



BlueCross BlueShield
of Illinois

**Illinois Medicaid Prior Authorization
Procedure Code List, Effective 8/1/2025
(Updated August 2025)**

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, prior to rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. **EXCEPT AS OTHERWISE NOTED IN THE "EFFECTIVE AND CHANGE DATE" COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE JANUARY 1, 2025. Note: Green highlighted codes are managed by Carelon Medical Benefits Management. Orange highlighted codes are managed by Prime Therapeutics for Blue Cross Community (Medicaid)™ members.**

Utilization Management Process

*This file is a searchable PDF.
Use <CTRL F> to find your selected criteria.*

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual Medical Policy, MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual Medical Policy, MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual Medical Policy, MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
14021	SCALP ADVANCEMENT OR REDUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
15756	Implants (gluteal, calf, pectoral)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
15777	Implants (gluteal, calf, pectoral)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15831	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15838	EXCISE EXCESS SKIN FAT PAD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024 SUR716.017	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Surgical Treatment of Gynecomastia	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR701.024	Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
17106	DESTRUCTION OF SKIN LESIONS	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR704.008 THE801.030	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	Added 1/1/23
17107	DESTRUCTION OF SKIN LESIONS	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR704.008 THE801.030	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
17108	DESTRUCTION OF SKIN LESIONS	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028 SUR704.008 THE801.031	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	Added 1/1/23
17340	CRYOTHERAPY OF SKIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028	Acne Management	Added prior to 9/1/2019
17360	SKIN PEEL THERAPY	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE801.028	Acne Management	Added prior to 9/1/2019
17380	HAIR REMOVAL BY ELECTROLYSIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
19294	IORT BREAST	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
19296	Place po breast cath for rad	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
19297	Place breast cath for rad	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
19298	Place breast rad tube/caths	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
19303	MASTECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SURG717.001 SURG716.015	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk reducing (Prophylactic) Mastectomy	Added 1/1/23
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR716.010 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mastopexy Reconstructive Breast Surgery	Added prior to 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR716.011 SUR716.012	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Reduction Mammoplasty	Added prior to 9/1/2019
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19350	nipple graft	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001, SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added 1/1/23
19357	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23

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19361	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19364	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19367	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19368	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19369	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19370	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011	Reconstructive Breast Surgery	Added 1/1/23
19371	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	Added 1/1/23
19373	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
19380	BREAST AUGMENTATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.021, SUR716.011, SUR716.009	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	Added 1/1/23
20555	PLACE NDL MUSC/TIS FOR RT	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
20930	SP BONE ALGRFT MORSEL ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
20931	SP BONE ALGRFT STRUCT ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
20936	SP BONE AGRFT LOCAL ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
20937	SP BONE AGRFT MORSEL ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

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20938	SP BONE AGRFT STRUCT ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
20974	ELECTRICAL BONE STIMULATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SURG703.027 SURG705.013 SURG705.044	Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019
20975	ELECTRICAL BONE STIMULATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SURG703.027 SURG705.013 SURG705.044	Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019
21087	CHIN/NOSE IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
21120	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR705.030 SUR706.009 SUR705.010	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21121	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR705.030 SUR706.009 SUR705.010	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21122	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR705.030 SUR706.009 SUR705.010	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21123	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001 SUR717.001 SUR705.030 SUR706.009 SUR705.010	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
21125	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	Added prior to 9/1/2019
21127	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR705.030 SUR706.009	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21137	FOREHEAD RECONSTRUCTION	History and physical, documentation of medical necessity and previous stages of reconstruction if done.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
21138	REDUCTION OF FOREHEAD	History and physical, documentation of medical necessity and previous stages of reconstruction if done.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
21139	FOREHEAD RECONSTRUCTION	History and physical, documentation of medical necessity and previous stages of reconstruction if done.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
21141	LEFORT I-1 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21142	LEFORT I-2 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21143	LEFORT I-3/> PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21145	LEFORT I-1 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
21146	LEFORT I-2 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21147	LEFORT I-3/> PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21150	LEFORT II ANTERIOR INTRUSION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21151	LEFORT II W/BONE GRAFTS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21154	LEFORT III W/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21155	LEFORT III W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21159	LEFORT III W/FHDW/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21160	LEFORT III W/FHD W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21188	RECONSTRUCTION OF MIDFACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
21193	RECONST LWR JAW W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21194	RECONST LWR JAW W/GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21195	RECONST LWR JAW W/O FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21196	RECONST LWR JAW W/FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21198	RECONSTR LWR JAW SEGMENT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21199	RECONSTR LWR JAW W/ADVANCE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030 SUR706.009 SUR705.010	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
21206	RECONSTRUCT UPPER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21208	AUGMENTATION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21209	REDUCTION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.028 SUR705.030 SUR706.009	Neuralgia Inducing Cavitational Osteonecrosis (NICO) Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.028 SUR705.030 SUR706.009	Neuralgia Inducing Cavitational Osteonecrosis (NICO) Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.030	Orthognathic Surgery	Added prior to 9/1/2019
21244	RECONSTRUCTION OF LOWER JAW	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21245	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21246	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21270	AUGMENTATION CHEEK BONE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
22505	MANIPULATION OF SPINE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	THE803.016	Manipulation Under Anesthesia	Added prior to 9/1/2019
22510	PERQ CERVICOTHORACIC INJECT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
22511	PERQ LUMBOSACRAL INJECTION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22512	VERTEBROPLASTY ADDL INJECT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22513	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22514	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22515	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22533	LAT LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22534	LAT THOR/LUMB ADDL SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22551	NECK SPINE FUSE&REMOV BEL C2	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22552	ADDL NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22554	NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22558	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22585	ADDITIONAL SPINAL FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22595	NECK SPINAL FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22600	NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22610	Arthodesis, post or post-lat, single interspace, thoracic	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
22612	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22614	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22630	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22632	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22633	LUMBAR SPINE FUSION COMBINED	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22634	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22800	POST FUSION <6 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22802	POST FUSION 7-12 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22804	POST FUSION 13/> VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22808	ANT FUSION 2-3 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22810	ANT FUSION 4-7 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22812	ANT FUSION 8/> VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22840	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	9/1/2020
22841	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22842	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
22843	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22844	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22845	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22846	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22847	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22848	INSERT PELV FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22853	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22854	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22856	CERV ARTIFIC DISCECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22857	LUMBAR ARTIF DISCECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22858	SECOND LEVEL CER DISCECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22859	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22860	Tot disc arthrp 2ntrspc Imbr	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	4/1/2023
22861	REVISE CERV ARTIFIC DISC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22862	REVISE LUMBAR ARTIF DISC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
22864	REMOVE CERV ARTIF DISC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
22867	INSJ STABLI DEV W/DCMPRN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	Added prior to 9/1/2019
22868	INSJ STABLI DEV W/DCMPRN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	Added prior to 9/1/2019
22869	INSJ STABLI DEV W/O DCMPRN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR712.030	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	Added prior to 9/1/2019
22870	INSJ STABLI DEV W/O DCMPRN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR712.031	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	Added prior to 9/1/2019
22999	ABDOMEN SURGERY PROCEDURE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	Unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019
23000	REMOVAL OF CALCIUM DEPOSITS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	Unable to crosswalk specified codes to specific medical policy.	Added prior to 9/1/2019
23020	RELEASE SHOULDER JOINT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	Unable to crosswalk specified codes to specific medical policy.	Added prior to 9/1/2019
23120	PARTIAL REMOVAL COLLAR BONE	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23130	REMOVE SHOULDER BONE PART	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23410	REPAIR ROTATOR CUFF ACUTE	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23412	REPAIR ROTATOR CUFF CHRONIC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23415	RELEASE OF SHOULDER LIGAMENT	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23420	REPAIR OF SHOULDER	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
23430	REPAIR BICEPS TENDON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23440	REMOVE/TRANSPLANT TENDON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23450	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23455	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23460	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23462	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23465	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23466	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23470	RECONSTRUCT SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23472	RECONSTRUCT SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23473	REVIS RECONST SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
23474	REVIS RECONST SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
25310	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
25312	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
26480	TRANSPLANT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
26483	TRANSPLANT/GRAFT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
26485	TRANSPLANT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
26489	TRANSPLANT/GRAFT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
27096	INJECT SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27125	PARTIAL HIP REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27130	TOTAL HIP ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27132	TOTAL HIP ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27134	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27137	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27138	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27278	ARTHRODESIS SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2024
27279	ARTHRODESIS SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27280	FUSION OF SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27332	REMOVAL OF KNEE CARTILAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27333	REMOVAL OF KNEE CARTILAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
27334	REMOVE KNEE JOINT LINING	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27335	REMOVE KNEE JOINT LINING	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27396	TRANSPLANT OF THIGH TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
27397	TRANSPLANTS OF THIGH TENDONS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.001	Organ and Tissue Transplantation (General Donor and Recipient Information)	Added prior to 9/1/2019
27403	REPAIR OF KNEE CARTILAGE	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27405	REPAIR OF KNEE LIGAMENT	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27407	REPAIR OF KNEE LIGAMENT	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27409	REPAIR OF KNEE LIGAMENTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27412	AUTOCHONDROCYTE IMPLANT KNEE	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27418	REPAIR DEGENERATED KNEECAP	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27420	REVISION OF UNSTABLE KNEECAP	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27422	REVISION OF UNSTABLE KNEECAP	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27424	REVISION/REMOVAL OF KNEECAP	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
27425	LAT RETINACULAR RELEASE OPEN	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27427	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27428	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27429	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27430	REVISION OF THIGH MUSCLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	Unable to crosswalk specified codes to specific medical policy.	Added prior to 9/1/2019
27437	Arthroplasty, patella; without prosthesis	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	
27438	REVISE KNEECAP WITH IMPLANT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27440	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27441	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27442	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27443	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27445	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27446	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27447	TOTAL KNEE ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27486	REVISE/REPLACE KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
27487	REVISE/REPLACE KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
27690	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.034 SUR705.023	Meniscal Allografts and Other Meniscal Implants Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
27691	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.034 SUR705.023	Meniscal Allografts and Other Meniscal Implants Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
27692	REVISE ADDITIONAL LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.034 SUR705.023	Meniscal Allografts and Other Meniscal Implants Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	Added prior to 9/1/2019
29805	SHOULDER ARTHROSCOPY DX	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29806	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29807	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29819	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29820	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29821	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29822	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29823	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29824	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29825	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
29826	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29827	ARTHROSCOP ROTATOR CUFF REPR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29828	ARTHROSCOPY BICEPS TENODESIS	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29860	HIP ARTHROSCOPY DX	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29861	HIP ARTHRO W/FB REMOVAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29862	HIP ARTHRO W/DEBRIDEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29863	HIP ARTHRO W/SYNOVECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29868	MENISCAL TRNSPL KNEE W/SCPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29870	KNEE ARTHROSCOPY DX	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29871	KNEE ARTHROSCOPY/DRAINAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29873	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29874	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29875	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
29876	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29877	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29879	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29880	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29881	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29882	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29883	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29884	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29885	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29886	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29887	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29888	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29889	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29914	HIP ARTHRO W/FEMOROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
29915	HIP ARTHRO ACETABULOPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
29916	HIP ARTHRO W/LABRAL REPAIR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
30400	RECONSTRUCTION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30420	RECONSTRUCTION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30430	REVISION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30435	REVISION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30450	REVISION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30460	REVISION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30462	REVISION OF NOSE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30520	REPAIR OF NASAL SEPTUM	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR712.031 SUR706.001	Surgical Deactivation of Headache Trigger Sites Nasal and Sinus Surgery	Added prior to 9/1/2019
31540	LARYNGOSCOPY W/EXC OF TUMOR	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
31541	LARYNSCOP W/TUMR EXC + SCOPE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31545	REMOVE VC LESION W/SCOPE	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31546	REMOVE VC LESION SCOPE/GRAFT	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	PSY301.011	Neurofeedback	Added 1/1/23
31551	LARYNGOPLASTY LARYNGEAL STEN	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31552	LARYNGOPLASTY LARYNGEAL STEN	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31553	LARYNGOPLASTY LARYNGEAL STEN	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31554	LARYNGOPLASTY LARYNGEAL STEN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31560	LARYNGOSCOPY W/ARYTENOIDECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31561	LARYNSCOP REMOVE CART + SCOP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31570	LARYNGOSCOPE W/VC INJ	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	RX501.019,	Botulinum Toxin	Added 1/1/23
31571	LARYNGOSCOPY W/VC INJ + SCOPE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	RX501.019,	Botulinum Toxin	Added 1/1/23
31575	DIAGNOSTIC LARYNGOSCOPY	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
31579	LARYNGOSCOPY TELESCOPIC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
31580	LARYNGOPLASTY LARYNGEAL WEB	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31584	LARYNGOPLASTY FX RDCTJ FIXJ	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31587	LARYNGOPLASTY CRICOID SPLIT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
31643	DIAG BRONCHOSCOPE/CATHETER	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
32701	THORAX STEREO RAD TARGET W/TX	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	7/2/2025
31899	AIRWAYS SURGICAL PROCEDURE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
33405	REPLACEMENT AORTIC VALVE OPN	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.028	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Added prior to 9/1/2019
33430	REPLACEMENT OF MITRAL VALVE	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.025	Transcatheter Mitral Valve Procedures	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.006	Heart/Lung Transplant	Added prior to 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.005	Heart Transplant	Added prior to 9/1/2019
35879	REVISE GRAFT W/VEIN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.005	Heart Transplant	Added prior to 9/1/2019
36468	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
36469	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37700	REVISE LEG VEIN	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37718	LIGATE/STRIP SHORT LEG VEIN	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019
38204	BL DONOR SEARCH MANAGEMENT	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38211	TUMOR CELL DEplete OF HARVST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38213	PLATELET DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38214	VOLUME DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38215	HARVEST STEM CELL CONCENTRATE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatment	Added prior to 9/1/2019
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatment	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38242	TRANSPLT ALLO LYMPHOCYTES	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
40530	PARTIAL REMOVAL OF LIP	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
41019	PLACE NEEDLES H&N FOR RT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
43112	ESPHG TOT W/THRCM	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.033	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus	Added prior to 9/1/2019
43121	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.033	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus	Added prior to 9/1/2019
43122	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.033	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus	Added prior to 9/1/2019
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	Unable to crosswalk specified codes to specific medical policy.	Added prior to 9/1/2019
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43645	LAP GASTR BYPASS INCL SMALL	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43659	LAPAROSCOPE PROC STOM	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43774	LAP RMVL GASTR ADJ ALL PARTS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
43842	V-BAND GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
43887	REMOVE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	Unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
44720	PREP DONOR INTESTINE/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44721	PREP DONOR INTESTINE/ARTERY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
45126	PELVIC EXENTERATION	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MCG GRG: SG-GS	General Surgery or Procedure GRG	Added prior to 9/1/2019
46760	REPAIR OF ANAL SPHINCTER	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.034	Artificial Liver Assist Devices for the Treatment of Liver Failure	Added prior to 9/1/2019
47120	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.034	Artificial Liver Assist Devices for the Treatment of Liver Failure	Added prior to 9/1/2019
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.034	Artificial Liver Assist Devices for the Treatment of Liver Failure	Added prior to 9/1/2019
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.034	Artificial Liver Assist Devices for the Treatment of Liver Failure	Added prior to 9/1/2019
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR709.034	Artificial Liver Assist Devices for the Treatment of Liver Failure	Added prior to 9/1/2019
47133	REMOVAL OF DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47140	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
47141	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47142	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47143	PREP DONOR LIVER WHOLE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47144	PREP DONOR LIVER 3-SEGMENT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47145	PREP DONOR LIVER LOBE SPLIT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47146	PREP DONOR LIVER/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47147	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47148	PREP DONOR LIVER/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47420	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
47425	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48550	DONOR PANCREATECTOMY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48551	PREP DONOR PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
50323	PREP CADAVER RENAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54416	REMOV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
55417	REMOV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
50544	LAPAROSCOPY PYELOPLASTY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
53020	INCISION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
53425	RECONSTRUCT URETHRA STAGE 2	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54416	REMOV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54417	REMOV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55860	INSERTION RADIOACTIVE SUBSTANCE PROSTATE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
55862	INSERTAION OF RADIOACTIVE SUBSTANCE PROSTATE W/ LYMPH NODE BIOPSY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/2/2025
55865	INSERTION RADIOACTIVE SUBSTANCE PROSTATE WITH LYMPHADENECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/3/2025
55874	TRANSPERINEAL PLACMENT OF BIODEGRADABLE MATERIAL PERI-PORSTATIC	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
55875	PLACEMENT OF NEEDLES/CATHETERS INTO PROSTATE FOR RAD	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/4/2025
55920	PLACEMENT OF NEEDLES/CATHETERS INOT PROSTATE FOR RAD APPLICATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/5/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
55899	GENITAL SURGERY PROCEDURE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR701.031, SUR710.019, SUR717.014	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft with Radical Postatectomy High Intensity Focused Ultrasound (HIFU) for Treatment of Cancer	Added 1/1/23
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56620	PARTIAL REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57155	INSERTION OF UTERINE TANDEM OR VAG OVOIDS FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	7/1/2025
57156	INSERTION OF VAGINAL RADIATION APPARATUS FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	7/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
57288	REPAIR BLADDER DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58275	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58280	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58346	INSERTION OF HEYMAN CAPSULES FOR BRACHYTHERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58670	LAPAROSCOPY TUBAL CAUTERY	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR701.014	Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	Added prior to 9/1/2019
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR701.014	Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	Added prior to 9/1/2019
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	SUR701.014	Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	Added prior to 9/1/2019
58940	REMOVAL OF OVARY(S)	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
58999	GENITAL SURGERY PROCEDURE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.030, SUR717.016	Sexual Dysfunctions, Assesment and Treatment Laser Treatment of Vulvovaginal Atrophy (VVA)	Added 1/1/23
59300	EPISIOTOMY OR VAGINAL REPAIR	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
60210	PARTIAL THYROID EXCISION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
60212	PARTIAL THYROID EXCISION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added 1/1/23
60512	AUTOTRANSPLANT PARATHYROID	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
61796	SRS CRANIAL LESION, SIMPLE	Carelon- https://providerportal.com/ or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
61797	SRS CRANIAL LESION, SIMPLE ADDL	Carelon- https://providerportal.com/ or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
61798	SRS CRANIAL LESION COMPLEX	Carelon- https://providerportal.com/ or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/2/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
61799	SRS CRANIAL LESION COMPLEX ADDL	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/3/2025
61800	APPLY SRS HEADFRAME ADD-ON	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/4/2025
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
62263	EPIDURAL LYSIS MULT SESSIONS	Submit history and physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.024	Lysis of Epidural Adhesions	1/1/2020
62280	TREAT SPINAL CORD LESION	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
62281	TREAT SPINAL CORD LESION	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2020
62282	TREAT SPINAL CANAL LESION	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62287	PERCUTANEOUS DISCECTOMY	Submit history and physical, documentation of medical necessity, including functional impairment	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.037 SUR712.004	Decompression of the Intervertebral disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty) Automated Percutaneous Discectomy and Percutaneous Endoscopic Discectomy	1/1/2020
62292	NJX CHEMONUCLEOLYSIS LMBR	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2020
62320	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62321	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62322	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
62323	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62324	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62325	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62326	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62327	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
62350	IMPLANT SPINAL CANAL CATH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.008	Implantable Infusion Pump for Pain and Spasticity	11/1/2019
62351	IMPLANT SPINAL CANAL CATH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.008	Implantable Infusion Pump for Pain and Spasticity	11/1/2019
62360	INSERT SPINE INFUSION DEVICE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.009	Implantable Infusion Pump for Pain and Spasticity	11/1/2019
62361	IMPLANT SPINE INFUSION PUMP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.010	Implantable Infusion Pump for Pain and Spasticity	11/1/2019
62362	IMPLANT SPINE INFUSION PUMP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.010	Implantable Infusion Pump for Pain and Spasticity	Added prior to 9/1/2021
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	11/1/2019
63001	REMOVE SPINE LAMINA 1/2 CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	11/1/2019
63005	REMOVE SPINE LAMINA 1/2 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	11/1/2019
63012	REMOVE LAMINA/FACETS LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	11/1/2019
63015	REMOVE SPINE LAMINA >2 CRVCL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	11/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
63017	REMOVE SPINE LAMINA >2 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63020	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63030	LOW BACK DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63035	SPINAL DISK SURGERY ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63040	LAMINOTOMY SINGLE CERVICAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63042	LAMINOTOMY SINGLE LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63043	LAMINOTOMY ADDL CERVICAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63044	LAMINOTOMY ADDL LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63045	REMOVE SPINE LAMINA 1 CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63047	REMOVE SPINE LAMINA 1 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63048	REMOVE SPINAL LAMINA ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63050	CERVICAL LAMINOPLSTY 2/> SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63051	C-LAMINOPLASTY W/GRAFT/PLATE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63052	Lam facetc/frmt arthrd lum 1	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	8/1/2022
63053	Lam factc/frmt arthrd lum ea	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	8/1/2022

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
63056	DECOMPRESS SPINAL CORD LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63057	DECOMPRESS SPINE CORD ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63075	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63076	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63081	REMOVE VERT BODY DCMPRN CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63082	REMOVE VERTEBRAL BODY ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63620	SRS SPINAL LESION	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
63621	SRS SPINAL LESION ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
63650	IMPLANT NEUROELECTRODES	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63655	IMPLANT NEUROELECTRODES	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
63685	INSRT/REDO SPINE N GENERATOR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	11/1/2019
64451	NJX AA&/STRD NRV NRVTG SI JT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
64479	INJ FORAMEN EPIDURAL C/T	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64480	INJ FORAMEN EPIDURAL ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64483	INJ FORAMEN EPIDURAL L/S	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
64484	INJ FORAMEN EPIDURAL ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64490	INJ PARAVERTEBRAL JNT C/T 1 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64491	INJ PARAVERTEBRAL JNT C/T 2 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64492	INJ PARAVERTEBRAL JNT C/T 3 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64493	INJ PARAVERTEBRAL JNT L/S 1 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64494	INJ PARAVERTEBRAL JNT L/S 2 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64495	INJ PARAVERTEBRAL JNT L/S 3 LEV	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64510	N BLOCK STELLATE GANGLION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64520	N BLOCK LUMBAR/THORACIC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	Added prior to 9/1/2019
64625	RF ABLATION NRV NRVGT SI JT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64633	DESTROY CERV/THOR FACET JNT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64634	DESTROY C/TH FACET JNT ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64635	DESTROY LUMB/SAC FACET JNT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
64636	DESTROY L/S FACET JNT ADDL	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	RX501.019 SUR703.003 SUR702.017 SUR712.024 SUR701.031 MED205.037 SUR710.019 SUR712.033 MED205.032 MED205.035 MED205.036 MED205.039 MED201.039	Botulinum Toxin Brain Tissue Transplantation and Neurotransplantation Facet Joint and Sacroiliac Joint Denervation Lysis of Epidural Adhesions Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Navigated Transcranial Magnetic Stimulat	Added prior to 9/1/2019
65780	OCULAR RECONST TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004 SUR712.031	Blepharoplasty, Blepharoptosis and Brow Repair Surgical Deactivation of Headache Trigger Sites	1/1/2020
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
69300	REVISE EXTERNAL EAR	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	1/1/2020
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70450	CT HEAD/BRAIN W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70460	CT HEAD/BRAIN W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70470	CT HEAD/BRAIN W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70481	CT ORBIT/EAR/FOSSA W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70486	CT MAXILLOFACIAL W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70487	CT MAXILLOFACIAL W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70488	CT MAXILLOFACIAL W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70490	CT SOFT TISSUE NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70491	CT SOFT TISSUE NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70492	CT SFT TSUE NCK W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70496	CT ANGIOGRAPHY HEAD	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70498	CT ANGIOGRAPHY NECK	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70540	MRI ORBIT/FACE/NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70542	MRI ORBIT/FACE/NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70544	MR ANGIOGRAPHY HEAD W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70545	MR ANGIOGRAPHY HEAD W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
70547	MR ANGIOGRAPHY NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70548	MR ANGIOGRAPHY NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70549	MR ANGIOGRAPHY NECK W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70551	MRI BRAIN STEM W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70552	MRI BRAIN STEM W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70553	MRI BRAIN STEM W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70554	FMRI BRAIN BY TECH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
70555	FMRI BRAIN BY PHYS/PSYCH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71250	CT THORAX W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71260	CT THORAX W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71270	CT THORAX W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71271	CT THORAX, LUNG CANCER	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	4/1/2021
71275	CT ANGIOGRAPHY CHEST	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71550	MRI CHEST W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71551	MRI CHEST W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
71552	MRI CHEST W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
71555	MRI ANGIO CHEST W OR W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72125	CT NECK SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72126	CT NECK SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72127	CT NECK SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72128	CT CHEST SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72129	CT CHEST SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72130	CT CHEST SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72131	CT LUMBAR SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72132	CT LUMBAR SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72133	CT LUMBAR SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72141	MRI NECK SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72142	MRI NECK SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72146	MRI CHEST SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72147	MRI CHEST SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
72148	MRI LUMBAR SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72149	MRI LUMBAR SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72156	MRI NECK SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72157	MRI CHEST SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72158	MRI LUMBAR SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72159	MR ANGIO SPINE W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72192	CT PELVIS W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72193	CT PELVIS W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72194	CT PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72195	MRI PELVIS W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72196	MRI PELVIS W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72197	MRI PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
72198	MR ANGIO PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73200	CT UPPER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
73201	CT UPPER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73202	CT UPPER EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73218	MRI UPPER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73219	MRI UPPER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73220	MRI UPPER EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73221	MRI JOINT UPR EXTREM W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73222	MRI JOINT UPR EXTREM W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73223	MRI JOINT UPR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73225	MR ANGIO UPR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73700	CT LOWER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73701	CT LOWER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73702	CT LWR EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73706	CT ANGIO LWR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73718	MRI LOWER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

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73719	MRI LOWER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73720	MRI LWR EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73721	MRI JNT OF LWR EXTRE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73722	MRI JOINT OF LWR EXTR W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73723	MRI JOINT LWR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
73725	MR ANG LWR EXT W OR W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74150	CT ABDOMEN W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74160	CT ABDOMEN W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74170	CT ABDOMEN W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74174	CT ANGIO ABD&PELV W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74175	CT ANGIO ABDOM W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74176	CT ABD & PELVIS W/O CONTRAST	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74177	CT ABD & PELV W/CONTRAST	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74178	CT ABD & PELV 1/> REGNS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74181	MRI ABDOMEN W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

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74182	MRI ABDOMEN W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74183	MRI ABDOMEN W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74185	MRI ANGIO ABDOM W ORW/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74261	CT COLONOGRAPHY DX	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74262	CT COLONOGRAPHY DX W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74263	CT COLONOGRAPHY SCREENING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2020
74712	MRI FETAL SNGL/1ST GESTATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
74713	MRI FETAL EA ADDL GESTATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76376	3D RENDER W/INTRP POSTPROCES	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76377	3D RENDER W/INTRP POSTPROCES	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76380	CAT SCAN FOLLOW-UP STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76390	MR SPECTROSCOPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76391	MR ELASTOGRAPHY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
76497	CT PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	NA	Unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
76498	MRI PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	RAD603.013	Positional Magnetic Rsonance Imaginig (MRI) and Standing or Portable Ultrasound for Scoliosis	Added prior to 9/1/2019
76873	ULTRASOUND TRANSRECTAL; PROSTATE VOL STUDY FOR BRACHYTHERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
76965	ULTRASOUND GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
77021	MRI GUIDANCE NDL PLMT RS&I	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	MED201.039	Tumor Treating Fields (TTF) Therapy	Added prior to 9/1/2019
77022	MRI GDN PARNCHYMA TISS ABLTJ	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	NA	No medical policy	Added prior to 9/1/2019
77046	MRI BREAST C- UNILATERAL	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
77047	MRI BREAST C- BILATERAL	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
77048	MRI BREAST C-+ W/CAD UNI	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
77049	MRI BREAST C-+ W/CAD BI	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
77078	CT BONE DENSITY AXIAL	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
77084	MAGNETIC IMAGE BONE MARROW	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
77295	3D RADIOTHERAPY PLAN, INCLUDING DOSE VOL HISTOGRAM	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
77301	RADIOTHERAPY DOSE PLAN IMRT	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/2/2025
77316	BRACHYTX ISODOSE PLAN SIMPLE	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/2/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
77317	BRACHYTX ISODOSE PLAN INTERMED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/3/2025
77318	BRACHYTX ISODOSE PLAN COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/4/2025
77338	DESIGN MLC DEVICE FOR IMRT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/5/2025
77370	SPECIAL MEDICAL RADIATION PHYHSICS CONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/2/2025
77371	SRS MULITSOURCE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77372	SRS LINEAR BASED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77373	SBRT DELIVERY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77424	INTRAOPERATIVE RADIATION TX DELIVERY XRAY SINGLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77425	INTRAOPERATIVE RADIATION TX DEL ELCTRONS SINGLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77432	SRT MANGMNT OF CRANIAL LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77435	SBRT TX MANGMNT PER TREATMENT COURSE TO 1 OR MORE LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77469	INTRAOPERATIVE RADIATION TX MANGMNT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77470	SPECIAL RADIATION TX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2025
77520	PROTON TRMT SIMPLE W/O COMP	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	12/31/2023
77522	PROTON TRMT SIMPLE W/COMP	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	12/31/2023

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
77523	PROTON TRMT INTERMEDIATE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2024
77525	PROTON TREATMENT COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/2/2024
77761	APPLY INTRCAV RADIATION SIMPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
77762	APPLY INTRACAV RADIATION INTERMED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
77763	APPLY INTRACAV RADIATION COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
77767	HDR SKIN SURFACE BRACHYTHERAPY LESION UP TO 2CM	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/2/2025
77768	HDR SKIN SURFACE BRACHYTHERAPY LESION OVER 2CM/MULT LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/3/2025
77770	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 1 CHANNEL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/4/2025
77771	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY MORE THAN 12 CHNLS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/5/2025
77772	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 2-12 CHNLS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/6/2025
77778	INTERSTITIAL RAD SOURCE APPLICATION COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/7/2025
77790	RADIATION HANDLING	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/8/2025
78012	THYROID UPTAKE MEASUREMENT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78013	THYROID IMAGING W/BLOOD FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78014	THYROID IMAGING W/BLOOD FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78015	THYROID MET IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78016	THYROID MET IMAGING/STUDIES	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78018	THYROID MET IMAGING BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78020	THYROID MET UPTAKE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78070	PARATHYROID PLANAR IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78071	PARATHYRD PLANAR W/WO SUBTRJ	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78072	PARATHYRD PLANAR W/SPECT&CT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78075	ADRENAL CORTEX & MEDULLA IMG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78102	BONE MARROW IMAGING LTD	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78103	BONE MARROW IMAGING MULT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78104	BONE MARROW IMAGING BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78140	Red cell sequestration	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	NA	No medical policy	5/18/2017
78185	SPLEEN IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78195	LYMPH SYSTEM IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78201	LIVER IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78202	LIVER IMAGING WITH FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78215	LIVER AND SPLEEN IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78216	LIVER & SPLEEN IMAGE/FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78226	HEPATOBIILIARY SYSTEM IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78227	HEPATOBIL SYST IMAGE W/DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78230	SALIVARY GLAND IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78231	SERIAL SALIVARY IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78232	SALIVARY GLAND FUNCTION EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78258	ESOPHAGEAL MOTILITY STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78261	GASTRIC MUCOSA IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78262	GASTROESOPHAGEAL REFLUX EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78264	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78265	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78266	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78278	ACUTE GI BLOOD LOSS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78290	MECKELS DIVERT EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78291	LEVEEN/SHUNT PATENCY EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78300	BONE IMAGING LIMITED AREA	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78305	BONE IMAGING MULTIPLE AREAS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78306	BONE IMAGING WHOLE BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78315	BONE IMAGING 3 PHASE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78456	ACUTE VENOUS THROMBUS IMAGE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	1/1/2020
78457	VENOUS THROMBOSIS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	1/1/2020
78458	VEN THROMBOSIS IMAGES BILAT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	1/1/2020
78579	LUNG VENTILATION IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78580	LUNG PERFUSION IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78582	LUNG VENTILAT&PERFUS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78597	LUNG PERFUSION DIFFERENTIAL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78598	LUNG PERF&VENTILAT DIFERENTL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78600	BRAIN IMAGE < 4 VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78605	BRAIN IMAGE 4+ VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78608	BRAIN IMAGING (PET)	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78609	BRAIN IMAGING (PET)	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78610	BRAIN FLOW IMAGING ONLY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78630	CEREBROSPINAL FLUID SCAN	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78635	CSF VENTRICULOGRAPHY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78645	CSF SHUNT EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78650	CSF LEAKAGE IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78660	NUCLEAR EXAM OF TEAR FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78700	KIDNEY IMAGING MORPHOL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78701	KIDNEY IMAGING WITH FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78707	K FLOW/FUNCT IMAGE W/O DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78708	K FLOW/FUNCT IMAGE W/DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78709	K FLOW/FUNCT IMAGE MULTIPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78725	KIDNEY FUNCTION STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78730	URINARY BLADDER RETENTION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78740	URETERAL REFLUX STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78761	TESTICULAR IMAGING W/FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78800	TUMOR IMAGING LIMITED AREA	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78801	TUMOR IMAGING MULT AREAS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78802	TUMOR IMAGING WHOLE BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78803	TUMOR IMAGING (3D)	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78804	TUMOR IMAGING WHOLE BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78811	PET IMAGE LTD AREA	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78812	PET IMAGE SKULL-THIGH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78813	PET IMAGE FULL BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78814	PET IMAGE W/CT LMTD	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78815	PET IMAGE W/CT SKULL-THIGH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
78816	PET IMAGE W/CT FULL BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
78830	RP LOCLZJ TUM SPECT W/CT 1	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020
78831	RP LOCLZJ TUM SPECT 2 AREAS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020
78832	RP LOCLZJ TUM SPECT W/CT 2	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020
79101	NUCLEAR RX IV ADMIN	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2025
79403	HEMATOPOIETIC NUCLEAR TX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/2/2025
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81173	AR GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81174	AR GENE KNOWN FAMIL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81185	CACNA1A GENE FULL GENE SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81186	CACNA1A GEN KNOWN FAMIL VRNT	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81189	CSTB GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81190	CSTB GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81195	OGM-Dx HemeOne	Recent history & physical, plan of care and letter of medical necessity	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	4/1/2025
81201	APC GENE FULL SEQUENCE	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81202	APC GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81203	APC GENE DUP/DELET VARIANTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81212	BRCA1&2 185&5385&6174 VRNT	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81215	BRCA1 GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81216	BRCA2 GENE FULL SEQ ALYS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81217	BRCA2 GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81221	CFTR GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81222	CFTR GENE DUP/DELET VARIANTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81223	CFTR GENE FULL SEQUENCE	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81225	CYP2C19 GENE COM VARIANTS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81226	CYP2D6 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81227	CYP2C9 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81228	CYTOGEN MICRARRAY COPY NMBR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81229	CYTOGEN M ARRAY COPY NO&SNP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81230	CYP3A4 GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81231	CYP3A5 GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81232	DPYD GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81238	F9 FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81248	G6PD KNOWN FAMILIAL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81249	G6PD FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81252	GJB2 GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81253	GJB2 GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81257	HBA1/HBA2 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81258	HBA1/HBA2 GENE FAM VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81259	HBA1/HBA2 FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81277	CYTOGENOMIC NEO MICRORA ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81278	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81279	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2020
81283	IFNL3 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2021
81286	FXN GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81289	FXN GENE KNOWN FAMIL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81291	MTHFR GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81292	MLH1 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81293	MLH1 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81294	MLH1 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81295	MSH2 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81296	MSH2 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81297	MSH2 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81298	MSH6 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81299	MSH6 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81300	MSH6 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81302	MECP2 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81303	MECP2 GENE KNOWN VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81304	MECP2 GENE DUP/DELET VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81306	NUDT15 GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81307	PALB2 GENE FULL GENE SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2021
81308	PALB2 GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2021
81313	PCA3/KLK3 ANTIGEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81317	PMS2 GENE FULL SEQ ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81318	PMS2 KNOWN FAMILIAL VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81319	PMS2 GENE DUP/DELET VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81321	PTEN GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81322	PTEN GENE KNOWN FAM VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81323	PTEN GENE DUP/DELET VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81325	PMP22 GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81326	PMP22 GENE KNOWN FAM VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81328	SLCO1B1 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81335	TPMT GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81336	SMN1 GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81346	TYMS GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81349	Cytog alys chrml abnr lw-ps	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
81350	UGT1A1 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81351	Tp53 gene full gene sequence	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81353	Tp53 gene known famil vrnt	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81355	VKORC1 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81361	HBB GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81362	HBB GENE KNOWN FAM VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81363	HBB GENE DUP/DEL VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81364	HBB FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81400	MOPATH PROCEDURE LEVEL 1	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81401	MOPATH PROCEDURE LEVEL 2	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81402	MOPATH PROCEDURE LEVEL 3	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81403	MOPATH PROCEDURE LEVEL 4	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81404	MOPATH PROCEDURE LEVEL 5	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81405	MOPATH PROCEDURE LEVEL 6	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81406	MOPATH PROCEDURE LEVEL 7	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81407	MOPATH PROCEDURE LEVEL 8	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81408	MOPATH PROCEDURE LEVEL 9	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81410	AORTIC DYSFUNCTION/DILATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81411	AORTIC DYSFUNCTION/DILATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81412	ASHKENAZI JEWISH ASSOC DIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81413	CAR ION CHNNLPATH INC 10 GNS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81414	CAR ION CHNNLPATH INC 2 GNS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81415	EXOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81416	EXOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81417	EXOME RE-EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81418	Rx metab gen seq alys pnl 6	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023
81419	Epilepsy gen seq alys panel	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81422	FETAL CHROMOML MICRODELTJ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81425	GENOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81426	GENOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81427	GENOME RE-EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81430	HEARING LOSS SEQUENCE ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81431	HEARING LOSS DUP/DEL ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81432	HRDTRY BRST CA-RLATD DSORDRS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81433	HRDTRY BRST CA-RLATD DSORDRS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81434	HEREDITARY RETINAL DISORDERS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81435	HEREDITARY COLON CA DSORDRS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81436	HEREDITARY COLON CA DSORDRS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81437	HEREDTRY NURONDCRN TUM DSRDR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81438	HEREDTRY NURONDCRN TUM DSRDR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81439	HRDTRY CARDMYPY GENE PANEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81440	MITOCHONDRIAL GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81441	lbmfs seq alys pnl 30 genes	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023
81442	NOONAN SPECTRUM DISORDERS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81443	TARGETED GENOMIC SEQ ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
81445	TARGETED GENOMIC SEQ ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81448	HRDTRY PERPH NEURPHY PANEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81449	Tgsap so neo 5-50 rna alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023
81450	TARGETED GENOMIC SEQ ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81451	Tgsap hl neo 5-50 rna alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023
81455	TARGETED GENOMIC SEQ ANALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81456	Tgsap so/hl 51/< rna alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023
81460	WHOLE MITOCHONDRIAL GENOME	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81465	WHOLE MITOCHONDRIAL GENOME	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81470	X-LINKED INTELLECTUAL DBLT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81471	X-LINKED INTELLECTUAL DBLT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81479	UNLISTED MOLECULAR PATHOLOGY	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81490	AUTOIMMUNE RHEUMATOID ARTHR	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81493	COR ARTERY DISEASE MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81500	ONCO (OVAR) TWO PROTEINS	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81503	ONCO (OVAR) FIVE PROTEINS	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81504	ONCOLOGY TISSUE OF ORIGIN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81518	ONCOLOGY BREAST MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81519	ONCOLOGY BREAST MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
81520	ONC BREAST MRNA 58 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81521	ONC BREAST MRNA 70 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81522	ONC BREAST MRNA 12 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020
81523	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
81525	ONCOLOGY COLON MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81529	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81535	ONCOLOGY GYNECOLOGIC	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR701.029	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Added prior to 9/1/2019
81536	ONCOLOGY GYNECOLOGIC	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81538	ONCOLOGY LUNG	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81539	ONCOLOGY PROSTATE PROB SCORE	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81541	ONC PROSTATE MRNA 46 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81542	ONC PROSTATE MRNA 22 CNT GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
81551	ONC PROSTATE 3 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81552	ONC UVEAL MLNMA MRNA 15 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
81558	Short description not available at time of distribution	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	1/1/2025
81595	CARDIOLOGY HRT TRNSPL MRNA	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
81596	NFCT DS CHRNC HCV 6 ASSAYS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
81599	UNLISTED MAAA	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
89250	CULTR OOCYTE/EMBRYO <4 DAYS	Submit documentation to describe the test, records from related office visit, history and physical.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019
89290	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from related office visit, history and physical.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019
89291	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from related office visit, history and physical.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019
90281	HUMAN IG IM	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	PRIME	Added prior to 9/1/2019
90283	HUMAN IG IV	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90284	HUMAN IG SC	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90378	RSV MAB IM 50MG	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Added prior to 9/1/2019
90399	IMMUNE GLOBULIN	History and physical, chart notes from ordering physician, treatment plan.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90863	PHARMACOLOGIC MGMT W/PSYTX	History and physical, chart notes from ordering physician, treatment plan.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	PSY301.014 SUR717.001 PSY301.000	Autism Spectrum Disorders (ASD) Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mental Health Services	Added prior to 9/1/2019
90901	BIOFEEDBACK TRAIN ANY METH	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
90935	Hemodialysis procedure with single physician evaluation	*Prior Auth only required if greater than 3x per week. History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	Prior to 9/1/2019
90937	Hemodialysis procedure requiring repeated evaluations with or without substantial revision of dialysis prescription	*Prior Auth only required if greater than 3x per week. History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	Prior to 9/1/2019
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	Added prior to 9/1/2019
92507	SPEECH/HEARING THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92508	SPEECH/HEARING THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92511	NASOPHARYNGOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
92520	LARYNGEAL FUNCTION STUDIES	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.004	Rhinomanometry, Acoustic Rhinometry, Optical Rhinometry and Acoustic Pharyngometry	Added prior to 9/1/2019
92521	EVALUATION OF SPEECH FLUENCY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92522	EVALUATE SPEECH PRODUCTION	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92523	SPEECH SOUND LANG COMPREHEN	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92524	BEHAVRAL QUALIT ANALYS VOICE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92526	ORAL FUNCTION THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92548	POSTUROGRAPHY	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED205.026	Dynamic Posturography	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
92584	ELECTROCOCHLEOGRAPHY	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.008	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Added prior to 9/1/2019
92597	ORAL SPEECH DEVICE EVAL	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
92605	EX FOR NONSPEECH DEVICE RX	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92606	NON-SPEECH DEVICE SERVICE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92607	EX FOR SPEECH DEVICE RX 1HR	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92608	EX FOR SPEECH DEVICE RX ADDL	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92609	USE OF SPEECH DEVICE SERVICE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92610	EVALUATE SWALLOWING FUNCTION	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92611	MOTION FLUOROSCOPY/SWALLOW	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92612	ENDOSCOPY SWALLOW (FEES) VID	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
92613	ENDOSCOPY SWALLOW (FEES) I&R	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
92614	LARYNGOSCOPIC SENSORY VID	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	Added prior to 9/1/2019
92615	LARYNGOSCOPIC SENSORY I&R	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	OTH903.025 SUR716.004	Eyelid Thermal Pulsation Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
92616	FEES W/LARYNGEAL SENSE TEST	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	RAD601.053 PSY301.014	Optical Coherence Tomography of the Breast Autism Spectrum Disorders	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
92617	FEES W/LARYNGEAL SENSE I&R	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005 MED202.057 MED204.006	Diagnosis of Obstructive Sleep Apnea Syndrome Endovascular Stent Grafts for Disorders of the Thoracic Aorta Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
92618	EX FOR NONSPEECH DEV RX ADD	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
92626	EVAL AUD REHAB STATUS	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE803.014 THE803.010	Speech-Language Therapy (SLT) Physical Therapy (PT) and Occupational Therapy (OT) Services	1/1/2020
92627	EVAL AUD STATUS REHAB ADD-ON	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE803.014 THE803.010	Speech-Language Therapy (SLT) Physical Therapy (PT) and Occupational Therapy (OT) Services	1/1/2020
92630	AUD REHAB PRE-LING HEAR LOSS	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	1/1/2020
92633	AUD REHAB POSTLING HEAR LOSS	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	1/1/2020
93228	REMOTE 30 DAY ECG REV/REPORT	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	Added prior to 9/1/2019
93229	REMOTE 30 DAY ECG TECH SUPP	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	Added prior to 9/1/2019
94660	POS AIRWAY PRESSURE CPAP	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
95782	POLYSOM <6 YRS 4/> PARAMTRS	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.005	Ploysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95783	POLYSOM <6 YRS CPAP/BILVL	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.006	Ploysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95800	SLP STDY UNATTENDED	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005 MED201.048	Diagnosis of Obstructive Sleep Apnea Syndrome Actigraphy	Added prior to 9/1/2019
95801	SLP STDY UNATND W/ANAL	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005	Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
95803	ACTIGRAPHY TESTING	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.048	Actigraphy	Added prior to 9/1/2019
95805	MULTIPLE SLEEP LATENCY TEST	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.005	Ploysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95806	SLEEP STUDY UNATT&RESP EFFT	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005	Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95807	SLEEP STUDY ATTENDED	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED204.005 MED204.006	Diagnosis of Obstructive Sleep Apnea Syndrome Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
95808	POLYSOM ANY AGE 1-3> PARAM	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.005	Polysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95810	POLYSOM 6/> YRS 4/> PARAM	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.006	Polysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95811	POLYSOM 6/>YRS CPAP 4/> PARM	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.049 MED204.007	Polysomnography for Non-Respiratory Sleep Disorders Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
95851	RANGE OF MOTION MEASUREMENTS	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)	Added prior to 9/1/2019
95852	RANGE OF MOTION MEASUREMENTS	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	Unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019
96040	GENETIC COUNSELING 30 MIN	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED208.092 MED208.089	Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast and Ovarian Cancer Syndrome and Other High-Risk Cancers Genetic Testing for Mitochondrial Disorders	Added prior to 9/1/2019
96041	Genetic Counseling	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	7/1/2025
96105	ASSESSMENT OF APHASIA	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	PSY301.014 PSY301.020	Psychological and Neuropsychological Testing Autism Spectrum Disorders (ASD)	Added prior to 9/1/2019
96112	DEVEL TST PHYS/QHP 1ST HR	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	PSY301.014 PSY301.021	Psychological and Neuropsychological Testing Autism Spectrum Disorders (ASD)	Added prior to 9/1/2019
96113	DEVEL TST PHYS/QHP EA ADDL	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	PSY301.014 PSY301.022	Psychological and Neuropsychological Testing Autism Spectrum Disorders (ASD)	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
96125	COGNITIVE TEST BY HC PRO	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	PSY301.014 PSY301.022	Psychological and Neuropsychological Testing Autism Spectrum Disorders (ASD)	Added prior to 9/1/2019
97010	HOT OR COLD PACKS THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97012	MECHANICAL TRACTION THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97014	ELECTRIC STIMULATION THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97016	VASOPNEUMATIC DEVICE THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97018	PARAFFIN BATH THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97022	WHIRLPOOL THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97024	DIATHERMY EG MICROWAVE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97026	INFRARED THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97028	ULTRAVIOLET THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97032	ELECTRICAL STIMULATION	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97033	ELECTRIC CURRENT THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97034	CONTRAST BATH THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97035	ULTRASOUND THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97036	HYDROTHERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
97039	PHYSICAL THERAPY TREATMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.057 THE803.010 THE803.008	High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy® Physical Therapy (PT) and Occupational Therapy (OT) Services Non-Covered Physical Therapy Services	1/1/2020
97110	THERAPEUTIC EXERCISES	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97112	NEUROMUSCULAR REEDUCATION	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97113	AQUATIC THERAPY/EXERCISES	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97116	GAIT TRAINING THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97124	MASSAGE THERAPY	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97139	PHYSICAL MEDICINE PROCEDURE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97140	MANUAL THERAPY 1/> REGIONS	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97150	GROUP THERAPEUTIC PROCEDURES	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97164	PT RE-EVAL EST PLAN CARE	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.057 THE803.010 THE803.008	High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy® Physical Therapy (PT) and Occupational Therapy (OT) Services Non-Covered Physical Therapy Services	Added prior to 9/1/2019
97168	OT RE-EVAL EST PLAN CARE	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97530	THERAPEUTIC ACTIVITIES	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97533	SENSORY INTEGRATION	Carelon- https://providerportal.com/ or 1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
97535	SELF CARE MNGMENT TRAINING	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97537	COMMUNITY/WORK REINTEGRATION	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97542	WHEELCHAIR MNGMENT TRAINING	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97545	WORK HARDENING	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97546	WORK HARDENING ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97597	RMVL DEVITAL TIS 20 CM/<	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	1/1/2020
97598	RMVL DEVITAL TIS ADDL 20CM/<	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	Unable to crosswalk unspecified codes to specific medical policy.	1/1/2020
97602	WOUND(S) CARE NON-SELECTIVE	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	Unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019
97605	NEG PRESS WOUND TX <=50 CM	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	DME101.036	Negative Pressure Wound Therapy (NPWT) for the Treatment of Wounds	1/1/2020
97606	NEG PRESS WOUND TX >50 CM	Recent history and physical, plan of care, and documentation of medical necessity.	Rehabilitation (PT/OT/ST)	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	DME101.037	Negative Pressure Wound Therapy (NPWT) for the Treatment of Wounds	1/1/2020
97750	PHYSICAL PERFORMANCE TEST	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97755	ASSISTIVE TECHNOLOGY ASSESS	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2020
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97761	PROSTHETIC TRAINJ 1ST ENC	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
97763	ORTHOC/PROSTC MGMT SBSQ ENC	Carelon- https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
97799	PHYSICAL MEDICINE PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
97810	ACUPUNCT W/O STIMUL 15 MIN	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR702.005 MED201.030	Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
98940	CHIROPRACT MANJ 1-2 REGIONS	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	No Med Policy	No Med Policy	Added prior to 9/1/2019
98941	CHIROPRACT MANJ 3-4 REGIONS	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	No Med Policy	No Med Policy	Added prior to 9/1/2019
98942	CHIROPRACTIC MANJ 5 REGIONS	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	No Med Policy	No Med Policy	Added prior to 9/1/2019
98943	CHIROPRACT MANJ XTRSPINL 1/>	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	No Med Policy	No Med Policy	Added prior to 9/1/2019
99601	HOME INFUSION/VISIT 2 HRS	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health - Home Infusion	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
99602	HOME INFUSION EACH ADDTL HR	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health - Home Infusion	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
99183	HYPERBARIC OXYGEN THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	1/1/2020
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0004M	SCO 53 SNPS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0006M	Onc hep gene risk classifier	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0007M	Onc gastro 51 gene nomogram	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0012M	ONC MRNA 5 GEN RSK URTHL CA	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0013M	ONC MRNA 5 GEN RECR URTHL CA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0016M	Onc bladder mrna 209 gen alg	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0017M	SARS-CoV-2	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2021
0018U	ONC THYR 10 MICRORNA SEQ ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0019U	ONC RNA TISS PREDICT ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0020M	ONC CNS ALYS 30000 DNA LOCI	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0026U	ONC THYR DNA&MRNA 112 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0029U	RX METAB ADVRS TRGT SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0030U	RX METAB WARF TRGT SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0031U	CYP1A2 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0032U	COMT GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0033U	HTR2A HTR2C GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0034U	TPMT NUDT15 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0036U	XOME TUM & NML SPEC SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0037U	TRGT GEN SEQ DNA 324 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0042T	B BRGDRFERI ANTB 12 PRTN IGG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0045U	ONC BRST DUX CARC IS 12 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0047U	ONC PRST8 MRNA 17 GENE ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0048U	ONC SLD ORG NEO DNA 468 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0050U	TRGT GEN SEQ DNA 324 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0055U	CARD HRT TRNSPL 96 DNA SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0069U	ONC CLRCT MICRORNA MIR-31-3P	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0071U	CYP2D6 FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020
0074U	CYP2D6 NONDUPLICATED GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0075U	CYP2D6 5' GENE DUP/MLT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0076U	CYP2D6 3' GENE DUP/MLT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0079U	CMPRTV DNA ALYS MLT SNPS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0084U	RBC DNA GNOTYP 10 BLD GROUPS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0087U	CRD HRT TRNSPL MRNA 1283 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0088U	TRNSPLJ KDN ALGRFT REJ 1494	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0089U	ONC MLNMA PRAME & LINC00518	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0090U	ONC CUTAN MLNMA MRNA 23 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0094U	GENOME RAPID SEQUENCE ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0098T	REV ARTIFIC DISC ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0101U	HERED COLON CA DO 15 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0102U	HERED BRST CA RLTD DO 17 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0103U	HERED OVA CA PNL 24 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0111U	ONC COLON CA KRAS&NRAS ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0114U	GI BARRETTES ESOPH VIM&CCNA1	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0118U	TRNSPLJ DON-DRV CLL-FR DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0120U	ONC B CLL LYMPHM MRNA 58 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0129U	HERED BRST CA RLTD DO PANEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0130U	HERED COLON CA DO MRNA PNL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0131U	HERED BRST CA RLTD DO PNL 13	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0132U	HERED OVA CA RLTD DO PNL 17	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0133U	HERED PRST8 CA RLTD DO 11	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0134U	HERED PAN CA MRNA PNL 18 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0135U	HERED GYN CA MRNA PNL 12 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0136U	ATM MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0137U	ATM MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0153U	ONC BREAST MRNA 101 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0156U	COPY NUMBER SEQUENCE ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0157U	APC MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0158U	MLH1 MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0159U	MSH2 MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0160U	MSH6 MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0161U	PMS2 MRNA SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0162U	HERED COLON CA TRGT MRNA PNL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0164T	REMOVE LUMB ARTIF DISC ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0165T	REVISE LUMB ARTIF DISC ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0169U	NUDT15&TPMT GENE COM VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0170U	NEURO ASD RNA NEXT GEN SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0171U	TRGT GEN SEQ ALYS PNL DNA 23	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0173U	PSYC GEN ALYS PANEL 14 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020
0175U	PSYC GEN ALYS PANEL 15 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	9/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0179U	ONC NONSM CLL LNG CA ALYS 23	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	9/1/2020
0203U	AI IBD MRNA XPRSN PRFL 17	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0205U	OPH AMD ALYS 3 GENE VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0209U	CYTOG CONST ALYS INTERROG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0212U	RARE DS GEN DNA ALYS PROBAND	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0213T	NJX PARAVERT W/US CER/THOR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0213U	RARE DS GEN DNA ALYS EA COMP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0214T	NJX PARAVERT W/US CER/THOR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0214U	RARE DS XOM DNA ALYS PROBAND	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0215T	NJX PARAVERT W/US CER/THOR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0215U	RARE DS XOM DNA ALYS EA COMP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0216T	NJX PARAVERT W/US LUMB/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020
0216U	NEURO INH ATAXIA DNA 12 COM	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2021
0217T	NJX PARAVERT W/US LUMB/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0217U	NEURO INH ATAXIA DNA 51 GENE	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0218T	NIX PARAVERT W/US LUMB/SAC	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2020
0218U	NEURO MUSC DYS DMD SEQ ALYS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0228U	ONC PRST8 MA MOLEC PRFL ALG	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	NA	No medical policy	1/1/2021
0229U	BCAT1 PROMOTER MTHYLTN ALYS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0230U	AR FULL SEQUENCE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0231U	CACNA1A FULL GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0232U	CSTB FULL GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0233U	FXN GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0234U	MECP2 FULL GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0235U	PTEN FULL GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0236U	SMN1&SMN2 FULL GENE ANALYSIS	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0237U	CAR ION CHNLPTHY GEN SEQ PNL	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0238U	ONC LNCH SYN GEN DNA SEQ ALY	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021
0239U	TRGT GEN SEQ ALYS PNL 311+	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2021

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0242U	TRGT GEN SEQ ALYS PNL 55-74	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2021
0244U	ONC SOLID ORGN DNA 257 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2021
0245U	ONC THYR MUT ALYS 10 GEN&37	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	7/1/2021
0250U	ONC SLD ORG NEO DNA 505 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	10/1/2021
0252U	FTL ANEUPLOIDY STR ALYS DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	10/1/2021
0253U	RPRDTVE MED RNA GEN PRFL 238	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	10/1/2021
0254U	REPRDTVE MED ALYS 24 CHRMSM	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	10/1/2021
0258U	AI PSOR MRNA 50-100 GEN ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0260U	RARE DS ID OPT GENOME MAPG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0262U	ONC SLD TUM RTPCR 7 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0264U	RARE DS ID OPT GENOME MAPG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0265U	RAR DO WHL GN&MTCDR DNA ALS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0266U	UNXPL CNST HRTBL DO GN XPRSN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0267U	RARE DO ID OPT GEN MAPG&SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0269U	HEM AUT DM CGEN TRMBCTPNA 14	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0270U	HEM CGEN COAGJ DO 20 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0271U	HEM CGEN NEUTROPENIA 23 GEN J	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0272U	HEM GENETIC BLD DO 51 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0274T	PERQ LAMOT/LAM CRV/THRC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Provider Manual, BCBS Medical Policy, MCG	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	1/1/2020
0274U	HEM GEN PLTLT DO 43 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0275T	PERQ LAMOT/LAM LUMBAR	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	Illinois Provider Manual, BCBS Medical Policy, MCG	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	1/1/2020
0276U	HEM INH THROMBOCYTOPENIA 23 J	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0277U	HEM GEN PLTLT FUNCJ DO 31	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0278U	HEM GEN THROMBOSIS 12 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2022
0282U	RBC DNA GNTYP 12 BLD GRP GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	10/1/2021
0285U	ONC RSPS RADJ CLL FR DNA TOX	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0286U	CEP72 NUDT15&TPMT GENE ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0287U	ONC THYR DNA&MRNA 112 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0288U	ONC LUNG MRNA QUAN PCR 11&3	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0289U	NEURO ALZHEIMER MRNA 24 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0290U	PAIN MGMT MRNA GEN XPRSN 36	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0291U	PSYC MOOD DO MRNA 144 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0292U	PSYC STRS DO MRNA 72 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0293U	PSYC SUICIDAL IDEA MRNA 54	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0296U	ONC ORL&/OROP CA 20 MLC FEAT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0297U	ONC PAN TUM WHL GEN SEQ DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0298U	ONC PAN TUM WHL TRNS SEQ RNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0299U	ONC PAN TUM WHL GEN OPT MAPG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0300U	ONC PAN TUM WHL GEN SEQ&OPT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2022
0306U	Onc mrd nxt-gnrj alys 1st	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2022
0313U	Onc pncrs dna&mrna seq 74	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2022
0314U	Onc cutan mlnma mrna 35 gene	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2022

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0315U	Onc cutan sq cll ca mrna 40	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	4/1/2022
0317U	Onc lung ca 4-prb fish assay	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	4/1/2022
0318U	whole genome methylation analysis	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	4/1/2022
0319U	rna expression by select transcriptome	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	4/1/2022
0320U	rna expression by select transcriptome	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	4/1/2022
0326U	TRGT GEN SEQ ALYS PNL 83+	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 7/1/2022
0327U	Ftl aneuploidy trsmy dna seq	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	7/1/2022
0329U	ONC NEO XOME&TRNS SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 7/1/2022
0331U	ONC HL NEO OPT GEN MAPPING	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 7/1/2022
0332U	Onc pan tum gen prflg 8 dna	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0333U	Onc lvr surveilanc hcc cfdna	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0334U	Onc sld orgn tgasa dna 84/+	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0335U	Rare ds whl gen seq fetal	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0336U	Rare ds whl gen seq bld/slv	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0339U	Onc prst8 mrna hoxc6 & dlx1	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	added 4/1/2023

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0340U	Onc pan ca alys mrd plasma	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0341U	Ftl aneup dna seq cmpr alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0343U	Onc prst8 xom aly 442 snrna	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0345U	Psyc genom alys pnl 15 gen	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0347U	Rx metab/pcx dna 16 gen alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0348U	Rx metab/pcx dna 25 gen alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0349U	Rx metab/pcx dna 27gen rx ia	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0350U	Rx metab/pcx dna 27 gen alys	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0355U	APOL1 RISK VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0356U	ONC OROP 17 DNA DDPCR ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0362U	ONC PAP THYR CA RNA 82&10	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0363U	ONC URTHL MRNA 5 GEN ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	added 4/1/2023
0368U	Onc clrct ca mut&mthyltn mrk	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023
0370U	Onc mrd nxt-gnrj alys sbsq	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023
0379U	Tgsap sl or neo dna523&rna55	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0380U	Rx metab advrs trgt sq aly 20	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 3/31/2025
0388U	Onc nonsm cli lng ca 37 gen	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0389U	Ped fbrl kd ifi27&mcomp1 rna	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0391U	Onc sld tum dna&rna 437 gen	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0392U	Rx metab genrx ia 16 genes	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0400U	Ob xpnd car scr 145 genes	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0401U	Crd c hrt ds 9 gen 12 vrnts	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0403U	ONC PRST8 MRNA 18 GEN DRE U	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0405U	ONC PNCRTC 59 MTHLTN BLK MRK	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0409U	ONC SLD TUM DNA 80 & RNA 36	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0410U	ONC PNCRTC DNA WHL GN SEQ 5-	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0411U	PSYC GENOM ALYS PNL 15 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0413U	ONC HL NEO OPT GEN MAPG DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0414U	ONC LNG AUG ALG ALY WHL SLD8	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0417U	RARE DS ALYS 335 NUC GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0419U	NRPSYC GEN SEQ VRNT ALY 13	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
0420U	ONC URTHL MRNA XPRSN 6 SNP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0422U	ONC PAN SOLID TUM ALYS DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0423U	PSYC GENOMIC ALYS PNL 26 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0424U	ONC PRST8 XOM ALYS 53 SNCRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0425U	GENOM RPD SEQ ALYS EA CMPRTR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0426U	GENOME ULTRA-RAPID SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0428U	ONC BRST CTDNA ALYS 56/> GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024 Removed 3/31/2025
0433U	ONC PRST8 5 DNA REG MRK PCR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0434U	RX METAB ADVRS VRNT ALYS 25	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0437U	PSYC ANXIETY DO MRNA 15 BMRK	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0438U	RX METAB ADVRS VRNT ALYS 33	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2024
0439U	CRD CHD DNA ALYS 5 SNP 3 DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2024
0440U	CRD CHD DNA ALYS 10 SNP 6DNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2024
0448U	ONC LNG&CLN CA DNA QUAL NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2024 Removed 3/31/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0449U	CAR SCR SEV INH COND 5 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2024
0452U	ONC BLDR MTHYL PENK LTE-QMSP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0453U	ONC CLRCT CA CFDNA QPCR ASY	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0454U	RARE DS ID OPT GENOME MAPG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0456U	AI RA NGS 19 GENES ANTI-CCP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024 Removed 3/31/2025
0460U	ONC WHL BLD/BUCC RTPCR 24GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0461U	ONC RXGENOM ALYS RTPCR 24GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0465U	ONC URTHL CARC DNA QMSP 2GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0466U	CRD CAD DNA GWAS 564856 SNP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0467U	ONC BLDR DNA NGS 60GEN&ANEUP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0469U	RARE DS WHL GEN SEQ FTL SAMP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0473U	ONC SLD TUM BLD/SLV 648 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0474U	HERED PAN CA GSAP 88GENE NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024
0475U	HERED PRST8 CA GSAP 23 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2024

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0476U	RX METAB PSYC 14GEN&CYP2D6	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0477U	RX METAB PSY 14&CYP2D6 GN-RX	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0478U	ONC NSCLC DNA&RNA DPCR 9GENS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0481U	IDH1 IDH2&TERT PROMOTER NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0485U	ONC SOL TUM CFDNA&RNA NGS GM	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0486U	ONC PAN SOL TUM NGS CFCTDNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0487U	ONC SOL TUM CFCDNA TGSAP 84	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0488U	OB FETAL AG NIPT CFDNA ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0489U	OB SGNIPT CFDNA SEQ ALYS 1+	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0493U	TRNSPL MED QUAN DD-CFDNA NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0494U	RBC AG FTL RHD GENE ALYS NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0496U	ONC CLRCT CFDNA 8/7 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0497U	ONC PRST8 MRNA RT-PCR 6GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0498U	ONC CLRCT NGS MUT DETC 43GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0499U	ONC CLRCT&LNG DNA NGS 8GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0506U	GI BARRETTS ESOPHGL CELL 89	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0507U	ONC OVR DNA WHOLE GEN W/5HMC	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0508U	TRNSPLJ MED DD CFDNA 40 SNPS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0509U	TRNSPLJ MED DD CFDNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0516U	RX METAB RXGENOMIC GNOTYP 40	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2025
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	4/1/2025
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
0537T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
0538T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
0539T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
0540T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0609T	Mrs disc pain acquisj data	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	1/1/2021
0610T	Mrs disc pain transmis data	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	1/1/2021
0611T	Mrs disc pain alg alys data	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	1/1/2021
0612T	Mrs discogenic pain i&r	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	1/1/2021
0627T	Perq njx algc fluor lmbr 1st	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR705.049	Allograft Injection for Degenerative Disc Disease	1/1/2021
0628T	Perq njx algc fluor lmbr ea	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR705.050	Allograft Injection for Degenerative Disc Disease	1/1/2021
06029T	Perq njx algc ct lmbr 1st	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR705.051	Allograft Injection for Degenerative Disc Disease	1/1/2021
0630T	Perq njx algc ct lmbr ea	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR705.052	Allograft Injection for Degenerative Disc Disease	1/1/2021
0633T	Ct breast w/3d uni c-	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0634T	Ct breast w/3d uni c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0635T	Ct breast w/3d uni c-/c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0636T	Ct breast w/3d bi c-	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0637T	Ct breast w/3d bi c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0638T	Ct breast w/3d bi c-/c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	4/1/2021
0648T	QUAN MR ALYS TISS W/O MRI	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2021

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
0649T	QUAN MR ALYS TISS W/MRI	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	7/1/2021
0697T	Quan mr tis wo mri mlt orgn	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	7/1/2021
0698T	Quan mr tiss w/mri mlt orgn	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added 10/1/2022
0711T	N-nvs artl plaq alys dat prp	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RAD604.009	Computed Tomography to Detect Coronary Artery Calcification	Added 10/1/2022
0712T	N-nvs artl plaq alys quan	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RAD604.010	Computed Tomography to Detect Coronary Artery Calcification	Added 10/1/2022
0713T	N-nvs artl plaq alys rvw i&r	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RAD604.011	Computed Tomography to Detect Coronary Artery Calcification	Added 10/1/2022
0784T	Insertion or replacement of percutaneous electrode	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	MED201.056	Removal of Ascities via Implantable Pump	Added 10/1/2022
0785T	Revision or removal of neurostimulator	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation	1/1/2024
0865T	MRI Brain analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	1/1/2024
0866T	MRI Brain analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added 4/1/2024
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Ambulance	Illinois Medicaid Transportation Services Provider Handbook, BCBS Medical Policy	ADM1001.005	Ambulance and Medical Transport Services	Added prior to 9/1/2019
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Ambulance	Illinois Medicaid Transportation Services Provider Handbook, BCBS Medical Policy	ADM1001.005	Ambulance and Medical Transport Services	Added prior to 9/1/2019
A4604	Tubing with integrated heating element for use with positive airway pressure device	Recent history and physical, plan of care, and documentation of medical necessity.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added 1/1/23
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7030	Full face mask used with positive airway pressure device, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7031	Face mask interface, replacement for full face mask, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7032	Cushion for use on nasal mask interface, replacement only, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7035	Headgear used with positive airway pressure device	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7036	Chinstrap used with positive airway pressure device	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
A7037	Tubing used with positive airway pressure device	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7038	Filter, disposable, used with positive airway pressure device	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7039	Filter, non disposable, used with positive airway pressure device	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7044	Oral interface used with positive airway pressure device, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Letter of medical necessity, including condition being treated.	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
A9270	Non-covered item or service	Letter of medical necessity, including condition being treated.	Sleep		No Med Policy	Unable to crosswalk unspecified codes to specific medical policy.	1/1/2019
A9513	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/1/2025
A9528	Iodine I-131 iodide cap, dx	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/2/2025
A9531	I131 max 100uCi	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/3/2025
A9543	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/2/2025
A9606	Radium Ra-223 Dichloride Therapeutic Per Microcurie	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	7/2/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
A9607	Iutetium Iu 177 vipivotide	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	7/2/2025
A9900	MISCELLANEOUS SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	No Med Policy	Unable to crosswalk unspecified codes to specific medical policy.	Added 1/1/23
A9901	DELIVERY/SET UP/DISPENSING	Letter of medical necessity, including condition being treated.	LTSS	Illinois Administrative Code	No Med Policy	Unable to crosswalk unspecified codes to specific medical policy.	Added 7/1/25
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	No Med Policy	Unable to crosswalk unspecified codes to specific medical policy.	Added 1/1/23
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube	Letter of medical necessity, including condition being treated.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added prior to 9/1/2019
B9998	ENTERAL SUPPLIES; NOT OTHERWISE CLASSIFIED	Letter of medical necessity, including condition being treated.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added 1/1/23
C8900	Magnetic resonance angiography with contrast, abdomen	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8901	Magnetic resonance angiography without contrast, abdomen	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8912	Magnetic resonance angiography with contrast, lower extremity	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8913	Magnetic resonance angiography without contrast, lower extremity	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8918	Magnetic resonance angiography with contrast, pelvis	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8919	Magnetic resonance angiography without contrast, pelvis	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
C9047	aTTP	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	1/1/2020
C9076	Lisocabtagene maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
C9081	Idecabtagene vicleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
C9257	Injection, bevacizumab, 0.25 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
C9399	Unclassified drugs or biologicals related to Car-T	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	11/20/2021
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR705.045	Annulus Closure After Discectomy	9/1/2020
C9791	Mri hyperpolarized xenon129	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	No Med Policy	No medical policy	Added 4/1/2024
E0466	home ventilator any type	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	No Med Policy	No Med Policy	Added 1/1/23

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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)	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	9/1/2020
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	9/1/2020
E0492	Control unit nm stim w phone	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	7/1/2024
E0493	Oral dv/app neuromus mouthpi	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	7/1/2024
E0561	Humidifier, non-heated, used with positive airway pressure device	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
E0562	Humidifier, heated, used with positive airway pressure device	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
E0601	Continuous positive airway pressure (cpap) device	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.006	Medical Management of Sleep Related Breathing Disorders	Added prior to 9/1/2019
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added 1/1/23
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicaid.com/benefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
E0749	Osteogenesis stimulator, electrical, surgically implanted	Letter of medical necessity, including condition being treated.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR705.013 SUR705.044	Electrical Stimulation of the Spine as and Adjunct to Spinal Fusion Procedures Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added 1/1/23
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	Added 1/1/23
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	DME101.010	Wheelchairs and Accessories	Added 1/1/23
E1230	POWER-OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	DMIE101.010	Wheelchairs and Accessories	Added 1/1/23
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.041, PSY302.002, PSY301.023	Interferential Current Stimulation Digital Health Therapies for Substance Abuse Digital Health Therapies for Chronic Insomnia	Added 1/1/23
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	DME104.009	Speech Generating Devices	Added 1/1/23

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Letter of medical necessity, including condition being treated.	DME	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	DME104.009	Speech Generating Devices	Added 1/1/23
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.014	Speech-Language Therapy (SLT)	Added prior to 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	PSY301.014 - Delete THE803.010	Autism Spectrum Disorders (ASD) - Delete Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	PSY301.014 - Delete THE803.010	Autism Spectrum Disorders (ASD) - Delete Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services	Added prior to 9/1/2019
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	THE803.014	Speech-Language Therapy (SLT)	Added prior to 9/1/2019
G0219	Pet imaging whole body; melanoma for non-covered indications	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Radiology	BCBs Medical Policy, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
G0235	Pet imaging, any site, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Radiology	BCBs Medical Policy, MCG, Medicare NCD/LCD Guidelines	No Med Policy	unable to crosswalk unspecified codes to specific medical policy.	Added prior to 9/1/2019
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Radiology	BCBs Medical Policy, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	1/1/2020
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	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Home Health Hospice	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
G0327	Colon ca scrn;bld-bsd biomrk	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Lab	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	7/1/2021

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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 thera	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	1/1/2020
G0339	ROBOT LIN-RADSURG COM, FIRST	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G0340	ROBOT LIN-RADSURG FRACTX 2-5	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
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	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.005	Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.005	Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	Recent history and physical, plan of care, and documentation of medical necessity	Sleep	Illinois Medicaid Provider Manual, Illinois Administrative Code, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED204.005	Diagnosis of Obstructive Sleep Apnea Syndrome	Added prior to 9/1/2019
G6002	STEREOSOCPIC X-RAY GUIDANCE	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6003	Radiation Treatment Delivery, single area, up to 5 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6004	Radiation Treatment Delivery, single area, 6-10 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6005	Radiation Treatment Delivery, single area, 11-19 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
G6006	Radiation Treatment Delivery, single area, 20 mev or greater	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6007	Radiation Treatment Delivery, 2 separate areas, up to 5 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6008	Radiation Treatment Delivery, 2 separate areas, area, 6-10 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6009	Radiation Treatment Delivery, 2 separate areas, 11-19 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6010	Radiation Treatment Delivery, 2 separate areas, 20 mev or greater	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6011	Radiation Treatment Delivery, 3 or more separate areas, up to 5 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6012	Radiation Treatment Delivery, 3 or more separate areas, 6-10 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6013	Radiation Treatment Delivery, 3 or more separate areas, 11-19 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6014	Radiation Treatment Delivery, 3 or more separate areas, 20 mev or greater	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6015	Radiation Tx delivery imrt	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G6016	Delivery comp imrt	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	7/1/2025
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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)	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX501.113 ADM1001.034	Oncology Medications Abatacept Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0172	Injection, aducanumab-avwa, 2 mg	Letter of medical necessity, including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.137	Aducanumab-Avwa	added 7/1/2022
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.152	Lecanemab-irmb	Added 7/1/2024
J0175	Injection, donanemab-azbt, 2 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.177	Donanemab-azbt	4/1/2025
J0177	njection, aflibercept hd, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	OTH903.027	Aflibercept	4/1/2024
J0178	Injection, aflibercept, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0179	Injection, brolucizumab-dbl, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	9/1/2020
J0180	Injection, agalsidase beta, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0202	Injection, alemtuzumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.077	Alemtuzumab	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J0217	Injection, velmanase alfa-tycv, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	1/1/2024
J0218	Injection, olipudase alfa-rpcp, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	4/1/2023
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	4/1/2022
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.035	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Added prior to 9/1/2019
J0223	Givosiran	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.125 ADM1001.034	Givosiran Specialty Medication Administration Site of Care	1/1/2021
J0224	Inj. lumasiran, 0.5 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.133 ADM1001.034	Lumasiran Specialty Medication Administration Site of Care	7/1/2022
J0225	Injection, vutrisiran, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.146	Vutrisiran	11/1/2022
J0248	Veklury (remdesivir)	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	7/1/2023
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0364	Injection, apomorphine hydrochloride, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J0490	Injection, belimumab, 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.116 ADM1001.034	Belimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0491	Injection, anifrolumab-fnia, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.138 ADM1001.034	Anifrolumab-fnia Specialty Medication Administration Site of Care	4/1/2022
J0517	Fasenra	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.100 ADM1001.034	Benralizumab Specialty Medication Administration Site of Care	1/1/2020
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0584	Crysvita	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX502.058 AMD1001.034	Burosumab-twza Specialty Medication Administration Site of Care	Added 1/1/2025
J0585	Injection, onabotulinumtoxina, 1 unit	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.019 ADM1001.034 MED201.014	Botulinum Toxin Specialty Medication Administration Site of Care Treatment of Hyperhydrosis	Added prior to 9/1/2019
J0586	Injection, abobotulinumtoxina, 5 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.019 ADM1001.034 MED201.014	Botulinum Toxin Specialty Medication Administration Site of Care Treatment of Hyperhydrosis	Added prior to 9/1/2019
J0587	Injection, rimabotulinumtoxinb, 100 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.019 ADM1001.034 MED201.014	Botulinum Toxin Specialty Medication Administration Site of Care Treatment of Hyperhydrosis	Added prior to 9/1/2019
J0588	Injection, incobotulinumtoxin a, 1 unit	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.019 ADM1001.034 MED201.014	Botulinum Toxin Specialty Medication Administration Site of Care Treatment of Hyperhydrosis	Added prior to 9/1/2019
J0589	Injection, daxibotulinumtoxina-lanm	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.019	Botulinum Toxin	4/1/2024
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.013 ADM1001.034	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0606	5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0638	Injection, canakinumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.119 ADM1001.034	Canakinumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0739	Injection, cabotegravir 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added 10/1/2023
J0741	Inj, cabote rilpivir 2mg 3mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.145	Long-Acting Injectable Antiretroviral Agents for Treatment of HIV	Added 10/1/2023
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Added prior to 9/1/2019
J0791	Crizanlizumab-tmca (Adakveo)	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.126 ADM1001.034	Crizanlizumab-tmca Specialty Medication Administration Site of Care	1/1/2021
J0800	Injection, corticotropin, up to 40 units	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J0641	Levoleucovorin Calcium	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J0642	Levoleucovorin	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0896	Injection, luspatercept-aamt, 0.25 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J0897	Injection, denosumab, 1 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/albenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J1203	Injection, cipaglucosidase alfa-tga, 5 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	4/1/2024
J1290	Injection, ecallantide, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.013 ADM1001.034	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1300	Injection, eculizumab, 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.066 ADM1001.034	Eculizumab and Associated Biosimilar(s) Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1301	Radicava	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.095 ADM1001.034	Edaravone Specialty Medication Administration Site of Care	1/1/2020
J1302	Injection, sutimlimab-jome, 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.087 ADM1001.034	FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies Specialty Medication Administration Site of Care	10/1/2022
J1303	Ultomiris	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.107 ADM1001.034	Ravulizumab-cwvz Specialty Medication Administration Site of Care	10/1/2019
J1304	Injection, tofersen, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.162	Tofersen	1/1/2024
J1305	Inj, evinacumab-dgnb, 5mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	ADM1001.034	Specialty Medication Administration Site of Care	Added 10/1/2023
J1306	Injection, inclisiran, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.142 ADM1001.034	Inclisiran Specialty Medication Administration Site of Care	Added 10/1/2023
J1322	Injection, elosulfase alfa, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1325	Injection, epoprostenol, 0.5 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J1411	Hemmens	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.151	Etranacogene dezaparvovec-drlb	Added 7/1/2024
J1412	Roctavian	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.128	Valoctocogene Roxaparvovec-rvox	Added 7/1/2024
J1413	Elevidys	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.163	Delandistrogene moxeparvovec-rokl	Added 7/1/2024
J1427	Viltepso	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.129	Viltolarsen	Added 10/1/2021
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.084	Eteplirsen	Added prior to 9/1/2019
J1429	Golodirsen/Vyondys	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.122	Golodirsen	1/1/2021
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J1458	Injection, galsulfase, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1323	Eranatamab-bcmm	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J1447	Tbo-Filgrastim	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	added 7/1/25
J1448	Trilaciclib Dihydrochloride	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	added 7/1/25
J1449	Eflapegrastim-xnst	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1551	Inj cutaquig 100 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J1554	Asceniv	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1555	Injection, immune globulin, 100 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1557	Injection, immune globulin, (gammappleX), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1558	Inj. xembify, 100 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023
J1559	Injection, immune globulin (hizentra), 100 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J1576	Immune Globulin (Human)-ifas	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J1599	Immune deficiency	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2020
J1602	Injection, golimumab, 1 mg, for intravenous use	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.112 ADM1001.034	Golimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1632	Brexanolone	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	No medical policy	No medical policy	1/1/2020
J1743	Injection, idursulfase, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019
J1745	Injection infliximab, 10 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.051 ADM1001.034	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care Acne Management	Added prior to 9/1/2019
J1746	Troglarzo	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.099 ADM1001.034	Ibalizumab-uiyk Specialty Medication Administration Site of Care	1/1/2020
J1786	Injection, imiglucerase, 10 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019
J1823	Uplizna	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.127 ADM1001.034	Inebilizumab-cdon Specialty Medication Administration Site of Care	10/1/2021
J1930	Injection, lanreotide, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.155	Lanreotide	Added 1/1/2025
J1931	Injection, laronidase, 0.1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J1932	Injection, lanreotide, (cipl), 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	MCG ACG: A-0574 (AC)	Lanreotide ACG: A-0574	Added 1/1/2025
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added 1/1/2025
J1951	Injection, leuprolide acetate	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	7/1/2021
J1961	Injection, lenacapavir, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.145	Long-Acting Injectable Antiretroviral Agents for Treatment of HIV	6/1/2023
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.080 ADM1001.034	Mepolizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2323	Injection, natalizumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.059 ADM1001.034	Natalizumab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2326	Injection, nusinersen, 0.1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.086	Nusinersen	Added prior to 9/1/2019
J2327	Inj risankizumab-rzaa 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.147	Risankizumab-rzaa	Added 10/1/2023
J2329	Injection, ublituximab-xiiy, 1mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.153	Ublituximab-xiiy	7/1/2023
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.085 ADM1001.034	Ocrelizumab or Ocrelizumab and Hyaluronidase-ocsq Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.156	Octreotide	Added 1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.156	Octreotide	Added 1/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J2356	Inj tezepelumab-ekko, 1mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.143 ADM1001.034	Tezepelumab-ekko Specialty Medication Administration Site of Care	Added 10/1/2023
J2357	Injection, omalizumab, 5 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.058 ADM1001.034	Omalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2502	Injection, pasireotide long acting, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added prior to 9/1/2019
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J2507	Injection, pegloticase, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.120 ADM1001.034	Pegloticase Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2508	Pegunigalsidase alfa-iwxj, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	1/1/2024
J2778	Injection, ranibizumab, 0.1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	Added prior to 9/1/2019
J2779	Injection, ranibizumab via intravitreal implant (suvimo), 0.1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	7/1/2022
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	10/1/2023
J2782	Injection, avacincaptad pegol, 0.1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	4/1/2024
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.083 ADM1001.034	Reslizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J2793	Injection, rilonacept, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added prior to 9/1/2019
J2796	Injection, romiplostim, 10 micrograms	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.157	Romiplostim	Added 1/1/2025
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.037	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019
J2998	Inj plasminogen tvmh 1mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added 10/1/2023
J3032	Eptinezumab-jjmr (Vyepti)	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.124 ADM1001.034	Eptinezumab-jjmr Specialty Medication Administration Site of Care	1/1/2021
J3060	Injection, taliglucerase alfa, 10 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019
J3111	Inj, romosozumab-aqqg, 1mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.159 ADM1001.034	Romosozumab-aqqg Specialty Medication Administration Site of Care	1/1/2021
J3241	Teprotumumab-trbw	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.110 ADM1001.034	Teprotumumab Specialty Medication Administration Site of Care	1/1/2021
J3245	Ilumya	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.123 ADM1001.034	Tildrakizumab-asmn Specialty Medication Administration Site of Care	1/1/2020
J3262	Injection, tocilizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX502.061 RX501.115	Oncology Medications Tocilizumab and Associated Biosimilar(s)	Added 1/1/2025
J3285	Injection, treprostinil, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J3304	Zilretta	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	1/1/2020
J3316	Triptodur	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	1/1/2020
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added prior to 9/1/2019
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.114 ADM1001.034	Ustekinumab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3380	Injection, vedolizumab, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.117 ADM1001.034	Vedolizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3385	Injection, velaglucerase alfa, 100 units	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	Added prior to 9/1/2019
J3392	Inj. Exagamglogene autoem	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.166	Exagamglogene autoemcel	7/1/2025
J3393	Inj. Betibeglogene	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.148 RX501.071	Betibeglogene autotemcel Plerixafor for Non-Oncologic Indications	7/1/2025
J3394	Inj. Lovotibeglogene autotem	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.167 RX501.071	Lovotibeglogene autotemcel Plerixafor for Non-oncologic Indications	7/1/2025
J3397	Mepsevii	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.067 ADM1001.034	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Site of Care	1/1/2020
J3398	Luxturna	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J3399	Zolgensma	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.104	Onasemnogene Abeparvovec-xioi	1/1/2020
J2820	Sargramostim	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J2860	Siltuximab	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J3055	Talquetamab-tgvs	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J3263	Toripalimab-tpzi	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J3490	Unclassified drugs Non-Oncology	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J3580	Tzield	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	No medical policy	No medical policy	Added 7/1/2023
J3590	Unclassified biologics Non Oncology	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	1/1/2019
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	10/1/2023
J7318	Durolane	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	Added prior to 9/1/2019
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.049	Viscosupplementation for Osteoarthritis	1/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.049	Viscosupplementation for Osteoarthritis	9/1/2020
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.050	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.051	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.052	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.053	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.053	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7329	TriVisc	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.054	Viscosupplementation for Osteoarthritis	1/1/2020
J7331	Synojynt	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.055	Viscosupplementation for Osteoarthritis	10/1/2019
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.056	Viscosupplementation for Osteoarthritis	9/1/2020

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	1/1/2022
J7352	Scenesse	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	No medical policy	No medical policy	10/1/2021
J9021	Asparaginase Erwinia Chrysanthemi (Recombinant)-rywn	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9022	atezolizumab, 10 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9023	Avelumab	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9032	Belinostat	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9035	Bevacizumab	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9039	Blinatumomab	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9042	Brentuximab Vedotin	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9043	Cabazitaxel	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9047	Injection, carfilzomib, 1 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9055	Injection, cetuximab, 10 mg	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9061	Amivantamab-vmjw	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9063	Mirvetuximab Soravtansine-gynx	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9118	Calaspargase Pegol-mknl	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9119	Cemiplimab-rwlc	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9144	DARZALEX	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9145	DARZALEX	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9153	Daunorubicin-Cytarabine Liposome	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9173	IMFINZI	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9153	Daunorubicin-Cytarabine Liposome	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9176	Elotuzumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9177	PADCEV	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9216	Actimmune	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX502.062	Oncology Medications	Added 1/1/2025
J9179	Eribulin Mesylate	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9203	Gemtuzumab Ozogamicin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9204	Mogamulizumab-kpkc	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9205	Irinotecan HCl Liposome	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9207	Ixabepilone	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9223	Lurbinectedin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9227	Isatuximab-irfc	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9228	YERVOY	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9229	Inotuzumab Ozogamicin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9264	ABRAXANE	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9266	Pegaspargase	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9269	Tagraxofusp-erzs	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9271	KEYTRUDA	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9272	Dostarlimab-gxly	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9273	Tisotumab Vedotin-tftv	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9274	Tebentafusp-tebn	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9281	Mitomycin instillation	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9286	Glofitamab-gxbm	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9295	Necitumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9298	Nivolumab-Relatlimab-rmbw	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9299	OPDIVO	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9301	Obinutuzumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9302	Ofatumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9303	Panitumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9306	PERJETA	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9308	Ramucirumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9309	Polatuzumab Vedotin-piiq	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9311	Rituximab-Hyaluronidase Human	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9312	Immunomodulators	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
J9332	Vyvgart	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.141 RX501.056 ADM1001.034	Efgartigimod alfa-fcab or Efgartigimod alfa and hyaluronidase-qvfc Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Specialty Medication Administration Site of Care	Added 7/1/2023
J9333	Injection, rozanolixizumab-noli, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.161	Rozanolixizumab-noli	1/1/2024
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.141	Efgartigimod alfa-fcab or Efgartigimod alfa and hyaluronidase-qvfc	1/1/2024
J9316	Pertuzumab-Trastuzumab-Hyaluronidase-zzxf	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9317	Sacituzumab Govitecan-hziy	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9321	Epcoritamab-bysp	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9325	Talimogene Laherparepvec	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9331	Sirolimus Protein-Bound Particles	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9345	Retifanlimab-dlwr	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9347	Tremelimumab-actl	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9348	Naxitamab-gqgk	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9349	Tafasitamab-cxix	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9350	Mosunetuzumab-axgb	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9352	Trabectedin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9353	Margetuximab-cmkb	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
J9354	Ado-Trastuzumab Emtansine	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9355	Trastuzumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9356	Trastuzumab-Hyaluronidase-oysk	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
J9358	ENHERTU	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9376	Injection, paclitaxel, 1 mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.087	FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies	4/1/2024
J9381	Injection, teplizumab-mzwv, 5 mcg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	Prime	7/1/2023
J9999	Unclassified, non-oncology use	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy, MCG, Medicare NCD/LCD Guidelines	RX501.087	FDA-Approved Drugs and Biologicals	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	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. Documented inability to propel a manual chair	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	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. Documented inability to propel a manual chair	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines		Cardioverter-Defibrillator, Wearable	Added prior to 9/1/2019
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	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	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5910	Addition, endoskeletal system, below knee, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5968	Addition to lower limb prosthesis, multi-axial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
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 init	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal d	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7008	Electric hand, switch or myoelectric, controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L7040	Prehensile actuator, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7170	Electronic elbow, hosmer or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7186	Electronic elbow, child, variety village or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8042	Orbital prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8043	Upper facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8044	Hemi-facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8045	Auricular prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8609	Artificial cornea	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR713.025 OTH903.030	Intraocular Lens (IOLs) and Implantable Miniature Telescope (IMT) Keratoprosthesis	Added prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8627	Cochlear implant, external speech processor, component, replacement	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8628	Cochlear implant, external controller component, replacement	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.033 MED205.036 SUR710.018 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.033	Occipital Nerve Stimulation	Added prior to 9/1/2019
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsal	Added prior to 9/1/2019
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsal	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8690	Auditory osseointegrated device, includes all internal and external components	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
M0076	Prolotherapy	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	MED201.013	Prolotherapy	1/1/2020
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added prior to 9/1/2019
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	SUR707.017	Ventricular Assist Devices and Total Artificial Hearts	Added 1/1/23
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	1/1/2022
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	11/20/2021
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	BCBS Medical Policy Illinois Medicaid Provider Manual, Medicare NCD/LCD Guidelines	RX502.061	Oncology Medications	11/20/2021
Q4100	Skin substitute, NOS	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4101	Apligraf skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4102	Oasis wound matrix skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
Q4106	Dermagraft skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4107	Graftjacket skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4110	Primatrix skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4116	Skin Substitute, Alloderm, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4121	THERASKIN, PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4159	Affinity1 square cm	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added 1/1/23
Q4160	Nushield 1 square cm	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added 1/1/23
Q4186	EPIFIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added 1/1/23
Q4187	EPICORD PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added 1/1/23
Q4195	PURAPLY PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.0132	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
Q4196	PURAPLY AM PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	SUR704.0132	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/23
J9359	Loncastuximab Tesirine-lpyl	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
J9380	Teclistamab-cqyv	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q2050	Doxorubicin HCl Liposomal	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/2025
Q5101	Zarxio	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 1/1/2025
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. New code effective 4/1/18 previously coded Q5102 which was deleted 3/31/18 <u>Went live 11/1/17</u>	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD guidelines	RX501.051 ADM1001.034	Infliximab and Associated Biosimilars Medication Administration Site of Care Specialty	Added prior to 9/1/2019
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. New code effective 4/1/18 previously coded J3590, Go live 11/1/17	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD guidelines	RX501.051 ADM1001.034	Infliximab and Associated Biosimilars Medication Administration Site of Care Specialty	Added prior to 9/1/2019
Q5106	Anemia	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5107	Bevacizumab-awwb	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5108	Pegfilgrastim-jmdb	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5110	Nivestym	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5111	Pegfilgrastim-cbqv	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5112	Trastuzumab-dttb	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5113	Trastuzumab-pkrb	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5114	Trastuzumab-dkst	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/benefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
Q5115	Truxima	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5116	Trastuzumab-qyyp	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5117	Trastuzumab-anns	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5119	Ruxience	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5121	Injection; Immunomodulators	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.051 ADM1001.034	Infliximab and Assoicated Biosimilars Medication Administration Site of Care Specialty Acne Management	4/1/2021
Q5120	Pegfilgrastim-bmez	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5122	Pegfilgrastim-apgf	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5123	rituximab-arrx non-oncology	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2024
Q5125	Riabni	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	1/1/2025
Q5126	Bevacizumab-maly	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic alb enefitsmanagement.com/	Carelon	Carelon	Added 7/1/25

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
Q5127	Pegfilgrastim-fpgk	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5129	Bevacizumab-adcd	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5130	Pegfilgrastim-pbbk	Carelon- https://providerportal.com/ or 1-800-859-5303	Medical Oncology	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added 7/1/25
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	PRIME	Contact Prime Therapeutics, Fax 877-243-6930 or Call 800-285-9426, website MyPrime.com or CoverMyMeds.com	Prime	prime	1/1/2023
Q5133	Tofidence	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.115	Tocilizumab and Associated Biosimilar(s)	1/1/2025
S0013	Spravato	SRU	Specialty Pharmacy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	RX501.105	Esketamine Nasal Spray	10/1/2021
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Carelon- https://providerportal.com/ or 1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	1/1/2020
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3841	Genetic testing for retinoblastoma	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3842	Genetic testing for von hippel-lindau disease	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedic.com/eneffitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3845	Genetic testing for alpha-thalassemia	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3846	Genetic testing for hemoglobin e beta-thalassemia	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3850	Genetic testing for sickle cell anemia	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon- https://providerportal.com/ or 1-800-859-5303	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019
S5100	Adult Day Service LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5125	*Personal Care Assistant LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
S5126	*Personal Care Assistant LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5130	Homemaker/Housekeeper Services LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5160	Electronic Home Response - Installation	1/Lifetime	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5161	Electronic Home Response - Monthly Rent	1/Month	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5165	Environmental Accessibility Adaptations - Home LTSS	Services are limited to service cost/plan maximum according to member's need. Services limited to \$25,000 within a 5 year period.	LTSS	Illinois Administrative Code	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
S5170	Home Delivered Meals LTSS	2 meals per day and up to 7 days a week (2 meals = 1 unit; Time Period = month)	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), p	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
S9123	Nursing care in the home, by RN, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used).	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately) per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added prior to 9/1/2019
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added prior to 9/1/2019
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines, Medical Policy	MED201.011	Nutritional Support	Added prior to 9/1/2019
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per	Recent history and physical, plan of care, and documentation of medical necessity.	Home Health	Illinois Medicaid Provider Manual, MCG, Medicare NCD/LCD Guidelines	No Med Policy	No Med Policy	Added prior to 9/1/2019
T1002	RN services up to 15 minutes	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	7/1/2025
T1003	LPN/LVN services up to 15 minutes	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	7/1/2025
T1004	Nsg Aide service up to 15 minutes	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	7/1/2025
T1005	Respite - Homemaker LTSS	Recent history and physical, plan of care, and documentation of medical necessity.	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T1005*	Respite - Personal Assistant LTSS	Available for waivers except Elderly.	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T1019	*Personal Care Assistant LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T1020	*Personal Care Assistant LTSS	15 minutes = 1 unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T1505	Elec med comp dev, noc		LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	7/1/2025
T2003	Adult Day Service Transportation LTSS	Max of 2 visits per day. 1 way=1unit	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T2014	Pre-vocational Services LTSS	Brain injury waiver only. Per diam	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T2019	Supported Employment LTSS	Brain injury waiver only.	LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	Added prior to 9/1/2019
T2020	Habitation - Day LTSS	Brain injury waiver only.	LTSS	Illinois Administrative Code	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
T2028	Special supply, nos waiver		LTSS	Illinois Administrative Code	No Med Policy	No Med Policy	7/1/2025
T2101	Human Breast Milk	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	MED201.011	Nutritional Support	1/1/2021
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
Behavioral Health							
H2036	Substance Abuse Adolescent Residential	Documentation of medical necessity for ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0004 TF	Behavioral health counseling and therapy	Documentation of medical necessity for ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			1/1/2025
H0005 TF	Behavioral health counseling and therapy	Documentation of medical necessity for ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			1/1/2025
H0047	Substance Abuse Rehabilitation	Documentation of medical necessity for ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0010	Substance Acute Abuse Detoxification	Documentation of medical necessity for ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
S9480	Mental Health Intensive Outpatient Services	Documentation of medical necessity	Behavioral Health	MCG Care Guidelines			Added prior to 9/1/2019
H0039	Assertive Community Treatment	For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form. https://www.bcbsil.com/provider/education/forms.html 1 unit=15 min	Behavioral Health	IDHS Mental Health Medical Necessity and Guidance Manual			Added prior to 9/1/2019
H2016	Community Support Team	For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form. https://www.bcbsil.com/provider/education/forms.html 1 unit=15 min	Behavioral Health	IDHS Mental Health Medical Necessity and Guidance Manual			Added prior to 9/1/2019
H2017	Psychosocial Rehabilitation	For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form. https://www.bcbsil.com/provider/education/forms.html 1 unit = 15 min	Behavioral Health	IDHS Mental Health Medical Necessity and Guidance Manual			Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
T1005	Respite, Individual/Group	Documentation of medical necessity	Behavioral Health	IDHS Mental Health Medical Necessity and Guidance Manual			
90867	Transcranial Magnetic Stimulation ***Service Only Available for MMAI***	Documentation of medical necessity **Service Only Available for MMAI**	Behavioral Health	LCD/BCBS Medical Policy	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	Added prior to 9/1/2019
90868	Transcranial Magnetic Stimulation ***Service Only Available for MMAI***	Documentation of medical necessity **Service Only Available for MMAI**	Behavioral Health	LCD/BCBS Medical Policy	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	Added prior to 9/1/2019
97151	Behavior Identification Assessment	Documentation of medical necessity; please complete the ABA Initial Assessment Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97152	Behavior Identification Supporting Assessment	Documentation of medical necessity; please complete the ABA Initial Assessment Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97153	Adaptive Behavior Treatment by Protocol	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97154	Group Adaptive Behavior Treatment by Protocol	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97155	Adaptive Behavior Treatment with Protocol Modification	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97156	Family Adaptive Behavior Treatment Guidance	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97157	Multiple Family Group Adaptive Behavior Treatment Guidance	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
97158	Group Adaptive Behavior Treatment with Protocol Modification	Documentation of medical necessity; please complete the ABA Clinical Service Request form	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
0362T	Behavior Identification Supporting Assessment	Documentation of medical necessity	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019
0373T	Adaptive Behavior Treatment with Protocol Modification	Documentation of medical necessity	Behavioral Health	BCBS Medical Policy	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	Added prior to 9/1/2019

CPT and HCPCS Codes	Description of Procedure Code	Medical Records Request Information Required	Clinical Criteria Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical Policy Name	Effective and Change Date
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