



BlueCross BlueShield of Oklahoma

Blue Cross Medicare Advantage Prior Authorization List Effective 1/1/2019

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 for members in the Tulsa area HMO, please contact Customer Service at 1-866-796- 5709.

For additional prior authorization information for members in the Oklahoma City area HMO and all PPO members, please contact Customer Service at 1-877-774-8592.

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Blue Cross Medicare AdvantageSM

MAPD Benefit Preauthorization Procedure Code List, Effective 1/1/2019

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
11970	Replacement of tissue expander with permanent prosthesis	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15776	Punch graft for hair transplant; more than 15 punch grafts	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15780	Dermabrasion; Total Face	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15781	Dermabrasion; Segmental, Face	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15782	Dermabrasion; Regional, Other Than Face	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
15783	Dermabrasion; Superficial, Any Site	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15786	Abrasion; Single Lesion	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15787	Abrasion; Add'l 4 Lesions/<	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15788	Chemical Peel, Facial; Epidermal	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15789	Chemical Peel, Facial; Dermal	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15792	Chemical Peel, Nonfacial; Epidermal	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15793	Chemical Peel, Nonfacial; Dermal	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15819	Cervicoplasty	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15820	Blepharoplasty, Lower Eyelid	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15822	Blepharoplasty, Upper Eyelid	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15824	Rhytidectomy; Forehead	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15826	Rhytidectomy; Glabellar Frown Lines	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15828	Rhytidectomy; Cheek, Chin, & Neck	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15832	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Thigh	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15833	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Leg	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15834	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Hip	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15835	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Buttock	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
15836	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Arm	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15837	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Forearm/Hand	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15838	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Submental Fat Pad	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15839	Excision, Excessive Skin & Subq Tissue (W/Lipectomy); Other Area	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen ((List Separately)	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15876	Suction Assisted Lipectomy; Head & Neck	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15877	Suction Assisted Lipectomy; Trunk	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15878	Suction Assisted Lipectomy; Upper Extremity	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15879	Suction Assisted Lipectomy; Lower Extremity	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17340	Cryotherapy (CO2 slush, liquid N2) for acne	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17360	Chemical exfoliation for acne (eg, acne paste, acid)	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
17380	Electrolysis Epilation, Each One Half Hour	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19316	Mastopexy	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment and operative report.
19318	Reduction Mammoplasty	Medical Necessity	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.
19324	Mammoplasty, Augmentation; W/O Prosthetic Implant	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19325	Mammoplasty, Augmentation; W/Prosthetic Implant	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
19328	Removal of intact mammary implant	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19330	Removal of mammary implant material	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19350	Nipple/Areola Reconstruction	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19355	Correction of inverted nipples	Cosmetic - Potential Contract Exclusion	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
20974	Electrical stimulation to aid bone healing; noninvasive (non-operative)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20975	Electrical stimulation to aid bone healing; noninvasive (operative)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
21083	Impression and custom preparation; palatal lift prosthesis	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21085	Impression and custom preparation; oral surgical splint	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21121	Genioplasty; Sliding Osteotomy, Single Piece	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21122	Genioplasty; Sliding Osteotomies, 2+ Osteotomies	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Medical Necessity	History and physical, documentation of medical necessity and previous stages of reconstruction if done.
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Cosmetic - Potential Contract Exclusion	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21198	Osteotomy, mandible, segmental	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21209	Osteoplasty, facial bones; reduction	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
21215	Graft, bone; mandible (includes obtaining graft)	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21270	Malar augmentation, prosthetic material	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21685	Hyoid myotomy and suspension	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21740	Reconstructive repair of pectus excavatum or carinatum; open	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22505	Manipulation of spine requiring anesthesia, any region	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: thoracic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22533	Arthrodesis, lateral eXtracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22999	Unlisted procedure, spine	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
23000	Removal of subdeltoid calcareous deposits, open		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23020	Capsular contracture release (eg, Sever type procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
23120	Claviclectomy; partial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23415	Coracoacromial ligament release, with or without acromioplasty		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23430	Tenodesis of long tendon of biceps		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23440	Resection or transplantation of long tendon of biceps		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23460	Capsulorrhaphy, anterior, any type; with bone block		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27403	Arthrotomy with meniscus repair, knee		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
27412	Autologous chondrocyte implantation, knee		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27415	Osteochondral allograft, knee, open		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27424	Reconstruction of dislocating patella; with patellectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27425	Lateral retinacular release, open		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27427	Ligamentous reconstruction (augmentation), knee; extra-articular		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27430	Quadricepsplasty (eg, Bennett or Thompson type)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27438	Arthroplasty, patella; with prosthesis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27440	Arthroplasty, knee, tibial plateau;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27486	Revision of total knee arthroplasty, with or without allograft; 1 component		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29105	Application of long arm splint (shoulder to hand)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29125	Application of short arm splint (forearm to hand); static		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29126	Application of short arm splint (forearm to hand); dynamic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29130	Application of finger splint; static		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29131	Application of finger splint; dynamic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29200	Strapping; thorax		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29240	Strapping; shoulder (eg, Velpeau)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29260	Strapping; elbow or wrist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29280	Strapping; hand or finger		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29520	Strapping; hip		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29530	Strapping; knee		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29540	Strapping; ankle and/or foot		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29550	Strapping; toes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29822	Arthroscopy, shoulder, surgical; debridement, limited		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29823	Arthroscopy, shoulder, surgical; debridement, extensive		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29828	Arthroscopy, shoulder, surgical; biceps tenodesis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29863	Arthroscopy, hip, surgical; with synovectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29873	Arthroscopy, knee, surgical; with lateral release		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29916	Arthroscopy, hip, surgical; with labral repair		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
30120	Excision or surgical planing of skin of nose for rhinophyma	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30420	Rhinoplasty, Primary; W/Major Septal Repair	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30460	Rhinoplasty, Nasal Deformity Secondary To Cong Cleft Lip/Palate, W/Columellar Lengthening; Tip Only	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30462	Rhinoplasty, Nasal Deform Sec To Cong Cleft Lip/Palat, W/Columellar Lengthen; Tip/Septum/Osteotomies	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31575	Laryngoscopy, flexible fiberoptic; diagnostic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32851	Lung transplant, single; without cardiopulmonary bypass	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32852	Lung transplant, single; with cardiopulmonary bypass	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33282	Implantation of patient-activated cardiac event recorder	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33404	Construction of apical-aortic conduit	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33407	VALVOTOMY,AORTIC VALVE;W CARDIOPULMONARY BYPASS	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33420	Valvotomy, mitral valve; closed heart	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33430	Replacement, mitral valve, with cardiopulmonary bypass	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33463	Valvuloplasty, tricuspid valve; without ring insertion	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
33464	Valvuloplasty, tricuspid valve; with ring insertion	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33470	Valvotomy, pulmonary valve, closed heart; transventricular	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33475	Replacement, pulmonary valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33611	Repair of double outlet right ventricle with intraventricular tunnel repair	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33621	Transsthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33935	Heart-Lung Transplant W/Recipient Cardectomy-Pneumonectomy	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33940	Donor cardectomy (including cold preservation)	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33945	Heart Transplant, W/Wo Recipient Cardectomy	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Medical Necessity	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
36468	Single/Multiple Injections, Sclerosing Solutions, Spider Veins; Limb/Trunk	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36469	Single/Multiple Injections, Sclerosing Solutions, Spider Veins; Face	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36470	Injection, Sclerosing Solution; Single Vein	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
36471	Injection, Sclerosing Solution; Multiple Veins, Same Leg	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36479	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36514	Therapeutic apheresis; for plasma pheresis	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37565	Ligation, internal jugular vein	Medical Necessity	Pre-operative evaluation, history and physical and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
37650	Ligation of femoral vein	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37700	Ligation & Division, Long Saphenous Vein, Saphenofemoral Junction/Distal Interruptions	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37718	Ligation, division, and stripping, short saphenous vein	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Medical Necessity	History and physical and operative report.
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Medical Necessity	History and physical and operative report.
37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37766	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37799	Unlisted procedure, vascular surgery	Unlisted Code	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38230	Bone marrow harvesting for transplantation; allogeneic	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38232	Bone marrow harvesting for transplantation; autologous	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38240	Hematopoietic progenitor cell transplantation(HPC); allogeneic transplantation progenitor cell HPC); allogeneic transplantationper donor.	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38241	autologous transplantation	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38242	Allogenic lymphocyte infusions	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38308	Lymphangiectomy or other operations on lymphatic channels	Medical Necessity	History and Physical, Operative report
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	Medical Necessity	History and physical and operative report.
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	Medical Necessity	History and physical and operative report.
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	Medical Necessity	History and physical and operative report.
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	Medical Necessity	History and physical and operative report.
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	Medical Necessity	History and physical and operative report.
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical	Medical Necessity	History and physical and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
41512	Tongue base suspension, permanent suture technique	Investigative	History and physical and operative report.
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Investigative	History and physical, including sleep study results, results of CPAP trial.
41899	Unlisted procedure, dentoalveolar structures	Medical Necessity	History and physical and operative report.
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Medical Necessity	History and physical, including sleep study results, results of CPAP trial.
42200	Palatoplasty, Cleft Palate, Soft &/Or Hard Palate Only	Medical Necessity	History and physical and operative report.
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	Medical Necessity	History and physical and operative report.
42210	Palatoplasty, Cleft Palate, W/Closure, Alveolar Ridge; W/Bone Graft	Medical Necessity	History and physical and operative report.
42215	Palatoplasty, Cleft Palate; Major Revision	Medical Necessity	History and physical and operative report.
42220	Palatoplasty, Cleft Palate; Secondary Lengthening Proc	Medical Necessity	History and physical and operative report.
42225	Palatoplasty, Cleft Palate; Attachment Pharyngeal Flap	Medical Necessity	History and physical and operative report.
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty	Medical Necessity	History and physical and operative report.
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	Medical Necessity	History and physical and operative report.
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	Medical Necessity	History and physical and operative report.
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Medical Necessity	History and physical and operative report.
43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43770	Laparoscopy, surgical gastric resective procedure; placement of adjustable gastric band	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43771	Laparoscopy, surgical gastric resective procedure; revision of adjustable gastric band component only	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43772	Laparoscopy, surgical gastric resective procedure; removal of adjustable gastric band component only	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43773	Laparoscopy, surgical gastric resective procedure; removal and replacement of adjustable gastric band component only	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43774	Laparoscopy, surgical gastric resective procedure; removal and replacement of adjustable gastric band and subcutaneous p	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	Lap sleeve gastrectomy	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	Pyloroplasty	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Non Vertical-Banded Gastroplasty	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	Revision, Gastric Restrictive Proc, Morbid Obesity (Sep Proc)	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	Gastric resective procedure, open; revision of subcutaneous port component only	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	Gastric resective procedure, open; removal of subcutaneous port component only	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43888	Gastric resective procedure, open; removal and replacement of subcutaneous port component only	Obesity - Potential Contract Exclusion	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43999	Unlisted procedure, stomach	Unlisted Code	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44135	Intestinal Allotransplantation; From Cadaver Donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44136	Intestinal Allotransplantation; From Living Donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44137	Removal of transplanted intestinal allograft, complete	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	Medical Necessity	History and physical and procedure report.
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Medical Necessity	History and physical, procedure report.
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	Medical Necessity	History and physical and procedure report.
47120	Hepatectomy, resection of liver; partial lobectomy	Medical Necessity	History and physical and procedure report.
47122	Hepatectomy, resection of liver; trisegmentectomy	Medical Necessity	History and physical and procedure report.
47125	Hepatectomy, resection of liver; total left lobectomy	Medical Necessity	History and physical and procedure report.
47130	Hepatectomy, resection of liver; total right lobectomy	Medical Necessity	History and physical and procedure report.
47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Medical Necessity	History and physical, procedure report.
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Medical Necessity	History and physical, procedure report.
47399	Unlisted procedure, liver	Medical Necessity	History and physical, procedure report.
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48554	Transplantation of pancreatic allograft	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48556	Removal of transplanted pancreatic allograft	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra- abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50320	Donor nephrectomy (including cold preservation); open, from living donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50340	Recipient nephrectomy (separate procedure)	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50370	Removal of transplanted renal allograft	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50380	Renal autotransplantation, reimplantation of kidney	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50544	Laparoscopy, surgical; pyeloplasty	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
50860	Ureterostomy, transplantation of ureter to skin	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transuret	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
53430	Urethroplasty, reconstruction of female urethra	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
54125	Excision Procedures on the Penis	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54240	Penile plethysmography	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54401	Insertion of penile prosthesis; inflatable (self-contained	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54660	Insertion of testicular prosthesis (separate procedure)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54690	Laparoscopy, surgical; orchiectomy	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
55175	Scrotoplasty; Simple	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
55180	Scrotoplasty; Complicated	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55970	Intersex surgery; male to female	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
55980	Intersex surgery; female to male	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56625	Vulvectomy simple; complete	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56800	Plastic repair of introitus	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56805	Clitoroplasty for intersex state	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57106	Vaginectomy, partial removal of vaginal wall;	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57110	Excision Procedures on the Vagina	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
57291	Construction of artificial vagina; without graft	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57292	Construction of artificial vagina; with graft	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57335	Vaginoplasty for intersex state	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57426	Endoscopy/Laparoscopy Procedures on the Vagina	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58150	Hysterectomy Procedures	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58240	Closure of urethrovaginal fistula; with bulbocavernosus transplant	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58285	Vaginal hysterectomy, radical (Schauta type operation)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58346	Insertion of Heyman capsules for clinical brachytherapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
58672	Laparoscopy, surgical; with fimbrioplasty	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58760	Fimbrioplasty	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
59840	Induced Abortion, Dilation & Curettage	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
59841	Induced Abortion, Dilation & Evacuation	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59850	Induced Abortion, Intra-Amniotic Injections W/Hospital Admissions, Visits, & Delivery	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59851	Induced Abortion, Intra-Amniotic Injections W/Hospital Admission/Visits/Delivery; W/D&C & Evacuat	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59852	Induced Abortion, Intra-Amniotic Injections W/Hospital Admission/Visits/Delivery; W/Hysterotomy	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines:	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Potential Contract limits	Submit History and Physical, documentation of medical necessity including operative report.
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
61796	3-dimensional radiotherapy plan, including dose-volume histograms	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
61798	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
62120	Repair of encephalocele, skull vault, including cranioplasty	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or eXcision of herniated intervertebral disc, 1 interspace, lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62630	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
63001	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63005	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar. eXcent for spondylolisthesis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63012	Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
63015	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments: cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63017	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments: lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc; 1 interspace, cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc; 1 interspace, lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc, reeXploration, single interspace: cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc, reeXploration, single interspace: lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment: cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment: lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates] when performed)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63620	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
63650	Percutaneous implantation of neurostimulator electrode array, epidural		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.
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		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.
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		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.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
64999	Unlisted procedure, nervous system	Medical Necessity	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
65710	Keratoplasty (corneal transplant); anterior lamellar	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65756	Keratoplasty (corneal transplant); endothelial	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Medical Necessity	Pre-operative evaluation, history and physical and operative report.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67909	Reduction of overcorrection of ptosis	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67911	Correction of lid retraction	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67914	Repair of ectropion; suture	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67915	Repair of ectropion; thermocauterization	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67916	Repair of ectropion; excision tarsal wedge	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67921	Repair of entropion; suture	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67922	Repair of entropion; thermocauterization	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67923	Repair of entropion; excision tarsal wedge	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
69300	Otoplasty, protruding ear, with or without size reduction	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
69320	Reconstruction external auditory canal for congenital atresia, single stage	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report
69604	Revision mastoidectomy; resulting in tympanoplasty	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69930	Cochlear Device Implantation, W/Wo Mastoidectomy	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69949	Unlisted procedure, inner ear	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70450	Computed tomography, head or brain; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70460	Computed tomography, head or brain; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70486	Computed tomography, maxillofacial area; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70487	Computed tomography, maxillofacial area; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70490	Computed tomography, soft tissue neck; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70491	Computed tomography, soft tissue neck; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70544	Magnetic resonance angiography, head; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
70545	Magnetic resonance angiography, head; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70547	Magnetic resonance angiography, neck; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70548	Magnetic resonance angiography, neck; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71250	Computed tomography, thorax; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71260	Computed tomography, thorax; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72125	Computed tomography, cervical spine; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72126	Computed tomography, cervical spine; with contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72128	Computed tomography, thoracic spine; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72129	Computed tomography, thoracic spine; with contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72131	Computed tomography, lumbar spine; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72132	Computed tomography, lumbar spine; with contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72192	Computed tomography, pelvis; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72193	Computed tomography, pelvis; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
73200	Computed tomography, upper extremity; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73201	Computed tomography, upper extremity; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73700	Computed tomography, lower extremity; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73701	Computed tomography, lower extremity; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74150	Computed tomography, abdomen; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74160	Computed tomography, abdomen; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74176	Computed tomography, abdomen and pelvis; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74263	Computed tomographic (CT) colonography, screening, including image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		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.
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		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.
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)		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.
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an <u>independent workstation</u>		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76380	Computed tomography, limited or localized follow-up study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76390	Magnetic resonance spectroscopy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76604	Ultrasound, chest (includes mediastinum), real time with image documentation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76700	Ultrasound, abdominal, real time with image documentation; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76800	Ultrasound, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76818	Fetal biophysical profile; with non-stress testing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76819	Fetal biophysical profile; without non-stress testing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76820	Doppler velocimetry, fetal; umbilical artery		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76821	Doppler velocimetry, fetal; middle cerebral artery		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76830	Ultrasound, transvaginal		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76870	Ultrasound, scrotum and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76872	Ultrasound, transrectal;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76965	Ultrasonic guidance for interstitial radioelement application		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76970	Ultrasound study follow-up (specify)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
77014	Computed tomography guidance for placement of radiation therapy fields		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77261	Therapeutic radiology treatment planning; simple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77262	Therapeutic radiology treatment planning; intermediate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77263	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77280	Therapeutic radiology simulation-aided field setting; simple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77285	Therapeutic radiology simulation-aided field setting; intermediate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77290	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77295	3-dimensional radiotherapy plan, including dose-volume histograms		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77299	Unlisted procedure, therapeutic radiology clinical treatment planning		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77300	Special teletherapy port plan, particles, hemibody, total body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77301	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77321	Special teletherapy port plan, particles, hemibody, total body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77331	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77332	Treatment devices, design and construction; simple (simple block, simple bolus)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77334	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77336	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77338	Treatment devices, design and construction; simple (simple block, simple bolus)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77370	Special medical radiation physics consultation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77402	Radiation treatment delivery, >=1 MeV; simple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77407	Radiation treatment delivery, >=1 MeV; intermediate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77412	Radiation treatment delivery, >=1 MeV; complex		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77417	Therapeutic radiology port image(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77425	Intraoperative radiation treatment delivery, electrons, single treatment session		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77427	Radiation treatment management, 5 treatments		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77432	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77435	Special medical radiation physics consultation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77469	Intraoperative radiation treatment management		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77499	Unlisted procedure, therapeutic radiology treatment management		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77520	Proton treatment delivery; simple, without compensation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77522	Proton treatment delivery; simple, with compensation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77523	Proton treatment delivery; intermediate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77525	Proton treatment delivery; complex		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77620	Hyperthermia generated by intracavitary probe(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77761	Intracavitary radiation source application; simple		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77762	Intracavitary radiation source application; intermediate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77763	Intracavitary radiation source application; complex		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77789	Surface application of low dose rate radionuclide source		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77790	Supervision, handling, loading of radiation source		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77799	Unlisted procedure, clinical brachytherapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78013	Thyroid imaging (including vascular flow, when performed);		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78018	Thyroid carcinoma metastases imaging; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78070	Parathyroid planar imaging (including subtraction, when performed);		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78075	Adrenal imaging, cortex and/or medulla		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78102	Bone marrow imaging; limited area		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78103	Bone marrow imaging; multiple areas		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78104	Bone marrow imaging; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78185	Spleen imaging only, with or without vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78195	Lymphatics and lymph nodes imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78201	Liver imaging; static only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78202	Liver imaging; with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78205	Liver imaging (SPECT);		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78206	Liver imaging (SPECT); with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78215	Liver and spleen imaging; static only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78216	Liver and spleen imaging; with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78226	Hepatobiliary system imaging, including gallbladder when present;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78230	Salivary gland imaging;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78231	Salivary gland imaging; with serial images		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78232	Salivary gland function study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78258	Esophageal motility		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78261	Gastric mucosa imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78262	Gastroesophageal reflux study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78278	Acute gastrointestinal blood loss imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78300	Bone and/or joint imaging; limited area		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78305	Bone and/or joint imaging; multiple areas		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78306	Bone and/or joint imaging; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78315	Bone and/or joint imaging; 3 phase study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78320	Bone and/or joint imaging; tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78428	Cardiac shunt detection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78457	Venous thrombosis imaging, venogram; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78458	Venous thrombosis imaging, venogram; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
78579	Pulmonary ventilation imaging (eg, aerosol or gas)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78580	Pulmonary perfusion imaging (eg, particulate)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78597	Quantitative differential pulmonary perfusion, including imaging when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78600	Brain imaging, less than 4 static views;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78601	Brain imaging, less than 4 static views; with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78605	Brain imaging, minimum 4 static views;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78606	Brain imaging, minimum 4 static views; with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78607	Brain imaging, tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78610	Brain imaging, vascular flow only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78650	Cerebrospinal fluid leakage detection and localization		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78660	Radiopharmaceutical dacryocystography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78699	Unlisted nervous system procedure, diagnostic nuclear medicine		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78700	Kidney imaging morphology;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78701	Kidney imaging morphology; with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78710	Kidney imaging morphology; tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78725	Kidney function study, non-imaging radioisotopic study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78761	Testicular imaging with vascular flow		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78805	Radiopharmaceutical localization of inflammatory process; limited area		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78806	Radiopharmaceutical localization of inflammatory process; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78813	Positron emission tomography (PET) imaging; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, F422X)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81248	G6PD gene analysis familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81258	HBA1/HBA 2 gene analysis known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81290	MCOLN1 (mucolin 1) (eg, Mucopolidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81362	HBB known familial variants		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81401	<p>Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect</p>		<p>eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs</p>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81402	<p>Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])</p> <p>Chromosome 1p-/19q- (eg, glial tumors), deletion analysis</p> <p>Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed</p> <p>CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant)</p> <p>ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative</p> <p>MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H)</p> <p>MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R)</p> <p>TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population</p> <p>Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem</p>		<p>eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs</p>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia),		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg,		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81405	<p>Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRN2 (cholinergic</p>		<p>eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs</p>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na ⁺ /K ⁺ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu ⁺⁺ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81407	<p>Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2</p>		<p>eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs</p>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81408	<p>Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene</p>		<p>eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs</p>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11 and TP53		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4 and STK11		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, RFP1, SPAST, SPG11, SPTLC1)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81479	Unlisted molecular pathology procedure		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81541	ONC prst8 mrna gene xprsn prfl rt-pcr 46 genes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81599	Unlisted multianalyte assay with algorithmic analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
84999	Unlisted chemistry procedure		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
90281	Immune globulin (Ig), human, for intramuscular use		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
90283	Immune globulin (IgIV), human, for intravenous use		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.
90867	Transcranial Magnectic Stimulation -BH	Medical Necessity	For Service Request, please contact customer service representative
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.
90868	Transcranial Magnectic Stimulation - BH	Medical Necessity	For Service Request, please contact customer service representative
90870	Electroconvulsive Therapy (W/Monitoring); Single Seizure	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.
90870	Electroconvulsive Therapy - BH	Medical Necessity	For Service Request, please contact customer service representative
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
91132	Electrogastrography, diagnostic, transcutaneous;	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92511	Nasopharyngoscopy with endoscope (separate procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92521	Evaluation of speech fluency (eg, stuttering, cluttering)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92524	Behavioral and qualitative analysis of voice and resonance		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
92526	Treatment of swallowing dysfunction and/or oral function for feeding		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92609	Therapeutic services for the use of speech-generating device, including programming and modification		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92610	Evaluation of oral and pharyngeal swallowing function		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
92986	Percutaneous balloon valvuloplasty; aortic valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
92987	Percutaneous balloon valvuloplasty; mitral valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92990	Percutaneous balloon valvuloplasty; pulmonary valve	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93530	Right heart catheterization, for congenital cardiac anomalies		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93798	Cardiac Rehab, Outpt, Physician Services; W/Cont Ecg Monitor, Per Session	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93880	Duplex scan of extracranial arteries; complete bilateral study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93882	Duplex scan of extracranial arteries; unilateral or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93886	Transcranial Doppler study of the intracranial arteries; complete study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93888	Transcranial Doppler study of the intracranial arteries; limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
93998	Unlisted noninvasive vascular diagnostic study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018. No Prior Auth required for NM Medicare Advantage Plan effective 7/1/18.
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97010	Application of a modality to 1 or more areas; hot or cold packs		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97012	Application of a modality to 1 or more areas; traction, mechanical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97016	Application of a modality to 1 or more areas; vasopneumatic devices		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97018	Application of a modality to 1 or more areas; paraffin bath		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97022	Application of a modality to 1 or more areas; whirlpool		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97026	Application of a modality to 1 or more areas; infrared		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97028	Application of a modality to 1 or more areas; ultraviolet		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97039	Unlisted modality (specify type and time if constant attendance)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97139	Unlisted therapeutic procedure (specify)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97150	Therapeutic procedure(s), group (2 or more individuals)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97545	Work hardening/conditioning; initial 2 hours		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97799	Unlisted physical medicine/rehabilitation service or procedure		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions		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.
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0004M	Scoliosis, Dna Analysis Of 53 Single Nucleotide Polymorphisms		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0006M	Oncology (Hepatic), Mrna Expression Levels Of 161 Genes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0007M	Oncology (Gastrointestinal Neuroendocrine Tumors), Real-Time Pcr Expression Analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0009M	Fetal Aneuploidy (Trisomy 21, And 18) Dna Sequence Analysis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0010M	Oncology (High-Grade Prostate Cancer), Biochemical Assay Of Four Proteins		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0011M	(ONCOLOGY) PR CA MRNA 12 G BL PLSM UR ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012M	(ONCOLOGY) UROTH CA RISK MRNA 5 G UR ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0013M	(ONCOLOGY) UROTH CA RECR MRNA 5 G UR ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome nextgeneration sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0015U	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0026U	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0028U	CYP2D6 GENE COPY NUMBER CMN VRNTS TRGT SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0029U	RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0032U	COMT GENE ANALYSIS C.472G>A VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0036U	XOME TUM & NML SPEC SEQ ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0037U	TRGT GEN DEQUENCE DNA 324 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0045U	ONC BREAST DUX CARC IS 12 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0047U	ONC PRST8 MRNA 17 GENE ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0048U	ONC SLD ORG NEO DNA 468 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0050U	TRGT GEN DEQUENCE DNA 194 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0053U	ONC PROSTATE CANCER FISH ANALYSIS 4 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0055U	CARDIOLOGY HRT TRANSPLANT 96 DNA SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0056U	HEMATOLOGY AML DNA GENE REARGMT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0057U	ONCOLOGY SOLID ORGAN NEO MRNA 51 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0060U	TWIN ZYGOSITY GENE SEQUENCE ANALYSIS CHRMS2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Investigative	Recent history and physical, plan of care, and documentation of medical necessity.
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Investigative	Recent history and physical, plan of care, and documentation of medical necessity.
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0434	SPECIALTY CARE TRANSPORT (SCT)	Medical Necessity	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Medical Necessity	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7030	Full face mask used with positive airway pressure device, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7031	Face mask interface, replacement for full face mask, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7032	Cushion for use on nasal mask interface, replacement only, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
A7035	Headgear used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7036	Chinstrap used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7037	Tubing used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7038	Filter, disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7039	Filter, non disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A7044	Oral interface used with positive airway pressure device, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
A9606	Radium ra-223 dichloride, therapeutic, per microcurie		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
C8900	Magnetic resonance angiography with contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8901	Magnetic resonance angiography without contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8903	Magnetic resonance imaging with contrast, breast; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8904	Magnetic resonance imaging without contrast, breast; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8906	Magnetic resonance imaging with contrast, breast; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8907	Magnetic resonance imaging without contrast, breast; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
C8912	Magnetic resonance angiography with contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8913	Magnetic resonance angiography without contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8918	Magnetic resonance angiography with contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8919	Magnetic resonance angiography without contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete		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.
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study		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.
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography		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.
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study		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.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for NM Medicare Advantage Plan effective 11/1/2018.
C8931	Magnetic resonance angiography with contrast, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8932	Magnetic resonance angiography without contrast, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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
C8934	Magnetic resonance angiography with contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8935	Magnetic resonance angiography without contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9016	Triptodur 22.5 MG SRER C9016 Injection, triptorelin extended release, 3.75 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9032	VIAL C9032 Injection, voretigene neparvovec-rzyl, 1 billion vector genome		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9257	Injection, bevacizumab, 0.25 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9293	Injection, glucarpidase, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9399	200 MG/1.33ML SOLN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9465	Durolane 60 MG/3ML PRSY C9465 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9466	30 MG/ML SOSY C9466 Injection, benralizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9483	Injection, atezolizumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9493	30 MG/100ML SOLN C9493 Injection, edaravone, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed: single major coronary artery or branch	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Medical Necessity	Recent History and Physical, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	Recent History and Physical, and documentation of medical necessity
C9744	Ultrasound, abdominal, with contrast		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
E0561	Humidifier, non-heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
E0562	Humidifier, heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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.
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Medical Necessity	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.
E0635	Patient lift, electric with seat or sling	Medical Necessity	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.
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Medical Necessity	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.
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Medical Necessity	Letter of medical necessity, including condition being treated.
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Medical Necessity	Letter of medical necessity, including condition being treated.
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Medical Necessity	Letter of medical necessity, including condition being treated.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Medical Necessity	Letter of medical necessity, including condition being treated.
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Medical Necessity	Letter of medical necessity, including condition being treated.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Medical Necessity	Letter of medical necessity, including condition being treated.
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Medical Necessity	Letter of medical necessity, including condition being treated.
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0700	Safety equipment, device or accessory, any type	Medical Necessity	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.
E0705	Transfer device, any type, each	Medical Necessity	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.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	Medical Necessity	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.
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Medical Necessity	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.
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0749	Osteogenesis stimulator, electrical, surgically implanted		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Medical Necessity	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.
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Medical Necessity	History and Physical or clinical notes, including anticipated length of use
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	Medical Necessity	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.
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Medical Necessity	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

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Medical Necessity	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
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Medical Necessity	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.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Medical Necessity	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.
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Medical Necessity	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.
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Medical Necessity	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.
E0784	External ambulatory infusion pump, insulin	Medical Necessity	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.
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Medical Necessity	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.
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Medical Necessity	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.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0830	Ambulatory traction device, all types, each	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0840	Traction frame, attached to headboard, cervical traction	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0850	Traction stand, free standing, cervical traction	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0855	Cervical traction equipment not requiring additional stand or frame	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0856	Cervical traction device, with inflatable air bladder(s)	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0860	Traction equipment, overdoor, cervical	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0890	Traction frame, attached to footboard, pelvic traction	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of <u>this equipment</u>
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Medical Necessity	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.
E0935	Continuous passive motion exercise device for use on knee only	Medical Necessity	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.
E0942	Cervical head harness/halter	Medical Necessity	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
E0944	Pelvic belt/harness/boot	Medical Necessity	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
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1037	Transport chair, pediatric size	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Medical Necessity	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, evaluation of upper extremity strength.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1239	Power wheelchair, pediatric size, not otherwise specified	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1310	Whirlpool, nonportable (built-in type)	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.
E1700	Jaw motion rehabilitation system	Medical Necessity	Letter of medical necessity, including condition being treated.
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	Medical Necessity	Letter of medical necessity, including condition being treated.
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	Medical Necessity	Letter of medical necessity, including condition being treated.
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Medical Necessity	Letter of medical necessity, including condition being treated.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E2300	Wheelchair accessory, power seat elevation system, any type	Medical Necessity	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, evaluation of upper extremity strength.
E2301	Wheelchair accessory, power standing system, any type	Medical Necessity	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, evaluation of upper extremity strength.
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	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
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	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
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	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2599	Accessory for speech generating device, not otherwise classified	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2609	Custom fabricated wheelchair seat cushion, any size	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
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	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
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)	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0166	External counterpulsation, per treatment session	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
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	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0219	Pet imaging whole body; melanoma for non-covered indications		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0235	Pet imaging, any site, not otherwise specified		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0249	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
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
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs No Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in g0329 or for other uses	Medical Necessity	History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0297	Low dose ct scan (ldct) for lung cancer screening		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Medical Necessity	History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
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
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
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.
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 Proir Auth required for MT Medicare Advantage Plan effective 4/1/2018.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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.
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0451	Development testing, with interpretation and report, per standardized instrument form	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Medical Necessity	History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6001	Ultrasonic guidance for placement of radiation therapy fields		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
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
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

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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
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
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
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
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
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
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
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
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
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

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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
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
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0178	Injection, aflibercept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0180	Injection, agalsidase beta, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0202	Injection, alemtuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0207	Injection, amifostine, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J0364	Injection, apomorphine hydrochloride, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0490	Injection, belimumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0585	Injection, onabotulinumtoXina, 1 unit		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0586	Injection, abobotulinumtoXina, 5 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0587	Injection, rimabotulinumtoXinb, 100 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0588	Injection, incobotulinumtoXin a, 1 unit		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0606	Parsabiv 5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and Parsabiv 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and Parsabiv 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0638	Injection, canakinumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0640	Injection, leucovorin calcium, per 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0641	Injection, levoleucovorin calcium, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0800	Injection, corticotropin, up to 40 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0894	Injection, decitabine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0897	Injection, denosumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1290	Injection, ecallantide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1300	Injection, eculizumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1322	Injection, elosulfase alfa, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1325	Injection, epoprostenol, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1428	Exondys 51 500 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
J1442	Injection, filgrastim (g-csf), eXcludes biosimilars, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1447	Injection, tbo-filgrastim, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1453	Injection, fosaprepitant, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1458	Injection, galsulfase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J1460	GamaSTAN S/D INJ J1460 Injection, gamma globulin, intramuscular, 1 cc		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1555	Injection, immune globulin (Cuvitru), 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1556	Injection, immune globulin (bivigam), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
J1557	Injection, immune globulin, (Gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J1559	Injection, immune globulin (hizentra), 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1560	Injection, gamma globulin, intramuscular, over 10 cc		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
J1562	Injection, immune globulin (Vivaglobin), 100 mg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
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
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
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
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
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1602	Injection, golimumab, 1 mg, for intravenous use		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1743	Injection, idursulfase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J1744	Injection, icatibant, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1745	Injection infliximab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1786	Injection, imiglucerase, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1930	Injection, lanreotide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1931	Injection, laronidase, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2170	Injection, mecasermin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2182	Nucala 100 MG SOLR J2182 Injection, mepolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2315	Injection, naltrexone, depot form, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2323	Injection, natalizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2326	Injection, nusinersen, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2350	Ocrevus 300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
J2355	Injection, oprelvekin, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2357	Injection, omalizumab, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2430	Injection, pamidronate disodium, per 30 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2469	Injection, palonosetron hcl, 25 mcg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J2502	Injection, pasireotide long acting, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2503	Injection, pegaptanib sodium, 0.3 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2504	Injection, pegademase bovine, 25 iu		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2505	Injection, pegfilgrastim, 6 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2507	Injection, pegloticase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2562	Injection, pleriXafor, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2778	Injection, ranibizumab, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2783	Injection, rasburicase, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2786	Cinqair 100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2793	Injection, rilonacept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2796	Injection, romiplostim, 10 micrograms		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2820	Injection, sargramostim (gm-csf), 50 mcg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2860	Injection, siltuXimab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3060	Injection, taliglucerase alfa, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3262	Injection, tocilizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3285	Injection, treprostinil, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J3315	Injection, triptorelin pamoate, 3.75 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
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
J3380	Injection, vedolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3385	Injection, velaglucerase alfa, 100 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3396	Injection, verteporfin, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3489	Injection, zoledronic acid, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3490	Unclassified drugs		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3590	Unclassified biologics		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7190	Factor VIII (antihemophilic factor, human) per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J7194	Factor IX complex, per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J7311	Fluocinolone acetonide, intravitreal implant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7312	Injection, deXamethasone, intravitreal implant, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7316	Injection, ocriplasmin, 0.125 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
J7322	Hymovis 24 MG/3ML SOSY J7322 Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7323	Hyaluronan or derivative, eufleXXa, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9000	Injection, doxorubicin hydrochloride, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9015	Injection, aldesleukin, per single use vial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9017	Injection, arsenic trioXide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9019	Injection, asparaginase (erwinaze), 1,000 iu		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9025	Injection, azacitidine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9027	Injection, clofarabine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9031	BCG (intravesical) per instillation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9032	Injection, belinostat, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9033	Injection, bendamustine hcl, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9034	Injection, bendamustine HCl (bendeka), 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9035	Injection, bevacizumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9039	Injection, blinatumomab, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9040	Injection, bleomycin sulfate, 15 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9041	Injection, bortezomib, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9042	Injection, brentuXimab vedotin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9043	Injection, cabazitaXel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J9045	Injection, carboplatin, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9047	Injection, carfilzomib, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9050	Injection, carmustine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9055	Injection, cetuximab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9060	Injection, cisplatin, powder or solution, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9098	Injection, cytarabine liposome, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9100	Injection, cytarabine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9120	Injection, dactinomycin, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9130	Dacarbazine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9145	Injection, daratumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9150	Injection, daunorubicin, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9155	Injection, degarelix, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9171	Injection, docetaxel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9175	Injection, eliott's b solution, 1 ml		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9176	Injection, elotuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9178	Injection, epirubicin hcl, 2 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J9179	Injection, eribulin mesylate, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9181	Injection, etoposide, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9185	Injection, fludarabine phosphate, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9190	Injection, fluorouracil, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9200	Injection, floXuridine, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9201	Injection, gemcitabine hydrochloride, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9202	Goserelin acetate implant, per 3.6 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9205	Injection, irinotecan liposome, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9206	Injection, irinotecan, 20 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9207	Injection, iXabepilone, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9208	Injection, ifosfamide, 1 gram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9209	Injection, mesna, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9211	Injection, idarubicin hydrochloride, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9216	Injection, interferon, gamma 1-b, 3 million units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9217	Leuprolide acetate (for depot suspension), 7.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9225	Histrelin implant (vantas), 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J9226	Histrelin implant (supprelin la), 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9228	Injection, ipilimumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9245	Injection, melphalan hydrochloride, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9261	Injection, nelarabine, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9262	Injection, omacetaXine mepesuccinate, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9263	Injection, oXaliplatin, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9264	Injection, paclitaXel protein-bound particles, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9266	Injection, pegaspargase, per single dose vial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9267	Injection, paclitaXel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9268	Injection, pentostatin, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9271	Injection, pembrolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9280	Injection, mitomycin, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9293	Injection, mitoXantrone hydrochloride, per 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9295	Injection, necitumumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9295	Injection, necitumumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9299	Injection, nivolumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J9301	Injection, obinutuzumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9302	Injection, ofatumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9303	Injection, panitumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9305	Injection, pemetreXed, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9306	Injection, pertuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9307	Injection, pralatreXate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9308	Injection, ramucirumab, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9310	Injection, rituXimab, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9315	Injection, romidepsin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9320	Injection, streptozocin, 1 gram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9328	Injection, temozolomide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9330	Injection, temsirolimus, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9340	Injection, thiotepa, 15 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9351	Injection, topotecan, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9352	Injection, trabectedin, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9354	Injection, ado-trastuzumab emtansine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J9355	Injection, trastuzumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9357	Injection, valrubicin, intravesical, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9360	Injection, vinblastine sulfate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9370	Vincristine sulfate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9371	Injection, vincristine sulfate liposome, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9390	Injection, vinorelbine tartrate, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9395	Injection, fulvestrant, 25 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9400	Injection, ziv-aflibercept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9600	Injection, porfimer sodium, 75 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9999	Unclassified neoplastic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
K0002	Standard hemi (low seat) wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0003	Lightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0004	High strength, lightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0005	Ultralightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0006	Heavy-duty wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0007	Extra heavy-duty wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0008	Custom manual wheelchair/base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0009	Other manual wheelchair/base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0010	Standard-weight frame motorized/power wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0012	Lightweight portable motorized/power wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0013	Custom motorized/power wheelchair base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0014	Other motorized/power wheelchair base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0108	Wheelchair component or accessory, not otherwise specified	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0812	Power operated vehicle, not otherwise classified	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	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, evaluation of upper extremity strength.
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	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, evaluation of upper extremity strength.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0898	Power wheelchair, not otherwise classified	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off the shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0810	Halo procedure, cervical halo incorporated into jacket vest	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0861	Addition to halo procedure, replacement liner/interface material	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1300	Other scoliosis procedure, body jacket molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1310	Other scoliosis procedure, postoperative body jacket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1499	Spinal orthotic, not otherwise specified	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1720	Legg Perthes orthotic, trilateral, (Tachdijan type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1932	Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2999	Lower extremity orthoses, not otherwise specified	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3976	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5010	Partial foot, molded socket, ankle height, with toe filler	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5050	Ankle, Symes, molded socket, SACH foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5100	Below knee, molded socket, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change. below knee	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5647	Addition to lower extremity, below knee suction socket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5700	Replacement, socket, below knee, molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5707	Custom shaped protective cover, hip disarticulation	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5910	Addition, endoskeletal system, below knee, alignable system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5930	Addition, endoskeletal system, high activity knee control frame	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5980	All lower extremity prostheses, flex foot system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5981	All lower extremity prostheses, flex-walk system or equal	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L5999	Lower extremity prosthesis, not otherwise specified	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6000	Partial hand, thumb remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6010	Partial hand, little and/or ring finger remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6020	Partial hand, no finger remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
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)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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, <u>molded to patient model</u>	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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. <u>direct formed</u>	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with <u>body powered or external powered system</u>	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Medical Necessity	history and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.