



BlueCross BlueShield of Illinois

Illinois Medicaid Benefit Preauthorization Procedure Code List, Effective 1/1/2020 (Updated 02/27/2020)

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, prior to rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. **Green highlighted codes are managed by eviCore healthcare (eviCore). Orange highlighted codes are managed by Prime Therapeutics.**

Utilization Management Process

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
S5170	Home Delivered Meals LTSS	2 meals per day and up to 7 days a week (2 meals = 1 unit; Time Period = month)
S5130	Homemaker/Housekeeper Services LTSS	15 minutes = 1 unit
S5100	Adult Day Service LTSS	15 minutes = 1 unit
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.
T2020	Habitation - Day LTSS	Brain injury waiver only.
S5125	*Personal Care Assistant LTSS	15 minutes = 1 unit
S5126	*Personal Care Assistant LTSS	15 minutes = 1 unit
T1020	*Personal Care Assistant LTSS	15 minutes = 1 unit
T1019	*Personal Care Assistant LTSS	15 minutes = 1 unit
T2014	Pre-vocational Services LTSS	Brain injury waiver only. Per diam
T1005	Respite - Homemaker LTSS	15 minutes = 1 unit
T1005*	Respite - Personal Assistant LTSS	Available for waivers except Elderly.
T2019	Supported Employment LTSS	Brain injury waiver only.
T2003	Adult Day Service Transportation LTSS	Max of 2 visits per day. 1 way=1unit
S5160	Electronic Home Response - Installation	1/Lifetime
S5161	Electronic Home Response - Monthly Rent	1/Month

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
01990	SUPPORT FOR ORGAN DONOR	Recent history and physical, plan of care, and documentation of medical necessity.
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11921	CORRECT SKN COLOR 6.1-20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15003	WOUND PREP ADDL 100 CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15005	WND PREP F/N/HF/G ADDL CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15275	SKIN SUB GRAFT FACE/NK/HF/G	Letter of medical necessity, including condition being treated.
15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15787	ABRASION LESIONS ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15838	EXCISE EXCESS SKIN FAT PAD	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17107	DESTRUCTION OF SKIN LESIONS	Letter of medical necessity, including condition being treated.
17340	CRYOTHERAPY OF SKIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17360	SKIN PEEL THERAPY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17380	HAIR REMOVAL BY ELECTROLYSIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19020	INCISION OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19120	REMOVAL OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
19301	PARTIAL MASTECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
20552	INJ TRIGGER POINT 1/2 MUSCL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
20553	INJECT TRIGGER POINTS 3/>	Pre-operative evaluation, history and physical including functional impairment, and operative report.
20930	SP BONE ALGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20931	SP BONE ALGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20936	SP BONE AGRFT LOCAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20937	SP BONE AGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20938	SP BONE AGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20974	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
20975	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21085	PREPARE FACE/ORAL PROSTHESIS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
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.
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.
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.
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.
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.
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.
21138	REDUCTION OF FOREHEAD	History and physical, documentation of medical necessity and previous stages of reconstruction if done.
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.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
21188	RECONSTRUCTION OF MIDFACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
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.
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.
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.
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.
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.
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.
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.
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.
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.
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21244	RECONSTRUCTION OF LOWER JAW	Submit history and physical, documentation of medical necessity including operative report.
21245	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
21246	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.
21270	AUGMENTATION CHEEK BONE	Submit history and physical, documentation of medical necessity including operative report.
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.
22505	MANIPULATION OF SPINE	Submit history and physical, documentation of medical necessity including operative report.
22510	PERQ CERVICOTHORACIC INJECT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22511	PERQ LUMBOSACRAL INJECTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22512	VERTEBROPLASTY ADDL INJECT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22513	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22514	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22515	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22526	IDET SINGLE LEVEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22527	IDET 1 OR MORE LEVELS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22533	LAT LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22534	LAT THOR/LUMB ADDL SEG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22551	NECK SPINE FUSE&REMOV BEL C2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22552	ADDL NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22554	NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22558	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22585	ADDITIONAL SPINAL FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22595	NECK SPINAL FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22600	NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22612	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22614	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22630	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22632	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22633	LUMBAR SPINE FUSION COMBINED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22634	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22800	POST FUSION </6 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.
22802	POST FUSION 7-12 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
22804	POST FUSION 13/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.
22808	ANT FUSION 2-3 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.
22810	ANT FUSION 4-7 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.
22812	ANT FUSION 8/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.
22840	INSERT SPINE FIXATION DEVICE	Submit history and physical, operative report, documentation of conservative measures.
22841	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22842	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22843	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22844	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22845	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22846	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22847	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22848	INSERT PELV FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22853	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22854	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22856	CERV ARTIFIC DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22857	LUMBAR ARTIF DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22858	SECOND LEVEL CER DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22859	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22861	REVISE CERV ARTIFIC DISC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22862	REVISE LUMBAR ARTIF DISC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.
22867	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22868	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22869	INSJ STABLJ DEV W/O DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22870	INSJ STABLJ DEV W/O DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
22999	ABDOMEN SURGERY PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.
23000	REMOVAL OF CALCIUM DEPOSITS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23020	RELEASE SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23120	PARTIAL REMOVAL COLLAR BONE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
23130	REMOVE SHOULDER BONE PART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23410	REPAIR ROTATOR CUFF ACUTE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23412	REPAIR ROTATOR CUFF CHRONIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23415	RELEASE OF SHOULDER LIGAMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23420	REPAIR OF SHOULDER	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23430	REPAIR BICEPS TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23440	REMOVE/TRANSPLANT TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23450	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23455	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23460	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23462	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23465	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23466	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23470	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23472	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23473	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
23474	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
24587	TREAT ELBOW FRACTURE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25310	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25312	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26480	TRANSPLANT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26483	TRANSPLANT/GRAFT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26485	TRANSPLANT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26489	TRANSPLANT/GRAFT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27096	INJECT SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27125	PARTIAL HIP REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27130	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27132	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27134	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27137	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
27138	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27332	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27333	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27334	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27335	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27396	TRANSPLANT OF THIGH TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27397	TRANSPLANTS OF THIGH TENDONS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27403	REPAIR OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27405	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27407	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27409	REPAIR OF KNEE LIGAMENTS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27412	AUTOCHONDROCYTE IMPLANT KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27418	REPAIR DEGENERATED KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27420	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27422	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27424	REVISION/REMOVAL OF KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27425	LAT RETINACULAR RELEASE OPEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27427	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27428	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27429	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27430	REVISION OF THIGH MUSCLES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27438	REVISE KNEECAP WITH IMPLANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27440	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27441	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27442	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27443	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27445	REVISION OF KNEE JOINT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27446	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27447	TOTAL KNEE ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
27486	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27487	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27690	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27691	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27692	REVISE ADDITIONAL LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28292	CORRECTION HALLUX VALGUS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.
29805	SHOULDER ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29806	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29807	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29819	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29820	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29821	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29822	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29823	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29824	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29825	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29826	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29827	ARTHROSCOP ROTATOR CUFF REPR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29828	ARTHROSCOPY BICEPS TENODESIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29860	HIP ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29861	HIP ARTHRO W/FB REMOVAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29862	HIP ARTHRO W/DEBRIDEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29863	HIP ARTHRO W/SYNOVECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29866	AUTGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29867	ALLGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29868	MENISCAL TRNSPL KNEE W/SCPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29870	KNEE ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
29871	KNEE ARTHROSCOPY/DRAINAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29873	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29874	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29875	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29876	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29877	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29879	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29880	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29881	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29882	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29883	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29884	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29885	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29886	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29887	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29888	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29889	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29914	HIP ARTHRO W/FEMOROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29915	HIP ARTHRO ACETABULOPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
29916	HIP ARTHRO W/LABRAL REPAIR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
30520	REPAIR OF NASAL SEPTUM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30801	ABLATE INF TURBINATE SUPERF	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30802	ABLATE INF TURBINATE SUBMUC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31575	DIAGNOSTIC LARYNGOSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
31579	LARYNGOSCOPY TELESCOPIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
31600	INCISION OF WINDPIPE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31830	REVISE WINDPIPE SCAR	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
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.
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.
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.
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.
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.
33405	REPLACEMENT AORTIC VALVE OPN	Letter of medical necessity, including condition being treated.
33430	REPLACEMENT OF MITRAL VALVE	Letter of medical necessity, including condition being treated.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
33933	PREPARE DONOR HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
33944	PREPARE DONOR HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
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.
36468	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36469	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
37220	ILIAC REVASC	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37224	FEM/POPL REVAS W/TLA	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37227	FEM/POPL REVASC STNT & ATHER	Letter of medical necessity, including condition being treated.
37228	TIB/PER REVASC W/TLA	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Letter of medical necessity, including condition being treated.
37500	ENDOSCOPY LIGATE PERF VEINS	Pre-operative evaluation, history and physical and operative report.
37565	LIGATION OF NECK VEIN	Pre-operative evaluation, history and physical and operative report.
37650	REVISION OF MAJOR VEIN	Pre-operative evaluation, history and physical and operative report.
37700	REVISE LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37718	LIGATE/STRIP SHORT LEG VEIN	Pre-operative evaluation, history and physical and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and operative report.
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
38215	HARVEST STEM CELL CONCENTRTE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
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.
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.
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.
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.
40700	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40701	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40702	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40720	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40761	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40820	TREATMENT OF MOUTH LESION	History and physical and operative report.
41120	PARTIAL REMOVAL OF TONGUE	History and physical and operative report.
41512	TONGUE SUSPENSION	History and physical and operative report.
41530	TONGUE BASE VOL REDUCTION	History and physical, including sleep study results, results of CPAP trial.
42140	EXCISION OF UVULA	History and physical and operative report.
42145	REPAIR PALATE PHARYNX/UVULA	History and physical, including sleep study results, results of CPAP trial.
42200	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42205	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42210	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42215	RECONSTRUCT CLEFT PALATE	History and physical and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
42220	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42225	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
43112	ESPHG TOT W/THRCM	History and physical and operative report.
43121	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43122	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43236	UPPR GI SCOPE W/SUBMUC INJ	History and physical and operative report.
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43659	LAPAROSCOPE PROC STOM	Letter of medical necessity, including condition being treated.
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43774	LAP RMVL GASTR ADJ ALL PARTS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43842	V-BAND GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	REMOVE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
45126	PELVIC EXENTERATION	History and physical and procedure report.
46760	REPAIR OF ANAL SPHINCTER	History and physical and procedure report.
47120	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
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.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
47147	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.
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.
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.
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.
48550	DONOR PANCREATECTOMY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.
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.
50544	LAPAROSCOPY PYELOPLASTY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, operative report.
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54416	REMV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.
54417	REMV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.
57288	REPAIR BLADDER DEFECT	Letter of medical necessity, including condition being treated.
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.
58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.
58275	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.
58280	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58670	LAPAROSCOPY TUBAL CAUTERY	Letter of medical necessity, including condition being treated.
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.
60512	AUTOTRANSPLANT PARATHYROID	Submit history and physical, documentation of medical necessity including operative report.
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity including operative report.
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity including operative report.
62263	EPIDURAL LYSIS MULT SESSIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62264	EPIDURAL LYSIS ON SINGLE DAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62280	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62281	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62282	TREAT SPINAL CANAL LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62287	PERCUTANEOUS DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62292	NJX CHEMONUCLEOLYSIS LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62320	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62321	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62322	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62323	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62324	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62325	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
62326	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62327	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62350	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62351	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62360	INSERT SPINE INFUSION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62361	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62362	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63001	REMOVE SPINE LAMINA 1/2 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63005	REMOVE SPINE LAMINA 1/2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63012	REMOVE LAMINA/FACETS LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63015	REMOVE SPINE LAMINA >2 CRVCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63017	REMOVE SPINE LAMINA >2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63020	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63030	LOW BACK DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63035	SPINAL DISK SURGERY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63040	LAMINOTOMY SINGLE CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63042	LAMINOTOMY SINGLE LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63043	LAMINOTOMY ADDL CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63044	LAMINOTOMY ADDL LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63045	REMOVE SPINE LAMINA 1 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63047	REMOVE SPINE LAMINA 1 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63048	REMOVE SPINAL LAMINA ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63050	CERVICAL LAMINOPLSTY 2/> SEG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63051	C-LAMINOPLASTY W/GRAFT/PLATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63056	DECOMPRESS SPINAL CORD LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63057	DECOMPRESS SPINE CORD ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63075	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63076	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63081	REMOVE VERT BODY DCMPRN CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63082	REMOVE VERTEBRAL BODY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63650	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63655	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63685	INSRT/REDO SPINE N GENERATOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
63688	REVISE/REMOVE NEURORECEIVER	ubmit history and physical, documentation of medical necessity.
64400	N BLOCK INJ TRIGEMINAL	Submit history and physical, documentation of medical necessity including operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
64402	N BLOCK INJ FACIAL	Submit history and physical, documentation of medical necessity including operative report.
64405	N BLOCK INJ OCCIPITAL	Submit history and physical, documentation of medical necessity including operative report.
64408	N BLOCK INJ VAGUS	Submit history and physical, documentation of medical necessity including operative report.
64410	N BLOCK INJ PHRENIC	Submit history and physical, documentation of medical necessity including operative report.
64413	N BLOCK INJ CERVICAL PLEXUS	Submit history and physical, documentation of medical necessity including operative report.
64415	N BLOCK INJ BRACHIAL PLEXUS	Submit history and physical, documentation of medical necessity including operative report.
64416	N BLOCK CONT INFUSE B PLEX	Submit history and physical, documentation of medical necessity including operative report.
64417	N BLOCK INJ AXILLARY	Submit history and physical, documentation of medical necessity including operative report.
64418	N BLOCK INJ SUPRASCAPULAR	Submit history and physical, documentation of medical necessity including operative report.
64420	N BLOCK INJ INTERCOST SNG	Submit history and physical, documentation of medical necessity including operative report.
64421	N BLOCK INJ INTERCOST MLT	Submit history and physical, documentation of medical necessity including operative report.
64425	N BLOCK INJ ILIO-ING/HYPOGI	Submit history and physical, documentation of medical necessity including operative report.
64430	N BLOCK INJ PUDENDAL	Submit history and physical, documentation of medical necessity including operative report.
64435	N BLOCK INJ PARACERVICAL	Submit history and physical, documentation of medical necessity including operative report.
64445	N BLOCK INJ SCIATIC SNG	Submit history and physical, documentation of medical necessity including operative report.
64446	N BLK INJ SCIATIC CONT INF	Submit history and physical, documentation of medical necessity including operative report.
64447	N BLOCK INJ FEM SINGLE	Submit history and physical, documentation of medical necessity including operative report.
64448	N BLOCK INJ FEM CONT INF	Submit history and physical, documentation of medical necessity including operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
64449	N BLOCK INJ LUMBAR PLEXUS	Submit history and physical, documentation of medical necessity including operative report.
64450	N BLOCK OTHER PERIPHERAL	Submit history and physical, documentation of medical necessity including operative report.
64455	N BLOCK INJ PLANTAR DIGIT	Submit history and physical, documentation of medical necessity including operative report.
64479	INJ FORAMEN EPIDURAL C/T	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64480	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64483	INJ FORAMEN EPIDURAL L/S	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64484	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64490	INJ PARAVERT F JNT C/T 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64491	INJ PARAVERT F JNT C/T 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64492	INJ PARAVERT F JNT C/T 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64493	INJ PARAVERT F JNT L/S 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64494	INJ PARAVERT F JNT L/S 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64495	INJ PARAVERT F JNT L/S 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64505	N BLOCK SPENOPALATINE GANGL	Submit history and physical, documentation of medical necessity including operative report.
64508	AMA short description not avalialable.	Submit history and physical, documentation of medical necessity including operative report.
64510	N BLOCK STELLATE GANGLION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64517	N BLOCK INJ HYPOGAS PLXS	Submit history and physical, documentation of medical necessity including operative report.
64520	N BLOCK LUMBAR/THORACIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64530	N BLOCK INJ CELIAC PELUS	Submit history and physical, documentation of medical necessity including operative report.
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.
64633	DESTROY CERV/THOR FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64634	DESTROY C/TH FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64635	DESTROY LUMB/SAC FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64636	DESTROY L/S FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
64721	CARPAL TUNNEL SURGERY	Submit history and physical, documentation of medical necessity including operative report.
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
65756	CORNEAL TRNSPL ENDOTHELIAL	Pre-operative evaluation, history and physical and operative report.
65757	PREP CORNEAL ENDO ALLOGRAFT	Pre-operative evaluation, history and physical and operative report.
65767	CORNEAL TISSUE TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
65780	OCULAR RECONST TRANSPLANT	Pre-operative evaluation, history and physical and operative report.
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
69300	REVISE EXTERNAL EAR	Letter of medical necessity, including condition being treated.
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and operative report.
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
70336	MAGNETIC IMAGE JAW JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70450	CT HEAD/BRAIN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70460	CT HEAD/BRAIN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70470	CT HEAD/BRAIN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70480	CT ORBIT/EAR/FOSSA W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70481	CT ORBIT/EAR/FOSSA W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70486	CT MAXILLOFACIAL W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70487	CT MAXILLOFACIAL W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70488	CT MAXILLOFACIAL W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70490	CT SOFT TISSUE NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
70491	CT SOFT TISSUE NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70492	CT SFT TSUE NCK W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70496	CT ANGIOGRAPHY HEAD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70498	CT ANGIOGRAPHY NECK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70540	MRI ORBIT/FACE/NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70542	MRI ORBIT/FACE/NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70543	MRI ORBT/FAC/NCK W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70544	MR ANGIOGRAPHY HEAD W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70545	MR ANGIOGRAPHY HEAD W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70547	MR ANGIOGRAPHY NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70548	MR ANGIOGRAPHY NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70549	MR ANGIOGRAPH NECK W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70551	MRI BRAIN STEM W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70552	MRI BRAIN STEM W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70553	MRI BRAIN STEM W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70554	FMRI BRAIN BY TECH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70555	FMRI BRAIN BY PHYS/PSYCH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
70557	MRI BRAIN W/O DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70558	MRI BRAIN W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70559	MRI BRAIN W/O & W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
71250	CT THORAX W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71260	CT THORAX W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71270	CT THORAX W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71275	CT ANGIOGRAPHY CHEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71550	MRI CHEST W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71551	MRI CHEST W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71552	MRI CHEST W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
71555	MRI ANGIO CHEST W OR W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72125	CT NECK SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72126	CT NECK SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72127	CT NECK SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72128	CT CHEST SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72129	CT CHEST SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
72130	CT CHEST SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72131	CT LUMBAR SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72132	CT LUMBAR SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72133	CT LUMBAR SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72141	MRI NECK SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72142	MRI NECK SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72146	MRI CHEST SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72147	MRI CHEST SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72148	MRI LUMBAR SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72149	MRI LUMBAR SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72156	MRI NECK SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72157	MRI CHEST SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72158	MRI LUMBAR SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72159	MR ANGIO SPINE W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72191	CT ANGIOGRAPH PELV W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72192	CT PELVIS W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72193	CT PELVIS W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72194	CT PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72195	MRI PELVIS W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72196	MRI PELVIS W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72197	MRI PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
72198	MR ANGIO PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73200	CT UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73201	CT UPPER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73202	CT UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73206	CT ANGIO UPR EXTRM W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73218	MRI UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73219	MRI UPPER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73220	MRI UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73221	MRI JOINT UPR EXTREM W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73222	MRI JOINT UPR EXTREM W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73223	MRI JOINT UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73225	MR ANGIO UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73700	CT LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73701	CT LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73702	CT LWR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73706	CT ANGIO LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
73718	MRI LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73719	MRI LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73720	MRI LWR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73721	MRI JNT OF LWR EXTRE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73722	MRI JOINT OF LWR EXTR W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73723	MRI JOINT LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
73725	MR ANG LWR EXT W OR W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74150	CT ABDOMEN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74160	CT ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74170	CT ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74174	CT ANGIO ABD&PELV W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74175	CT ANGIO ABDOM W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74176	CT ABD & PELVIS W/O CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74177	CT ABD & PELV W/CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74178	CT ABD & PELV 1/> REGNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74181	MRI ABDOMEN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74182	MRI ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74183	MRI ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74185	MRI ANGIO ABDOM W ORW/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74261	CT COLONOGRAPHY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74262	CT COLONOGRAPHY DX W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74263	CT COLONOGRAPHY SCREENING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74712	MRI FETAL SNGL/1ST GESTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
74713	MRI FETAL EA ADDL GESTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
75635	CT ANGIO ABDOMINAL ARTERIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76376	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76377	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76380	CAT SCAN FOLLOW-UP STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76390	MR SPECTROSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76391	MR ELASTOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76497	CT PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76498	MRI PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76506	ECHO EXAM OF HEAD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76536	US EXAM OF HEAD AND NECK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76604	US EXAM CHEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76641	ULTRASOUND BREAST COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76642	ULTRASOUND BREAST LIMITED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
76700	US EXAM ABDOM COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76705	ECHO EXAM OF ABDOMEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76706	US ABDL AORTA SCREEN AAA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76770	US EXAM ABDO BACK WALL COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76775	US EXAM ABDO BACK WALL LIM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76776	US EXAM K TRANSPL W/DOPPLER	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76800	US EXAM SPINAL CANAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76801	OB US < 14 WKS SINGLE FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76802	OB US < 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76805	OB US >= 14 WKS SNGL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76810	OB US >= 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76811	OB US DETAILED SNGL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76812	OB US DETAILED ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76813	OB US NUCHAL MEAS 1 GEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76814	OB US NUCHAL MEAS ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76815	OB US LIMITED FETUS(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76816	OB US FOLLOW-UP PER FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76817	TRANSVAGINAL US OBSTETRIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76818	FETAL BIOPHYS PROFILE W/NST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76819	FETAL BIOPHYS PROFIL W/O NST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76820	UMBILICAL ARTERY ECHO	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76821	MIDDLE CEREBRAL ARTERY ECHO	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76825	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76826	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76827	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76828	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76830	TRANSVAGINAL US NON-OB	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76831	ECHO EXAM UTERUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76856	US EXAM PELVIC COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76857	US EXAM PELVIC LIMITED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76870	US EXAM SCROTUM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76872	US TRANSRECTAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76881	US COMPL JOINT R-T W/IMG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76882	US LMTD JT/NONVASC XTR STRUX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76885	US EXAM INFANT HIPS DYNAMIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76886	US EXAM INFANT HIPS STATIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76965	ECHO GUIDANCE RADIOTHERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
76970	ULTRASOUND EXAM FOLLOW-UP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76975	GI ENDOSCOPIC ULTRASOUND	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76978	US TRGT DYN MBUBB 1ST LES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76979	US TRGT DYN MBUBB EA ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77014	CT SCAN FOR THERAPY GUIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77021	MRI GUIDANCE NDL PLMT RS&I	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77022	MRI GDN PARNCHYMA TISS ABLTJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77046	MRI BREAST C- UNILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77047	MRI BREAST C- BILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77048	MRI BREAST C+ W/CAD UNI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77049	MRI BREAST C+ W/CAD BI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77078	CT BONE DENSITY AXIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77084	MAGNETIC IMAGE BONE MARROW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77261	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77262	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77263	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77280	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77285	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77290	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77293	RESPIRATOR MOTION MGMT SIMUL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77295	3-D RADIOTHERAPY PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77299	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77300	RADIATION THERAPY DOSE PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77301	RADIOTHERAPY DOSE PLAN IMRT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77306	TELETHX ISODOSE PLAN SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77307	TELETHX ISODOSE PLAN CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77316	BRACHYTX ISODOSE PLAN SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77317	BRACHYTX ISODOSE INTERMED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77318	BRACHYTX ISODOSE COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77321	SPECIAL TELETX PORT PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77331	SPECIAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77332	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77333	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77334	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77336	RADIATION PHYSICS CONSULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77338	DESIGN MLC DEVICE FOR IMRT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77370	RADIATION PHYSICS CONSULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
77371	SRS MULTISOURCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77372	SRS LINEAR BASED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77373	SBRT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77385	NTSTY MODUL RAD TX DLVR SMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77386	NTSTY MODUL RAD TX DLVR CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77387	GUIDANCE FOR RADJ TX DLVR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77399	EXTERNAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77401	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77402	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77407	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77412	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77417	RADIOLOGY PORT IMAGES(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77423	NEUTRON BEAM TX COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77424	IO RAD TX DELIVERY BY X-RAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77425	IO RAD TX DELIVER BY ELCTRNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77427	RADIATION TX MANAGEMENT X5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77431	RADIATION THERAPY MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77432	STEREOTACTIC RADIATION TRMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77435	SBRT MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77469	IO RADIATION TX MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77470	SPECIAL RADIATION TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77499	RADIATION THERAPY MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77600	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77605	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77610	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77615	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77620	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77750	INFUSE RADIOACTIVE MATERIALS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77761	APPLY INTRCAV RADIAT SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77762	APPLY INTRCAV RADIAT INTERM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77763	APPLY INTRCAV RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77767	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77768	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77778	APPLY INTERSTIT RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77789	APPLY SURF LDR RADIONUCLIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77790	RADIATION HANDLING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77799	RADIUM/RADIOISOTOPE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78012	THYROID UPTAKE MEASUREMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78013	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78014	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78015	THYROID MET IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78016	THYROID MET IMAGING/STUDIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78018	THYROID MET IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78020	THYROID MET UPTAKE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78070	PARATHYROID PLANAR IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78071	PARATHYRD PLANAR W/WO SUBTRJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78072	PARATHYRD PLANAR W/SPECT&CT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78075	ADRENAL CORTEX & MEDULLA IMG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78102	BONE MARROW IMAGING LTD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78103	BONE MARROW IMAGING MULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78104	BONE MARROW IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78185	SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78195	LYMPH SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78201	LIVER IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78202	LIVER IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78215	LIVER AND SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78216	LIVER & SPLEEN IMAGE/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78226	HEPATOBIILIARY SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78227	HEPATOBI SYST IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78230	SALIVARY GLAND IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78231	SERIAL SALIVARY IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78232	SALIVARY GLAND FUNCTION EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78258	ESOPHAGEAL MOTILITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78261	GASTRIC MUCOSA IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78262	GASTROESOPHAGEAL REFLUX EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78264	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78265	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
78266	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78278	ACUTE GI BLOOD LOSS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78290	MECKELS DIVERT EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78291	LEVEEN/SHUNT PATENCY EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78300	BONE IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78305	BONE IMAGING MULTIPLE AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78306	BONE IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78315	BONE IMAGING 3 PHASE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78445	VASCULAR FLOW IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78456	ACUTE VENOUS THROMBUS IMAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78457	VENOUS THROMBOSIS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78458	VEN THROMBOSIS IMAGES BILAT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78579	LUNG VENTILATION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78580	LUNG PERFUSION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78582	LUNG VENTILAT&PERFUS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78597	LUNG PERFUSION DIFFERENTIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78598	LUNG PERF&VENTILAT DIFERENTL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78600	BRAIN IMAGE < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78605	BRAIN IMAGE 4+ VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78608	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78609	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78610	BRAIN FLOW IMAGING ONLY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78630	CEREBROSPINAL FLUID SCAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78635	CSF VENTRICULOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78645	CSF SHUNT EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78650	CSF LEAKAGE IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78660	NUCLEAR EXAM OF TEAR FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78700	KIDNEY IMAGING MORPHOL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78701	KIDNEY IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78707	K FLOW/FUNCT IMAGE W/O DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78708	K FLOW/FUNCT IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78709	K FLOW/FUNCT IMAGE MULTIPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78725	KIDNEY FUNCTION STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78730	URINARY BLADDER RETENTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78740	URETERAL REFLUX STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
78761	TESTICULAR IMAGING W/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78800	TUMOR IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78801	TUMOR IMAGING MULT AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78802	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78803	TUMOR IMAGING (3D)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78804	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78811	PET IMAGE LTD AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78812	PET IMAGE SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78813	PET IMAGE FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78814	PET IMAGE W/CT LMTD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78815	PET IMAGE W/CT SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78816	PET IMAGE W/CT FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78830	RP LOCLZJ TUM SPECT W/CT 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78831	RP LOCLZJ TUM SPECT 2 AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
78832	RP LOCLZJ TUM SPECT W/CT 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79005	NUCLEAR RX ORAL ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79101	NUCLEAR RX IV ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79403	HEMATOPOIETIC NUCLEAR TX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81173	AR GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81174	AR GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81185	CACNA1A GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81186	CACNA1A GEN KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81189	CSTB GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81190	CSTB GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81201	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81202	APC GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81216	BRCA2 GENE FULL SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81217	BRCA2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81229	CYTOGEN M ARRAY COPY NO&SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81248	G6PD KNOWN FAMILIAL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81252	GJB2 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81253	GJB2 GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81257	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81258	HBA1/HBA2 GENE FAM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81277	CYTOGENOMIC NEO MICRORA ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81286	FXN GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81289	FXN GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81291	MTHFR GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81293	MLH1 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81296	MSH2 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81298	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81299	MSH6 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81302	MECP2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81303	MECP2 GENE KNOWN VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81304	MECP2 GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
81306	NUDT15 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81307	PALB2 GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81308	PALB2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81313	PCA3/KLK3 ANTIGEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81318	PMS2 KNOWN FAMILIAL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81322	PTEN GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81326	PMP22 GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81336	SMN1 GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81350	UGT1A1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81362	HBB GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81364	HBB FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81400	MOPATH PROCEDURE LEVEL 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81401	MOPATH PROCEDURE LEVEL 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81402	MOPATH PROCEDURE LEVEL 3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81403	MOPATH PROCEDURE LEVEL 4	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81412	ASHKENAZI JEWISH ASSOC DIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81413	CAR ION CHNNLPATH INC 10 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81415	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81416	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81417	EXOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81422	FETAL CHRMOML MICRODELTA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81425	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81426	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81427	GENOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81430	HEARING LOSS SEQUENCE ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81431	HEARING LOSS DUP/DEL ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81432	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81433	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81434	HEREDITARY RETINAL DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81435	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81436	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81439	HRDTRY CARDMYPY GENE PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81440	MITOCHONDRIAL GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81442	NOONAN SPECTRUM DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81443	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81445	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81448	HRDTRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81455	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81460	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81465	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81470	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81471	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81493	COR ARTERY DISEASE MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81500	ONCO (OVAR) TWO PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81503	ONCO (OVAR) FIVE PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81504	ONCOLOGY TISSUE OF ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81518	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81522	ONC BREAST MRNA 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81525	ONCOLOGY COLON MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81535	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81536	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81538	ONCOLOGY LUNG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81539	ONCOLOGY PROSTATE PROB SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81540	ONCOLOGY TUM UNKNOWN ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81541	ONC PROSTATE MRNA 46 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81542	ONC PROSTATE MRNA 22 CNT GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81545	ONCOLOGY THYROID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81552	ONC UVEAL MLNMA MRNA 15 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81596	NFCT DS CHRNC HCV 6 ASSAYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81599	UNLISTED MAAA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
84999	CLINICAL CHEMISTRY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
86890	AUTOLOGOUS BLOOD PROCESS	Submit documentation to describe the test, records from related office visit, history and physical.
86891	AUTOLOGOUS BLOOD OP SALVAGE	Submit documentation to describe the test, records from related office visit, history and physical.
89250	CULTR OOCYTE/EMBRYO <4 DAYS	Submit documentation to describe the test, records from related office visit, history and physical.
89290	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from related office visit, history and physical.
89291	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from related office visit, history and physical.
90281	HUMAN IG IM	Prime Therapeutics, call 877-243-6930 or fax 800-285-9426
90283	HUMAN IG IV	Prime Therapeutics, call 877-243-6930 or fax 800-285-9427
90284	HUMAN IG SC	Prime Therapeutics, call 877-243-6930 or fax 800-285-9428
90378	RSV MAB IM 50MG	Prime Therapeutics, call 877-243-6930 or fax 800-285-9429
90399	IMMUNE GLOBULIN	History and physical, chart notes from ordering physician, treatment plan.
90863	PHARMACOLOGIC MGMT W/PSYTX	History and physical, chart notes from ordering physician, treatment plan.
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.
90901	BIOFEEDBACK TRAIN ANY METH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.
92507	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92508	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92511	NASOPHARYNGOSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92520	LARYNGEAL FUNCTION STUDIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92521	EVALUATION OF SPEECH FLUENCY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92522	EVALUATE SPEECH PRODUCTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92523	SPEECH SOUND LANG COMPREHEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92524	BEHAVRAL QUALIT ANALYS VOICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92526	ORAL FUNCTION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92548	POSTUROGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92584	ELECTROCOCHLEOGRAPHY	Recent history and physical, plan of care, and documentation of medical necessity.
92597	ORAL SPEECH DEVICE EVAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92601	COCHLEAR IMPLT F/UP EXAM <7	Recent history and physical, plan of care, and documentation of medical necessity.
92602	REPROGRAM COCHLEAR IMPLT <7	Recent history and physical, plan of care, and documentation of medical necessity.
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92604	REPROGRAM COCHLEAR IMPLT 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92605	EX FOR NONSPEECH DEVICE RX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92606	NON-SPEECH DEVICE SERVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92607	EX FOR SPEECH DEVICE RX 1HR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92608	EX FOR SPEECH DEVICE RX ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92609	USE OF SPEECH DEVICE SERVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92610	EVALUATE SWALLOWING FUNCTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92611	MOTION FLUOROSCOPY/SWALLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92612	ENDOSCOPY SWALLOW (FEES) VID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92613	ENDOSCOPY SWALLOW (FEES) I&R	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92614	LARYNGOSCOPIC SENSORY VID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92615	LARYNGOSCOPIC SENSORY I&R	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92616	FEES W/LARYNGEAL SENSE TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
92617	FEES W/LARYNGEAL SENSE I&R	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92618	EX FOR NONSPEECH DEV RX ADD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92626	EVAL AUD REHAB STATUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92627	EVAL AUD STATUS REHAB ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92630	AUD REHAB PRE-LING HEAR LOSS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92633	AUD REHAB POSTLING HEAR LOSS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
92928	PRQ CARD STENT W/ANGIO 1 VSL	Letter of medical necessity, including condition being treated.
93228	REMOTE 30 DAY ECG REV/REPORT	Recent history and physical, plan of care, and documentation of medical necessity.
93229	REMOTE 30 DAY ECG TECH SUPP	Recent history and physical, plan of care, and documentation of medical necessity.
93621	ELECTROPHYSIOLOGY EVALUATION	Letter of medical necessity, including condition being treated.
93653	EP & ABLATE SUPRAVENT ARRHYT	Letter of medical necessity, including condition being treated.
93656	TX ATRIAL FIB PULM VEIN ISOL	Letter of medical necessity, including condition being treated.
93880	EXTRACRANIAL BILAT STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93882	EXTRACRANIAL UNI/LTD STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93886	INTRACRANIAL COMPLETE STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93888	INTRACRANIAL LIMITED STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93890	TCD VASOREACTIVITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93892	TCD EMBOLI DETECT W/O INJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93893	TCD EMBOLI DETECT W/INJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93922	UPR/L XTREMITY ART 2 LEVELS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93923	UPR/LXTR ART STDY 3+ LVLS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93924	LWR XTR VASC STDY BILAT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93925	LOWER EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93926	LOWER EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93930	UPPER EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93931	UPPER EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93970	EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93971	EXTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93975	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93976	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93978	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93979	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93980	PENILE VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93981	PENILE VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
93990	DOPPLER FLOW TESTING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
93998	NONINVAS VASC DX STUDY PROC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
94660	POS AIRWAY PRESSURE CPAP	Recent history and physical, plan of care, and documentation of medical necessity.
95782	POLYSOM <6 YRS 4/> PARAMTRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95783	POLYSOM <6 YRS CPAP/BILVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95800	SLP STDY UNATTENDED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95801	SLP STDY UNATND W/ANAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95803	ACTIGRAPHY TESTING	Recent history and physical, plan of care, and documentation of medical necessity.
95805	MULTIPLE SLEEP LATENCY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95806	SLEEP STUDY UNATT&RESP EFFT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95807	SLEEP STUDY ATTENDED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95808	POLYSOM ANY AGE 1-3> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95810	POLYSOM 6/> YRS 4/> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95811	POLYSOM 6/>YRS CPAP 4/> PARM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95851	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95852	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
95992	CANALITH REPOSITIONING PROC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96040	GENETIC COUNSELING 30 MIN	Recent history and physical, plan of care, and documentation of medical necessity.
96105	ASSESSMENT OF APHASIA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96110	DEVELOPMENTAL SCREEN W/SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96112	DEVEL TST PHYS/QHP 1ST HR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96113	DEVEL TST PHYS/QHP EA ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
96125	COGNITIVE TEST BY HC PRO	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97010	HOT OR COLD PACKS THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97012	MECHANICAL TRACTION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97014	ELECTRIC STIMULATION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97016	VASOPNEUMATIC DEVICE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97018	PARAFFIN BATH THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97022	WHIRLPOOL THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97024	DIATHERMY EG MICROWAVE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97026	INFRARED THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97028	ULTRAVIOLET THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97032	ELECTRICAL STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97033	ELECTRIC CURRENT THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97034	CONTRAST BATH THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
97035	ULTRASOUND THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97036	HYDROTHERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97039	PHYSICAL THERAPY TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97110	THERAPEUTIC EXERCISES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97112	NEUROMUSCULAR REEDUCATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97113	AQUATIC THERAPY/EXERCISES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97116	GAIT TRAINING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97124	MASSAGE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97129	THER IVNTJ 1ST 15 MIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97130	THER IVNTJ EA ADDL 15 MIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97139	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97140	MANUAL THERAPY 1/> REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97150	GROUP THERAPEUTIC PROCEDURES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97164	PT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97168	OT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97530	THERAPEUTIC ACTIVITIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97533	SENSORY INTEGRATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97535	SELF CARE MNGMENT TRAINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97537	COMMUNITY/WORK REINTEGRATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97542	WHEELCHAIR MNGMENT TRAINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97545	WORK HARDENING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97546	WORK HARDENING ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97597	RMVL DEVITAL TIS 20 CM/<	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97598	RMVL DEVITAL TIS ADDL 20CM/<	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97602	WOUND(S) CARE NON-SELECTIVE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97605	NEG PRESS WOUND TX </=50 CM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97606	NEG PRESS WOUND TX >50 CM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97750	PHYSICAL PERFORMANCE TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97755	ASSISTIVE TECHNOLOGY ASSESS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97761	PROSTHETIC TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97763	ORTHC/PROSTC MGMT SBSQ ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97799	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97810	ACUPUNCT W/O STIMUL 15 MIN	Recent history and physical, plan of care, and documentation of medical necessity.
98940	CHIROPRACT MANJ 1-2 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
98941	CHIROPRACT MANJ 3-4 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

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98942	CHIROPRACTIC MANJ 5 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
98943	CHIROPRACT MANJ XTRSPINL 1/>	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
99183	HYPERBARIC OXYGEN THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
99601	HOME INFUSION/VISIT 2 HRS	Recent history and physical, plan of care, and documentation of medical necessity.
99602	HOME INFUSION EACH ADDTL HR	Recent history and physical, plan of care, and documentation of medical necessity.
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0002M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0003M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0004M	SCO 53 SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0006M	Onc hep gene risk classifier	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0007M	Onc gastro 51 gene nomogram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0011M	ONC PRST8 CA MRNA 12 GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012M	ONC MRNA 5 GEN RSK URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012U	GERMLN DO GENE REARGMT DETCJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013M	ONC MRNA 5 GEN RECR URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013U	ONC SLD ORG NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0014U	HEM HMTLMF NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0019T	EXTRACORP SHOCK WV TX,MS NOS	Recent history and physical, plan of care, and documentation of medical necessity.
0019U	ONC RNA TISS PREDICT ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0032U	COMT GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0034U	TPMT NUDT15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0036U	XOME TUM & NML SPEC SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0037U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0042T	B BRGDRFERI ANTB 12 PRTN IGG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0045U	ONC BRST DUX CARC IS 12 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

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0047U	ONC PRST8 MRNA 17 GENE ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0048U	ONC SLD ORG NEO DNA 468 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0050U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0053U	ONC PRST8 CA FISH ALYS 4 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0055U	CARD HRT TRNSPL 96 DNA SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0056U	HEM AML DNA GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0069U	ONC CLRCT MICRORNA MIR-31-3P	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0071U	CYP2D6 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0074U	CYP2D6 NONDUPLICATED GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0075U	CYP2D6 5' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0076U	CYP2D6 3' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0078U	PAIN MGT OPI USE GNOTYP PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0079U	CMPRTV DNA ALYS MLT SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0084U	RBC DNA GNOTYP 10 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0087U	CRD HRT TRNSPL MRNA 1283 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0089U	ONC MLNMA PRAME & LINC00518	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0090U	ONC CUTAN MLNMA MRNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0094U	GENOME RAPID SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0101U	HERED COLON CA DO 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0102U	HERED BRST CA RLTD DO 17 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0103U	HERED OVA CA PNL 24 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0111U	ONC COLON CA KRAS&NRAS ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0114U	GI BARRETTES ESOPH VIM&CCNA1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0118U	TRNSPLJ DON-DRV CLL-FR DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0120U	ONC B CLL LYMPHM MRNA 58 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0129U	HERED BRST CA RLTD DO PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0130U	HERED COLON CA DO MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0131U	HERED BRST CA RLTD DO PNL 13	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0132U	HERED OVA CA RLTD DO PNL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0133U	HERED PRST8 CA RLTD DO 11	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

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0134U	HERED PAN CA MRNA PNL 18 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0135U	HERED GYN CA MRNA PNL 12 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0136U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0137U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0153U	ONC BREAST MRNA 101 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0156U	COPY NUMBER SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0157U	APC MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0158U	MLH1 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0159U	MSH2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0160U	MSH6 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0161U	PMS2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0162U	HERED COLON CA TRGT MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0169U	NUDT15&TPMT GENE COM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0170U	NEURO ASD RNA NEXT GEN SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0171U	TRGT GEN SEQ ALYS PNL DNA 23	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0095T	RMVL ARTIFIC DISC ADDL CRVCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0098T	REV ARTIFIC DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0102T	EXTRACORP SHOCKWV TX ANESTH	Recent history and physical, plan of care, and documentation of medical necessity.
0163T	LUMB ARTIF DISKECTOMY ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0164T	REMOVE LUMB ARTIF DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0165T	REVISE LUMB ARTIF DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0213T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0214T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0215T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0216T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0217T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0218T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0228T	NJX TFRML EPRL W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0229T	NJX TFRML EPRL W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0230T	NJX TFRML EPRL W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0231T	NJX TFRML EPRL W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0274T	PERQ LAMOT/LAM CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0275T	PERQ LAMOT/LAM LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0394T	HDR ELCTRNC SKN SURF BRCHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
3155F	CYTOGEN TEST MARROW B/4 TX	Recent history and physical, plan of care, and documentation of medical necessity.
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.
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.
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0433	Advanced life support, level 2 (als 2)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0436	Rotary wing air mileage, per statute mile	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A4604	Tubing with integrated heating element for use with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7030	Full face mask used with positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7031	Face mask interface, replacement for full face mask, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7032	Cushion for use on nasal mask interface, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7035	Headgear used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7036	Chinstrap used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7037	Tubing used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7038	Filter, disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7039	Filter, non disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7044	Oral interface used with positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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.
C8900	Magnetic resonance angiography with contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8901	Magnetic resonance angiography without contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
C8903	Magnetic resonance imaging with contrast, breast; unilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8906	Magnetic resonance imaging with contrast, breast; bilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8912	Magnetic resonance angiography with contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8913	Magnetic resonance angiography without contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8918	Magnetic resonance angiography with contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8919	Magnetic resonance angiography without contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8934	Magnetic resonance angiography with contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
C8935	Magnetic resonance angiography without contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9032	VIAL C9032 Injection, voretigene neparvovec-rzyl, 1 billion vector genome	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9036	Injection, patisiran, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9047	aTTP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9052	Ravulizumab-cwvz, Ultomiris	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9257	Injection, bevacizumab, 0.25 mg	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
C9293	Injection, glucarpidase, 10 units	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
C9399	Unclassified drugs or biologicals	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Letter of medical necessity, including condition being treated.
C9800	Dermal injection procedure(s) for facial lipodystrophy syndrome (lds) and provision of radiesse or sculptra dermal filler, including all items and supplies	History and physical or clinical notes.
E0194	Air fluidized bed	History and physical or clinical notes, including anticipated length of use.
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	History and Physical or clinical notes, including anticipated length of use
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	History and Physical or clinical notes, including anticipated length of use
E0250	Hospital bed, fixed height, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0251	Hospital bed, fixed height, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	History and Physical or clinical notes, including anticipated length of use
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0290	Hospital bed, fixed height, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0291	Hospital bed, fixed height, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	History and physical or clinical notes, including anticipated length of use.
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	History and physical or clinical notes, including anticipated length of use
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	History and physical or clinical notes, including anticipated length of use
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING. INCLUDES MATTRESS	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0455	Oxygen tent, excluding croup or pediatric tents	History and physical or clinical notes, including anticipated length of use.
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0561	Humidifier, non-heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0562	Humidifier, heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0601	Continuous positive airway pressure (cpap) device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE. WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Letter of medical necessity, including condition being treated.
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC. WITH OR WITHOUT WHEELS	Letter of medical necessity, including condition being treated.
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0700	Safety equipment, device or accessory, any type	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0749	Osteogenesis stimulator, electrical, surgically implanted	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Letter of medical necessity, including condition being treated.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0784	External ambulatory infusion pump, insulin	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0936	Continuous passive motion exercise device for use other than knee	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0986	Manual wheelchair accessory, push rim activated power assist system.	Letter of medical Necessity supporting need for the wheelchair accessory.
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Letter of medical Necessity supporting need for the wheelchair accessory.
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.
E1037	Transport chair, pediatric size	Letter of medical Necessity supporting need for the wheelchair accessory.
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	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.
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	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.
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	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.
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	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.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	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.
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	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.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	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.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	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.
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	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.
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	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.
E1239	Power wheelchair, pediatric size, 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.
E1310	Whirlpool, nonportable (built-in type)	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.
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E2301	Wheelchair accessory, power standing system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Letter of medical necessity, including condition being treated.
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
G0219	Pet imaging whole body; melanoma for non-covered indications	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0235	Pet imaging, any site, not otherwise specified	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0297	Low dose ct scan (ldct) for lung cancer screening	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0451	Development testing, with interpretation and report, per standardized instrument form	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6001	Ultrasonic guidance for placement of radiation therapy fields	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0178	Injection, aflibercept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0179	Injection, brolocizumab-dbl, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0180	Injection, agalsidase beta, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0202	Injection, alemtuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0207	Injection, amifostine, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0364	Injection, apomorphine hydrochloride, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J0490	Injection, belimumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0517	Fasenra	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0584	Crysvita	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0585	Injection, onabotulinumtoxina, 1 unit	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0586	Injection, abobotulinumtoxina, 5 units	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0587	Injection, rimabotulinumtoxinb, 100 units	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0588	Injection, incobotulinumtoxin a, 1 unit	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0606	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	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0638	Injection, canakinumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0640	Injection, leucovorin calcium, per 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0641	Injection, levoleucovorin calcium, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0800	Injection, corticotropin, up to 40 units	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J0894	Injection, decitabine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J0897	Injection, denosumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1290	Injection, ecallantide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J1300	Injection, eculizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1301	Radicava	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1322	Injection, elosulfase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1325	Injection, epoprostenol, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1442	Injection, filgrastim (g-csf), eXcludes biosimilars, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1447	Injection, tbo-filgrastim, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1453	Injection, fosaprepitant, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1454	Fosnetupitant/Palonosetron	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1458	Injection, galsulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1460	S/D INJ J1460 Injection, gamma globulin, intramuscular, 1 cc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1555	Injection, immune globulin, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1556	Injection, immune globulin (bivigam), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1557	Injection, immune globulin, (gammappleX), intravenous, non- lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1559	Injection, immune globulin (hizentra), 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1560	Injection, gamma globulin, intramuscular, over 10 cc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1602	Injection, golimumab, 1 mg, for intravenous use	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J1627	Injection, granisetron, extended-release, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1743	Injection, idursulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1744	Injection, icatibant, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1745	Injection infliximab, 10 mg	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J1746	Trogarzo	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1786	Injection, imiglucerase, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1930	Injection, lanreotide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1931	Injection, laronidase, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J1950	Leuprolide acetate, per 3.75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2170	Injection, mecasermin, 1 mg	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2323	Injection, natalizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2326	Injection, nusinersen, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2357	Injection, omalizumab, 5 mg	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J2430	Injection, pamidronate disodium, per 30 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2469	Injection, palonosetron hcl, 25 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2502	Injection, pasireotide long acting, 1 mg	Prime Therapeutics, fax 877-243-6930 or call 855-457-0755
J2503	Injection, pegaptanib sodium, 0.3 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2505	Injection, pegfilgrastim, 6 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2507	Injection, pegloticase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2562	Injection, pleriXafor, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J2778	Injection, ranibizumab, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2783	Injection, rasburicase, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2793	Injection, rilonacept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2796	Injection, romiplostim, 10 micrograms	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J2860	Injection, siltuximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3060	Injection, taliglucerase alfa, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3245	Ilumya	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3262	Injection, tocilizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3285	Injection, treprostinil, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3304	Zilretta	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3315	Injection, triptorelin pamoate, 3.75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3316	Triptodur	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3380	Injection, vedolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3385	Injection, velaglucerase alfa, 100 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3397	Mepsevii	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3398	Luxturna	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3489	Injection, zoledronic acid, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3490	Unclassified drugs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J3590	Unclassified biologics	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7318	Durolane	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7329	TriVisc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9000	Injection, doxorubicin hydrochloride, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9015	Injection, aldesleukin, per single use vial	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9017	Injection, arsenic trioXide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9019	Injection, asparaginase (erwinaze), 1,000 iu	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9022	Injection, atezolizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9023	Injection, avelumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9025	Injection, azacitidine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9027	Injection, clofarabine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9030	Mitoxantrone HCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9032	Injection, belinostat, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9033	Injection, bendamustine hcl, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9034	Injection, bendamustine HCl (bendeka), 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J9035	Injection, bevacizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9036	Bendamustine HCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9039	Injection, blinatumomab, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9040	Injection, bleomycin sulfate, 15 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9041	Injection, bortezomib, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9042	Injection, brentuximab vedotin, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9043	Injection, cabazitaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9044	Bortezomib	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9045	Injection, carboplatin, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9047	Injection, carfilzomib, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9050	Injection, carmustine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9055	Injection, cetuximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9057	Copanlisib	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9060	Injection, cisplatin, powder or solution, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9065	Injection, cladribine, per 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9070	Cyclophosphamide, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9098	Injection, cytarabine liposome, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9100	Injection, cytarabine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9118	Calaspargase pegol-mknl	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9119	Cemiplimab-rwlc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9120	Injection, dactinomycin, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9130	Dacarbazine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9145	Injection, daratumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9150	Injection, daunorubicin, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9155	Injection, degarelix, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9171	Injection, docetaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9173	Durvalumab	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9175	Injection, eliott's b solution, 1 ml	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9176	Injection, elotuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9178	Injection, epirubicin hcl, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9179	Injection, eribulin mesylate, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9181	Injection, etoposide, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9185	Injection, fludarabine phosphate, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9190	Injection, fluorouracil, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9200	Injection, floxuridine, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J9201	Injection, gemcitabine hydrochloride, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9202	Goserelin acetate implant, per 3.6 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9204	Mogamulizumab-kpkc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9205	Injection, irinotecan liposome, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9206	Injection, irinotecan, 20 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9207	Injection, iXabepilone, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9208	Injection, ifosfamide, 1 gram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9209	Injection, mesna, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9211	Injection, idarubicin hydrochloride, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9216	Injection, interferon, gamma 1-b, 3 million units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9218	Leuprolide acetate, per 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9225	Histrelin implant (vantas), 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9226	Histrelin implant (supprelin la), 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9228	Injection, ipilimumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9245	Injection, melphalan hydrochloride, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9250	MethotreXate sodium, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9260	Methotrexate Sodium (J9260: 50mg)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9261	Injection, nelarabine, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9262	Injection, omacetaXine mepesuccinate, 0.01 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9263	Injection, oXaliplatin, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9264	Injection, paclitaXel protein-bound particles, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9266	Injection, pegaspargase, per single dose vial	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9267	Injection, paclitaXel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9268	Injection, pentostatin, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9269	Tagraxofusp-erzs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9271	Injection, pembrolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9280	Injection, mitomycin, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9285	Injection, olaratumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9295	Injection, necitumumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9299	Injection, nivolumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9301	Injection, obinutuzumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
J9302	Injection, ofatumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9303	Injection, panitumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9305	Injection, pemetreXed, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9306	Injection, pertuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9307	Injection, pralatreXate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9308	Injection, ramucirumab, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9311	Rituximab and Hyaluronidase Human	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9312	Rituxan	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9313	Moxetumomab pasudotox-tdfk	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9315	Injection, romidepsin, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9320	Injection, streptozocin, 1 gram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9328	Injection, temozolomide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9330	Injection, temsirolimus, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9340	Injection, thiotepa, 15 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9351	Injection, topotecan, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9352	Injection, trabectedin, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9354	Injection, ado-trastuzumab emtansine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9355	Injection, trastuzumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9356	Trastuzumab and hyaluronidase-oysk	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9357	Injection, valrubicin, intravesical, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9360	Injection, vinblastine sulfate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9370	Vincristine sulfate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9371	Injection, vincristine sulfate liposome, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9390	Injection, vinorelbine tartrate, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9395	Injection, fulvestrant, 25 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9400	Injection, ziv-aflibercept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9600	Injection, porfimer sodium, 75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9999	Unclassified neoplastic	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.
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.
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.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	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.
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Recent History and Physical, plan of care, and documentation of medical necessity
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
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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
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.
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0810	Halo procedure, cervical halo incorporated into jacket vest	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1300	Other scoliosis procedure, body jacket molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1310	Other scoliosis procedure, postoperative body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1720	Legg Perthes orthotic, trilateral, (Tachdijan type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1932	Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	History and physical or clinical notes, including anticipated length of use.
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	History and physical or clinical notes, including anticipated length of use.
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2270	Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2360	Addition to lower extremity, extended steel shank	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2390	Addition to lower extremity, offset knee joint, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2397	Addition to lower extremity orthosis, suspension sleeve	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2405	Addition to knee joint, drop lock, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2768	Orthotic side bar disconnect device, per bar	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2785	Addition to lower extremity orthosis, drop lock retainer, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2999	Lower extremity orthoses, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only. each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3976	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4205	Repair of orthotic device, labor component, per 15 minutes	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5010	Partial foot, molded socket, ankle height, with toe filler	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5050	Ankle, Symes, molded socket, SACH foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5100	Below knee, molded socket, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5530	Preparatory, below knee 'ptb' type 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.

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

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5647	Addition to lower extremity, below knee suction socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.
L6000	Partial hand, thumb remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6010	Partial hand, little and/or ring finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6020	Partial hand, no finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6029	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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.
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.
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.
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.

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

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
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.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7008	Electric hand, switch or myoelectric, controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7040	Prehensile actuator, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7170	Electronic elbow, hosmer or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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.
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.
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8042	Orbital prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8043	Upper facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8044	Hemi-facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8045	Auricular prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.
L8609	Artificial cornea	Letter of medical necessity, including condition being treated.
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
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.
L8627	Cochlear implant, external speech processor, component, replacement	Letter of medical necessity, including condition being treated.
L8628	Cochlear implant, external controller component, replacement	Letter of medical necessity, including condition being treated.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Letter of medical necessity, including condition being treated.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Letter of medical necessity, including condition being treated.
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Letter of medical necessity, including condition being treated.
L8679	Implantable neurostimulator, pulse generator, any type	Letter of medical necessity, including condition being treated.
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.
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
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.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
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.
L8690	Auditory osseointegrated device, includes all internal and external components	Recent history and physical, plan of care, and documentation of medical necessity.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.
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.
M0076	Prolotherapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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.
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.
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.
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.
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.
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.
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.
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.
Q2017	Injection, teniposide, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodoX, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	Recent history and physical, plan of care, and documentation of medical necessity.
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5102	Injection, infliximab, biosimilar, 10 mg	Letter of medical necessity, including condition being treated.
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	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5106	epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5107	Bevacizumab-awwb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5111	Pegfilgrastim-cbqv	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5112	Trastuzumab-dttb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5113	Trastuzumab-pkrb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5114	Trastuzumab-dkst	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5115	Rituximab-abbs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5116	Trastuzumab-qyyp	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5117	Trastuzumab-anns	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5118	Bevacizumab-bvzr	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3841	Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3845	Genetic testing for alpha-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3846	Genetic testing for hemoglobin e beta-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3850	Genetic testing for sickle cell anemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8037	Magnetic resonance cholangiopancreatography (mrcp)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8042	Magnetic resonance imaging (mri), low-field	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
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.
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.
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.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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.
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 formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
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 (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Recent history and physical, plan of care, and documentation of medical necessity.
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	Recent history and physical, plan of care, and documentation of medical necessity.
V2623	Prosthetic eye, plastic, custom	Letter of medical necessity, including condition being treated.
V2627	Scleral cover shell	Letter of medical necessity, including condition being treated.
V2628	Fabrication and fitting of ocular conformer	Letter of medical necessity, including condition being treated.
V5011	Fitting/orientation/checking of hearing aid	Letter of medical necessity, including condition being treated.
V5014	Repair/modification of a hearing aid	Letter of medical necessity, including condition being treated.
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being treated.
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
V5273	Assistive listening device, for use with cochlear implant	Letter of medical necessity, including condition being treated.
V5275	Ear impression, each	Letter of medical necessity, including condition being treated.
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	Letter of medical necessity, including condition being treated.
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	Letter of medical necessity, including condition being treated.
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	Letter of medical necessity, including condition being treated.
V5284	Assistive listening device, personal fm/dm, ear level receiver	Letter of medical necessity, including condition being treated.
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	Letter of medical necessity, including condition being treated.
V5286	Assistive listening device, personal blue tooth fm/dm receiver	Letter of medical necessity, including condition being treated.
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Letter of medical necessity, including condition being treated.
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	Letter of medical necessity, including condition being treated.
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Letter of medical necessity, including condition being treated.
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.
V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being treated.
Behavioral Health		
H2036	Substance Abuse Adolescent Residential	For Service Request, please contact customer service representative
H0047	Substance Abuse Rehabilitation	For Service Request, please contact customer service representative
H0010	Substance Acute Abuse Detoxification	For Service Request, please contact customer service representative
H0004 TF	SUPR Intensive Outpatient Service - Individual	For Service Request, please contact customer service representative
H0005 TF	SUPR Intensive Outpatient Services - Group	For Service Request, please contact customer service representative

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
H0002	Behavioral Health screening to determine eligibiltiy for admission to treatment program	For Service Request beyond 8 units (1unit = 15 min), please contact customer service representative <i>PA required only beyond 8 units</i>
H0004	BH: Alcohol and/or substance abuse services, group counseling by a clinician	For Service Request beyond 12 units (1 unit = 15 min) please contact customer service representative <i>Prior auth required only beyond 12 units</i>
H0005	Alcohol and/or substance abuse services, group counseling by a clinician	For Service Request beyond 12 units (1 unit = 15 min) please contact customer service representative <i>Prior Auth required only beyond 12 units</i>
S9480	Mental Health Intensive Outpatient Services	For Service Request, please contact customer service representative
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 <i>1 unit=15 min</i>
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 <i>1 unit=15 min</i>
H2017	Psychosocial Rehabilitation	For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form. https://www.bcbsil.com/provider/education/forms.html <i>1 unit = 15 min</i>
90870	Electroconvulsive Therapy	For Service Request, please contact customer service representative
90867	Transcranial Magnetic Stimulation	For Service Request, please contact customer service representative
90867	Transcranial Magnetic Stimulation	For Service Request, please contact customer service representative
90868	Transcranial Magnetic Stimulation	For Behavioral Health primary dx Service Request, please contact customer service representative

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
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