BlueCross BlueShield of Illinois

Effective Date: 1/1/2026

Posted Date: 11/1/2025

2026 Prior Authorization Change Log
Illinois Medicaid

Summary of Changes to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System Codes

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
70496	CT ANGIOGRAPHY HEAD	Carelon	Add	1/1/2026	UM Review
70498	CT ANGIOGRAPHY NECK	Carelon	Add	1/1/2026	UM Review
78811	PET IMAGE LTD AREA	Carelon	Add	1/1/2026	UM Review
96112	DEVEL TST PHYS/QHP 1ST HR	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
96113	DEVEL TST PHYS/QHP EA ADDL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
38225	CAR-T HRV BLD-DRV T LYMPHCYT	BCBS	Add	1/1/2026	Replacement Code
38226	CAR-T HRV BLD-DRV T LYMPHCYT	BCBS	Add	1/1/2026	Replacement Code
38227	CAR-T RECEIPT&PREPJ ADMN	BCBS	Add	1/1/2026	Replacement Code
38228	CAR-T ADMN AUTOLOGOUS	BCBS	Add	1/1/2026	Replacement Code
0537T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Replaced Code
0538T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Replaced Code
0539T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Replaced Code
0540T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Replaced Code
90867	Transcranial Magnetic Stimulation ***Service Only Available for MMAI***	BCBS	Remove	1/1/2026	Process and Provider Efficiency
90868	Transcranial Magnetic Stimulation ***Service Only Available for MMAI***	BCBS	Remove	1/1/2026	Process and Provider Efficiency
T2020	Habitation - Day LTSS	BCBS	Medical Policy	1/1/2026	Clinical Criteria
0609T	Mrs disc pain acquisj data	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0610T	Mrs disc pain transmis data	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0611T	Mrs disc pain alg alys data	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0612T	Mrs discogenic pain i&r	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0697T	Quan mr tis wo mri mlt orgn	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0698T	Quan mr tiss w/mri mlt orgn	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0865T	MRI Brain analysis	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C9047	Injection, caplacizumab-yhdp, 1 mg	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C9081	Idecabtagene vicleucel	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
J0800	Injection, corticotropin, up to 40 units	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
J3304	Zilretta	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
J3580	Tzield	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
J7352	Scenesse	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
22999	ABDOMEN SURGERY PROCEDURE	BCBS	Change	1/1/2026	Clinical Criteria Update
23000	REMOVAL OF CALCIUM DEPOSITS	BCBS	Change	1/1/2026	Clinical Criteria Update
23020	RELEASE SHOULDER JOINT	BCBS	Change	1/1/2026	Clinical Criteria Update
27430	REVISION OF THIGH MUSCLES	BCBS	Change	1/1/2026	Clinical Criteria Update
31575	DIAGNOSTIC LARYNGOSCOPY	BCBS	Change	1/1/2026	Clinical Criteria Update
31579	LARYNGOSCOPY TELESCOPIC	BCBS	Change	1/1/2026	Clinical Criteria Update
38204	BL DONOR SEARCH MANAGEMENT	BCBS	Change	1/1/2026	Clinical Criteria Update
38205	HARVEST ALLOGENEIC STEM CELL	BCBS	Change	1/1/2026	Clinical Criteria Update
38206	HARVEST AUTO STEM CELLS	BCBS	Change	1/1/2026	Clinical Criteria Update
38207	CRYOPRESERVE STEM CELLS	BCBS	Change	1/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
38208	THAW PRESERVED STEM CELLS	BCBS	Change	1/1/2026	Clinical Criteria Update
38209	WASH HARVEST STEM CELLS	BCBS	Change	1/1/2026	Clinical Criteria Update
38210	T-CELL DEPLETION OF HARVEST	BCBS	Change	1/1/2026	Clinical Criteria Update
38211	TUMOR CELL DEPLETE OF HARVST	BCBS	Change	1/1/2026	Clinical Criteria Update
38212	RBC DEPLETION OF HARVEST	BCBS	Change	1/1/2026	Clinical Criteria Update
38213	PLATELET DEPLETE OF HARVEST	BCBS	Change	1/1/2026	Clinical Criteria Update
38214	VOLUME DEPLETE OF HARVEST	BCBS	Change	1/1/2026	Clinical Criteria Update
38215	HARVEST STEM CELL CONCENTRTE	BCBS	Change	1/1/2026	Clinical Criteria Update
38230	BONE MARROW HARVEST ALLOGEN	BCBS	Change	1/1/2026	Clinical Criteria Update
38232	BONE MARROW HARVEST AUTOLOG	BCBS	Change	1/1/2026	Clinical Criteria Update
38240	TRANSPLT ALLO HCT/DONOR	BCBS	Change	1/1/2026	Clinical Criteria Update
38241	TRANSPLT AUTOL HCT/DONOR	BCBS	Change	1/1/2026	Clinical Criteria Update
38242	TRANSPLT ALLO LYMPHOCYTES	BCBS	Change	1/1/2026	Clinical Criteria Update
43360	GASTROINTESTINAL REPAIR	BCBS	Change	1/1/2026	Clinical Criteria Update
43800	RECONSTRUCTION OF PYLORUS	BCBS	Change	1/1/2026	Clinical Criteria Update
43999	STOMACH SURGERY PROCEDURE	BCBS	Change	1/1/2026	Clinical Criteria Update
57288	REPAIR BLADDER DEFECT	BCBS	Change	1/1/2026	Clinical Criteria Update
62350	IMPLANT SPINAL CANAL CATH	BCBS	Change	1/1/2026	Clinical Criteria Update
62351	IMPLANT SPINAL CANAL CATH	BCBS	Change	1/1/2026	Clinical Criteria Update
78140	Red cell sequestration	BCBS	Change	1/1/2026	Clinical Criteria Update
81195	OGM-Dx HemeOne	BCBS	Change	1/1/2026	Clinical Criteria Update
81490	AUTOIMMUNE RHEUMATOID ARTHR	BCBS	Change	1/1/2026	Clinical Criteria Update
81500	ONCO (OVAR) TWO PROTEINS	BCBS	Change	1/1/2026	Clinical Criteria Update
81503	ONCO (OVAR) FIVE PROTEINS	BCBS	Change	1/1/2026	Clinical Criteria Update
81536	ONCOLOGY GYNECOLOGIC	BCBS	Change	1/1/2026	Clinical Criteria Update
81538	ONCOLOGY LUNG	BCBS	Change	1/1/2026	Clinical Criteria Update
81539	ONCOLOGY PROSTATE PROB SCORE	BCBS	Change	1/1/2026	Clinical Criteria Update
81558	Short description not available at time of distribution	BCBS	Change	1/1/2026	Clinical Criteria Update
90281	HUMAN IG IM	BCBS	Change	1/1/2026	Clinical Criteria Update
92511	NASOPHARYNGOSCOPY	BCBS	Change	1/1/2026	Clinical Criteria Update
92597	ORAL SPEECH DEVICE EVAL	BCBS	Change	1/1/2026	Clinical Criteria Update
92612	ENDOSCOPY SWALLOW (FEES) VID	BCBS	Change	1/1/2026	Clinical Criteria Update
92613	ENDOSCOPY SWALLOW (FEES) I&R	BCBS	Change	1/1/2026	Clinical Criteria Update
92614	LARYNGOSCOPIC SENSORY VID	BCBS	Change	1/1/2026	Clinical Criteria Update
92616	FEES W/LARYNGEAL SENSE TEST	BCBS	Change	1/1/2026	Clinical Criteria Update
95852	RANGE OF MOTION MEASUREMENTS	BCBS	Change	1/1/2026	Clinical Criteria Update
96041	Genetic Counseling	BCBS	Change	1/1/2026	Clinical Criteria Update
97597	RMVL DEVITAL TIS 20 CM/<	BCBS	Change	1/1/2026	Clinical Criteria Update
97598	RMVL DEVITAL TIS ADDL 20CM/<	BCBS	Change	1/1/2026	Clinical Criteria Update
97602	WOUND(S) CARE NON-SELECTIVE	BCBS	Change	1/1/2026	Clinical Criteria Update
98940	CHIROPRACT MANJ 1-2 REGIONS	BCBS	Change	1/1/2026	Clinical Criteria Update
98941	CHIROPRACT MANJ 3-4 REGIONS	BCBS	Change	1/1/2026	Clinical Criteria Update
98942	CHIROPRACTIC MANJ 5 REGIONS	BCBS	Change	1/1/2026	Clinical Criteria Update
98943	CHIROPRACT MANJ XTRSPINL 1/>	BCBS	Change	1/1/2026	Clinical Criteria Update
99601	HOME INFUSION/VISIT 2 HRS	BCBS	Change	1/1/2026	Clinical Criteria Update
99602	HOME INFUSION EACH ADDTL HR	BCBS	Change	1/1/2026	Clinical Criteria Update
0628T	Perq njx algc fluor lmbr ea	BCBS	Change	1/1/2026	Clinical Criteria Update
0784T	Insertion or replacement of percutaneous electrode	BCBS	Change	1/1/2026	Clinical Criteria Update
0785T	Revision or removal of neurostimulator	BCBS	Change	1/1/2026	Clinical Criteria Update
0866T	MRI Brain analysis	BCBS	Change	1/1/2026	Clinical Criteria Update
A4649	SURGICAL SUPPLY; MISCELLANEOUS	BCBS	Change	1/1/2026	Clinical Criteria Update
A9270	Non-covered item or service	BCBS	Change	1/1/2026	Clinical Criteria Update
A9900	MISCELLANEOUS SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	BCBS	Change	1/1/2026	Clinical Criteria Update

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A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	BCBS	Change	1/1/2026	Clinical Criteria Update
C8900	Magnetic resonance angiography with contrast, abdomen	BCBS	Change	1/1/2026	Clinical Criteria Update
C8901	Magnetic resonance angiography without contrast, abdomen	BCBS	Change	1/1/2026	Clinical Criteria Update
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	BCBS	Change	1/1/2026	Clinical Criteria Update
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	BCBS	Change	1/1/2026	Clinical Criteria Update
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	BCBS	Change	1/1/2026	Clinical Criteria Update
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	BCBS	Change	1/1/2026	Clinical Criteria Update
C8912	Magnetic resonance angiography with contrast, lower extremity	BCBS	Change	1/1/2026	Clinical Criteria Update
C8913	Magnetic resonance angiography without contrast, lower extremity	BCBS	Change	1/1/2026	Clinical Criteria Update
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	BCBS	Change	1/1/2026	Clinical Criteria Update
C8918	Magnetic resonance angiography with contrast, pelvis	BCBS	Change	1/1/2026	Clinical Criteria Update
C8919	Magnetic resonance angiography without contrast, pelvis	BCBS	Change	1/1/2026	Clinical Criteria Update
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	BCBS	Change	1/1/2026	Clinical Criteria Update
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	BCBS	Change	1/1/2026	Clinical Criteria Update
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	BCBS	Change	1/1/2026	Clinical Criteria Update
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	BCBS	Change	1/1/2026	Clinical Criteria Update
C9257	Injection, bevacizumab, 0.25 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
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	BCBS	Change	1/1/2026	Clinical Criteria Update
C9791	Mri hyperpolarized xenon129	BCBS	Change	1/1/2026	Clinical Criteria Update
E0466	home ventilator any type	BCBS	Change	1/1/2026	Clinical Criteria Update
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)	BCBS	Change	1/1/2026	Clinical Criteria Update
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)	BCBS	Change	1/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	BCBS	Change	1/1/2026	Clinical Criteria Update
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	BCBS	Change	1/1/2026	Clinical Criteria Update
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	BCBS	Change	1/1/2026	Clinical Criteria Update
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	BCBS	Change	1/1/2026	Clinical Criteria Update
G0219	Pet imaging whole body; melanoma for non-covered indications	BCBS	Change	1/1/2026	Clinical Criteria Update
G0235	Pet imaging, any site, not otherwise specified	BCBS	Change	1/1/2026	Clinical Criteria Update
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)	BCBS	Change	1/1/2026	Clinical Criteria Update
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	BCBS	Change	1/1/2026	Clinical Criteria Update
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	BCBS	Change	1/1/2026	Clinical Criteria Update
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)	BCBS	Change	1/1/2026	Clinical Criteria Update
J0172	Injection, aducanumab-avwa, 2 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	BCBS	Change	1/1/2026	Clinical Criteria Update
J0175	Injection, donanemab-azbt, 2 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0177	njection, aflibercept hd, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0178	Injection, aflibercept, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0179	Injection, brolucizumab-dbll, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0180	Injection, agalsidase beta, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0217	Injection, velmanase alfa-tycv, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0218	Injection, olipudase alfa-rpcp, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0223	Givosiran	BCBS	Change	1/1/2026	Clinical Criteria Update
J0224	Inj. lumasiran, 0.5 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0364	Injection, apomorphine hydrochloride, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0490	Injection, belimumab, 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0491	Injection, anifrolumab-fnia, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0517	Fasenra	BCBS	Change	1/1/2026	Clinical Criteria Update
J0584	Crysvita	BCBS	Change	1/1/2026	Clinical Criteria Update
J0585	Injection, onabotulinumtoxina, 1 unit	BCBS	Change	1/1/2026	Clinical Criteria Update
J0586	Injection, abobotulinumtoxina, 5 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J0587	Injection, rimabotulinumtoxinb, 100 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J0588	Injection, incobotulinumtoxin a, 1 unit	BCBS	Change	1/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	BCBS	Change	1/1/2026	Clinical Criteria Update
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	BCBS	Change	1/1/2026	Clinical Criteria Update
J0638	Injection, canakinumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0739	Injection, cabotegravir 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J0791	Crizanlizumab-tmca (Adakveo)	BCBS	Change	1/1/2026	Clinical Criteria Update
J1290	Injection, ecallantide, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1300	Injection, eculizumab, 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1301	Radicava	BCBS	Change	1/1/2026	Clinical Criteria Update
J1302	Injection, sutimlimab-jome, 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1303	Ultomiris	BCBS	Change	1/1/2026	Clinical Criteria Update
J1305	Inj, evinacumab-dgnb, 5mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1306	Injection, inclisiran, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1322	Injection, elosulfase alfa, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1325	Injection, epoprostenol, 0.5 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1413	Elevidys	BCBS	Change	1/1/2026	Clinical Criteria Update
J1458	Injection, galsulfase, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1602	Injection, golimumab, 1 mg, for intravenous use	BCBS	Change	1/1/2026	Clinical Criteria Update
J1632	Brexanolone	BCBS	Change	1/1/2026	Clinical Criteria Update
J1743	Injection, idursulfase, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1745	Injection infliximab, 10 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1746	Trogarzo	BCBS	Change	1/1/2026	Clinical Criteria Update
J1786	Injection, imiglucerase, 10 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J1823	Uplizna	BCBS	Change	1/1/2026	Clinical Criteria Update
J1930	Injection, lanreotide, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1931	Injection, laronidase, 0.1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1932	Injection, lanreotide, (cipla), 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J1951	Injection, leuprolide acetate	BCBS	Change	1/1/2026	Clinical Criteria Update
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2323	Injection, natalizumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
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	BCBS	Change	1/1/2026	Clinical Criteria Update
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2356	Inj tezepelumab-ekko, 1mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2357	Injection, omalizumab, 5 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2502	Injection, pasireotide long acting, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2507	Injection, pegloticase, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2793	Injection, rilonacept, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update

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J2796	Injection, romiplostim, 10 micrograms	BCBS	Change	1/1/2026	Clinical Criteria Update
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J2998	Inj plasminogen tvmh 1mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3032	Eptinezumab-jjmr (Vyepti)	BCBS	Change	1/1/2026	Clinical Criteria Update
J3060	Injection, taliglucerace alfa, 10 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J3111	Inj, romosozumab-aqqg, 1mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3241	Teprotumumab-trbw	BCBS	Change	1/1/2026	Clinical Criteria Update
J3245	Ilumya	BCBS	Change	1/1/2026	Clinical Criteria Update
J3262	Injection, tocilizumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3285	Injection, treprostinil, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3316	Triptodur	BCBS	Change	1/1/2026	Clinical Criteria Update
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	BCBS	Change	1/1/2026	Clinical Criteria Update
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3380	Injection, vedolizumab, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J3385	Injection, velaglucerase alfa, 100 units	BCBS	Change	1/1/2026	Clinical Criteria Update
J3392	Inj. Exagamglogene autoem	BCBS	Change	1/1/2026	Clinical Criteria Update
J3393	Inj. Betibeglogene	BCBS	Change	1/1/2026	Clinical Criteria Update
J3394	Inj. Lovotibeglogene autotem	BCBS	Change	1/1/2026	Clinical Criteria Update
J3397	Mepsevii	BCBS	Change	1/1/2026	Clinical Criteria Update
J3590	Unclassified biologics Non Oncology	BCBS	Change	1/1/2026	Clinical Criteria Update
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	BCBS	Change	1/1/2026	Clinical Criteria Update
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	BCBS	Change	1/1/2026	Clinical Criteria Update
J7318	Durolane	BCBS	Change	1/1/2026	Clinical Criteria Update
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	BCBS	Change	1/1/2026	Clinical Criteria Update
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	BCBS	Change	1/1/2026	Clinical Criteria Update
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	BCBS	Change	1/1/2026	Clinical Criteria Update
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	BCBS	Change	1/1/2026	Clinical Criteria Update
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	BCBS	Change	1/1/2026	Clinical Criteria Update
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J7329	TriVisc	BCBS	Change	1/1/2026	Clinical Criteria Update
J7331	Synojoynt	BCBS	Change	1/1/2026	Clinical Criteria Update
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
J9332	Vyvgart	BCBS	Change	1/1/2026	Clinical Criteria Update
J9999	Unclasified, non-oncology use	BCBS	Change	1/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	BCBS	Change	1/1/2026	Clinical Criteria Update
Q2041	Yescarta	BCBS	Change	1/1/2026	Clinical Criteria Update
Q2042	Kymriah	BCBS	Change	1/1/2026	Clinical Criteria Update
Q2053	Tecartus	BCBS	Change	1/1/2026	Clinical Criteria Update
Q2054	Lisocabtagene Maraleucel	BCBS	Change	1/1/2026	Clinical Criteria Update
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.	BCBS	Change	1/1/2026	Clinical Criteria Update
Q5121	Injection; Immunomodulators	BCBS	Change	1/1/2026	Clinical Criteria Update
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	BCBS	Change	1/1/2026	Clinical Criteria Update
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)	BCBS	Change	1/1/2026	Clinical Criteria Update
97151	Behavior Identification Assessment	BCBS	Change	1/1/2026	Clinical Criteria Update
97152	Behavior Identification Supporting Assessment	BCBS	Change	1/1/2026	Clinical Criteria Update
97153	Adaptive Behavior Treatment by Protocol	BCBS	Change	1/1/2026	Clinical Criteria Update
97154	Group Adaptive Behavior Treatment by Protocol	BCBS	Change	1/1/2026	Clinical Criteria Update
97155	Adaptive Behavior Treatment with Protocol Modification	BCBS	Change	1/1/2026	Clinical Criteria Update
97156	Family Adaptive Behavior Treatment Guidance	BCBS	Change	1/1/2026	Clinical Criteria Update
97157	Multiple Family Group Adaptive Behavior Treatment Guidance	BCBS	Change	1/1/2026	Clinical Criteria Update
97158	Group Adaptive Behavior Treatment with Protocol Modification	BCBS	Change	1/1/2026	Clinical Criteria Update
0362T	Behavior Identification Supporting Assessment	BCBS	Change	1/1/2026	Clinical Criteria Update
0373T	Adaptive Behavior Treatment with Protocol Modification	BCBS	Change	1/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale