BlueCross BlueShield of Illinois

Effective Date: 10/1/2026

Posted Date: 8/1/2026

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
J9226	Histrelin implant (supprelin la), 50 mg	BCBS	Add	10/1/2026	UM Review
15819	PLASTIC SURGERY NECK	BCBS	Remove	8/1/2026	Process and Provider Efficiency
76497	CT PROCEDURE	BCBS	Remove	8/1/2026	Process and Provider Efficiency
76498	MRI PROCEDURE	BCBS	Remove	8/1/2026	Process and Provider Efficiency
78140	Red cell sequestration	BCBS	Remove	8/1/2026	Process and Provider Efficiency
90935	Hemodialysis procedure with single physician evaluation	BCBS	Remove	8/1/2026	Process and Provider Efficiency
90937	Hemodialysis procedure requiring repeated	BCBS	Remove	8/1/2026	Process and Provider Efficiency
90999	DIALYSIS PROCEDURE	BCBS	Remove	8/1/2026	Process and Provider Efficiency
J1300	Injection, eculizumab, 10 mg	BCBS	Remove	8/1/2026	Code Retired
S0013	Spravato	BCBS	Remove	8/1/2026	Code Retired
J0013	Esketamine (nasal spray, 1 mg)	BCBS	Add	8/1/2026	Replacement Code
J1299	Injection Eculizumab, 2mg	BCBS	Add	8/1/2026	Replacement Code
11952	TX CONTOUR DEFECTS 5.1-10CC	BCBS	Change	7/1/2026	Clinical Criteria Update
15756	Implants (gluteal, calf, pectoral)	BCBS	Change	7/1/2026	Clinical Criteria Update
15830	EXC SKIN ABD	BCBS	Change	7/1/2026	Clinical Criteria Update
15832	EXCISE EXCESSIVE SKIN THIGH	BCBS	Change	7/1/2026	Clinical Criteria Update
15833	EXCISE EXCESSIVE SKIN LEG	BCBS	Change	7/1/2026	Clinical Criteria Update
15834	EXCISE EXCESSIVE SKIN HIP	BCBS	Change	7/1/2026	Clinical Criteria Update
15835	EXCISE EXCESSIVE SKIN BUTTCK	BCBS	Change	7/1/2026	Clinical Criteria Update
15836	EXCISE EXCESSIVE SKIN ARM	BCBS	Change	7/1/2026	Clinical Criteria Update
15837	EXCISE EXCESS SKIN ARM/HAND	BCBS	Change	7/1/2026	Clinical Criteria Update
15838	EXCISE EXCESS SKIN FAT PAD	BCBS	Change	7/1/2026	Clinical Criteria Update
15839	EXCISE EXCESS SKIN & TISSUE	BCBS	Change	7/1/2026	Clinical Criteria Update
15876	SUCTION LIPECTOMY HEAD&NECK	BCBS	Change	7/1/2026	Clinical Criteria Update
15877	SUCTION LIPECTOMY TRUNK	BCBS	Change	7/1/2026	Clinical Criteria Update
15878	SUCTION LIPECTOMY UPR EXTREM	BCBS	Change	7/1/2026	Clinical Criteria Update
15879	SUCTION LIPECTOMY LWR EXTREM	BCBS	Change	7/1/2026	Clinical Criteria Update
19303	MASTECTOMY	BCBS	Change	7/1/2026	Clinical Criteria Update
19324	ENLARGE BREAST	BCBS	Change	7/1/2026	Clinical Criteria Update
19325	ENLARGE BREAST WITH IMPLANT	BCBS	Change	7/1/2026	Clinical Criteria Update
19328	REMOVAL OF BREAST IMPLANT	BCBS	Change	7/1/2026	Clinical Criteria Update
19330	REMOVAL OF IMPLANT MATERIAL	BCBS	Change	7/1/2026	Clinical Criteria Update
19371	BREAST AUGMENTATION	BCBS	Change	7/1/2026	Clinical Criteria Update
22867	INSJ STABLJ DEV W/DCMPRN	BCBS	Change	7/1/2026	Clinical Criteria Update
22868	INSJ STABLJ DEV W/DCMPRN	BCBS	Change	7/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
22869	INSJ STABLJ DEV W/O DCMPRN	BCBS	Change	7/1/2026	Clinical Criteria Update
22870	INSJ STABLJ DEV W/O DCMPRN	BCBS	Change	7/1/2026	Clinical Criteria Update
25310	TRANSPLANT FOREARM TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
25312	TRANSPLANT FOREARM TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
26480	TRANSPLANT HAND TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
26483	TRANSPLANT/GRAFT HAND TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
26485	TRANSPLANT PALM TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
26489	TRANSPLANT/GRAFT PALM TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
27396	TRANSPLANT OF THIGH TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
27397	TRANSPLANTS OF THIGH TENDONS	BCBS	Change	7/1/2026	Clinical Criteria Update
27690	REVISE LOWER LEG TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
27691	REVISE LOWER LEG TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
27692	REVISE ADDITIONAL LEG TENDON	BCBS	Change	7/1/2026	Clinical Criteria Update
30460	REVISION OF NOSE	BCBS	Change	7/1/2026	Clinical Criteria Update
30462	REVISION OF NOSE	BCBS	Change	7/1/2026	Clinical Criteria Update
30520	REPAIR OF NASAL SEPTUM	BCBS	Change	7/1/2026	Clinical Criteria Update
33405	REPLACEMENT AORTIC VALVE OPN	BCBS	Change	7/1/2026	Clinical Criteria Update
33430	REPLACEMENT OF MITRAL VALVE	BCBS	Change	7/1/2026	Clinical Criteria Update
47420	INCISION OF BILE DUCT	BCBS	Change	7/1/2026	Clinical Criteria Update
47425	INCISION OF BILE DUCT	BCBS	Change	7/1/2026	Clinical Criteria Update
48160	PANCREAS REMOVAL/TRANSPLANT	BCBS	Change	7/1/2026	Clinical Criteria Update
48556	REMOVAL ALLOGRAFT PANCREAS	BCBS	Change	7/1/2026	Clinical Criteria Update
50300	REMOVE CADAVER DONOR KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
50320	REMOVE KIDNEY LIVING DONOR	BCBS	Change	7/1/2026	Clinical Criteria Update
50323	PREP CADAVER RENAL ALLOGRAFT	BCBS	Change	7/1/2026	Clinical Criteria Update
50328	PREP RENAL GRAFT/ARTERIAL	BCBS	Change	7/1/2026	Clinical Criteria Update
50340	REMOVAL OF KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
50360	TRANSPLANTATION OF KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
50365	TRANSPLANTATION OF KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
50370	REMOVE TRANSPLANTED KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
50380	REIMPLANTATION OF KIDNEY	BCBS	Change	7/1/2026	Clinical Criteria Update
51597	REMOVAL OF PELVIC STRUCTURES	BCBS	Change	7/1/2026	Clinical Criteria Update
53020	INCISION OF URETHRA	BCBS	Change	7/1/2026	Clinical Criteria Update
53425	RECONSTRUCT URETHRA STAGE 2	BCBS	Change	7/1/2026	Clinical Criteria Update
54304	REVISION OF PENIS	BCBS	Change	7/1/2026	Clinical Criteria Update
55899	GENITAL SURGERY PROCEDURE	BCBS	Change	7/1/2026	Clinical Criteria Update
57311	REPAIR URETHROVAGINAL LESION	BCBS	Change	7/1/2026	Clinical Criteria Update
69604	MASTOID SURGERY REVISION	BCBS	Change	7/1/2026	Clinical Criteria Update
77022	MRI GDN PARNCHYMA TISS ABLTJ	BCBS	Change	7/1/2026	Clinical Criteria Update
89250	CULTR OOCYTE/EMBRYO <4 DAYS	BCBS	Change	7/1/2026	Clinical Criteria Update
89290	BIOPSY OOCYTE POLAR BODY	BCBS	Change	7/1/2026	Clinical Criteria Update
89291	BIOPSY OOCYTE POLAR BODY	BCBS	Change	7/1/2026	Clinical Criteria Update
94660	POS AIRWAY PRESSURE CPAP	BCBS	Change	7/1/2026	Clinical Criteria Update
95782	POLYSOM <6 YRS 4/> PARAMTRS	BCBS	Change	7/1/2026	Clinical Criteria Update
95783	POLYSOM <6 YRS CPAP/BILVL	BCBS	Change	7/1/2026	Clinical Criteria Update
95805	MULTIPLE SLEEP LATENCY TEST	BCBS	Change	7/1/2026	Clinical Criteria Update
95806	SLEEP STUDY UNATT&RESP EFFT	BCBS	Change	7/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR	BCBS	Change	7/1/2026	Clinical Criteria Update
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR	BCBS	Change	7/1/2026	Clinical Criteria Update
J0172	Injection, aducanumab-avwa, 2 mg	BCBS	Change	7/1/2026	Clinical Criteria Update
J0217	Injection, velmanase alfa-tycv, 1 mg	BCBS	Change	7/1/2026	Clinical Criteria Update
J0221	Injection, alglucosidase alfa, (lumizyme), 10	BCBS	Change	7/1/2026	Clinical Criteria Update
J1302	Injection, sutimlimab-jome, 10 mg	BCBS	Change	7/1/2026	Clinical Criteria Update
J1305	Inj, evinacumab-dgnb, 5mg	BCBS	Change	7/1/2026	Clinical Criteria Update
J1745	Injection infliximab, 10 mg	BCBS	Change	7/1/2026	Clinical Criteria Update
J3393	Inj. Betibeglogene	BCBS	Change	7/1/2026	Clinical Criteria Update
J7318	Durolane	BCBS	Change	7/1/2026	Clinical Criteria Update
J9376	Injection, paclitaxel, 1 mg	BCBS	Change	7/1/2026	Clinical Criteria Update
K0739	Repair or nonroutine service for durable	BCBS	Change	7/1/2026	Clinical Criteria Update
Q4195	PURAPLY PER SQUARE CENTIMETER	BCBS	Change	7/1/2026	Clinical Criteria Update
Q4196	PURAPLY AM PER SQUARE CENTIMETER	BCBS	Change	7/1/2026	Clinical Criteria Update
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg,	BCBS	Change	7/1/2026	Clinical Criteria Update
Q5104	100 MG SOLR Q5104 Injection, infliximab-	BCBS	Change	7/1/2026	Clinical Criteria Update
Q5121	Injection; Immunomodulators	BCBS	Change	7/1/2026	Clinical Criteria Update
V5299	Hearing service, miscellaneous	BCBS	Change	7/1/2026	Clinical Criteria Update
69715	TEMPLE BNE IMPLNT	BCBS	Remove	4/1/2026	Code Retired
69718	REVISE TEMPLE BONE	BCBS	Remove	4/1/2026	Code Retired
96041	Genetic Counseling	BCBS	Remove	4/1/2026	Code Retired
L8614	COCHLEAR DEVICE, INCLUDES ALL	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
L8685	Implantable neurostimulator pulse	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
L8686	Implantable neurostimulator pulse	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
L8687	Implantable neurostimulator pulse	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
L8688	Implantable neurostimulator pulse	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
L8690	Auditory osseointegrated device,	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
20974	ELECTRICAL BONE STIMULATION	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
96125	COGNITIVE TEST BY HC PRO	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
S9123	Nursing care in the home, by RN, per	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
43112	ESPHG TOT W/THRCM	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43121	PARTIAL REMOVAL OF	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43122	PARTIAL REMOVAL OF	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43360	GASTROINTESTINAL REPAIR	BCBS	Remove	4/1/2026	Process and Provider Efficiency
45126	PELVIC EXENTERATION	BCBS	Remove	4/1/2026	Process and Provider Efficiency
46760	REPAIR OF ANAL SPHINCTER	BCBS	Remove	4/1/2026	Process and Provider Efficiency
47122	EXTENSIVE REMOVAL OF LIVER	BCBS	Remove	4/1/2026	Process and Provider Efficiency
90399	IMMUNE GLOBULIN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43771	LAP REVISE GASTR ADJ DEVICE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43773	LAP REPLACE GASTR ADJ	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43800	RECONSTRUCTION OF	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43887	REMOVE GASTRIC PORT OPEN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
51580	REMOVE BLADDER/REVISE TRACT	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31554	LARYNGOPLASTY LARYNGEAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31560	LARYNGOSCOP	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31580	LARYNGOPLASTY LARYNGEAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8684	Radiofrequency transmitter	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8689	External recharging system for	BCBS	Remove	4/1/2026	Process and Provider Efficiency
95851	RANGE OF MOTION	BCBS	Remove	4/1/2026	Process and Provider Efficiency
95852	RANGE OF MOTION	BCBS	Remove	4/1/2026	Process and Provider Efficiency
96105	ASSESSMENT OF APHASIA	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31551	LARYNGOPLASTY LARYNGEAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31552	LARYNGOPLASTY LARYNGEAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency

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31553	LARYNGOPLASTY LARYNGEAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
54406	REMOVE MUTI-COMP PENIS PROS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
54415	REMOVE SELF-CONTD PENIS PROS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
54416	REMV/REPL PENIS CONTAIN PROS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
54417	REMV/REPLC PENIS PROS COMPL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92548	POSTUROGRAPHY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92612	ENDOSCOPY SWALLOW (FEES)	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92613	ENDOSCOPY SWALLOW (FEES)	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92614	LARYNGOSCOPIC SENSORY VID	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92615	LARYNGOSCOPIC SENSORY I&R	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92616	FEES W/LARYNGEAL SENSE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92617	FEES W/LARYNGEAL SENSE I&R	BCBS	Remove	4/1/2026	Process and Provider Efficiency
51585	REMOVAL OF BLADDER &	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97039	PHYSICAL THERAPY TREATMENT	BCBS	Remove	4/1/2026	Process and Provider Efficiency
98942	CHIROPRACTIC MANJ 5	BCBS	Remove	4/1/2026	Process and Provider Efficiency
J0175	Injection, donanemab-azbt, 2	BCBS	Remove	4/1/2026	Process and Provider Efficiency
J0248	Veklury (remdesivir)	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58150	TOTAL HYSTERECTOMY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58180	PARTIAL HYSTERECTOMY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58240	REMOVAL OF PELVIS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58260	VAGINAL HYSTERECTOMY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58262	VAG HYST INCLUDING T/O	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58275	HYSTERECTOMY/REVISE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58280	HYSTERECTOMY/REVISE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58285	EXTENSIVE HYSTERECTOMY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58290	VAG HYST COMPLEX	BCBS	Remove	4/1/2026	Process and Provider Efficiency
40530	PARTIAL REMOVAL OF LIP	BCBS	Remove	4/1/2026	Process and Provider Efficiency
47120	PARTIAL REMOVAL OF LIVER	BCBS	Remove	4/1/2026	Process and Provider Efficiency
47125	PARTIAL REMOVAL OF LIVER	BCBS	Remove	4/1/2026	Process and Provider Efficiency
47130	PARTIAL REMOVAL OF LIVER	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43772	LAP RMVL GASTR ADJ DEVICE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43774	LAP RMVL GASTR ADJ ALL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43886	REVISE GASTRIC PORT OPEN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
43888	CHANGE GASTRIC PORT OPEN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
35879	REVISE GRAFT W/VEIN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
50544	LAPAROSCOPY PYELOPLASTY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
50860	TRANSPLANT URETER TO SKIN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8628	Cochlear implant, external	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8629	Transmitting coil and cable,	BCBS	Remove	4/1/2026	Process and Provider Efficiency
65780	OCULAR RECONST	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31561	LARYNSCOP REMVE CART +	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31570	LARYNGOSCOPE W/VC INJ	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31571	LARYNGOSCOP W/VC INJ +	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31575	DIAGNOSTIC LARYNGOSCOPY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31579	LARYNGOSCOPY TELESCOPIC	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31584	LARYNGOPLASTY FX RDCTJ FIXJ	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31587	LARYNGOPLASTY CRICOID	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8681	Patient programmer (external) for	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8691	Auditory osseointegrated device,	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92584	ELECTROCOCHLEOGRAPHY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
21740	RECONSTRUCTION OF STERNUM	BCBS	Remove	4/1/2026	Process and Provider Efficiency
21230	RIB CARTILAGE GRAFT	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31540	LARYNGOSCOPY W/EXC OF	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31541	LARYNSCOP W/TUMR EXC +	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31545	REMOVE VC LESION W/SCOPE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
31546	REMOVE VC LESION	BCBS	Remove	4/1/2026	Process and Provider Efficiency
77021	MRI GUIDANCE NDL PLMT	BCBS	Remove	4/1/2026	Process and Provider Efficiency
54408	REPAIR MULTI-COMP PENIS PROS	BCBS	Remove	4/1/2026	Process and Provider Efficiency

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54411	REMOV/REPLC PENIS PROS COMP	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92511	NASOPHARYNGOSCOPY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
92520	LARYNGEAL FUNCTION	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97597	RMVL DEVITAL TIS 20 CM/<	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97598	RMVL DEVITAL TIS ADDL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97602	WOUND(S) CARE NON-	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97605	NEG PRESS WOUND TX </=50	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97606	NEG PRESS WOUND TX >50 CM	BCBS	Remove	4/1/2026	Process and Provider Efficiency
97810	ACUPUNCT W/O STIMUL 15 MIN	BCBS	Remove	4/1/2026	Process and Provider Efficiency
98940	CHIROPRACT MANJ 1-2	BCBS	Remove	4/1/2026	Process and Provider Efficiency
98941	CHIROPRACT MANJ 3-4	BCBS	Remove	4/1/2026	Process and Provider Efficiency
J0177	njection, aflibercept hd, 1 mg	BCBS	Remove	4/1/2026	Process and Provider Efficiency
J0178	Injection, aflibercept, 1 mg	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58291	VAG HYST INCL T/O COMPLEX	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58541	LSH UTERUS 250 G OR LESS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58543	LSH UTERUS ABOVE 250 G	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58544	LSH W/T/O UTERUS ABOVE	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58550	LAPARO-ASST VAG	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58552	LAPARO-VAG HYST INCL T/O	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58553	LAPARO-VAG HYST COMPLEX	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58554	LAPARO-VAG HYST W/T/O	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58570	TLH UTERUS 250 G OR LESS	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58572	TLH UTERUS OVER 250 G	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58672	LAPAROSCOPY FIMBRIOPLASTY	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58720	REMOVAL OF OVARY/TUBE(S)	BCBS	Remove	4/1/2026	Process and Provider Efficiency
58940	REMOVAL OF OVARY(S)	BCBS	Remove	4/1/2026	Process and Provider Efficiency
59300	EPISIOTOMY OR VAGINAL	BCBS	Remove	4/1/2026	Process and Provider Efficiency
L8692	Auditory osseointegrated device,	BCBS	Remove	4/1/2026	HFS Fee Schedule Change
27430	REVISION OF THIGH MUSCLES	BCBS	Change	4/1/2026	Clinical Criteria Update
38204	BL DONOR SEARCH MANAGEMENT	BCBS	Change	4/1/2026	Clinical Criteria Update
38205	HARVEST ALLOGENEIC STEM CELL	BCBS	Change	4/1/2026	Clinical Criteria Update
38206	HARVEST AUTO STEM CELLS	BCBS	Change	4/1/2026	Clinical Criteria Update
38207	CRYOPRESERVE STEM CELLS	BCBS	Change	4/1/2026	Clinical Criteria Update
38208	THAW PRESERVED STEM CELLS	BCBS	Change	4/1/2026	Clinical Criteria Update
38209	WASH HARVEST STEM CELLS	BCBS	Change	4/1/2026	Clinical Criteria Update
38210	T-CELL DEPLETION OF HARVEST	BCBS	Change	4/1/2026	Clinical Criteria Update
38211	TUMOR CELL DEPLETE OF HARVST	BCBS	Change	4/1/2026	Clinical Criteria Update
38212	RBC DEPLETION OF HARVEST	BCBS	Change	4/1/2026	Clinical Criteria Update
38213	PLATELET DEPLETE OF HARVEST	BCBS	Change	4/1/2026	Clinical Criteria Update
38214	VOLUME DEPLETE OF HARVEST	BCBS	Change	4/1/2026	Clinical Criteria Update
38215	HARVEST STEM CELL CONCENTRTE	BCBS	Change	4/1/2026	Clinical Criteria Update
38230	BONE MARROW HARVEST ALLOGEN	BCBS	Change	4/1/2026	Clinical Criteria Update
38232	BONE MARROW HARVEST AUTOLOG	BCBS	Change	4/1/2026	Clinical Criteria Update
38240	TRANSPLT ALLO HCT/DONOR	BCBS	Change	4/1/2026	Clinical Criteria Update
38241	TRANSPLT AUTOL HCT/DONOR	BCBS	Change	4/1/2026	Clinical Criteria Update
38242	TRANSPLT ALLO LYMPHOCYTES	BCBS	Change	4/1/2026	Clinical Criteria Update
43999	STOMACH SURGERY PROCEDURE	BCBS	Change	4/1/2026	Clinical Criteria Update
81195	OGM-Dx HemeOne	BCBS	Change	4/1/2026	Clinical Criteria Update
A9900	MISCELLANEOUS SUPPLY, ACCESSORY,	BCBS	Change	4/1/2026	Clinical Criteria Update
A9999	MISCELLANEOUS DME SUPPLY OR	BCBS	Change	4/1/2026	Clinical Criteria Update
E0466	home ventilator any type	BCBS	Change	4/1/2026	Clinical Criteria Update
E0470	Respiratory assist device, bi-level pressure	BCBS	Change	4/1/2026	Clinical Criteria Update
E0471	Respiratory assist device, bi-level pressure	BCBS	Change	4/1/2026	Clinical Criteria Update
J0217	Injection, velmanase alfa-tycv, 1 mg	BCBS	Change	4/1/2026	Clinical Criteria Update
J0218	Injection, olipudase alfa-rpcp, 1 mg	BCBS	Change	4/1/2026	Clinical Criteria Update
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	BCBS	Change	4/1/2026	Clinical Criteria Update
J0223	Givosiran	BCBS	Change	4/1/2026	Clinical Criteria Update
J0565	Zinplava 1000 MG/40ML SOLN J0565	BCBS	Change	4/1/2026	Clinical Criteria Update

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
J0584	Crysvita	BCBS	Change	4/1/2026	Clinical Criteria Update
J1413	Elevidys	BCBS	Change	4/1/2026	Clinical Criteria Update
J2778	Injection, ranibizumab, 0.1 mg	BCBS	Change	4/1/2026	Clinical Criteria Update
J9999	Unclasified, non-oncology use	BCBS	Change	4/1/2026	Clinical Criteria Update
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	Code Replaced
0538T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Code Replaced
0539T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Code Replaced
0540T	Cellular Therapy Procedures Ancillary Code	BCBS	Remove	1/1/2026	Code Replaced
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 Update
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
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

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
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
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
81558	Short description not available at time of distribution	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
96040	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
A4649	SURGICAL SUPPLY; MISCELLANEOUS	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
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	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
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
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

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

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

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

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
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
15788	CHEMICAL PEEL FACE EPIDERM	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15789	CHEMICAL PEEL FACE DERMAL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15792	CHEMICAL PEEL NONFACIAL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15793	CHEMICAL PEEL NONFACIAL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15824	REMOVAL OF FOREHEAD WRINKLES	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15825	REMOVAL OF NECK WRINKLES	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15826	REMOVAL OF BROW WRINKLES	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15828	REMOVAL OF FACE WRINKLES	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15829	REMOVAL OF SKIN WRINKLES	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
15831	EXC SKIN ABD	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
19373	BREAST AUGMENTATION	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
22860	Tot disc arthrp 2ntrspc lmbr	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
36468	NJX SCLRSNT SPIDER VEINS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
36469	NJX SCLRSNT SPIDER VEINS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
44715	PREPARE DONOR INTESTINE	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
44720	PREP DONOR INTESTINE/VENOUS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
44721	PREP DONOR INTESTINE/ARTERY	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47143	PREP DONOR LIVER WHOLE	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47144	PREP DONOR LIVER 3-SEGMENT	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47145	PREP DONOR LIVER LOBE SPLIT	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47146	PREP DONOR LIVER/VENOUS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47147	PARTIAL REMOVAL DONOR LIVER	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
47148	PREP DONOR LIVER/ARTERIAL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
48551	PREP DONOR PANCREAS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
48552	PREP DONOR PANCREAS/VENOUS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
50325	PREP DONOR RENAL GRAFT	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
50327	PREP RENAL GRAFT/VENOUS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
50329	PREP RENAL GRAFT/URETERAL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
55417	REMV/REPLC PENIS PROS COMPL	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
55970	SEX TRANSFORMATION M TO F	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
55980	SEX TRANSFORMATION F TO M	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
58760	FIMBRIOPLASTY	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
74263	CT COLONOGRAPHY SCREENING	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81349	Cytog alys chrml abnr lw-ps	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81433	HRDTRY BRST CA-RLATD DSORDRS	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81436	HEREDITARY COLON CA DSORDRS	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81438	HEREDTRY NURONDCRN TUM DSRDR	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
81490	AUTOIMMUNE RHEUMATOID ARTHR	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
81538	ONCOLOGY LUNG	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
81539	ONCOLOGY PROSTATE PROB SCORE	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
90281	HUMAN IG IM	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
90283	HUMAN IG IV	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
90284	HUMAN IG SC	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
90378	RSV MAB IM 50MG	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
97164	PT RE-EVAL EST PLAN CARE	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
97168	OT RE-EVAL EST PLAN CARE	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
97755	ASSISTIVE TECHNOLOGY ASSESS	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
98943	CHIROPRACT MANJ XTRSPINL 1/>	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
99601	HOME INFUSION/VISIT 2 HRS	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
99602	HOME INFUSION EACH ADDTL HR	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0004M	SCO 53 SNPS	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0006M	Onc hep gene risk classifier	Carelon	Remove	1/1/2026	HFS Fee Schedule Change

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
0007M	Onc gastro 51 gene nomogram	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0012M	ONC MRNA 5 GEN RSK URTHL CA	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0013M	ONC MRNA 5 GEN RECR URTHL CA	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0016M	Onc bladder mrna 209 gen alg	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0017M	SARS-CoV-2	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0020M	ONC CNS ALYS 30000 DNA LOCI	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0069U	ONC CLRCT MICRORNA MIR-31-3P	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0164T	REMOVE LUMB ARTIF DISC ADDL	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0165T	REVISE LUMB ARTIF DISC ADDL	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
06029T	Perq njx algc ct lmbr 1st	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0627T	Perq njx algc fluor lmbr 1st	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0628T	Perq njx algc fluor lmbr ea	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0630T	Perq njx algc ct lmbr ea	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0633T	Ct breast w/3d uni c-	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0634T	Ct breast w/3d uni c+	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0635T	Ct breast w/3d uni c-/c+	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0636T	Ct breast w/3d bi c-	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0637T	Ct breast w/3d bi c+	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0638T	Ct breast w/3d bi c-/c+	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0649T	QUAN MR ALYS TISS W/MRI	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
0711T	N-nvs artl plaq alys dat prp	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0712T	N-nvs artl plaq alys quan	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0713T	N-nvs artl plaq alys rvw i&r	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0784T	Insertion or replacement of percutaneous electrode	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0785T	Revision or removal of neurostimulator	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
0866T	MRI Brain analysis	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
A9270	Non-covered item or service	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
A9901	DELIVERY/SET UP/DISPENSING	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8900	Magnetic resonance angiography with contrast, abdomen	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8901	Magnetic resonance angiography without contrast, abdomen	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon	Remove	1/1/2026	HFS Fee Schedule Change
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8912	Magnetic resonance angiography with contrast, lower extremity	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8913	Magnetic resonance angiography without contrast, lower extremity	BCBS	Remove	1/1/2026	HFS Fee Schedule Change

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8918	Magnetic resonance angiography with contrast, pelvis	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8919	Magnetic resonance angiography without contrast, pelvis	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C9076	Lisocabtagene maraleucel	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C9257	Injection, bevacizumab, 0.25 mg	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
C9791	Mri hyperpolarized xenon129	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
E0492	Control unit nm stim w phone	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
E0493	Oral dv/app neuromus mouthpi	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
G0235	Pet imaging, any site, not otherwise specified	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
J7331	Synojoynt	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
K0009	Other manual wheelchair/base	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6693	Upper extremity addition, locking elbow, forearm counterbalance	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7040	Prehensile actuator, switch controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7045	Electric hook, switch or myoelectric controlled, pediatric	BCBS	Remove	1/1/2026	HFS Fee Schedule Change

CPT and HCPCS Codes	Code Description	Prior Authorization Reviewer	Change	Change Effective Date	Change Rationale
L7170	Electronic elbow, hosmer or equal, switch controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7186	Electronic elbow, child, variety village or equal, switch controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L8609	Artificial cornea	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L8682	Implantable neurostimulator radiofrequency receiver	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
M0076	Prolotherapy	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
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 diem	BCBS	Remove	1/1/2026	HFS Fee Schedule Change
V5298	Hearing aid, not otherwise classified	BCBS	Remove	1/1/2026	HFS Fee Schedule Change

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

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
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Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the appropriate number on the member's ID card.

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