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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
11200	REMOVAL OF SKIN TAGS <W/15	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11201	REMOVE SKIN TAGS ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11920	CORRECT SKIN COLOR 6.0 CM/<	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11921	CORRECT SKN COLOR 6.1-20.0CM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11922	CORRECT SKIN COLOR EA 20.0CM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11950	TX CONTOUR DEFECTS 1 CC/<	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11952	TX CONTOUR DEFECTS 5.1-10CC	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11954	TX CONTOUR DEFECTS >10.0 CC	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11960	INSERT TISSUE EXPANDER(S)	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15002	WOUND PREP TRK/ARM/LEG	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15003	WOUND PREP ADDL 100 CM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15004	WOUND PREP F/N/HF/G	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15005	WND PREP F/N/HF/G ADDL CM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15780	DERMABRASION TOTAL FACE	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.



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15781	DERMABRASION SEGMENTAL FACE	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15782	DERMABRASION OTHER THAN FACE	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15783	DERMABRASION SUPRFL ANY SITE	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15786	ABRASION LESION SINGLE	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15787	ABRASION LESIONS ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15788	CHEMICAL PEEL FACE EPIDERM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15789	CHEMICAL PEEL FACE DERMAL	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15792	CHEMICAL PEEL NONFACIAL	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15793	CHEMICAL PEEL NONFACIAL	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15819	PLASTIC SURGERY NECK	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15820	REVISION OF LOWER EYELID	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15821	REVISION OF LOWER EYELID	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15822	REVISION OF UPPER EYELID	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
15823	REVISION OF UPPER EYELID	Medical Necessity	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15824	REMOVAL OF FOREHEAD WRINKLES	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15825	REMOVAL OF NECK WRINKLES	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15826	REMOVAL OF BROW WRINKLES	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15828	REMOVAL OF FACE WRINKLES	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15829	REMOVAL OF SKIN WRINKLES	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15830	EXC SKIN ABD	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15847	EXC SKIN ABD ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15876	SUCTION LIPECTOMY HEAD&NECK	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17340	CRYOTHERAPY OF SKIN	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19020	INCISION OF BREAST LESION	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19120	REMOVAL OF BREAST LESION	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19294	PREP TUM CAV IORT PRTL MAST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
19296	PLACE PO BREAST CATH FOR RAD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
19297	PLACE BREAST CATH FOR RAD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
19298	PLACE BREAST RAD TUBE/CATHS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
19301	PARTIAL MASTECTOMY	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19303	MAST SIMPLE COMPLETE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19304	MAST SUBQ	Medical Necessity	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.
19316	SUSPENSION OF BREAST	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment and operative report.
19318	REDUCTION OF LARGE BREAST	Medical Necessity	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.
19324	ENLARGE BREAST	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19325	ENLARGE BREAST WITH IMPLANT	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19328	REMOVAL OF BREAST IMPLANT	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19330	REMOVAL OF IMPLANT MATERIAL	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19340	IMMEDIATE BREAST PROSTHESIS	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19342	DELAYED BREAST PROSTHESIS	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19350	BREAST RECONSTRUCTION	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
20552	INJ TRIGGER POINT 1/2 MUSCL	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.



**BlueCross BlueShield  
of Texas**

**Texas Medicaid Benefit Prior Authorization Procedure Code List  
Effective 1/1/2019  
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20553	INJECT TRIGGER POINTS 3/>	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20931	SP BONE ALGRFT STRUCT ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20936	SP BONE AGRFT LOCAL ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20937	SP BONE AGRFT MORSEL ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20938	SP BONE AGRFT STRUCT ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20974	ELECTRICAL BONE STIMULATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
20975	ELECTRICAL BONE STIMULATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
21083	PREPARE FACE/ORAL PROSTHESIS	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21085	PREPARE FACE/ORAL PROSTHESIS	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.



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21123	RECONSTRUCTION OF CHIN	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.
21141	LEFORT I-1 PIECE W/O GRAFT	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
21150	LEFORT II ANTERIOR INTRUSION	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.
21155	LEFORT III W/ LEFORT I	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Cosmetic - Potential Contract Exclusion	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.
21193	RECONST LWR JAW W/O GRAFT	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.



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21196	RECONST LWR JAW W/FIXATION	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Fax PA 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	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21215	LOWER JAW BONE GRAFT	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21230	RIB CARTILAGE GRAFT	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21244	RECONSTRUCTION OF LOWER JAW	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21245	RECONSTRUCTION OF JAW	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21246	RECONSTRUCTION OF JAW	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.





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21270	AUGMENTATION CHEEK BONE	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21685	HYOID MYOTOMY & SUSPENSION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
21740	RECONSTRUCTION OF STERNUM	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22505	MANIPULATION OF SPINE	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
22510	PERQ CERVICOTHORACIC INJECT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22511	PERQ LUMBOSACRAL INJECTION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22512	VERTEBROPLASTY ADDL INJECT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22513	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22514	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22515	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22533	LAT LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22534	LAT THOR/LUMB ADDL SEG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22551	NECK SPINE FUSE&REMOV BEL C2		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22552	ADDL NECK SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22554	NECK SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22558	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22585	ADDITIONAL SPINAL FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22600	NECK SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22612	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22614	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22630	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22632	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22633	LUMBAR SPINE FUSION COMBINED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22634	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22800	POST FUSION </6 VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22802	POST FUSION 7-12 VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22804	POST FUSION 13/> VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22808	ANT FUSION 2-3 VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22810	ANT FUSION 4-7 VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22812	ANT FUSION 8/> VERT SEG	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22840	INSERT SPINE FIXATION DEVICE	Medical Necessity	Submit history and physical, operative report, documentation of conservative measures.
22841	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22842	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22843	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22844	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22845	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22846	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22847	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22848	INSERT PELV FIXATION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22853	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22854	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22856	CERV ARTIFIC DISKECTOMY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22857	LUMBAR ARTIF DISKECTOMY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22858	SECOND LEVEL CER DISKECTOMY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22859	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
22861	REVISE CERV ARTIFIC DISC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22862	REVISE LUMBAR ARTIF DISC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22865	REMOVE LUMB ARTIF DISC	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
22867	INSJ STABLI DEV W/DCMPRN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22868	INSJ STABLI DEV W/DCMPRN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22869	INSJ STABLI DEV W/O DCMPRN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22870	INSJ STABLI DEV W/O DCMPRN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
22999	ABDOMEN SURGERY PROCEDURE	Unlisted Code	Recent history and physical, plan of care, and documentation of medical necessity.
23000	REMOVAL OF CALCIUM DEPOSITS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23020	RELEASE SHOULDER JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23120	PARTIAL REMOVAL COLLAR BONE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23130	REMOVE SHOULDER BONE PART		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23410	REPAIR ROTATOR CUFF ACUTE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23412	REPAIR ROTATOR CUFF CHRONIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23415	RELEASE OF SHOULDER LIGAMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
23420	REPAIR OF SHOULDER		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23430	REPAIR BICEPS TENDON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23440	REMOVE/TRANSPLANT TENDON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23450	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23455	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23460	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23462	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23465	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23466	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23470	RECONSTRUCT SHOULDER JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23472	RECONSTRUCT SHOULDER JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23473	REVIS RECONST SHOULDER JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
23474	REVIS RECONST SHOULDER JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
24587	TREAT ELBOW FRACTURE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25310	TRANSPLANT FOREARM TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
25312	TRANSPLANT FOREARM TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26480	TRANSPLANT HAND TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26483	TRANSPLANT/GRAFT HAND TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26485	TRANSPLANT PALM TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26489	TRANSPLANT/GRAFT PALM TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27096	INJECT SACROILIAC JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27125	PARTIAL HIP REPLACEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27130	TOTAL HIP ARTHROPLASTY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27132	TOTAL HIP ARTHROPLASTY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27134	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27137	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27138	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27332	REMOVAL OF KNEE CARTILAGE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27333	REMOVAL OF KNEE CARTILAGE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27334	REMOVE KNEE JOINT LINING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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27335	REMOVE KNEE JOINT LINING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27396	TRANSPLANT OF THIGH TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27397	TRANSPLANTS OF THIGH TENDONS	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27403	REPAIR OF KNEE CARTILAGE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27405	REPAIR OF KNEE LIGAMENT	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27407	REPAIR OF KNEE LIGAMENT	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27409	REPAIR OF KNEE LIGAMENTS	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27412	AUTOCHONDROCYTE IMPLANT KNEE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27415	OSTEOCHONDRAL KNEE ALLOGRAFT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27418	REPAIR DEGENERATED KNEECAP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27420	REVISION OF UNSTABLE KNEECAP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27422	REVISION OF UNSTABLE KNEECAP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27424	REVISION/REMOVAL OF KNEECAP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27425	LAT RETINACULAR RELEASE OPEN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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27427	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27428	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27429	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27430	REVISION OF THIGH MUSCLES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27438	REVISE KNEECAP WITH IMPLANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27440	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27441	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27442	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27443	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27445	REVISION OF KNEE JOINT	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27446	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27447	TOTAL KNEE ARTHROPLASTY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27486	REVISE/REPLACE KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27487	REVISE/REPLACE KNEE JOINT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
27557	TREAT KNEE DISLOCATION	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
27558	TREAT KNEE DISLOCATION	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27690	REVISE LOWER LEG TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27691	REVISE LOWER LEG TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27692	REVISE ADDITIONAL LEG TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28292	CORRECTION HALLUX VALGUS	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
29805	SHOULDER ARTHROSCOPY DX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29806	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29807	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29819	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29820	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29821	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29822	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29823	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29824	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29825	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
29827	ARTHROSCOP ROTATOR CUFF REPR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29828	ARTHROSCOPY BICEPS TENODESIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29860	HIP ARTHROSCOPY DX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29861	HIP ARTHRO W/FB REMOVAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29862	HIP ARTHRO W/DEBRIDEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29863	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29866	AUTGRFT IMPLNT KNEE W/SCOPE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29867	ALLGRFT IMPLNT KNEE W/SCOPE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29868	MENISCAL TRNSPL KNEE W/SCPE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29870	KNEE ARTHROSCOPY DX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29871	KNEE ARTHROSCOPY/DRAINAGE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29873	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29874	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29875	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29876	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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29877	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29879	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29880	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29881	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29882	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29883	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29884	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29885	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29886	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29887	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29888	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29889	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29914	HIP ARTHRO W/FEMOROPLASTY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29915	HIP ARTHRO ACETABULOPLASTY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
29916	HIP ARTHRO W/LABRAL REPAIR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
30400	RECONSTRUCTION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30410	RECONSTRUCTION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30420	RECONSTRUCTION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30430	REVISION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30435	REVISION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30450	REVISION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30460	REVISION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30462	REVISION OF NOSE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30520	REPAIR OF NASAL SEPTUM	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30801	ABLATE INF TURBINATE SUPERF	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30802	ABLATE INF TURBINATE SUBMUC	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31575	DIAGNOSTIC LARYNGOSCOPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
31579	LARYNGOSCOPY TELESCOPIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
31600	INCISION OF WINDPIPE	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31643	DIAG BRONCHOSCOPE/CATHETER		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
31830	REVISE WINDPIPE SCAR	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32553	INS MARK THOR FOR RT PERQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
32851	LUNG TRANSPLANT SINGLE	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33933	PREPARE DONOR HEART/LUNG	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
33945	TRANSPLANTATION OF HEART	Transplant	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	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36471	NJX SCLRSNT MLT INCMPTNT VN	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36475	ENDOVENOUS RF 1ST VEIN	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36476	ENDOVENOUS RF VEIN ADD-ON	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36478	ENDOVENOUS LASER 1ST VEIN	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
36479	ENDOVENOUS LASER VEIN ADDON	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37220	ILIAC REVASC	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37224	FEM/POPL REVAS W/TLA	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37228	TIB/PER REVASC W/TLA	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Medical Necessity	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37500	ENDOSCOPY LIGATE PERF VEINS	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37565	LIGATION OF NECK VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.



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37650	REVISION OF MAJOR VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37700	REVISE LEG VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37718	LIGATE/STRIP SHORT LEG VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37722	LIGATE/STRIP LONG LEG VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37735	REMOVAL OF LEG VEINS/LESION	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37760	LIGATE LEG VEINS RADICAL	Medical Necessity	History and physical and operative report.
37761	LIGATE LEG VEINS OPEN	Medical Necessity	History and physical and operative report.
37765	STAB PHLEB VEINS XTR 10-20	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37766	PHLEB VEINS - EXTREM 20+	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37780	REVISION OF LEG VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37785	LIGATE/DIVIDE/EXCISE VEIN	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
37799	VASCULAR SURGERY PROCEDURE	Unlisted Code	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
38206	HARVEST AUTO STEM CELLS	Transplant	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	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
38232	BONE MARROW HARVEST AUTOLOG	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Medical Necessity	History and physical and operative report.
40701	REPAIR CLEFT LIP/NASAL	Medical Necessity	History and physical and operative report.
40702	REPAIR CLEFT LIP/NASAL	Medical Necessity	History and physical and operative report.
40720	REPAIR CLEFT LIP/NASAL	Medical Necessity	History and physical and operative report.
40761	REPAIR CLEFT LIP/NASAL	Medical Necessity	History and physical and operative report.
40820	TREATMENT OF MOUTH LESION	Medical Necessity	History and physical and operative report.
41019	PLACE NEEDLES H&N FOR RT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
41120	PARTIAL REMOVAL OF TONGUE	Medical Necessity	History and physical and operative report.
42140	EXCISION OF UVULA	Medical Necessity	History and physical and operative report.
42145	REPAIR PALATE PHARYNX/UVULA	Medical Necessity	History and physical, including sleep study results, results of CPAP trial.
42200	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.
42205	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.
42210	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.
42215	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.
42220	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.
42225	RECONSTRUCT CLEFT PALATE	Medical Necessity	History and physical and operative report.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
43112	ESPHG TOT W/THRCM	Medical Necessity	History and physical and operative report.
43121	PARTIAL REMOVAL OF ESOPHAGUS	Medical Necessity	History and physical and operative report.
43122	PARTIAL REMOVAL OF ESOPHAGUS	Medical Necessity	History and physical and operative report.
43236	UPPR GI SCOPE W/SUBMUC INJ	Medical Necessity	History and physical and operative report.
43360	GASTROINTESTINAL REPAIR	Medical Necessity	History and physical and operative report.
43633	REMOVAL OF STOMACH PARTIAL	Medical Necessity	History and physical and operative report.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43645	LAP GASTR BYPASS INCL SMLL I	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43770	LAP PLACE GASTR ADJ DEVICE	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43771	LAP REVISE GASTR ADJ DEVICE	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43772	LAP RMVL GASTR ADJ DEVICE	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43773	LAP REPLACE GASTR ADJ DEVICE	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43774	LAP RMVL GASTR ADJ ALL PARTS	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	LAP SLEEVE GASTRECTOMY	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	RECONSTRUCTION OF PYLORUS	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43842	V-BAND GASTROPLASTY	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	GASTROPLASTY W/O V-BAND	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	GASTROPLASTY DUODENAL SWITCH	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
43846	GASTRIC BYPASS FOR OBESITY	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43847	GASTRIC BYPASS INCL SMALL I	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	REVISION GASTROPLASTY	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	REVISE GASTRIC PORT OPEN	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	REMOVE GASTRIC PORT OPEN	Obesity - Potential Contract Exclusion	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43888	CHANGE GASTRIC PORT OPEN	Obesity - Potential Contract Exclusion	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43999	STOMACH SURGERY PROCEDURE	Unlisted Code	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
44721	PREP DONOR INTESTINE/ARTERY	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
45126	PELVIC EXENTERATION	Medical Necessity	History and physical and procedure report.
46760	REPAIR OF ANAL SPHINCTER	Medical Necessity	History and physical and procedure report.
47120	PARTIAL REMOVAL OF LIVER	Medical Necessity	History and physical and procedure report.
47122	EXTENSIVE REMOVAL OF LIVER	Medical Necessity	History and physical and procedure report.
47125	PARTIAL REMOVAL OF LIVER	Medical Necessity	History and physical and procedure report.
47130	PARTIAL REMOVAL OF LIVER	Medical Necessity	History and physical and procedure report.
47133	REMOVAL OF DONOR LIVER	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47147	PREP DONOR LIVER/ARTERIAL	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
47420	INCISION OF BILE DUCT	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
49411	INS MARK ABD/PEL FOR RT PERQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
49412	INS DEVICE FOR RT GUIDE OPEN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
50300	REMOVE CADAVER DONOR KIDNEY	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.



**BlueCross BlueShield  
of Texas**

**Texas Medicaid Benefit Prior Authorization Procedure Code List  
Effective 1/1/2019  
Press "CTRL" and "F" keys at the same time to bring up the search box**

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
50325	PREP DONOR RENAL GRAFT	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50544	LAPAROSCOPY PYELOPLASTY	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
50860	TRANSPLANT URETER TO SKIN	Transplant	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	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51585	REMOVAL OF BLADDER & NODES	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
51597	REMOVAL OF PELVIC STRUCTURES	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
53430	RECONSTRUCTION OF URETHRA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54125	REMOVAL OF PENIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54304	REVISION OF PENIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54406	REMOVE MUTI-COMP PENIS PROS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54415	REMOVE SELF-CONTD PENIS PROS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54520	REMOVAL OF TESTIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54660	REVISION OF TESTIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
54690	LAPAROSCOPY ORCHIECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
55175	REVISION OF SCROTUM	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
55180	REVISION OF SCROTUM	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
55875	TRANSPERI NEEDLE PLACE PROS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
55876	PLACE RT DEVICE/MARKER PROS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
55920	PLACE NEEDLES PELVIC FOR RT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
56625	COMPLETE REMOVAL OF VULVA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56800	REPAIR OF VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56805	REPAIR CLITORIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
56810	REPAIR OF PERINEUM	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57106	REMOVE VAGINA WALL PARTIAL	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57107	REMOVE VAGINA TISSUE PART	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57110	REMOVE VAGINA WALL COMPLETE	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57111	REMOVE VAGINA TISSUE COMPL	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57155	INSERT UTERI TANDEM/OVOIDS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
57156	INS VAG BRACHYTX DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
57291	CONSTRUCTION OF VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57292	CONSTRUCT VAGINA WITH GRAFT	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
57295	REVISE VAG GRAFT VIA VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57296	REVISE VAG GRAFT OPEN ABD	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57311	REPAIR URETHROVAGINAL LESION	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57335	REPAIR VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
57426	REVISE PROSTH VAG GRAFT LAP	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58150	TOTAL HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58180	PARTIAL HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58240	REMOVAL OF PELVIS CONTENTS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58260	VAGINAL HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58262	VAG HYST INCLUDING T/O	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58275	HYSTERECTOMY/REVISE VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58280	HYSTERECTOMY/REVISE VAGINA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58285	EXTENSIVE HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58290	VAG HYST COMPLEX	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58291	VAG HYST INCL T/O COMPLEX	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
58346	INSERT HEYMAN UTERI CAPSULE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
58541	LSH UTERUS 250 G OR LESS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58542	LSH W/T/O UT 250 G OR LESS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58543	LSH UTERUS ABOVE 250 G	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58544	LSH W/T/O UTERUS ABOVE 250 G	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58550	LAPARO-ASST VAG HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58552	LAPARO-VAG HYST INCL T/O	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58553	LAPARO-VAG HYST COMPLEX	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58554	LAPARO-VAG HYST W/T/O COMPL	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58570	TLH UTERUS 250 G OR LESS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58571	TLH W/T/O 250 G OR LESS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58572	TLH UTERUS OVER 250 G	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58573	TLH W/T/O UTERUS OVER 250 G	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58672	LAPAROSCOPY FIMBRIOPLASTY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.
58720	REMOVAL OF OVARY/TUBE(S)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
59840	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59841	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59850	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59851	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59852	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59855	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59856	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
59857	ABORTION	Potential Contract limits	Submit history and physical, documentation of medical necessity including operative report.
60512	AUTOTRANSPLANT PARATHYROID	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
61797	SRS CRAN LES SIMPLE ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62115	REDUCTION OF SKULL DEFECT	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
62120	REPAIR SKULL CAVITY LESION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
62280	TREAT SPINAL CORD LESION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62281	TREAT SPINAL CORD LESION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62282	TREAT SPINAL CANAL LESION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
62320	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62321	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62322	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62323	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62324	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62325	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62326	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62327	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62350	IMPLANT SPINAL CANAL CATH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62351	IMPLANT SPINAL CANAL CATH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62360	INSERT SPINE INFUSION DEVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62361	IMPLANT SPINE INFUSION PUMP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62362	IMPLANT SPINE INFUSION PUMP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
62380	NDSC DCMPRN 1 NTRSPC LUMBAR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63001	REMOVE SPINE LAMINA 1/2 CRVL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
63005	REMOVE SPINE LAMINA 1/2 LMBR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63012	REMOVE LAMINA/FACETS LUMBAR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63015	REMOVE SPINE LAMINA >2 CRVCL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63017	REMOVE SPINE LAMINA >2 LMBR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63020	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63030	LOW BACK DISK SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63035	SPINAL DISK SURGERY ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63040	LAMINOTOMY SINGLE CERVICAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63042	LAMINOTOMY SINGLE LUMBAR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63043	LAMINOTOMY ADDL CERVICAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63044	LAMINOTOMY ADDL LUMBAR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63045	REMOVE SPINE LAMINA 1 CRVL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63047	REMOVE SPINE LAMINA 1 LMBR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63048	REMOVE SPINAL LAMINA ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63050	CERVICAL LAMINOPLSTY 2/> SEG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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63051	C-LAMINOPLASTY W/GRAFT/PLATE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63056	DECOMPRESS SPINAL CORD LMBR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63057	DECOMPRESS SPINE CORD ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63075	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63076	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63081	REMOVE VERT BODY DCMPRN CRVL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63082	REMOVE VERTEBRAL BODY ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63650	IMPLANT NEUROELECTRODES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63655	IMPLANT NEUROELECTRODES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63685	INSRT/REDO SPINE N GENERATOR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
63688	REVISE/REMOVE NEURORECEIVER	Medical Necessity	Submit history and physical, documentation of medical necessity.
64400	N BLOCK INJ TRIGEMINAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64402	N BLOCK INJ FACIAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64405	N BLOCK INJ OCCIPITAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64408	N BLOCK INJ VAGUS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
64410	N BLOCK INJ PHRENIC	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64413	N BLOCK INJ CERVICAL PLEXUS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64415	N BLOCK INJ BRACHIAL PLEXUS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64416	N BLOCK CONT INFUSE B PLEX	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64417	N BLOCK INJ AXILLARY	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64418	N BLOCK INJ SUPRASCAPULAR	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64420	N BLOCK INJ INTERCOST SNG	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64421	N BLOCK INJ INTERCOST MLT	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64425	N BLOCK INJ ILIO-ING/HYPOGI	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64430	N BLOCK INJ PUDENDAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64435	N BLOCK INJ PARACERVICAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64445	N BLOCK INJ SCIATIC SNG	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64446	N BLK INJ SCIATIC CONT INF	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64447	N BLOCK INJ FEM SINGLE	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64448	N BLOCK INJ FEM CONT INF	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
64449	N BLOCK INJ LUMBAR PLEXUS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64450	N BLOCK OTHER PERIPHERAL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64455	N BLOCK INJ PLANTAR DIGIT	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64479	INJ FORAMEN EPIDURAL C/T		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64480	INJ FORAMEN EPIDURAL ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64483	INJ FORAMEN EPIDURAL L/S		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64484	INJ FORAMEN EPIDURAL ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64490	INJ PARAVERT F JNT C/T 1 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64491	INJ PARAVERT F JNT C/T 2 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64492	INJ PARAVERT F JNT C/T 3 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64493	INJ PARAVERT F JNT L/S 1 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64494	INJ PARAVERT F JNT L/S 2 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64495	INJ PARAVERT F JNT L/S 3 LEV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64505	N BLOCK SPENOPALATINE GANGL	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64508	AMA short description not available.	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.



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64510	N BLOCK STELLATE GANGLION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64517	N BLOCK INJ HYPOGAS PLXS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64520	N BLOCK LUMBAR/THORACIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64530	N BLOCK INJ CELIAC PELUS	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64561	IMPLANT NEUROELECTRODES	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
64633	DESTROY CERV/THOR FACET JNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64634	DESTROY C/TH FACET JNT ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64635	DESTROY LUMB/SAC FACET JNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64636	DESTROY L/S FACET JNT ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
64721	CARPAL TUNNEL SURGERY	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.
64999	NERVOUS SYSTEM SURGERY	Unlisted Code	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
65710	CORNEAL TRANSPLANT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65730	CORNEAL TRANSPLANT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65750	CORNEAL TRANSPLANT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65755	CORNEAL TRANSPLANT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
65756	CORNEAL TRNSPL ENDOTHELIAL	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65757	PREP CORNEAL ENDO ALLOGRAFT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
65780	OCULAR RECONST TRANSPLANT	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
69604	MASTOID SURGERY REVISION	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
69714	IMPLANT TEMPLE BONE W/STIMUL	Medical Necessity	Pre-operative evaluation, history and physical and operative report.
69715	TEMPLE BNE IMPLNT W/STIMULAT	Medical Necessity	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69717	TEMPLE BONE IMPLANT REVISION	Medical Necessity	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69718	REVISE TEMPLE BONE IMPLANT	Medical Necessity	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69930	IMPLANT COCHLEAR DEVICE	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70450	CT HEAD/BRAIN W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70460	CT HEAD/BRAIN W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70470	CT HEAD/BRAIN W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70480	CT ORBIT/EAR/FOSSA W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70481	CT ORBIT/EAR/FOSSA W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



**BlueCross BlueShield  
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70486	CT MAXILLOFACIAL W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70487	CT MAXILLOFACIAL W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70488	CT MAXILLOFACIAL W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70490	CT SOFT TISSUE NECK W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70491	CT SOFT TISSUE NECK W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70492	CT SFT TSUE NCK W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70496	CT ANGIOGRAPHY HEAD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70498	CT ANGIOGRAPHY NECK		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70540	MRI ORBIT/FACE/NECK W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70542	MRI ORBIT/FACE/NECK W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70543	MRI ORBT/FAC/NCK W/O &W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70544	MR ANGIOGRAPHY HEAD W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70545	MR ANGIOGRAPHY HEAD W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70546	MR ANGIOGRAPH HEAD W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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70547	MR ANGIOGRAPHY NECK W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70548	MR ANGIOGRAPHY NECK W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70549	MR ANGIOGRAPH NECK W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70551	MRI BRAIN STEM W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70552	MRI BRAIN STEM W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70553	MRI BRAIN STEM W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70554	FMRI BRAIN BY TECH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70555	FMRI BRAIN BY PHYS/PSYCH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
70557	MRI BRAIN W/O DYE	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70558	MRI BRAIN W/DYE	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70559	MRI BRAIN W/O & W/DYE	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
71250	CT THORAX W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71260	CT THORAX W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71270	CT THORAX W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71275	CT ANGIOGRAPHY CHEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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71550	MRI CHEST W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71551	MRI CHEST W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71552	MRI CHEST W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
71555	MRI ANGIO CHEST W OR W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72125	CT NECK SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72126	CT NECK SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72127	CT NECK SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72128	CT CHEST SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72129	CT CHEST SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72130	CT CHEST SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72131	CT LUMBAR SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72132	CT LUMBAR SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72133	CT LUMBAR SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72141	MRI NECK SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72142	MRI NECK SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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72146	MRI CHEST SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72147	MRI CHEST SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72148	MRI LUMBAR SPINE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72149	MRI LUMBAR SPINE W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72156	MRI NECK SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72157	MRI CHEST SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72158	MRI LUMBAR SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72159	MR ANGIO SPINE W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72191	CT ANGIOGRAPH PELV W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72192	CT PELVIS W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72193	CT PELVIS W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72194	CT PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72195	MRI PELVIS W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72196	MRI PELVIS W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
72197	MRI PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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72198	MR ANGIO PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73200	CT UPPER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73201	CT UPPER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73202	CT UPPR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73206	CT ANGIO UPR EXTRM W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73218	MRI UPPER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73219	MRI UPPER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73220	MRI UPPR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73221	MRI JOINT UPR EXTREM W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73222	MRI JOINT UPR EXTREM W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73223	MRI JOINT UPR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73225	MR ANGIO UPR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73700	CT LOWER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73701	CT LOWER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73702	CT LWR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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**Texas Medicaid Benefit Prior Authorization Procedure Code List  
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
73706	CT ANGIO LWR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73718	MRI LOWER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73719	MRI LOWER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73720	MRI LWR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73721	MRI JNT OF LWR EXTRE W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73722	MRI JOINT OF LWR EXTR W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73723	MRI JOINT LWR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
73725	MR ANG LWR EXT W OR W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74150	CT ABDOMEN W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74160	CT ABDOMEN W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74170	CT ABDOMEN W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74174	CT ANGIO ABD&PELV W/O&W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74175	CT ANGIO ABDOM W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74176	CT ABD & PELVIS W/O CONTRAST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74177	CT ABD & PELV W/CONTRAST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
74178	CT ABD & PELV 1/> REGNS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74181	MRI ABDOMEN W/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74182	MRI ABDOMEN W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74183	MRI ABDOMEN W/O & W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74185	MRI ANGIO ABDOM W ORW/O DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74261	CT COLONOGRAPHY DX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74262	CT COLONOGRAPHY DX W/DYE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74263	CT COLONOGRAPHY SCREENING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74712	MRI FETAL SNGL/1ST GESTATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
74713	MRI FETAL EA ADDL GESTATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
75635	CT ANGIO ABDOMINAL ARTERIES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76376	3D RENDER W/INTRP POSTPROCES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76377	3D RENDER W/INTRP POSTPROCES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76380	CAT SCAN FOLLOW-UP STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76390	MR SPECTROSCOPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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76391	MR ELASTOGRAPHY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76497	CT PROCEDURE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76498	MRI PROCEDURE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76506	ECHO EXAM OF HEAD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76536	US EXAM OF HEAD AND NECK		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76604	US EXAM CHEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76641	ULTRASOUND BREAST COMPLETE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76642	ULTRASOUND BREAST LIMITED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76700	US EXAM ABDOM COMPLETE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76705	ECHO EXAM OF ABDOMEN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76706	US ABDL AORTA SCREEN AAA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76770	US EXAM ABDO BACK WALL COMP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76775	US EXAM ABDO BACK WALL LIM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76776	US EXAM K TRANSPL W/DOPPLER		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76800	US EXAM SPINAL CANAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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76801	OB US < 14 WKS SINGLE FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76802	OB US < 14 WKS ADDL FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76805	OB US >= 14 WKS SNGL FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76810	OB US >= 14 WKS ADDL FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76811	OB US DETAILED SNGL FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76812	OB US DETAILED ADDL FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76813	OB US NUCHAL MEAS 1 GEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76814	OB US NUCHAL MEAS ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76815	OB US LIMITED FETUS(S)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76816	OB US FOLLOW-UP PER FETUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76817	TRANSVAGINAL US OBSTETRIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76818	FETAL BIOPHYS PROFILE W/NST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76819	FETAL BIOPHYS PROFIL W/O NST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76820	UMBILICAL ARTERY ECHO		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76821	MIDDLE CEREBRAL ARTERY ECHO		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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76825	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76826	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76827	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76828	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76830	TRANSVAGINAL US NON-OB		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76831	ECHO EXAM UTERUS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76856	US EXAM PELVIC COMPLETE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76857	US EXAM PELVIC LIMITED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76870	US EXAM SCROTUM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76872	US TRANSRECTAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76873	ECHOGRAP TRANS R PROS STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76881	US COMPL JOINT R-T W/IMG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76882	US LMTD JT/NONVASC XTR STRUX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76885	US EXAM INFANT HIPS DYNAMIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76886	US EXAM INFANT HIPS STATIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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76965	ECHO GUIDANCE RADIOTHERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76970	ULTRASOUND EXAM FOLLOW-UP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76975	GI ENDOSCOPIC ULTRASOUND		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76978	US TRGT DYN MBUBB 1ST LES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76979	US TRGT DYN MBUBB EA ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
76999	ECHO EXAMINATION PROCEDURE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77014	CT SCAN FOR THERAPY GUIDE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77021	MRI GUIDANCE NDL PLMT RS&I		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77022	MRI GDN PARNCHYMA TISS ABLTJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77046	MRI BREAST C- UNILATERAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77047	MRI BREAST C- BILATERAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77048	MRI BREAST C++ W/CAD UNI		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77049	MRI BREAST C++ W/CAD BI		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77078	CT BONE DENSITY AXIAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77084	MAGNETIC IMAGE BONE MARROW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77261	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77262	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77263	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77280	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77285	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77290	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77293	RESPIRATOR MOTION MGMT SIMUL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77295	3-D RADIOTHERAPY PLAN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77299	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77300	RADIATION THERAPY DOSE PLAN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77301	RADIOTHERAPY DOSE PLAN IMRT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77306	TELETHX ISODOSE PLAN SIMPLE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77307	TELETHX ISODOSE PLAN CPLX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77316	BRACHYTX ISODOSE PLAN SIMPLE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77317	BRACHYTX ISODOSE INTERMED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77318	BRACHYTX ISODOSE COMPLEX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77321	SPECIAL TELETX PORT PLAN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77331	SPECIAL RADIATION DOSIMETRY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77332	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77333	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77334	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77336	RADIATION PHYSICS CONSULT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77338	DESIGN MLC DEVICE FOR IMRT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77370	RADIATION PHYSICS CONSULT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77371	SRS MULTISOURCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77372	SRS LINEAR BASED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77373	SBRT DELIVERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77385	NTSTY MODUL RAD TX DLVR SMPL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77386	NTSTY MODUL RAD TX DLVR CPLX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77387	GUIDANCE FOR RADJ TX DLVR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
77399	EXTERNAL RADIATION DOSIMETRY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77401	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77402	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77407	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77412	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77417	RADIOLOGY PORT IMAGES(S)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77423	NEUTRON BEAM TX COMPLEX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77424	IO RAD TX DELIVERY BY X-RAY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77425	IO RAD TX DELIVER BY ELCTRNS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77427	RADIATION TX MANAGEMENT X5		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77431	RADIATION THERAPY MANAGEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77432	STEREOTACTIC RADIATION TRMT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77435	SBRT MANAGEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77469	IO RADIATION TX MANAGEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77470	SPECIAL RADIATION TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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77499	RADIATION THERAPY MANAGEMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77520	PROTON TRMT SIMPLE W/O COMP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77522	PROTON TRMT SIMPLE W/COMP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77523	PROTON TRMT INTERMEDIATE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77525	PROTON TREATMENT COMPLEX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77600	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77605	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77610	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77615	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77620	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77750	INFUSE RADIOACTIVE MATERIALS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77761	APPLY INTRCAV RADIAT SIMPLE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77762	APPLY INTRCAV RADIAT INTERM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77763	APPLY INTRCAV RADIAT COMPL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77767	HDR RDNCL SKN SURF BRACHYTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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77768	HDR RDNCL SKN SURF BRACHYTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77770	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77771	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77772	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77778	APPLY INTERSTIT RADIAT COMPL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77789	APPLY SURF LDR RADIONUCLIDE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77790	RADIATION HANDLING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
77799	RADIUM/RADIOISOTOPE THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78012	THYROID UPTAKE MEASUREMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78013	THYROID IMAGING W/BLOOD FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78014	THYROID IMAGING W/BLOOD FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78015	THYROID MET IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78016	THYROID MET IMAGING/STUDIES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78018	THYROID MET IMAGING BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78020	THYROID MET UPTAKE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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78070	PARATHYROID PLANAR IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78071	PARATHYRD PLANAR W/WO SUBTRJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78072	PARATHYRD PLANAR W/SPECT&CT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78075	ADRENAL CORTEX & MEDULLA IMG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78102	BONE MARROW IMAGING LTD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78103	BONE MARROW IMAGING MULT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78104	BONE MARROW IMAGING BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78140	RED CELL SEQUESTRATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78185	SPLEEN IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78195	LYMPH SYSTEM IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78201	LIVER IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78202	LIVER IMAGING WITH FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78205	LIVER IMAGING (3D)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78206	LIVER IMAGE (3D) WITH FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78215	LIVER AND SPLEEN IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78216	LIVER & SPLEEN IMAGE/FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78226	HEPATOBIILIARY SYSTEM IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78227	HEPATOBIL SYST IMAGE W/DRUG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78230	SALIVARY GLAND IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78231	SERIAL SALIVARY IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78232	SALIVARY GLAND FUNCTION EXAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78258	ESOPHAGEAL MOTILITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78261	GASTRIC MUCOSA IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78262	GASTROESOPHAGEAL REFLUX EXAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78264	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78265	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78266	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78278	ACUTE GI BLOOD LOSS IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78290	MECKELS DIVERT EXAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78291	LEVEEN/SHUNT PATENCY EXAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78300	BONE IMAGING LIMITED AREA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78305	BONE IMAGING MULTIPLE AREAS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78306	BONE IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78315	BONE IMAGING 3 PHASE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78320	BONE IMAGING (3D)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78445	VASCULAR FLOW IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78579	LUNG VENTILATION IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78580	LUNG PERFUSION IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78582	LUNG VENTILAT&PERFUS IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78597	LUNG PERFUSION DIFFERENTIAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78598	LUNG PERF&VENTILAT DIFERENTL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78600	BRAIN IMAGE < 4 VIEWS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78601	BRAIN IMAGE W/FLOW < 4 VIEWS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78605	BRAIN IMAGE 4+ VIEWS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78606	BRAIN IMAGE W/FLOW 4 + VIEWS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
78607	BRAIN IMAGING (3D)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78608	BRAIN IMAGING (PET)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78609	BRAIN IMAGING (PET)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78610	BRAIN FLOW IMAGING ONLY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78630	CEREBROSPINAL FLUID SCAN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78635	CSF VENTRICULOGRAPHY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78645	CSF SHUNT EVALUATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78647	CEREBROSPINAL FLUID SCAN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78650	CSF LEAKAGE IMAGING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78660	NUCLEAR EXAM OF TEAR FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78699	NERVOUS SYSTEM NUCLEAR EXAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78700	KIDNEY IMAGING MORPHOL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78701	KIDNEY IMAGING WITH FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78707	K FLOW/FUNCT IMAGE W/O DRUG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78708	K FLOW/FUNCT IMAGE W/DRUG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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78709	K FLOW/FUNCT IMAGE MULTIPLE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78710	KIDNEY IMAGING (3D)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78725	KIDNEY FUNCTION STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78730	URINARY BLADDER RETENTION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78740	URETERAL REFLUX STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78761	TESTICULAR IMAGING W/FLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78800	TUMOR IMAGING LIMITED AREA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78801	TUMOR IMAGING MULT AREAS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78802	TUMOR IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78803	TUMOR IMAGING (3D)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78804	TUMOR IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78805	ABSCESS IMAGING LTD AREA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78806	ABSCESS IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78807	NUCLEAR LOCALIZATION/ABSCESS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78811	PET IMAGE LTD AREA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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78812	PET IMAGE SKULL-THIGH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78813	PET IMAGE FULL BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78814	PET IMAGE W/CT LMTD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78815	PET IMAGE W/CT SKULL-THIGH		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
78816	PET IMAGE W/CT FULL BODY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
79005	NUCLEAR RX ORAL ADMIN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
79403	HEMATOPOIETIC NUCLEAR TX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81162	BRCA1&2 GEN FULL SEQ DUP/DEL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81201	APC GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81202	APC GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81203	APC GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81212	BRCA1&2 185&5385&6174 VRNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81215	BRCA1 GENE KNOWN FAMIL VRNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81216	BRCA2 GENE FULL SEQ ALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81217	BRCA2 GENE KNOWN FAMIL VRNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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81221	CFTR GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81222	CFTR GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81223	CFTR GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81225	CYP2C19 GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81226	CYP2D6 GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81227	CYP2C9 GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81228	CYTOGEN MICRARRAY COPY NMBR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81229	CYTOGEN M ARRAY COPY NO&SNP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81230	CYP3A4 GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81231	CYP3A5 GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81232	DPYD GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81238	F9 FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81248	G6PD KNOWN FAMILIAL VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81249	G6PD FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81252	GJB2 GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81253	GJB2 GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81257	HBA1/HBA2 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81258	HBA1/HBA2 GENE FAM VRNT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81259	HBA1/HBA2 FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81269	HBA1/HBA2 GENE DUP/DEL VRNTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81280	Long QT full sequence analysis	Medical Necessity	History and physical, family history, clinical documentation supporting testing.
81281	Long QT known familial sequence variant	Medical Necessity	history and physical, family history, clinical documentation supporting testing
81282	Long QT duplication/deletion variants	Medical Necessity	history and physical, family history, clinical documentation supporting testing
81283	IFNL3 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81291	MTHFR GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81292	MLH1 GENE FULL SEQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81293	MLH1 GENE KNOWN VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81294	MLH1 GENE DUP/DELETE VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81295	MSH2 GENE FULL SEQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81296	MSH2 GENE KNOWN VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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81297	MSH2 GENE DUP/DELETE VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81298	MSH6 GENE FULL SEQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81299	MSH6 GENE KNOWN VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81300	MSH6 GENE DUP/DELETE VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81302	MECP2 GENE FULL SEQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81303	MECP2 GENE KNOWN VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81304	MECP2 GENE DUP/DELET VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81313	PCA3/KLK3 ANTIGEN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81317	PMS2 GENE FULL SEQ ANALYSIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81318	PMS2 KNOWN FAMILIAL VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81319	PMS2 GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81321	PTEN GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81322	PTEN GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81323	PTEN GENE DUP/DELET VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81325	PMP22 GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81326	PMP22 GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81327	SEPT9 GEN PRMTR MTHYLTN ALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81328	SLCO1B1 GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81335	TPMT GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81346	TYMS GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81355	VKORC1 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81361	HBB GENE COM VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81362	HBB GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81363	HBB GENE DUP/DEL VARIANTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81364	HBB FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81400	MOPATH PROCEDURE LEVEL 1		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81401	MOPATH PROCEDURE LEVEL 2		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81402	MOPATH PROCEDURE LEVEL 3		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81403	MOPATH PROCEDURE LEVEL 4		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81404	MOPATH PROCEDURE LEVEL 5		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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81405	MOPATH PROCEDURE LEVEL 6		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81406	MOPATH PROCEDURE LEVEL 7		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81407	MOPATH PROCEDURE LEVEL 8		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81408	MOPATH PROCEDURE LEVEL 9		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81410	AORTIC DYSFUNCTION/DILATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81411	AORTIC DYSFUNCTION/DILATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81412	ASHKENAZI JEWISH ASSOC DIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81413	CAR ION CHNNLPATH INC 10 GNS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81414	CAR ION CHNNLPATH INC 2 GNS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81415	EXOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81416	EXOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81417	EXOME RE-EVALUATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81422	FETAL CHRMOML MICRODELTA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81425	GENOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81426	GENOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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81427	GENOME RE-EVALUATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81430	HEARING LOSS SEQUENCE ANALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81431	HEARING LOSS DUP/DEL ANALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81432	HRDRY BRST CA-RLATD DSORDRS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81433	HRDRY BRST CA-RLATD DSORDRS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81434	HEREDITARY RETINAL DISORDERS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81435	HEREDITARY COLON CA DSORDRS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81436	HEREDITARY COLON CA DSORDRS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81437	HEREDTRY NURONDCRN TUM DSRDR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81438	HEREDTRY NURONDCRN TUM DSRDR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81439	HRDRY CARDMPY GENE PANEL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81440	MITOCHONDRIAL GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81442	NOONAN SPECTRUM DISORDERS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81445	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81448	HRDRY PERPH NEURPHY PANEL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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81450	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81455	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81460	WHOLE MITOCHONDRIAL GENOME		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81465	WHOLE MITOCHONDRIAL GENOME		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81470	X-LINKED INTELLECTUAL DBLT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81471	X-LINKED INTELLECTUAL DBLT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81479	UNLISTED MOLECULAR PATHOLOGY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81490	AUTOIMMUNE RHEUMATOID ARTHR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81493	COR ARTERY DISEASE MRNA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81500	ONCO (OVAR) TWO PROTEINS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81503	ONCO (OVAR) FIVE PROTEINS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81504	ONCOLOGY TISSUE OF ORIGIN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81507	FETAL ANEUPLOIDY TRISOM RISK		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81519	ONCOLOGY BREAST MRNA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81520	ONC BREAST MRNA 58 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
81521	ONC BREAST MRNA 70 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81525	ONCOLOGY COLON MRNA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81535	ONCOLOGY GYNECOLOGIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81536	ONCOLOGY GYNECOLOGIC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81538	ONCOLOGY LUNG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81539	ONCOLOGY PROSTATE PROB SCORE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81540	ONCOLOGY TUM UNKNOWN ORIGIN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81541	ONC PROSTATE MRNA 46 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81545	ONCOLOGY THYROID		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81551	ONC PROSTATE 3 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81595	CARDIOLOGY HRT TRNSPL MRNA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
81599	UNLISTED MAAA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
84999	CLINICAL CHEMISTRY TEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
90281	HUMAN IG IM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
90283	HUMAN IG IV		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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90284	HUMAN IG SC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
90378	RSV MAB IM 50MG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
90911	BIOFEEDBACK PERI/URO/RECTAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
90999	DIALYSIS PROCEDURE	Medical Necessity and Care Coordination	History and physical, chart notes from ordering physician, treatment plan and results.
91110	GI TRACT CAPSULE ENDOSCOPY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92507	SPEECH/HEARING THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92508	SPEECH/HEARING THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92511	NASOPHARYNGOSCOPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92520	LARYNGEAL FUNCTION STUDIES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92521	EVALUATION OF SPEECH FLUENCY	No PA for initial evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92522	EVALUATE SPEECH PRODUCTION	No PA for initial evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92523	SPEECH SOUND LANG COMPREHEN	No PA for initial evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92524	BEHAVRAL QUALIT ANALYS VOICE	No PA for initial evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92526	ORAL FUNCTION THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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92584	ELECTROCOCHLEOGRAPHY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92597	ORAL SPEECH DEVICE EVAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92601	COCHLEAR IMPLT F/UP EXAM <7	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92602	REPROGRAM COCHLEAR IMPLT <7	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92604	REPROGRAM COCHLEAR IMPLT 7/>	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
92605	EX FOR NONSPEECH DEVICE RX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92606	NON-SPEECH DEVICE SERVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92607	EX FOR SPEECH DEVICE RX 1HR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92608	EX FOR SPEECH DEVICE RX ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92609	USE OF SPEECH DEVICE SERVICE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92610	EVALUATE SWALLOWING FUNCTION	No PA for initial evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92611	MOTION FLUOROSCOPY/SWALLOW		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92612	ENDOSCOPY SWALLOW (FEES) VID		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92613	ENDOSCOPY SWALLOW (FEES) I&R		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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92614	LARYNGOSCOPIC SENSORY VID		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92615	LARYNGOSCOPIC SENSORY I&R		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92616	FEES W/LARYNGEAL SENSE TEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92617	FEES W/LARYNGEAL SENSE I&R		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92618	EX FOR NONSPEECH DEV RX ADD		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
92633	AUD REHAB POSTLING HEAR LOSS	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93228	REMOTE 30 DAY ECG REV/REPORT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93229	REMOTE 30 DAY ECG TECH SUPP	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93797	CARDIAC REHAB	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93798	CARDIAC REHAB/MONITOR	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
93880	EXTRACRANIAL BILAT STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93882	EXTRACRANIAL UNI/LTD STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93886	INTRACRANIAL COMPLETE STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93888	INTRACRANIAL LIMITED STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93890	TCD VASOREACTIVITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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93892	TCD EMBOLI DETECT W/O INJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93893	TCD EMBOLI DETECT W/INJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93922	UPR/L XTREMITY ART 2 LEVELS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93923	UPR/LXTR ART STDY 3+ LVLS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93924	LWR XTR VASC STDY BILAT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93925	LOWER EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93926	LOWER EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93930	UPPER EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93931	UPPER EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93970	EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93971	EXTREMITY STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93975	VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93976	VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93978	VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93979	VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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93980	PENILE VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93981	PENILE VASCULAR STUDY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93990	DOPPLER FLOW TESTING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
93998	NONINVAS VASC DX STUDY PROC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
94660	POS AIRWAY PRESSURE CPAP	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
95782	POLYSOM <6 YRS 4/> PARAMTRS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95783	POLYSOM <6 YRS CPAP/BILVL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95800	SLP STDY UNATTENDED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95801	SLP STDY UNATND W/ANAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95803	ACTIGRAPHY TESTING	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
95805	MULTIPLE SLEEP LATENCY TEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95806	SLEEP STUDY UNATT&RESP EFFT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95807	SLEEP STUDY ATTENDED		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95808	POLYSOM ANY AGE 1-3> PARAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95810	POLYSOM 6/> YRS 4/> PARAM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
95811	POLYSOM 6/>YRS CPAP 4/> PARM		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95831	LIMB MUSCLE TESTING MANUAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95832	HAND MUSCLE TESTING MANUAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95833	BODY MUSCLE TESTING MANUAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95834	BODY MUSCLE TESTING MANUAL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95851	RANGE OF MOTION MEASUREMENTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
95852	RANGE OF MOTION MEASUREMENTS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
96040	GENETIC COUNSELING 30 MIN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
96105	ASSESSMENT OF APHASIA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
96110	DEVELOPMENTAL SCREEN W/SCORE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
96112	DEVEL TST PHYS/QHP 1ST HR		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
96113	DEVEL TST PHYS/QHP EA ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
96125	COGNITIVE TEST BY HC PRO		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97010	HOT OR COLD PACKS THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97012	MECHANICAL TRACTION THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



**BlueCross BlueShield  
of Texas**

**Texas Medicaid Benefit Prior Authorization Procedure Code List  
Effective 1/1/2019  
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
97014	ELECTRIC STIMULATION THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97016	VASOPNEUMATIC DEVICE THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97018	PARAFFIN BATH THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97022	WHIRLPOOL THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97024	DIATHERMY EG MICROWAVE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97026	INFRARED THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97028	ULTRAVIOLET THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97032	ELECTRICAL STIMULATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97033	ELECTRIC CURRENT THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97034	CONTRAST BATH THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97035	ULTRASOUND THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97036	HYDROTHERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97039	PHYSICAL THERAPY TREATMENT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97110	THERAPEUTIC EXERCISES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97112	NEUROMUSCULAR REEDUCATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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97113	AQUATIC THERAPY/EXERCISES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97116	GAIT TRAINING THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97124	MASSAGE THERAPY		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97127	THER IVNTJ W/FOCUS COG FUNCJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97139	PHYSICAL MEDICINE PROCEDURE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97140	MANUAL THERAPY 1/> REGIONS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97150	GROUP THERAPEUTIC PROCEDURES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97164	PT RE-EVAL EST PLAN CARE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97168	OT RE-EVAL EST PLAN CARE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97530	THERAPEUTIC ACTIVITIES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97532	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97533	SENSORY INTEGRATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97535	SELF CARE MNGMENT TRAINING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97537	COMMUNITY/WORK REINTEGRATION		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97542	WHEELCHAIR MNGMENT TRAINING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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97545	WORK HARDENING		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97546	WORK HARDENING ADD-ON		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97602	WOUND(S) CARE NON-SELECTIVE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97750	PHYSICAL PERFORMANCE TEST		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97755	ASSISTIVE TECHNOLOGY ASSESS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97761	PROSTHETIC TRAINJ 1ST ENC		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97762	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
97799	PHYSICAL MEDICINE PROCEDURE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
98940	CHIROPRACT MANJ 1-2 REGIONS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
98941	CHIROPRACT MANJ 3-4 REGIONS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
98942	CHIROPRACTIC MANJ 5 REGIONS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
98943	CHIROPRACT MANJ XTRSPINL 1/>		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
98960	SELF-MGMT EDUC & TRAIN 1 PT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99090	Short descriptor unavailable.	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.





**Texas Medicaid Benefit Prior Authorization Procedure Code List**  
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99183	HYPERBARIC OXYGEN THERAPY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
99503	HOME VISIT RESP THERAPY	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0004M	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0005U	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0006M	Onc hep gene risk classifier		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0007M	Onc gastro 51 gene nomogram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0011M	ONC PRST8 CA MRNA 12 GEN ALG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0012M	ONC MRNA 5 GEN RSK URTHL CA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0012U	GERMLN DO GENE REARGMT DETCJ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0013M	ONC MRNA 5 GEN RECR URTHL CA		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0013U	ONC SLD ORG NEO GENE REARGMT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0014U	HEM HMTLMF NEO GENE REARGMT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0018U	ONC THYR 10 MICRORNA SEQ ALG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0019U	ONC RNA TISS PREDICT ALG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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0022U	TRGT GEN SEQ DNA&RNA 23 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0026U	ONC THYR DNA&MRNA 112 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0029U	RX METAB ADVRS TRGT SEQ ALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0030U	RX METAB WARF TRGT SEQ ALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0031U	CYP1A2 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0032U	COMT GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0033U	HTR2A HTR2C GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0034U	TPMT NUDT15 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0036U	XOME TUM & NML SPEC SEQ ALYS		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0037U	TRGT GEN SEQ DNA 324 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0042T	B BRGDRFERI ANTB 12 PRTN IGG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0045U	ONC BRST DUX CARC IS 12 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0047U	ONC PRST8 MRNA 17 GENE ALG		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0048U	ONC SLD ORG NEO DNA 468 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0050U	TRGT GEN SEQ DNA 324 GENES		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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0053U	ONC PRST8 CA FISH ALYS 4 GEN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0055U	CARD HRT TRNSPL 96 DNA SEQ		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0056U	HEM AML DNA GENE REARGMT		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0057U	ONC SLD ORG NEO MRNA 51 GENE		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0060U	TWN ZYG GEN SEQ ALYS CHRMS2		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0164T	REMOVE LUMB ARTIF DISC ADDL		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0394T	HDR ELCTRNC SKN SURF BRCHYTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
0395T	HDR ELCTR NTRST/NTRCV BRCHTX		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Medical Necessity	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)	Medical Necessity	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)	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0434	SPECIALTY CARE TRANSPORT (SCT)	Medical Necessity	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	Medical Necessity	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
A0436	Rotary wing air mileage, per statute mile	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	Medical Necessity	History and physical or clinical notes.
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Medical Necessity	History and physical or clinical notes.
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	Medical Necessity	History and physical or clinical notes.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7030	Full face mask used with positive airway pressure device, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7031	Face mask interface, replacement for full face mask, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7032	Cushion for use on nasal mask interface, replacement only, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7035	Headgear used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7036	Chinstrap used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7037	Tubing used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7038	Filter, disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7039	Filter, non disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7044	Oral interface used with positive airway pressure device, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A9270	Noncovered item or service		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Medical necessity	Letter of medical necessity, including condition being treated.
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



**BlueCross BlueShield  
of Texas**

**Texas Medicaid Benefit Prior Authorization Procedure Code List  
Effective 1/1/2019  
Press "CTRL" and "F" keys at the same time to bring up the search box**

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
A9606	Radium ra-223 dichloride, therapeutic, per microcurie		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Medical necessity	Letter of medical necessity, including condition being treated.
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Medical Necessity	Letter of medical necessity, including condition being treated.
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	Letter of medical necessity, including condition being treated.
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	Letter of medical necessity, including condition being treated.
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	Letter of medical necessity, including condition being treated.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	Letter of medical necessity, including condition being treated.
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
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, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through enteral feeding tube, 100 calories = 1 unit	Medical necessity	Letter of medical necessity, including condition being treated.
B4185	Parenteral nutrition solution, per 10 grams lipids	Medical necessity	Letter of medical necessity, including condition being treated.
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Medical necessity	Letter of medical necessity, including condition being treated.





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B4224	Parenteral nutrition administration kit, per day	Medical necessity	Letter of medical necessity, including condition being treated.
B9998	Noc for enteral supplies	Medical Necessity	Letter of medical necessity, including condition being treated.
C2616	Brachytherapy source, nonstranded, yttrium-90, per source		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8900	Magnetic resonance angiography with contrast, abdomen		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8901	Magnetic resonance angiography without contrast, abdomen		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8903	Magnetic resonance imaging with contrast, breast; unilateral		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8906	Magnetic resonance imaging with contrast, breast; bilateral		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8912	Magnetic resonance angiography with contrast, lower extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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C8913	Magnetic resonance angiography without contrast, lower extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8918	Magnetic resonance angiography with contrast, pelvis		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8919	Magnetic resonance angiography without contrast, pelvis		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8931	Magnetic resonance angiography with contrast, spinal canal and contents		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8932	Magnetic resonance angiography without contrast, spinal canal and contents		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8934	Magnetic resonance angiography with contrast, upper extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8935	Magnetic resonance angiography without contrast, upper extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9032	VIAL C9032 Injection, voretigene neparovec-rzyl, 1 billion vector genome		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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C9257	Injection, bevacizumab, 0.25 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9399	200 MG/1.33ML SOLN		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9465	60 MG/3ML PRSY C9465 Hyaluronan or derivative, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9466	30 MG/ML SOSY C9466 Injection, benralizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9483	Injection, atezolizumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9493	30 MG/100ML SOLN C9493 Injection, edaravone, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E0184	Dry pressure mattress	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E0194	Air fluidized bed	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Medical Necessity	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	Medical Necessity	History and Physical or clinical notes, including anticipated length of use



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Medical Necessity	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	Medical Necessity	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.
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Medical Necessity	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	Medical Necessity	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.
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	Medical Necessity	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.
E0271	Mattress, innerspring	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0291	Hospital bed, fixed height, without side rails, without mattress	Medical Necessity	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.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Medical Necessity	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.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Medical Necessity	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.
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Medical Necessity	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.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Medical Necessity	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.
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Medical Necessity	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.
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Medical Necessity	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.
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Medical Necessity	History and physical or clinical notes, including anticipated length of use.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	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.
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Medical Necessity	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.
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	Medical Necessity	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	Medical Necessity	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.
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Medical Necessity	History and physical or clinical notes, including anticipated length of use
E0305	Bed side rails, half length	Medical Necessity	History and physical or clinical notes.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Medical necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
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	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Medical Necessity	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.
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Medical Necessity	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)	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Medical necessity	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0561	Humidifier, non-heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0562	Humidifier, heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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E0601	Continuous positive airway pressure (cpap) device		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Medical Necessity	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.
E0635	Patient lift, electric with seat or sling	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of medical necessity, including condition being treated.
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Medical Necessity	Letter of medical necessity, including condition being treated.
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Medical Necessity	Letter of medical necessity, including condition being treated.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Medical Necessity	Letter of medical necessity, including condition being treated.
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Medical Necessity	Letter of medical necessity, including condition being treated.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Medical Necessity	Letter of medical necessity, including condition being treated.
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Medical Necessity	Letter of medical necessity, including condition being treated.
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Medical Necessity	Letter of medical necessity, including condition being treated.
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Medical Necessity	Letter of medical necessity, including condition being treated.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0700	Safety equipment, device or accessory, any type	Medical Necessity	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.
E0705	Transfer device, any type, each	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0749	Osteogenesis stimulator, electrical, surgically implanted		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Medical Necessity	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.
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	Medical Necessity	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.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Medical Necessity	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.)	Medical Necessity	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.)	Medical Necessity	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.



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E0784	External ambulatory infusion pump, insulin	Medical Necessity	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)	Medical Necessity	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.
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Medical Necessity	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.
E0935	Continuous passive motion exercise device for use on knee only	Medical Necessity	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.
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.



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E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Medical Necessity	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.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Medical Necessity	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	Medical Necessity	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)	Medical Necessity	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.
E1392	Portable oxygen concentrator, rental	Medical Necessity	Letter of medical necessity, including condition being treated.
E1399	Durable medical equipment, miscellaneous	Medical necessity	Letter of medical necessity, including condition being treated.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E2300	Wheelchair accessory, power seat elevation system, any type	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Medical necessity	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Medical Necessity	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	Medical Necessity	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)	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0162	Nurse Delegation and Supervision - LTSS	Assessment, training	15 minutes= 1 unit
G0219	Pet imaging whole body; melanoma for non-covered indications		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0235	Pet imaging, any site, not otherwise specified		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0297	Low dose ct scan (ldct) for lung cancer screening		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Medical Necessity	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	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G6001	Ultrasonic guidance for placement of radiation therapy fields		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
H0001	Alcohol and/or drug assessment	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
H2015	In Home Respite - LTSS		15 minutes= 1 unit



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H2023	Employment Services - LTSS	Employment Assistance	15 minutes= 1 unit
H2025	Employment Services - LTSS	Supported Employment	15 minutes= 1 unit
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0178	Injection, aflibercept, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0180	Injection, agalsidase beta, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0202	Injection, alemtuzumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0207	Injection, amifostine, 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0364	Injection, apomorphine hydrochloride, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0490	Injection, belimumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0565	New code effective 1/1/18 previously coded J3590 and went live 11/1/17 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0585	Injection, onabotulinumtoxinA, 1 unit		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J0586	Injection, abobotulinumtoxina, 5 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0587	Injection, rimabotulinumtoxinb, 100 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0588	Injection, incobotulinumtoxin a, 1 unit		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0638	Injection, canakinumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0640	Injection, leucovorin calcium, per 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0641	Injection, levoleucovorin calcium, 0.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0690	Injection, cefazolin sodium, 500 mg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0800	Injection, corticotropin, up to 40 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0894	Injection, decitabine, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J0897	Injection, denosumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1290	Injection, ecallantide, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1300	Injection, eculizumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1322	Injection, elosulfase alfa, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1325	Injection, epoprostenol, 0.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1442	Injection, filgrastim (g-csf), eXcludes biosimilars, 1 microgram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1447	Injection, tbo-filgrastim, 1 microgram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1453	Injection, fosaprepitant, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1458	Injection, galsulfase, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1460	S/D INJ J1460 Injection, gamma globulin, intramuscular, 1 cc		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J1555	Injection, immune globulin, 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1556	Injection, immune globulin (bivigam), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1557	Injection, immune globulin, (gammappleX), intravenous, non- lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1559	Injection, immune globulin (hizentra), 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1560	Injection, gamma globulin, intramuscular, over 10 cc		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1602	Injection, golimumab, 1 mg, for intravenous use		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1743	Injection, idursulfase, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J1744	Injection, icatibant, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1745	Injection infliximab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1786	Injection, imiglucerase, 10 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1930	Injection, lanreotide, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J1931	Injection, laronidase, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2170	Injection, mecasermin, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2315	Injection, naltrexone, depot form, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2323	Injection, natalizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2326	12 MG/5ML SOLN J2326 Injection, nusinersen, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2357	Injection, omalizumab, 5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J2430	Injection, pamidronate disodium, per 30 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2469	Injection, palonosetron hcl, 25 mcg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2502	Injection, pasireotide long acting, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2503	Injection, pegaptanib sodium, 0.3 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2504	Injection, pegademase bovine, 25 iu		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2505	Injection, pegfilgrastim, 6 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2507	Injection, pegloticase, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2562	Injection, pleriXafor, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2778	Injection, ranibizumab, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2783	Injection, rasburicase, 0.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2793	Injection, rilonacept, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2796	Injection, romiplostim, 10 micrograms		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2820	Injection, sargramostim (gm-csf), 50 mcg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



**BlueCross BlueShield  
of Texas**

**Texas Medicaid Benefit Prior Authorization Procedure Code List  
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
J2860	Injection, siltuximab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3060	Injection, taliglucerase alfa, 10 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3262	Injection, tocilizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3285	Injection, treprostinil, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3315	Injection, triptorelin pamoate, 3.75 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3357	45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3358	130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg. New code effective 1/1/18, previously coded Q9989 which was deleted 12/31/17, Went live 11/1/17		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3380	Injection, vedolizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3385	Injection, velaglucerase alfa, 100 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3396	Injection, verteporfin, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3489	Injection, zoledronic acid, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3490	Unclassified drugs		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J3490	Unclassified drugs		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J3590	Unclassified biologics		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7311	Fluocinolone acetonide, intravitreal implant		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7316	Injection, ocriplasmin, 0.125 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9000	Injection, doxorubicin hydrochloride, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9015	Injection, aldesleukin, per single use vial		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9017	Injection, arsenic trioXide, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9019	Injection, asparaginase (erwinaze), 1,000 iu		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9025	Injection, azacitidine, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9027	Injection, clofarabine, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9031	BCG (intravesical) per instillation		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9032	Injection, belinostat, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9033	Injection, bendamustine hcl, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9034	Injection, bendamustine HCl (bendeka), 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9035	Injection, bevacizumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9039	Injection, blinatumomab, 1 microgram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J9040	Injection, bleomycin sulfate, 15 units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9041	Injection, bortezomib, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9042	Injection, brentuximab vedotin, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9043	Injection, cabazitaxel, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9045	Injection, carboplatin, 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9047	Injection, carfilzomib, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9050	Injection, carmustine, 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9055	Injection, cetuximab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9060	Injection, cisplatin, powder or solution, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9098	Injection, cytarabine liposome, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9100	Injection, cytarabine, 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9120	Injection, dactinomycin, 0.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9130	Dacarbazine, 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9145	Injection, daratumumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9150	Injection, daunorubicin, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9155	Injection, degarelix, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9171	Injection, docetaXel, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9175	Injection, elliotts' b solution, 1 ml		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9176	Injection, elotuzumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9178	Injection, epirubicin hcl, 2 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9179	Injection, eribulin mesylate, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9181	Injection, etoposide, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9185	Injection, fludarabine phosphate, 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9190	Injection, fluorouracil, 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9200	Injection, floXuridine, 500 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9201	Injection, gemcitabine hydrochloride, 200 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9202	Goserelin acetate implant, per 3.6 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9205	Injection, irinotecan liposome, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9206	Injection, irinotecan, 20 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J9207	Injection, iXabepilone, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9208	Injection, ifosfamide, 1 gram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9209	Injection, mesna, 200 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9211	Injection, idarubicin hydrochloride, 5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9216	Injection, interferon, gamma 1-b, 3 million units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9217	Leuprolide acetate (for depot suspension), 7.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9225	Histrelin implant (vantas), 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9226	Histrelin implant (supprelin la), 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9228	Injection, ipilimumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9229	Injection, inotuzumab ozogamicin, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9245	Injection, melphalan hydrochloride, 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9261	Injection, nelarabine, 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9262	Injection, omacetaXine mepesuccinate, 0.01 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J9263	Injection, oXaliplatin, 0.5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9264	Injection, paclitaXel protein-bound particles, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9266	Injection, pegaspargase, per single dose vial		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9267	Injection, paclitaXel, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9268	Injection, pentostatin, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9271	Injection, pembrolizumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9280	Injection, mitomycin, 5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9293	Injection, mitoXantrone hydrochloride, per 5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9295	Injection, necitumumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9299	Injection, nivolumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9301	Injection, obinutuzumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9302	Injection, ofatumumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9303	Injection, panitumumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9305	Injection, pemetreXed, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9306	Injection, pertuzumab, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J9307	Injection, pralatreXate, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9308	Injection, ramucirumab, 5 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9310	Injection, rituXimab, 100 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9315	Injection, romidepsin, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9320	Injection, streptozocin, 1 gram		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9328	Injection, temozolomide, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9330	Injection, temsirolimus, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9340	Injection, thiotepa, 15 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9351	Injection, topotecan, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9352	Injection, trabectedin, 0.1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9354	Injection, ado-trastuzumab emtansine, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9355	Injection, trastuzumab, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9357	Injection, valrubicin, intravesical, 200 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9360	Injection, vinblastine sulfate, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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J9370	Vincristine sulfate, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9371	Injection, vincristine sulfate liposome, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9390	Injection, vinorelbine tartrate, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9395	Injection, fulvestrant, 25 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9400	Injection, ziv-aflibercept, 1 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9600	Injection, porfimer sodium, 75 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
J9999	Unclassified neoplastic		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
K0001	Standard wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0002	Standard hemi (low seat) wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0003	Lightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0004	High strength, lightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0005	Ultralightweight wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0006	Heavy-duty wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0007	Extra heavy-duty wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0008	Custom manual wheelchair/base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.



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K0009	Other manual wheelchair/base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0010	Standard-weight frame motorized/power wheelchair	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0012	Lightweight portable motorized/power wheelchair	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0013	Custom motorized/power wheelchair base	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0108	Wheelchair component or accessory, not otherwise specified	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.



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<b>CPT® and HCPCS codes that require authorization</b>	<b>Description of procedure Code</b>	<b>Medical Review Category</b>	<b>Medical Records Request information required</b>
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Medical Necessity	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.
K0812	Power operated vehicle, not otherwise classified	Medical Necessity	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.
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	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.





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K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	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	Medical Necessity	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.
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	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.
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Medical Necessity	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.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.
K0898	Power wheelchair, not otherwise classified	Medical Necessity	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	Medical Necessity	History and physical or clinical notes, including anticipated length of use.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0457	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, off-the-shelf	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0651	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, off-the-shelf	Medical Necessity	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)	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0861	Addition to halo procedure, replacement liner/interface material	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.





**BlueCross BlueShield  
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**Texas Medicaid Benefit Prior Authorization Procedure Code List  
Effective 1/1/2019  
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2200	Addition to lower extremity, limited ankle motion, each joint	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2265	Addition to lower extremity, long tongue stirrup	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2280	Addition to lower extremity, molded inner boot	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3001	Foot, insert, removable, molded to patient model, spenco, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3030	Foot, insert, removable, formed to patient foot, each	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3040	Foot, arch support, removable, premolded, longitudinal, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3050	Foot, arch support, removable, premolded, metatarsal, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3334	Lift, elevation, heel, per inch	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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<b>CPT® and HCPCS codes that require authorization</b>	<b>Description of procedure Code</b>	<b>Medical Review Category</b>	<b>Medical Records Request information required</b>
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Medical Necessity	Letter of medical necessity, including condition being treated.
L5700	Replacement, socket, below knee, molded to patient model	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Medical Necessity	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)	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L5981	All lower extremity prostheses, flex-walk system or equal	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6000	Partial hand, thumb remaining	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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)	Medical Necessity	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)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Medical Necessity	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)	Medical Necessity	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)	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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)	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.





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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	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)	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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<b>CPT® and HCPCS codes that require authorization</b>	<b>Description of procedure Code</b>	<b>Medical Review Category</b>	<b>Medical Records Request information required</b>
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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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<b>CPT® and HCPCS codes that require authorization</b>	<b>Description of procedure Code</b>	<b>Medical Review Category</b>	<b>Medical Records Request information required</b>
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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Medical Necessity	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	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
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	Medical Necessity	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	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7009	Electric hook, switch or myoelectric controlled, adult	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7040	Prehensile actuator, switch controlled	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7045	Electric hook, switch or myoelectric controlled, pediatric	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7170	Electronic elbow, hosmer or equal, switch controlled	Medical Necessity	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	Medical Necessity	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	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7186	Electronic elbow, child, variety village or equal, switch controlled	Medical Necessity	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	Medical Necessity	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	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7259	Electronic wrist rotator, any type	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8040	Nasal prosthesis, provided by a nonphysician	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8041	Midfacial prosthesis, provided by a nonphysician	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8042	Orbital prosthesis, provided by a non-physician	Medical Necessity	Letter of medical necessity, including condition being treated.
L8043	Upper facial prosthesis, provided by a non-physician	Medical Necessity	Letter of medical necessity, including condition being treated.
L8044	Hemi-facial prosthesis, provided by a non-physician	Medical Necessity	Letter of medical necessity, including condition being treated.
L8045	Auricular prosthesis, provided by a non-physician	Medical Necessity	Letter of medical necessity, including condition being treated.
L8046	Partial facial prosthesis, provided by a nonphysician	Medical Necessity	Letter of medical necessity, including condition being treated.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L8047	Nasal septal prosthesis, provided by a nonphysician	Medical Necessity	Letter of medical necessity, including condition being treated.
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Medical Necessity	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	Medical Necessity	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
L8627	Cochlear implant, external speech processor, component, replacement	Medical Necessity	Letter of medical necessity, including condition being treated.
L8628	Cochlear implant, external controller component, replacement	Medical Necessity	Letter of medical necessity, including condition being treated.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Medical Necessity	Letter of medical necessity, including condition being treated.
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)	Medical Necessity	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	Medical Necessity	Letter of medical necessity, including condition being treated.
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8682	Implantable neurostimulator radiofrequency receiver	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8690	Auditory osseointegrated device, includes all internal and external components	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
L8691	Auditory osseointegrated device, external sound processor, replacement	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	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	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
Q2017	Injection, teniposide, 50 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
Q2049	Injection, doXorubicin hydrochloride, liposomal, imported lipodoX, 10 mg		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	Medical Necessity	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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>





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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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3800	Genetic testing for amyotrophic lateral sclerosis (als)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3841	Genetic testing for retinoblastoma		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3842	Genetic testing for von hippel-lindau disease		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3845	Genetic testing for alpha-thalassemia		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3846	Genetic testing for hemoglobin e beta-thalassemia		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3850	Genetic testing for sickle cell anemia		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3854	Gene expression profiling panel for use in the management of breast cancer treatment		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
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 <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S5101	Adult Day care - LTSS	Day Activities & Health Services (3-6 hours)	3-6 Hours = 1 unit, over 6 Hours = 2 units
S5160	Emergency Response - LTSS	Emergency Response Services (Installation at	1 unit per service
S5161	Emergency Response - LTSS	Emergency Response Services (Monthly)	1 month = 1 unit
S5165	Minor Home Modifications - LTSS	Minor Home Modifications	1 unit per service
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S8037	Magnetic resonance cholangiopancreatography (mrCP)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S8042	Magnetic resonance imaging (mri), low-field		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (nondedicated PET scan)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
S9152	Speech therapy, re-evaluation		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>



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S9441	Asthma education, nonphysician provider, per session	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>
T1000	Private Duty Nursing - LTSS	Assorted specialties	15 minutes= 1 unit
T1005	Out of Home Respite - LTSS	Facility	15 minutes= 1 unit
T1019	Personal Care Services - LTSS	PCS/Addendant Care	15 minutes= 1 unit
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify	Medical necessity	
T1025	Prescribed Pediatric Care - LTSS	Prescribed Pediatric Extended Care, greater than 4 hours	4.25 hours or more =1 unit
T1026	Prescribed Pediatric Care - LTSS	Prescribed Pediatric Extended Care, up to 4 hours	1 hour= 1 unit
T2002	Prescribed Pediatric Care - LTSS	Non-emergency transportation	1 day = 1 unit
T2027	Out of Home Respite - LTSS	Respite Care, Camp Setting	15 minutes= 1 unit
T2028	Adaptive Aids - LTSS	Adaptive Aid- NOS	1 unit per service
T2029	Adaptive Aids - LTSS	Adaptive Aid- Medical Equipment	1 unit per service
T2038	Transition Assistance Services- LTSS	Transition Assistance Services	1 unit per service
T2039	Adaptive Aids - LTSS	Adaptive Aid- Vehicle Modification	1 unit per service
T2040	Financial Management Services - LTSS	Financial Management Service Fee	Monthly fee
V2623	Prosthetic eye, plastic, custom	Medical Necessity	Letter of medical necessity, including condition being treated.
V2627	Scleral cover shell	Medical Necessity	Letter of medical necessity, including condition being treated.



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V2628	Fabrication and fitting of ocular conformer	Medical Necessity	Letter of medical necessity, including condition being treated.
V5090	Dispensing fee, unspecified hearing aid	Medical Necessity	Letter of medical necessity, including condition being treated.
V5220	Hearing aid, bicos, behind the ear	Medical Necessity	Letter of medical necessity, including condition being treated.
V5253	Hearing aid, digitally programmable, binaural, bte	Medical Necessity	Letter of medical necessity, including condition being treated.
V5254	Hearing aid, digital, monaural, cic	Medical Necessity	Letter of medical necessity, including condition being treated.
V5255	Hearing aid, digital, monaural, itc	Medical Necessity	Letter of medical necessity, including condition being treated.
V5256	Hearing aid, digital, monaural, ite	Medical Necessity	Letter of medical necessity, including condition being treated.
V5258	Hearing aid, digital, binaural, cic	Medical Necessity	Letter of medical necessity, including condition being treated.
V5259	Hearing aid, digital, binaural, itc	Medical Necessity	Letter of medical necessity, including condition being treated.
V5260	Hearing aid, digital, binaural, ite	Medical Necessity	Letter of medical necessity, including condition being treated.
V5261	Hearing aid, digital, binaural, bte	Medical Necessity	Letter of medical necessity, including condition being treated.
V5298	Hearing aid, not otherwise classified	Medical Necessity	Letter of medical necessity, including condition being treated.