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| G0179 | Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0219 | Pet imaging whole body; melanoma for non-covered indications | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| G0235 | Pet imaging, any site, not otherwise specified | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G0248 | Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0252 | Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| G0295 | Electromagnetic therapy, to one or more areas, for wound care other than described in g0329 or for other uses | History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0297 | Low dose ct scan (ldct) for lung cancer screening | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G0299 | Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0300 | Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| G0327 | Colon ca scrn;bld-bsd biomrk | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| G0339 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| G0340 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| G0398 | Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| G0399 | Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| G0400 | Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018. | Prior to 9/1/2019 |
| G0422 | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0423 | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy) | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0451 | Development testing, with interpretation and report, per standardized instrument form | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G0455 | Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen | History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G6017 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| G9143 | Warfarin responsiveness testing by genetic technique using any method, any number of | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0129 | Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J0172 | Injection, aducanumab-awwa, 2 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2022 |
| J0178 | Injection, aflibercept, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0179 | Injection, brolicizumab-dblI, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J0180 | Injection, agalsidase beta, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0202 | Injection, alemtuzumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0207 | Injection, amifostine, 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0221 | Injection, alglucosidase alfa, (lumizyme), 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0222 | Onpattro | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J0223 | Givosiran | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J0224 | Inj. lumasiran, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| J0248 | Inj, remdesivir, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| J0256 | Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0257 | Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0364 | Injection, apomorphine hydrochloride, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0490 | Injection, belimumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0517 | Fasenra | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J0565 | Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0584 | Crysvita | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J0585 | Injection, onabotulinumtoxina, 1 unit | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0586 | Injection, abobotulinumtoxina, 5 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0587 | Injection, rimabotulinumtoxinb, 100 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0588 | Injection, incobotulinumtoxin a, 1 unit | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0596 | Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0597 | Injection, c-1 esterase inhibitor (human), berinert, 10 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0598 | Injection, c-1 esterase inhibitor (human), cinryze, 10 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| J0606 | 5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0638 | Injection, canakinumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0640 | Injection, leucovorin calcium, per 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0641 | Injection, levoleucovorin calcium, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0642 | Levoleucovorin | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J0739 | Injection, cabotegravir 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J0741 | Inj, cabote rilpivir 2mg 3mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J0775 | Injection, collagenase, clostridium histolyticum, 0.01 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0791 | Crizanlizumab-tmca (Adakveo) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J0800 | Injection, corticotropin, up to 40 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0881 | Injection, darbepoetin alfa, 1 microgram (non-esrd use) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0885 | Injection, epoetin alfa, (for non-esrd use), 1000 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0888 | Injection, epoetin beta, 1 microgram, (for non esrd use) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0894 | Injection, decitabine, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J0896 | Luspatercept-aamt OR Reblozyl | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| J0897 | Injection, denosumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1290 | Injection, ecallantide, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1300 | Injection, eculizumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1301 | Radicava | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J1303 | Ultomiris | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J1305 | Inj, evinacumab-dgnb, 5mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J1306 | Injection, inclisiran, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J1322 | Injection, elosulfase alfa, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1325 | Injection, epoprostenol, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1427 | Viltepso | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J1428 | 500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1429 | Golodirsen/Vyondys | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J1442 | Injection, filgrastim (g-csf), eXcludes biosimilars, 1 microgram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1453 | Injection, fosaprepitant, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1454 | Fosnetupitant/Palonosetron | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1458 | Injection, galsulfase, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| J1459 | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1551 | Inj cutaquig 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J1554 | Asceniv | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1555 | Injection, immune globulin, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1556 | Injection, immune globulin (bivigam), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1557 | Injection, immune globulin, (gammappleX), intravenous, non- lyophilized (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1558 | Inj. xembify, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J1559 | Injection, immune globulin (hizentra), 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1561 | Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1562 | Injection, immune globulin (Vivaglobin), 100 mg | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J1566 | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1568 | Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1569 | Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| J1572 | Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1575 | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1599 | Immune Globulin, not otherwise , specified, Panzyga | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1602 | Injection, golimumab, 1 mg, for intravenous use | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1627 | Injection, granisetron, extended-release, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J1632 | Brexanolone | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J1743 | Injection, idursulfase, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1744 | Injection, icatibant, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1745 | Injection infliximab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1746 | Trogarzo | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J1786 | Injection, imiglucerase, 10 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1823 | Uplizna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J1930 | Injection, lanreotide, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1931 | Injection, laronidase, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J1950 | Leuprolide acetate, per 3.75 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J2182 | 100 MG SOLR J2182 Injection, mepolizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|--|
| J2323 | Injection, natalizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2326 | 12 MG/5ML SOLN J2326 Injection, nusinersen, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2327 | Inj risankizumab-rzaa 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J2350 | 300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2354 | Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2356 | Inj, nusinersen, 0.1mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J2357 | Injection, omalizumab, 5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2430 | Injection, pamidronate disodium, per 30 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2469 | Injection, palonosetron hcl, 25 mcg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2502 | Injection, pasireotide long acting, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2505 | Injection, pegfilgrastim, 6 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 Removed 3/31/2022 |
| J2506 | Injection, pegfilgrastim, 6 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 4/1/2022 |
| J2507 | Injection, pegloticase, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2562 | Injection, pleriXafor, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| J2778 | Injection, ranibizumab, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2783 | Injection, rasburicase, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2786 | 100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2793 | Injection, riloncept, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2796 | Injection, romiplostim, 10 micrograms | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2840 | Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2860 | Injection, siltuximab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J2998 | Inj plasminogen tvmh 1mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 10/1/2023 |
| J3032 | Eptinezumab-jjmr (Vypti) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J3060 | Injection, taliglucerase alfa, 10 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3111 | Evenity is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J3241 | Teprotumumab-trbw | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J3245 | Ilumya | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3262 | Injection, tocilizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| J3285 | Injection, treprostinil, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3304 | Zilretta | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3315 | Injection, triptorelin pamoate, 3.75 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3316 | Triptodur | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3357 | Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3358 | Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3380 | Injection, vedolizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3385 | Injection, velaglucerase alfa, 100 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3397 | Mepsevii | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3398 | Luxturna | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3399 | Zolgensma | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J3489 | Injection, zoledronic acid, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3490 | Unclassified drugs, Cortophin, Leqvio, Sunlenca | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J3580 | Tzield | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/23 |
| J3590 | Unclassified biologics, Vyvgart, Susrimo, Ryplazim, Tezspire, Briumyi | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| J7189 | Factor VIIa (antihemophilic factor, recombinant), per 1 mcg | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7190 | Factor VIII (antihemophilic factor, human) per IU | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7191 | Factor VIII (antihemophilic factor (porcine)), per IU | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7192 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7193 | Factor IX (antihemophilic factor, purified, nonrecombinant) per IU | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7194 | Factor IX complex, per IU | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7195 | Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified | History and physical, chart notes from ordering physician, treatment plan including condition being | Prior to 9/1/2019 |
| J7318 | Durolane | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7320 | Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J7321 | Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7322 | 24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7323 | Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J7324 | Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7325 | Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7326 | Hyaluronan or derivative, gel-one, for intra-articular injection, per dose | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7327 | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| J7328 | Hyaluronan or derivative, for intra- articular injection, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J7329 | TriVisc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J7331 | Synojoynt | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J7332 | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J7333 | Visco-3 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| J7351 | Injection, bimatoprost, intracameral implant, 1 microgram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2022 |
| J7352 | Scenesse | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J7353 | Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 7/1/2021 |
| J9000 | Injection, doxorubicin hydrochloride, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9015 | Injection, aldesleukin, per single use vial | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9017 | Injection, arsenic trioXide, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9019 | Injection, asparaginase (erwinaze), 1,000 iu | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9022 | Injection, atezolizumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9023 | Injection, avelumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9025 | Injection, azacitidine, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9027 | Injection, clofarabine, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| J9030 | Bcg live intravesical 1mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9032 | Injection, belinostat, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9033 | Injection, bendamustine hcl, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9034 | Injection, bendamustine HCl (bendeka), 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9036 | Bendamustine HCL | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9037 | Blenrep | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9039 | Injection, blinatumomab, 1 microgram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9040 | Injection, bleomycin sulfate, 15 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9041 | Injection, bortezomib, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9042 | Injection, brentuximab vedotin, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9043 | Injection, cabazitaxel, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9044 | Bortezomib | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9045 | Injection, carboplatin, 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9047 | Injection, carfilzomib, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9050 | Injection, carmustine, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9055 | Injection, cetuximab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| J9057 | Copanlisib | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9060 | Injection, cisplatin, powder or solution, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9065 | Injection, cladribine, per 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9070 | Cyclophosphamide, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9098 | Injection, cytarabine liposome, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9100 | Injection, cytarabine, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9118 | Calaspargase pegol-mknl | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J9119 | Cemiplimab-rwlc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J9120 | Injection, dactinomycin, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9130 | Dacarbazine, 100 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9144 | Darzalex Faspro | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9145 | Injection, daratumumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9150 | Injection, daunorubicin, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9155 | Injection, degarelix, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9171 | Injection, docetaXel, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| J9173 | Durvalumab | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9175 | Injection, eliott's b solution, 1 ml | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9176 | Injection, elotuzumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9177 | Enfortumb vedotin-ejfv OR Padcev | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J9178 | Injection, epirubicin hcl, 2 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9179 | Injection, eribulin mesylate, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9181 | Injection, etoposide, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9185 | Injection, fludarabine phosphate, 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9190 | Injection, fluorouracil, 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9198 | Gemcitabine HCL in NaCL OR Infugem | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J9200 | Injection, floXuridine, 500 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9201 | Injection, gemcitabine hydrochloride, 200 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9202 | Goserelin acetate implant, per 3.6 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9203 | Mylotarg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9204 | Mogamulizumab-kpkc | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J9205 | Injection, irinotecan liposome, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| J9206 | Injection, irinotecan, 20 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9207 | Injection, iXabepilone, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9208 | Injection, ifosfamide, 1 gram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9209 | Injection, mesna, 200 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9211 | Injection, idarubicin hydrochloride, 5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9214 | Injection, interferon, alfa-2b, recombinant, 1 million units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9216 | Injection, interferon, gamma 1-b, 3 million units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9218 | Leuprolide acetate, per 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9223 | Zepzelca | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9225 | Histrelin implant (vantas), 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9226 | Histrelin implant (supprelin la), 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9227 | Isatuximab-irfc OR Sarclisa | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J9228 | Injection, ipilimumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9230 | Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| J9245 | Injection, melphalan hydrochloride, 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9246 | Melphalan HCL OR Evomela | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9250 | Methotrexate sodium, 5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J9260 | Methotrexate Sodium (J9260: 50mg) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9261 | Injection, nelarabine, 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9262 | Injection, omacetaXine mepesuccinate, 0.01 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9263 | Injection, oXaliplatin, 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9264 | Injection, paclitaXel protein-bound particles, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9266 | Injection, pegaspargase, per single dose vial | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9267 | Injection, paclitaXel, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9268 | Injection, pentostatin, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9269 | Tagraxofusp-erzs | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J9271 | Injection, pembrolizumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9280 | Injection, mitomycin, 5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9281 | Jelmyto | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9285 | Injection, olaratumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-----------------------------------|--|-------------------|
| J9293 | Novantrone | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9295 | Injection, necitumumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9299 | Injection, nivolumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9301 | Injection, obinutuzumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9302 | Injection, ofatumumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9303 | Injection, panitumumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9304 | Pemetrexed OR Pemfexy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| J9305 | Injection, pemetreXed, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9306 | Injection, pertuzumab, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9307 | Injection, pralatreXate, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9308 | Injection, ramucirumab, 5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9309 | Polatuzumab vedotin-piiq | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 9/1/2020 |
| J9311 | Rituximab and Hyaluronidase Human | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9312 | Rituxan | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| J9313 | Moxetumomab pasudotox-tdfk | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| J9315 | Injection, romidepsin, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| J9316 | Phesgo | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9317 | Trodelvy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| J9320 | Injection, streptozocin, 1 gram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9325 | Injection, talimogene laherparepvec, per 1 million plaque forming units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9328 | Injection, temozolomide, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9330 | Injection, temsirolimus, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9332 | Vyvgart | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2023 |
| J9340 | Injection, thiotepa, 15 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9349 | Monjuvi | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/2/2021 |
| J9351 | Injection, topotecan, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9352 | Injection, trabectedin, 0.1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9354 | Injection, ado-trastuzumab emtansine, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9355 | Injection, trastuzumab, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9356 | Trastuzumab and hyaluronidase-oysk | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9357 | Injection, valrubicin, intravesical, 200 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9358 | Fam-trastuzumab deruxtecan-nxki OR Enhertu | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/2/2021 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| J9360 | Injection, vinblastine sulfate, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9370 | Vincristine sulfate, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9371 | Injection, vincristine sulfate liposome, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9390 | Injection, vinorelbine tartrate, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9395 | Injection, fulvestrant, 25 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9400 | Injection, ziv-aflibercept, 1 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9600 | Injection, porfimer sodium, 75 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| J9999 | Unclassified neoplastic | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| K0004 | High strength, lightweight wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0005 | Ultralightweight wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0006 | Heavy-duty wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0007 | Extra heavy-duty wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0008 | Custom manual wheelchair/base | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0009 | Other manual wheelchair/base | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0010 | Standard-weight frame motorized/power wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| K0011 | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0012 | Lightweight portable motorized/power wheelchair | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0013 | Custom motorized/power wheelchair base | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0014 | Other motorized/power wheelchair base | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0108 | Wheelchair component or accessory, not otherwise specified | History and physical or clinical notes, including anticipated length of use. | Prior to 9/1/2019 |
| K0554 | Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0808 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| K0812 | Power operated vehicle, not otherwise classified | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| K0814 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, | Prior to 9/1/2019 |
| K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, | Prior to 9/1/2019 |
| K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0837 | Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0838 | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0839 | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| K0840 | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0849 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0852 | Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| K0868 | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0869 | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0870 | Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0871 | Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0877 | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0878 | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0879 | Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0880 | Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0884 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0885 | Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| K0886 | Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0890 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0898 | Power wheelchair, not otherwise classified | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | Recent History and Physical, plan of care, and documentation of medical necessity | Prior to 9/1/2019 |
| K1027 | Oral dev without fix mech | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 7/1/2022 |
| K1028 | Control unit neuromuscul osa | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 1/1/23 |
| K1029 | Oral dv/app neuromus mouthpi | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Added 1/1/23 |
| L1499 | Spinal orthotic, not otherwise specified | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5210 | Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|---------------------------------------|
| L5250 | Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5280 | Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5301 | Below knee, molded socket, shin, sach foot, endoskeletal system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5321 | Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5331 | Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5341 | Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5400 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5420 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L5500 | Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5505 | Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5510 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5520 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5530 | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5535 | Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5540 | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5560 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5570 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5580 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| L5585 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5590 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5600 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5611 | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5613 | Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|---------------------------------------|
| L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5647 | Addition to lower extremity, below knee suction socket | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5649 | Addition to lower extremity, ischial containment/narrow m-l socket | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5700 | Replacement, socket, below knee, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5707 | Custom shaped protective cover, hip disarticulation | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5840 | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5845 | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5856 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|---------------------------------------|
| L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5880 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5930 | Addition, endoskeletal system, high activity knee control frame | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 Removed 1/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L5969 | Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s) | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5979 | All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5980 | All lower extremity prostheses, flex foot system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5981 | All lower extremity prostheses, flex-walk system or equal | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5987 | All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L5999 | Lower extremity prosthesis, not otherwise specified | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6029 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| L6500 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6580 | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6582 | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6584 | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6586 | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L6588 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6590 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6624 | Upper extremity addition, flexion/extension and rotation wrist unit | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6693 | Upper extremity addition, locking elbow, forearm counterbalance | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6722 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6970 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------|
| L7007 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT | History and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7009 | Electric hook, switch or myoelectric controlled, adult | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L7040 | Prehensile actuator, switch controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L7170 | Electronic elbow, hosmer or equal, switch controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7185 | Electronic elbow, adolescent, variety village or equal, switch controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7186 | Electronic elbow, child, variety village or equal, switch controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7190 | Electronic elbow, adolescent, variety village or equal, myoelectronically controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7191 | Electronic elbow, child, variety village or equal, myoelectronically controlled | history and physical, letter of medical necessity and functional status eval from physiatrist or physical | Prior to 9/1/2019 |
| L7259 | Electronic wrist rotator, any type | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L8040 | Nasal prosthesis, provided by a nonphysician | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| L8041 | Midfacial prosthesis, provided by a nonphysician | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L8042 | Orbital prosthesis, provided by a non-physician | Letter of medical necessity, including condition | Prior to 9/1/2019 |
| L8043 | Upper facial prosthesis, provided by a non-physician | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8044 | Hemi-facial prosthesis, provided by a non-physician | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8045 | Auricular prosthesis, provided by a non-physician | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8046 | Partial facial prosthesis, provided by a nonphysician | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L8047 | Nasal septal prosthesis, provided by a nonphysician | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Prior to 9/1/2019 |
| L8609 | Artificial cornea | Letter of medical necessity, including condition | Prior to 9/1/2019 |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| L8619 | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT | Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Prior to 9/1/2019 |
| L8627 | Cochlear implant, external speech processor, component, replacement | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8628 | Cochlear implant, external controller component, replacement | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | Letter of medical necessity, including condition being treated. | Prior to 9/1/2019 |
| L8679 | Implantable neurostimulator, pulse generator, any type | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| L8682 | Implantable neurostimulator radiofrequency receiver | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8686 | Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8688 | Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8690 | Auditory osseointegrated device, includes all internal and external components | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| L8691 | Auditory osseointegrated device, external sound processor, replacement | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| M0076 | Prolotherapy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| Q0479 | Power module for use with electric or electric/pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0480 | Driver for use with pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| Q0481 | Microprocessor control unit for use with electric ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0482 | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0483 | Monitor/display module for use with electric ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0484 | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0489 | Power pack base for use with electric/pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q0495 | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| Q2017 | Injection, teniposide, 50 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q2041 | Yescarta | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| Q2042 | Kymriah | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| Q2043 | Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q2050 | Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q2053 | Tecartus | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |
| Q2054 | Lisocabtagene Maraleucel | Recent history and physical, plan of care, and documentation of medical necessity. | 1/1/2022 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| Q2056 | Ciltacabtagene car-pos t | Recent history and physical, plan of care, and documentation of medical necessity. | added 4/1/2023 |
| Q4110 | Primatrix skin sub | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIMETER | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4121 | THERASKIN, PER SQUARE CENTIMETER | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4133 | Grafix prime, per square centimeter | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4158 | Marigen 1 square cm | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4169 | Artacent wound, per square centimeter | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4186 | EPIFIX PER SQUARE CENTIMETER | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4191 | Restorigin per square cm | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q4254 | Novafix dl, per square centimeter | Recent history and physical, plan of care, and documentation of medical necessity. | Added 1/1/2023 |
| Q5101 | Injection, filgrastim (g-csf), biosimilar, 1 microgram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5103 | Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5104 | 100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5106 | epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5107 | Bevacizumab-awwb | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|---|-------------------|
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5111 | Pegfilgrastim-cbqv | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5112 | Trastuzumab-dttb | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5113 | Trastuzumab-pkrb | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5114 | Trastuzumab-dkst | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5115 | Rituximab-abbs | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| Q5116 | Trastuzumab-qyyp | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|----------------|
| Q5117 | Trastuzumab-anns | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| Q5118 | Bevacizumab-bvzr | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2019 |
| Q5119 | Rituximab-pvvr OR Ruxience | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| Q5120 | Pegfilgrastim-bmez OR Ziextenzo | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2021 |
| Q5121 | Injection; Immunomodulators | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 4/1/2021 |
| Q5122 | Nyvepria | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| S0013 | Spravato | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 10/1/2021 |
| S0145 | Injection, pegylated interferon alfa-2a, 180 mcg per ml | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|-------------------|
| S0148 | Injection, pegylated interferon alfa-2b, 10 mcg | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | 1/1/2020 |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S2118 | Metal-on-metal total hip resurfacing, including acetabular and femoral components | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21. | 1/1/2020 |
| S3800 | Genetic testing for amyotrophic lateral sclerosis (als) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3840 | DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2 | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3841 | Genetic testing for retinoblastoma | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3842 | Genetic testing for von hippel-lindau disease | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3844 | DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3845 | Genetic testing for alpha-thalassemia | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3846 | Genetic testing for hemoglobin e beta-thalassemia | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3850 | Genetic testing for sickle cell anemia | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3852 | DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3854 | Gene expression profiling panel for use in the management of breast cancer treatment | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|---|-------------------|
| S3861 | Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3865 | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3866 | Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S3870 | Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S4680 | Transplantation of testis(es) to thigh (because of scrotal destruction) | Submit history and physical, documentation of medical necessity, operative report. | Prior to 9/1/2019 |
| S8037 | Magnetic resonance cholangiopancreatography (mrcp) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S8042 | Magnetic resonance imaging (mri), low-field | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S8085 | Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S8092 | Electron beam computed tomography (also known as ultrafast ct, cine ct) | eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs | Prior to 9/1/2019 |
| S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM | Chart notes for each home visit and therapy notes for each discipline providing treatment. | Prior to 9/1/2019 |
| T1000 | Private Duty/Independent Nursing per 15 minutes | Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing | Added 4/1/2023 |
| T1001 | RN Nursing Assessment/Evaluation per 15 minutes | Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing | Added 4/1/2023 |
| T1002 | RN Services per 15 minutes | Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing | Added 4/1/2023 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---------------------------------|--|----------------|
| T1003 | LPN/LVN Services per 15 minutes | Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing | Added 4/1/2023 |

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