



BlueCross BlueShield of Illinois

Illinois Medicaid Prior Authorization Code List, Effective 11/1/2025

This list includes Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System codes related to services and categories for which prior authorization 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 a customer service representative to determine coverage for a specific medical service or supply.

Green highlighted codes are managed by Carelon Medical Benefits Management for Medicaid members with Blue Cross Community Health PlansSM.

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

IMPORTANT LINKS:

[Medical Policies for Blue Cross and Blue Shield of Illinois](#)

[Carelon Medical Policies](#)

[Prescription Drug Benefits](#)

For American Society of Addiction Medicine Criteria and MCG Care Guidelines, visit: [Availity® Essentials](#)

OUT-OF-NETWORK REMINDER: Prior authorization is required for any services provided by out-of-network providers.

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	Date Posted to Website*
0004M	SCO 53 SNPS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0006M	Onc hep gene risk classifier	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0007M	Onc gastro 51 gene nomogram	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0012M	ONC MRNA 5 GEN RSK URTHL CA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0013M	ONC MRNA 5 GEN RECR URTHL CA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0016M	Onc bladder mrna 209 gen alg	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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0017M	SARS-CoV-2	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0020M	ONC CNS ALYS 30000 DNA LOC	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0037U	TRGT GEN SEQ DNA 324 GENES	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0042T	B BRGDRFERI ANTB 12 PRTN IGG	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0069U	ONC CLRCT MICRORNA MIR-31-3P	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0101U	HERED COLON CA DO 15 GENES	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0102U	HERED BRST CA RLTD DO 17 GEN	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0103U	HERED OVA CA PNL 24 GENES	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0129U	HERED BRST CA RLTD DO PANEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0130U	HERED COLON CA DO MRNA PNL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0131U	HERED BRST CA RLTD DO PNL 13	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0132U	HERED OVA CA RLTD DO PNL 17	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
0133U	HERED PRST8 CA RLTD DO 11	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0134U	HERED PAN CA MRNA PNL 18 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0135U	HERED GYN CA MRNA PNL 12 GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0162U	Proprietary Laboratory Analyses	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
0164T	REMOVE LUMB ARTIF DISC ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0165T	REVISE LUMB ARTIF DISC ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0238U	ONC LNCH SYN GEN DNA SEQ ALY	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0239U	TRGT GEN SEQ ALYS PNL 311+	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0340U	Onc pan ca alys mrd plasma	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0487U	ONC SOL TUM CFCDNA TGSAP 84	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0493U	TRNSPL MED QUAN DD-CFDNA NGS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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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	
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	
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	
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.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0634T	Ct breast w/3d uni c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0635T	Ct breast w/3d uni c-/c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0636T	Ct breast w/3d bi c-	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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0637T	Ct breast w/3d bi c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0638T	Ct breast w/3d bi c-/c+	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
0649T	QUAN MR ALYS TISS W/MRI	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	
19294	IORT BREAST	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
19296	Place po breast cath for rad	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
19297	Place breast cath for rad	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
19298	Place breast rad tube/caths	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	
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	

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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/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	
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	
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	
22610	Arthodesis, post or post-lat, single interspace, thoracic	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22860	Tot disc arthrp 2ntrspc lmb	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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27278	ARTHRODESIS SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27437	Arthroplasty, patella; without prosthesis	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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 REMVE 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	

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	Date Posted to Website*
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/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
32701	THORAX STEREO RAD TARGET W/TX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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 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	Date Posted to Website*
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.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	
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	
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	
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	

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	Date Posted to Website*
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	REMV/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	
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	
55417	REMV/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	
55860	INSERTION RADIOACTIVE SUBSTANCE PROSTATE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
55862	INSERTAION OF RADIOACTIVE SUBSTANCE PROSTATE W/ LYMPH NODE BIOPSY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
55865	INSERTION RADIOACTIVE SUBSTANCE PROSTATE WITH LYMPHADENECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
55874	TRANSPERINEAL PLACMENT OF BIODEGRADABLE MATERIAL PERI-PORSTATIC	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
55875	PLACEMENT OF NEEDLES/CATHETERS INTO PROSTATE FOR RAD	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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 Prostatectomy High Intensity Focused Ultrasound (HIFU) for Treatment of Cancer	Added 1/1/23	
55920	PLACMENT OF NEEDLES/CATHETERS INOT PROSTATE FOR RAD APPLICATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicalsebenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
57155	INSERTION OF UTERINE TANDEM OR VAG OVIDS FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
57156	INSERTION OF VAGINAL RADIATION APPARATUS FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
58346	INSERTION OF HEYMAN CAPSULES FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
58760	FIMBRIOLASTY	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	
61796	SRS CRANIAL LESION, SIMPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
61797	SRS CRANIAL LESION, SIMPLE ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
61798	SRS CRANIAL LESION COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
61799	SRS CRANIAL LESION COMPLEX ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
61800	APPLY SRS HEADFRAME ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
63052	Lam facetc/frmt arthrd lum 1	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
63053	Lam factc/frmt arthrd lum ea	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63620	SRS SPINAL LESION	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63621	SRS SPINAL LESION ADDL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74263	CT COLONOGRAPHY SCREENING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76873	ULTRASOUND TRANSRECTAL; PROSTATE VOL STUDY FOR BRACHYTHERAPY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76965	ULTRASOUND GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77295	3D RADIOTHERAPY PLAN, INCLUDING DOSE VOL HISTOGRAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77301	RADIOTHERAPY DOSE PLAN IMRT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77316	BRACHYTX ISODOSE PLAN SIMPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77317	BRACHYTX ISODOSE PLAN INTERMED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77318	BRACHYTX ISODOSE PLAN COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77338	DESIGN MLC DEVICE FOR IMRT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77370	SPECIAL MEDICAL RADIATION PHYHSICS CONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77371	SRS MULITSOURCE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
77372	SRS LINEAR BASED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77373	SBRT DELIVERY	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77424	INTRAOPERATIVE RADIATION TX DELIVERY XRAY SINGLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77425	INTRAOPERATIVE RADIATION TX DEL ELCTRONS SINGLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77432	SRT MANGMNT OF CRANIAL LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77435	SBRT TX MANGMNT PER TREATMENT COURSE TO 1 OR MORE LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77469	INTRAOPERATIVE RADIATION TX MANGMNT	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77470	SPECIAL RADIATION TX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77525	PROTON TREATMENT COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77750	Clinical Brachytherapy Radiation Treatment	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
77761	APPLY INTRCAV RADIATION SIMPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77762	APPLY INTRACAV RADIATION INTERMED	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77763	APPLY INTRACAV RADIATION COMPLEX	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77767	HDR SKIN SURFACE BRACHYTHERAPY LESION UP TO 2CM	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77768	HDR SKIN SURFACE BRACHYTHERAPY LESION OVER 2CM/MULT LESIONS	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77770	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 1 CHANNEL	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
77771	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY MORE THAN 12 CHNLS	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77772	HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 2-12 CHNLS	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77778	INTERSTITIAL RAD SOURCE APPLICATION COMPLEX	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77790	RADIATION HANDLING	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	No Med Policy	No medical policy	5/18/2017	
79101	NUCLEAR RX IV ADMIN	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
79403	HEMATOPOIETIC NUCLEAR TX	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81170	ABL1 gene analysis	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
81171	AFF2 gene analysis for abnormal alleles	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
81172	AFF2 Gene Analysis	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
81189	CSTB GENE FULL GENE SEQUENCE	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81195	OGM-Dx HemeOne	Recent history & physical, plan of care and letter of medical necessity	Lab	Illinois Medicaid Provider Manual, BCBS Medical Policy, MCG	No Med Policy	No medical policy	4/1/2025	
81349	Cytog alysn chrml abnr lw-ps	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81441	lbmfs seq alysn pnl 30 genes	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81449	Tgsap so neo 5-50 rna alysn	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81451	Tgsap hl neo 5-50 rna alysn	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81456	Tgsap so/hl 51/< rna alys	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	No Med Policy	No medical policy	Added prior to 9/1/2019	
81523	Short description not available at time of distribution	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	No Med Policy	No medical policy	1/1/2025	
90281	HUMAN IG IM	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	PSY301.014	Autism Spectrum Disorders (ASD)	Change 11/1/2025	9/1/2025
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function, initial demonstration and /or evaluation.	Carelon-https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent.	Carelon-https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics.	Carelon-https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
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	No Med Policy	No medical policy	7/1/2025	
97164	PT RE-EVAL EST PLAN CARE	Carelon-https://providerportal.com/or1-800-859-5303	Rehabilitation (PT/OT/ST)	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 11/1/2025	9/1/2025
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 medical 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 medical 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 medical 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 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	Date Posted to Website*
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 medical 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 medical policy	Added prior to 9/1/2019	
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	
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	
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	

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	Date Posted to Website*
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 <u>Nonpharmacologic Treatment of Rosacea</u>	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 <u>Nonpharmacologic Treatment of Rosacea</u>	Added prior to 9/1/2019	
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 <u>Nonpharmacologic Treatment of Rosacea</u>	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 <u>Nonpharmacologic Treatment of Rosacea</u>	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 <u>photographs of the affected eyes.</u>	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 <u>photographs of the affected eyes.</u>	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 <u>photographs of the affected eyes.</u>	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 <u>photographs of the affected eyes.</u>	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 <u>Surgical Deactivation of Headache Trigger Sites</u>	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	

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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	
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	
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	

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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	
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	
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	
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	

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	Date Posted to Website*
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	
20930	SP BONE ALGRFT MORSEL ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
20931	SP BONE ALGRFT STRUCT ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
20936	SP BONE AGRFT LOCAL ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
20937	SP BONE AGRFT MORSEL ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
20938	SP BONE AGRFT STRUCT ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22511	PERQ LUMBOSACRAL INJECTION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22512	VERTEBROPLASTY ADDL INJECT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22513	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22514	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22515	PERQ VERTEBRAL AUGMENTATION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22533	LAT LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
22534	LAT THOR/LUMB ADDL SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22551	NECK SPINE FUSE&REMOV BEL C2	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22552	ADDL NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22554	NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22558	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22585	ADDITIONAL SPINAL FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22595	NECK SPINAL FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22600	NECK SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22612	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22614	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22630	LUMBAR SPINE FUSION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22632	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22633	LUMBAR SPINE FUSION COMBINED	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22634	SPINE FUSION EXTRA SEGMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22800	POST FUSION </6 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22802	POST FUSION 7-12 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
22804	POST FUSION 13/> VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22808	ANT FUSION 2-3 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22810	ANT FUSION 4-7 VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22812	ANT FUSION 8/> VERT SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22840	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22841	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22842	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22843	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22844	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22845	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22846	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22847	INSERT SPINE FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22848	INSERT PELV FIXATION DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22853	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22854	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22856	CERV ARTIFIC DISCECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
22857	LUMBAR ARTIF DISKECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22858	SECOND LEVEL CER DISKECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22859	INSJ BIOMECHANICAL DEVICE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22861	REVISE CERV ARTIFIC DISC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22862	REVISE LUMBAR ARTIF DISC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22864	REMOVE CERV ARTIF DISC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
22867	INSJ STABLJ 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 Stablization Devices	Added prior to 9/1/2019	
22868	INSJ STABLJ 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 Stablization Devices	Added prior to 9/1/2019	
22869	INSJ STABLJ 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 Stablization Devices	Added prior to 9/1/2019	
22870	INSJ STABLJ 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 Stablization 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	No Med Policy	No 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	No Med Policy	No 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	No Med Policy	No medical policy	Added prior to 9/1/2019	
23120	PARTIAL REMOVAL COLLAR BONE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23130	REMOVE SHOULDER BONE PART	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23410	REPAIR ROTATOR CUFF ACUTE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
23412	REPAIR ROTATOR CUFF CHRONIC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23415	RELEASE OF SHOULDER LIGAMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23420	REPAIR OF SHOULDER	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23430	REPAIR BICEPS TENDON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23440	REMOVE/TRANSPLANT TENDON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23450	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23455	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23460	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23462	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23465	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23466	REPAIR SHOULDER CAPSULE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23470	RECONSTRUCT SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23472	RECONSTRUCT SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23473	REVIS RECONST SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
23474	REVIS RECONST SHOULDER JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
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	
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.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27125	PARTIAL HIP REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27130	TOTAL HIP ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27132	TOTAL HIP ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27134	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27137	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27138	REVISE HIP JOINT REPLACEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27279	ARTHRODESIS SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27280	FUSION OF SACROILIAC JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27332	REMOVAL OF KNEE CARTILAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27333	REMOVAL OF KNEE CARTILAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
27334	REMOVE KNEE JOINT LINING	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27335	REMOVE KNEE JOINT LINING	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27405	REPAIR OF KNEE LIGAMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27407	REPAIR OF KNEE LIGAMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27409	REPAIR OF KNEE LIGAMENTS	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27412	AUTOCHONDROCYTE IMPLANT KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27418	REPAIR DEGENERATED KNEECAP	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27420	REVISION OF UNSTABLE KNEECAP	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27422	REVISION OF UNSTABLE KNEECAP	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27424	REVISION/REMOVAL OF KNEECAP	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
27425	LAT RETINACULAR RELEASE OPEN	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27427	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27428	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27429	RECONSTRUCTION KNEE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	No Med Policy	No medical policy	Added prior to 9/1/2019	
27438	REVISE KNEECAP WITH IMPLANT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27440	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27441	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27442	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27443	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27445	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27446	REVISION OF KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27447	TOTAL KNEE ARTHROPLASTY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27486	REVISE/REPLACE KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
27487	REVISE/REPLACE KNEE JOINT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
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.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29806	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29807	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29819	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29820	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29821	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29822	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29823	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29824	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29825	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29826	SHOULDER ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29827	ARTHROSCOP ROTATOR CUFF REPR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29828	ARTHROSCOPY BICEPS TENODESIS	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
29860	HIP ARTHROSCOPY DX	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29861	HIP ARTHRO W/FB REMOVAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29862	HIP ARTHRO W/DEBRIDEMENT	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29863	HIP ARTHRO W/SYNOVECTOMY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29868	MENISCAL TRNSPL KNEE W/SCPE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29870	KNEE ARTHROSCOPY DX	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29871	KNEE ARTHROSCOPY/DRAINAGE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29873	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29874	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29875	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29876	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29877	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29879	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29880	KNEE ARTHROSCOPY/SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
29881	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29882	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29883	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29884	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29885	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29886	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29887	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29888	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29889	KNEE ARTHROSCOPY/SURGERY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29914	HIP ARTHRO W/FEMOROPLASTY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29915	HIP ARTHRO ACETABULOPLASTY	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
29916	HIP ARTHRO W/LABRAL REPAIR	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
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	
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	No Med Policy	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	No Med Policy	No medical policy	Added prior to 9/1/2019	
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	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	

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	Date Posted to Website*
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	
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	
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	Date Posted to Website*
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	
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	Date Posted to Website*
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 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	
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 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	Date Posted to Website*
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 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	
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 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	Date Posted to Website*
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 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	
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 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	Date Posted to Website*
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 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	
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 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	Date Posted to Website*
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 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	
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	Date Posted to Website*
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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	No Med Policy	No 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 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	
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	
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	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	Date Posted to Website*
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	
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	No Med Policy	No 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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	
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	

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	Date Posted to Website*
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	
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	
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	
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	

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	Date Posted to Website*
54417	REMV/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	
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	
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	
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	
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	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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	
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	

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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	
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62281	TREAT SPINAL CORD LESION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62282	TREAT SPINAL CANAL LESION	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62320	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62321	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62322	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62323	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62324	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
62325	NJX INTERLAMINAR CRV/THRC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62326	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
62327	NJX INTERLAMINAR LMBR/SAC	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
63001	REMOVE SPINE LAMINA 1/2 CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63005	REMOVE SPINE LAMINA 1/2 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63012	REMOVE LAMINA/FACETS LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63015	REMOVE SPINE LAMINA >2 CRVCL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63017	REMOVE SPINE LAMINA >2 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63020	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63030	LOW BACK DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63035	SPINAL DISK SURGERY ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63040	LAMINOTOMY SINGLE CERVICAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
63042	LAMINOTOMY SINGLE LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63043	LAMINOTOMY ADDL CERVICAL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63044	LAMINOTOMY ADDL LUMBAR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63045	REMOVE SPINE LAMINA 1 CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63047	REMOVE SPINE LAMINA 1 LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63048	REMOVE SPINAL LAMINA ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63050	CERVICAL LAMINOPLSTY 2/> SEG	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63051	C-LAMINOPLASTY W/GRAFT/PLATE	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63056	DECOMPRESS SPINAL CORD LMBR	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63057	DECOMPRESS SPINE CORD ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63075	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63076	NECK SPINE DISK SURGERY	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63081	REMOVE VERT BODY DCMPRN CRVL	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63082	REMOVE VERTEBRAL BODY ADD-ON	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63650	IMPLANT NEUROELECTRODES	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
63655	IMPLANT NEUROELECTRODES	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
63685	INSRT/REDO SPINE N GENERATOR	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64451	NJX AA&/STRD NRV NRVGT SI JT	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64479	INJ FORAMEN EPIDURAL C/T	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64480	INJ FORAMEN EPIDURAL ADD-ON	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64483	INJ FORAMEN EPIDURAL L/S	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64484	INJ FORAMEN EPIDURAL ADD-ON	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64490	INJ PARAVERTE F JNT C/T 1 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64491	INJ PARAVERTE F JNT C/T 2 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64492	INJ PARAVERTE F JNT C/T 3 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64493	INJ PARAVERTE F JNT L/S 1 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64494	INJ PARAVERTE F JNT L/S 2 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64495	INJ PARAVERTE F JNT L/S 3 LEV	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64510	N BLOCK STELLATE GANGLION	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64520	N BLOCK LUMBAR/THORACIC	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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 ABLTJ NRV NRVGT SI JT	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
64633	DESTROY CERV/THOR FACET JNT	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64634	DESTROY C/TH FACET JNT ADDL	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64635	DESTROY LUMB/SAC FACET JNT	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
64636	DESTROY L/S FACET JNT ADDL	Carelon-https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	Date Posted to Website*
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	Change 8/1/2025	
70450	CT HEAD/BRAIN W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70460	CT HEAD/BRAIN W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70470	CT HEAD/BRAIN W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70481	CT ORBIT/EAR/FOSSA W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70486	CT MAXILLOFACIAL W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70487	CT MAXILLOFACIAL W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
70488	CT MAXILLOFACIAL W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70490	CT SOFT TISSUE NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70491	CT SOFT TISSUE NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70492	CT SFT TSUE NCK W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70540	MRI ORBIT/FACE/NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70542	MRI ORBIT/FACE/NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70544	MR ANGIOGRAPHY HEAD W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70545	MR ANGIOGRAPHY HEAD W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70547	MR ANGIOGRAPHY NECK W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70548	MR ANGIOGRAPHY NECK W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70551	MRI BRAIN STEM W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70552	MRI BRAIN STEM W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70553	MRI BRAIN STEM W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
70554	FMRI BRAIN BY TECH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
70555	FMRI BRAIN BY PHYS/PSYCH	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71250	CT THORAX W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71260	CT THORAX W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71270	CT THORAX W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71271	CT THORAX, LUNG CANCER	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71275	CT ANGIOGRAPHY CHEST	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71550	MRI CHEST W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71551	MRI CHEST W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71552	MRI CHEST W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
71555	MRI ANGIO CHEST W OR W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72125	CT NECK SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72126	CT NECK SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72127	CT NECK SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72128	CT CHEST SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72129	CT CHEST SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
72130	CT CHEST SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72131	CT LUMBAR SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72132	CT LUMBAR SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72133	CT LUMBAR SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72141	MRI NECK SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72142	MRI NECK SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72146	MRI CHEST SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72147	MRI CHEST SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72148	MRI LUMBAR SPINE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72149	MRI LUMBAR SPINE W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72156	MRI NECK SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72157	MRI CHEST SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72158	MRI LUMBAR SPINE W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72159	MR ANGIO SPINE W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72192	CT PELVIS W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
72193	CT PELVIS W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72194	CT PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72195	MRI PELVIS W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72196	MRI PELVIS W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72197	MRI PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
72198	MR ANGIO PELVIS W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73200	CT UPPER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73201	CT UPPER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73202	CT UPPER EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73218	MRI UPPER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73219	MRI UPPER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73220	MRI UPPER EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73221	MRI JOINT UPR EXTREM W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73222	MRI JOINT UPR EXTREM W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73223	MRI JOINT UPR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
73225	MR ANGIO UPR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73700	CT LOWER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73701	CT LOWER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73702	CT LWR EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73706	CT ANGIO LWR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73718	MRI LOWER EXTREMITY W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73719	MRI LOWER EXTREMITY W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73720	MRI LWR EXTREMITY W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73721	MRI JNT OF LWR EXTRE W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73722	MRI JOINT OF LWR EXTR W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73723	MRI JOINT LWR EXTR W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
73725	MR ANG LWR EXT W OR W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74150	CT ABDOMEN W/O DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74160	CT ABDOMEN W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74170	CT ABDOMEN W/O & W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74174	CT ANGIO ABD&PELV W/O&W/DYE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
74175	CT ANGIO ABDOM W/O & W/DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74176	CT ABD & PELVIS W/O CONTRAST	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74177	CT ABD & PELV W/CONTRAST	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74178	CT ABD & PELV 1/> REGNS	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74181	MRI ABDOMEN W/O DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74182	MRI ABDOMEN W/DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74183	MRI ABDOMEN W/O & W/DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74185	MRI ANGIO ABDOM W ORW/O DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74261	CT COLONOGRAPHY DX	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74262	CT COLONOGRAPHY DX W/DYE	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74712	MRI FETAL SNGL/1ST GESTATION	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
74713	MRI FETAL EA ADDL GESTATION	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76377	3D RENDER W/INTRP POSTPROCES	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76380	CAT SCAN FOLLOW-UP STUDY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76390	MR SPECTROSCOPY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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76391	MR ELASTOGRAPHY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
76497	CT PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Radiology	Medicare NCD/LCD Guidelines , MCG, BCBS Medical Policy	No Med Policy	No medical policy	Added prior to 9/1/2019	
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	
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	No Med Policy	No medical policy	Added prior to 9/1/2019	
77046	MRI BREAST C- UNILATERAL	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77047	MRI BREAST C- BILATERAL	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77048	MRI BREAST C-+ W/CAD UNI	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77049	MRI BREAST C-+ W/CAD BI	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77078	CT BONE DENSITY AXIAL	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77084	MAGNETIC IMAGE BONE MARROW	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77520	PROTON TRMT SIMPLE W/O COMP	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77522	PROTON TRMT SIMPLE W/COMP	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
77523	PROTON TRMT INTERMEDIATE	Carelon-https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78012	THYROID UPTAKE MEASUREMENT	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78013	THYROID IMAGING W/BLOOD FLOW	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
78014	THYROID IMAGING W/BLOOD FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78015	THYROID MET IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78016	THYROID MET IMAGING/STUDIES	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78018	THYROID MET IMAGING BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78020	THYROID MET UPTAKE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78070	PARATHYROID PLANAR IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78071	PARATHYRD PLANAR W/WO SUBTRJ	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78072	PARATHYRD PLANAR W/SPECT&CT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78075	ADRENAL CORTEX & MEDULLA IMG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78102	BONE MARROW IMAGING LTD	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78103	BONE MARROW IMAGING MULT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78104	BONE MARROW IMAGING BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78185	SPLEEN IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78195	LYMPH SYSTEM IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78201	LIVER IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78202	LIVER IMAGING WITH FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
78215	LIVER AND SPLEEN IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78226	HEPATOBIILIARY SYSTEM IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78227	HEPATOBI SYST IMAGE W/DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78230	SALIVARY GLAND IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78231	SERIAL SALIVARY IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78232	SALIVARY GLAND FUNCTION EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78258	ESOPHAGEAL MOTILITY STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78261	GASTRIC MUCOSA IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78262	GASTROESOPHAGEAL REFLUX EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78264	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78265	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78266	GASTRIC EMPTYING IMAG STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78278	ACUTE GI BLOOD LOSS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78290	MECKELS DIVERT EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78291	LEVEEN/SHUNT PATENCY EXAM	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78300	BONE IMAGING LIMITED AREA	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
78305	BONE IMAGING MULTIPLE AREAS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78306	BONE IMAGING WHOLE BODY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78315	BONE IMAGING 3 PHASE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78456	ACUTE VENOUS THROMBUS IMAGE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78457	VENOUS THROMBOSIS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78458	VEN THROMBOSIS IMAGES BILAT	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78579	LUNG VENTILATION IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78580	LUNG PERFUSION IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78582	LUNG VENTILAT&PERFUS IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78597	LUNG PERFUSION DIFFERENTIAL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78598	LUNG PERF&VENTILAT DIFERENTL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78600	BRAIN IMAGE < 4 VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78605	BRAIN IMAGE 4+ VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78608	BRAIN IMAGING (PET)	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
78609	BRAIN IMAGING (PET)	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78610	BRAIN FLOW IMAGING ONLY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78630	CEREBROSPINAL FLUID SCAN	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78635	CSF VENTRICULOGRAPHY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78645	CSF SHUNT EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78650	CSF LEAKAGE IMAGING	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78660	NUCLEAR EXAM OF TEAR FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78700	KIDNEY IMAGING MORPHOL	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78701	KIDNEY IMAGING WITH FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78707	K FLOW/FUNCT IMAGE W/O DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78708	K FLOW/FUNCT IMAGE W/DRUG	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78709	K FLOW/FUNCT IMAGE MULTIPLE	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78725	KIDNEY FUNCTION STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78730	URINARY BLADDER RETENTION	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78740	URETERAL REFLUX STUDY	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78761	TESTICULAR IMAGING W/FLOW	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
78800	TUMOR IMAGING LIMITED AREA	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78801	TUMOR IMAGING MULT AREAS	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78802	TUMOR IMAGING WHOLE BODY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78803	TUMOR IMAGING (3D)	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78804	TUMOR IMAGING WHOLE BODY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78812	PET IMAGE SKULL-THIGH	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78814	PET IMAGE W/CT LMTD	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78815	PET IMAGE W/CT SKULL-THIGH	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78816	PET IMAGE W/CT FULL BODY	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78830	RP LOCLZJ TUM SPECT W/CT 1	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78831	RP LOCLZJ TUM SPECT 2 AREAS	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
78832	RP LOCLZJ TUM SPECT W/CT 2	Carelon-https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81173	AR GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81174	AR GENE KNOWN FAMIL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81190	CSTB GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81201	APC GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81202	APC GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81203	APC GENE DUP/DELET VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81212	BRCA1&2 185&5385&6174 VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81215	BRCA1 GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81216	BRCA2 GENE FULL SEQ ALYS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81217	BRCA2 GENE KNOWN FAMIL VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81221	CFTR GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81222	CFTR GENE DUP/DELET VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81223	CFTR GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81225	CYP2C19 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81226	CYP2D6 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81227	CYP2C9 GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81228	CYTOGEN MICRARRAY COPY NMBR	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81229	CYTOGEN M ARRAY COPY NO&SNP	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81230	CYP3A4 GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81231	CYP3A5 GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81232	DPYD GENE COMMON VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81238	F9 FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81248	G6PD KNOWN FAMILIAL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81249	G6PD FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81252	GJB2 GENE FULL SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81253	GJB2 GENE KNOWN FAM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81257	HBA1/HBA2 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81258	HBA1/HBA2 GENE FAM VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81259	HBA1/HBA2 FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81278	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81279	Short description not available at time of distribution	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81283	IFNL3 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81286	FXN GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81289	FXN GENE KNOWN FAMIL VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81291	MTHFR GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81292	MLH1 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81293	MLH1 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81294	MLH1 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81295	MSH2 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81296	MSH2 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81297	MSH2 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81298	MSH6 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81299	MSH6 GENE KNOWN VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81300	MSH6 GENE DUP/DELETE VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81302	MECP2 GENE FULL SEQ	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81303	MECP2 GENE KNOWN VARIANT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81304	MECP2 GENE DUP/DELET VARIANT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81306	NUDT15 GENE COMMON VARIANTS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81307	PALB2 GENE FULL GENE SEQ	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81308	PALB2 GENE KNOWN FAMIL VRNT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81313	PCA3/KLK3 ANTIGEN	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81317	PMS2 GENE FULL SEQ ANALYSIS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81318	PMS2 KNOWN FAMILIAL VARIANTS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81319	PMS2 GENE DUP/DELET VARIANTS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81321	PTEN GENE FULL SEQUENCE	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81322	PTEN GENE KNOWN FAM VARIANT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81323	PTEN GENE DUP/DELET VARIANT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81325	PMP22 GENE FULL SEQUENCE	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81326	PMP22 GENE KNOWN FAM VARIANT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81328	SLCO1B1 GENE COM VARIANTS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81335	TPMT GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81336	SMN1 GENE FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81346	TYMS GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81350	UGT1A1 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81351	Tp53 gene full gene sequence	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81353	Tp53 gene known famil vrnt	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81355	VKORC1 GENE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81361	HBB GENE COM VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81362	HBB GENE KNOWN FAM VARIANT	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81363	HBB GENE DUP/DEL VARIANTS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81364	HBB FULL GENE SEQUENCE	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81400	MOPATH PROCEDURE LEVEL 1	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81401	MOPATH PROCEDURE LEVEL 2	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81402	MOPATH PROCEDURE LEVEL 3	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81403	MOPATH PROCEDURE LEVEL 4	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81404	MOPATH PROCEDURE LEVEL 5	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81405	MOPATH PROCEDURE LEVEL 6	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81406	MOPATH PROCEDURE LEVEL 7	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81407	MOPATH PROCEDURE LEVEL 8	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81408	MOPATH PROCEDURE LEVEL 9	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81410	AORTIC DYSFUNCTION/DILATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81411	AORTIC DYSFUNCTION/DILATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81412	ASHKENAZI JEWISH ASSOC DIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81415	EXOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81416	EXOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81417	EXOME RE-EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81419	Epilepsy gen seq alysis panel	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81422	FETAL CHROMOML MICRODELTY	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81425	GENOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81426	GENOME SEQUENCE ANALYSIS	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81427	GENOME RE-EVALUATION	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
81430	HEARING LOSS SEQUENCE ANALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81432	HRDTRY BRST CA-RLATD DSORDRS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81435	HEREDITARY COLON CA DSORDRS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81437	HEREDTRY NURONDCRN TUM DSRDR	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81440	MITOCHONDRIAL GENE	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81443	TARGETED GENOMIC SEQ ANALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81445	TARGETED GENOMIC SEQ ANALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81448	HRDTRY PERPH NEURPHY PANEL	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81450	TARGETED GENOMIC SEQ ANALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81455	TARGETED GENOMIC SEQ ANALYS	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81460	WHOLE MITOCHONDRIAL GENOME	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81465	WHOLE MITOCHONDRIAL GENOME	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81470	X-LINKED INTELLECTUAL DBLT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81471	X-LINKED INTELLECTUAL DBLT	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81479	UNLISTED MOLECULAR PATHOLOGY	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	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	Date Posted to Website*
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	No Med Policy	No medical policy	Added prior to 9/1/2019	
81518	ONCOLOGY BREAST MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81519	ONCOLOGY BREAST MRNA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81520	ONC BREAST MRNA 58 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81521	ONC BREAST MRNA 70 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81522	ONC BREAST MRNA 12 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	No Med Policy	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	No Med Policy	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	No Med Policy	No medical policy	Added prior to 9/1/2019	
81541	ONC PROSTATE MRNA 46 GENES	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81542	ONC PROSTATE MRNA 22 CNT GEN	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
81599	UNLISTED MAAA	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
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	
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	
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	
92511	NASOPHARYNGOSCOPY	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 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	
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	
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	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	Date Posted to Website*
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	No Med Policy	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	No Med Policy	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	No Med Policy	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	
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	
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	
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	

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	Date Posted to Website*
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	No Med Policy	No 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	
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	
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	
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	
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	No Med Policy	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	No Med Policy	No medical policy	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	Date Posted to Website*
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	No Med Policy	No 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	
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	
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	
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	
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 medical 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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	No medical policy	1/1/2019	
A9513	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
A9528	Iodine I-131 iodide cap, dx	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
A9531	I131 max 100uCi	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
A9543	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
A9606	Radium Ra-223 Dichloride Therapeutic Per Microcurie	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
A9607	Lutetium Lu 177 vipivotide	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
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	No 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	No 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/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon- https://providerportal.com/or1-800-859-5303	Radiology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
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	Date Posted to Website*
C9047	Injection, caplacizumab-yhdp, 1 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
C9399	Unclassified drugs or biologicals related to Car-T	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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 medical policy	Added 1/1/23	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	
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	

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	Date Posted to Website*
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 medical 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 medical 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	
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	

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	Date Posted to Website*
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 medical 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	No 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 medical policy	Added prior to 9/1/2019	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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, a	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon- https://providerportal.com/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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 medical 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 medical policy	Added prior to 9/1/2019	
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G0339	ROBOT LIN-RADSURG COM, FIRST	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G0340	ROBOT LIN-RADSURG FRACTX 2-5	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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	Date Posted to Website*
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	STEREOSCOPIC X-RAY GUIDANCE	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6003	Radiation Treatment Delivery, single area, up to 5 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6004	Radiation Treatment Delivery, single area, 6-10 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6005	Radiation Treatment Delivery, single area, 11-19 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6006	Radiation Treatment Delivery, single area, 20 mev or greater	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6007	Radiation Treatment Delivery, 2 separate areas, up to 5 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6008	Radiation Treatment Delivery, 2 separate areas, area, 6-10 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6009	Radiation Treatment Delivery, 2 separate areas, 11-19 mev	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6010	Radiation Treatment Delivery, 2 separate areas, 20 mev or greater	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
G6015	Radiation Tx delivery imrt	Carelon- https://providerportal.com/ or 1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
G6016	Delivery comp imrt	Carelon- https://providerportal.com/or1-800-859-5303	Radiation Therapy	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	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	OTH903.027	Aflibercept and Associated Biosimilar(s)	Change 11/1/2025	9/1/2025
J0179	Injection, brolocizumab-dbl, 1 mg	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	OTH903.043	Brolocizumab-dbl	Change 11/1/2025	9/1/2025
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	
J0217	Injection, velmanase alfa-tycv, 1 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	

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	Date Posted to Website*
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)	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	RX501.130	Remdesivir	Change 11/1/2025	9/1/2025
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J0364	Injection, apomorphine hydrochloride, 1 mg	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	

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	Date Posted to Website*
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	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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, daxibotulinumtoxinanm	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	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025

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	Date Posted to Website*
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	
J0641	Levoleucovorin Calcium	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J0642	Levoleucovorin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J0739	Injection, cabotegravir 1 mg	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	

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	Date Posted to Website*
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	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX501.069	Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)	Added 1/1/2025	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX501.069	Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)	Added 1/1/2025	
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/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J0897	Injection, denosumab, 1 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1203	Injection, cipaglucosidase alfa-atga, 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	

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	Date Posted to Website*
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	Ecuzumab 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	
J1323	Eranatamab-bcmm	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1325	Injection, epoprostenol, 0.5 mg	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Change 11/1/2025	9/1/2025

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	Date Posted to Website*
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/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1447	Tbo-Filgrastim	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1448	Trilaciclib Dihydrochloride	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1449	Eflapegrastim-xnst	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J1458	Injection, galsulfate, 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	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025

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	Date Posted to Website*
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1551	Inj cutaquist 100 mg	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1551	Inj cutaquist 100 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1554	Asceniv	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1554	Asceniv	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1555	Injection, immune globulin, 100 mg	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1555	Injection, immune globulin, 100 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1556	Injection, immune globulin (bivigam), 500 mg	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025

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	Date Posted to Website*
J1556	Injection, immune globulin (bivigam), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1557	Injection, immune globulin, (gammagex), intravenous, non lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1557	Injection, immune globulin, (gammagex), intravenous, non lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1558	Inj. xembify, 100 mg	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1558	Inj. xembify, 100 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1559	Injection, immune globulin (hizentra), 100 mg	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1559	Injection, immune globulin (hizentra), 100 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1561	Injection, immune globulin, (gamunex-c/gammaked), non lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025

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	Date Posted to Website*
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon- https://providerportal.com/ or 1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025

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	Date Posted to Website*
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1576	Immune Globulin (Human)-ifas	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1576	Immune Globulin (Human)-ifas	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
J1599	Immune deficiency	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J1599	Immune deficiency	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added 11/1/2025	9/1/2025
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 Med Policy	No medical policy	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	Date Posted to Website*
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	Trogarzo	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	
J1932	Injection, lanreotide, (cipla), 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	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Change 11/1/2025	9/1/2025
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	

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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-xiyy, 1mg	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.153	Ublituximab-xiyy	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	
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	

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	Date Posted to Website*
J2502	Injection, pasireotide long acting, 1 mg	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	RX501.079	Pasireotide	Change 11/1/2025	9/1/2025
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicaidbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	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	No Med Policy	Ranibizumab Injections, Implants and Biosimilars	Change 11/1/2025	9/1/2025
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	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	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	Change 11/1/2025	9/1/2025
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J2782	Injection, avacincaptad pegol, 0.1 mg	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	OTH903.045	Avacincaptad pegol	Change 11/1/2025	9/1/2025
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	
J2793	Injection, rilonacept, 1 mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	

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	Date Posted to Website*
J2820	Sargramostim	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
J2860	Siltuximab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J2998	Inj plasminogen tvmh 1mg	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
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	
J3055	Talquetamab-tgvs	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
J3263	Toripalimab-tpzi	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
J3285	Injection, treprostinil, 1 mg	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Change 11/1/2025	9/1/2025
J3304	Zilretta	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J3316	Triptodur	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	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Change 11/1/2025	9/1/2025
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	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	RX501.114	Ustekinumab and Associated Biosimilars	Change 11/1/2025	9/1/2025
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	

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	Date Posted to Website*
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	
J3399	Zolgensma	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.104	Onasemnogene Apeparvovec-xioi	1/1/2020	
J3490	Unclassified drugs Non-Oncology	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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 Med Policy	No medical policy	Added 7/1/2023	
J3590	Unclassified biologics Non Oncology	Carelon- https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J3590	Unclassified biologics Non Oncology	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	Oncology Medications	Added 11/1/2025	9/1/2025
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebiny), 1 iu	BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) 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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	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	No Med Policy	No medical policy	Change 11/1/2025	9/1/2025

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J7318	Durolane	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	RX501.049	Viscosupplementation for Osteoarthritis	Change 11/1/2025	9/1/2025
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	
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	Synjojoynt	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	

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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	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	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	OTH903.024	Intravitreal, Punctum, and Intracameral Implants	Change 11/1/2025	9/1/2025
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/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9022	atezolizumab, 10 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9023	Avelumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9032	Belinostat	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9035	Bevacizumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9039	Blinatumomab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9042	Brentuximab Vedotin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9043	Cabazitaxel	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9047	Injection, carfilzomib, 1 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9055	Injection, cetuximab, 10 mg	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9061	Amivantamab-vmjw	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9063	Mirvetuximab Soravtansine-gynx	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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J9118	Calaspargase Pegol-mknl	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9119	Cemiplimab-rwlc	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9144	DARZALEX	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9145	DARZALEX	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9173	IMFINZI	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9176	Elotuzumab	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9177	PADCEV	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9179	Eribulin Mesylate	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9203	Gemtuzumab Ozogamicin	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9204	Mogamulizumab-kpkc	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9205	Irinotecan HCl Liposome	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9207	Ixabepilone	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
J9223	Lurbinectedin	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9227	Isatuximab-irfc	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9228	YERVOY	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
J9229	Inotuzumab Ozogamicin	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9264	ABRAXANE	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9266	Pegaspargase	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9269	Tagraxofusp-erzs	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9271	KEYTRUDA	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9272	Dostarlimab-gxly	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9273	Tisotumab Vedotin-tftv	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9274	Tebentafusp-tebn	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9281	Mitomycin instillation	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9286	Glofitamab-gxbm	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9295	Necitumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9298	Nivolumab-Relatlimab-rmbw	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9299	OPDIVO	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9301	Obinutuzumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9302	Ofatumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9303	Panitumumab	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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J9306	PERJETA	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9308	Ramucirumab	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9309	Polatuzumab Vedotin-piiq	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9311	Rituximab-Hyaluronidase Human	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9312	Immunomodulators	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
J9312	Immunomodulators	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX502.030	Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications	Added 11/1/2025	9/1/2025
J9316	Pertuzumab-Trastuzumab-Hyaluronidase-zzxf	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9317	Sacituzumab Govitecan-hziy	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9321	Epcoritamab-bysp	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9325	Talimogene Laherparepvec	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9331	Sirolimus Protein-Bound Particles	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	

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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	
J9345	Retifanlimab-dlwr	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9347	Tremelimumab-actl	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9348	Naxitamab-gqgk	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9349	Tafasitamab-cxix	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9350	Mosunetuzumab-axgb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9352	Trabectedin	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9353	Margetuximab-cmkb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9354	Ado-Trastuzumab Emtansine	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9355	Trastuzumab	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9356	Trastuzumab-Hyaluronidase-oysk	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9358	ENHERTU	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
J9359	Loncastuximab Tesirine-lpyl	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
J9380	Teclistamab-cqyv	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
J9381	Injection, teplizumab-mzwv, 5 mcg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.150	Teplizumab-mzwv	Change 11/1/2025	9/1/2025
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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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,	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	
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	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of	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	Date Posted to Website*
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of	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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and	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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible 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	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges,	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	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	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	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	
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	

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	Date Posted to Website*
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	
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 othe	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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	Date Posted to Website*
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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
Q2050	Doxorubicin HCl Liposomal	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedialbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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	
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	

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	Date Posted to Website*
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	
Q5101	Zarxio	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. New code effective 4/1/18 previously coded Q5102 which was deleted 3/31/18 Went 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 Specialty Medication Administration Site of Care	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 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	Date Posted to Website*
Q5106	Anemia	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
Q5106	Anemia	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX501.069	Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)	Added 11/1/2025	9/1/2025
Q5107	Bevacizumab-awwb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5108	Pegfilgrastim-jmdb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5110	Nivestym	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5111	Pegfilgrastim-cbqv	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5112	Trastuzumab-dttb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5113	Trastuzumab-pkrb	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5114	Trastuzumab-dkst	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5115	Truxima	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
Q5115	Truxima	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX502.030	Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications	Added 11/1/2025	9/1/2025
Q5116	Trastuzumab-qyyp	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
Q5117	Trastuzumab-anns	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5119	Ruxience	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
Q5119	Ruxience	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX502.030	Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications	Added 11/1/2025	9/1/2025
Q5120	Pegfilgrastim-bmez	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5121	Injection; Immunomodulators	SRU	Specialty Pharmacy	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX501.051 ADM1001.034	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care Acne Management	4/1/2021	
Q5122	Pegfilgrastim-apgf	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5123	rituximab-arxx non-oncology	Carelon-https://providerportal.com/or1-800-859-5303 Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	10/1/2025	9/1/2025
Q5123	rituximab-arxx non-oncology	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Medical Drug	Illinois Medicaid Provider Manual, BCBS Medical Policy, Medicare NCD/LCD Guidelines	RX502.061 RX502.030	Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications	Added 11/1/2025	9/1/2025
Q5125	Riabni	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5126	Bevacizumab-maly	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5127	Pegfilgrastim-fpgk	Carelon-https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	

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	Date Posted to Website*
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	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	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	Change 11/1/2025	9/1/2025
Q5129	Bevacizumab-adcd	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
Q5130	Pegfilgrastim-pbbk	Carelon- https://providerportal.com/or1-800-859-5303	Medical Oncology	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
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/or1-800-859-5303	Musculoskeletal	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Change 8/1/2025	
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3841	Genetic testing for retinoblastoma	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3842	Genetic testing for von hippel-lindau disease	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3845	Genetic testing for alpha-thalassemia	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3846	Genetic testing for hemoglobin e beta-thalassemia	Carelon- https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3850	Genetic testing for sickle cell anemia	Carelon- https://providerportal.com/or1-800-859-5303	Lab	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	Date Posted to Website*
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon-https://providerportal.com/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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/or1-800-859-5303	Lab	https://guidelines.carelonmedicallbenefitsmanagement.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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	
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	

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	Date Posted to Website*
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	

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