



Blue Cross Medicare AdvantageSM

MAPD Benefit Preauthorization
 Procedure Code List, Effective 1/1/2019
 (Updated 06/17/2019)

<p>This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. Green highlighted codes are managed by eviCore® healthcare (eviCore).</p>			<p>Utilization Management Process CPT Copyright 2018 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. eviCore® is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of Blue Cross and Blue Shield of Texas.</p>	
CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
11043	DEB MUSC/FASCIA 20 SQ CM/<	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
15777	ACELLULAR DERM MATRIX IMPLT	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.	
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
15832	EXCISE EXCESSIVE SKIN THIGH	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	



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15833	EXCISE EXCESSIVE SKIN LEG	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15834	EXCISE EXCESSIVE SKIN HIP	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15835	EXCISE EXCESSIVE SKIN BUTTCK	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15836	EXCISE EXCESSIVE SKIN ARM	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15837	EXCISE EXCESS SKIN ARM/HAND	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15838	EXCISE EXCESS SKIN FAT PAD	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	



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15839	EXCISE EXCESS SKIN & TISSUE	Cosmetic - Potential Contract Exclusion	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	EXC SKIN ABD ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15877	EXC SKIN ABD ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15878	EXC SKIN ABD ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
15879	EXC SKIN ABD ADD-ON	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	



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17340	CRYOTHERAPY OF SKIN	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
17360	SKIN PEEL THERAPY	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
17380	HAIR REMOVAL BY ELECTROLYSIS	Cosmetic - Potential Contract Exclusion	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 https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
19296	PLACE PO BREAST CATH FOR RAD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
19297	PLACE BREAST CATH FOR RAD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
19298	PLACE BREAST RAD TUBE/CATHS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
19316	SUSPENSION OF BREAST	Cosmetic - Potential Contract Exclusion	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	Notes
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.	



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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.	
19355	CORRECT INVERTED NIPPLE(S)	Cosmetic - Potential Contract Exclusion	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	
20930	SP BONE ALGRFT MORSEL ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
20931	SP BONE ALGRFT STRUCT ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
20936	SP BONE AGRFT LOCAL ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
20937	SP BONE AGRFT MORSEL ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
20938	SP BONE AGRFT STRUCT ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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20974	ELECTRICAL BONE STIMULATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
20975	ELECTRICAL BONE STIMULATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21120	RECONSTRUCTION OF CHIN	Medical Necessity	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21121	RECONSTRUCTION OF CHIN	Medical Necessity	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21122	RECONSTRUCTION OF CHIN	Medical Necessity	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	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	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21138	REDUCTION OF FOREHEAD	Medical Necessity	History and physical, documentation of medical necessity and previous stages of reconstruction if done.	
21141	LEFORT I-1 PIECE W/O GRAFT	Medical Necessity	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	



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21143	LEFORT I-3/> PIECE W/O GRAFT	Medical Necessity	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	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	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21150	LEFORT II ANTERIOR INTRUSION	Medical Necessity	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	



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21154	LEFORT III W/O LEFORT I	Medical Necessity	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	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	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	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	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	



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21194	RECONST LWR JAW W/GRAFT	Medical Necessity	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	
21196	RECONST LWR JAW W/FIXATION	Medical Necessity	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	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	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	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	



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21208	AUGMENTATION OF FACIAL BONES	Medical Necessity	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	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.	
21685	HYOID MYOTOMY & SUSPENSION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	



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21740	RECONSTRUCTION OF STERNUM	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
21742	REPAIR STERN/NUSS W/O SCOPE	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
21743	REPAIR STERNUM/NUSS W/SCOPE	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 https://www.evicore.com/healthplan/bcbs	
22511	PERQ LUMBOSACRAL INJECTION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22512	VERTEBROPLASTY ADDL INJECT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22513	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22514	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22515	PERQ VERTEBRAL AUGMENTATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
22520	PERQ VERTEBRAL AUGMENTATION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
22521	PERQ VERTEBRAL AUGMENTATION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
22523	PERQ VERTEBRAL AUGMENTATION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
22524	PERQ VERTEBRAL AUGMENTATION	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
22533	LAT LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22534	LAT THOR/LUMB ADDL SEG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22551	NECK SPINE FUSE&REMOV BEL C2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22552	ADDL NECK SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22554	NECK SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22558	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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22585	ADDITIONAL SPINAL FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22600	NECK SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22612	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22614	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22630	LUMBAR SPINE FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22632	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22633	LUMBAR SPINE FUSION COMBINED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22634	SPINE FUSION EXTRA SEGMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22800	POST FUSION </6 VERT SEG	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.	

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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 https://www.evicore.com/healthplan/bcbs	
22842	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22843	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22844	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22845	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
22846	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22847	INSERT SPINE FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22848	INSERT PELV FIXATION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22853	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22854	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22856	CERV ARTIFIC DISKECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22857	CERV ARTIFIC DISKECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22858	SECOND LEVEL CER DISKECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22859	INSJ BIOMECHANICAL DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22861	REVISE CERV ARTIFIC DISC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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22862	REVISE LUMBAR ARTIF DISC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22864	REMOVE CERV ARTIF DISC	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
22865	REMOVE LUMB ARTIF DISC	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
22867	INSJ STABLJ DEV W/DCMPRN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22868	INSJ STABLJ DEV W/DCMPRN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22869	INSJ STABLJ DEV W/O DCMPRN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22870	INSJ STABLJ DEV W/O DCMPRN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
22999	ABDOMEN SURGERY PROCEDURE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
23000	REMOVAL OF CALCIUM DEPOSITS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23020	RELEASE SHOULDER JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
23120	PARTIAL REMOVAL COLLAR BONE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23130	REMOVE SHOULDER BONE PART		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23410	REPAIR ROTATOR CUFF ACUTE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23412	REPAIR ROTATOR CUFF CHRONIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23415	RELEASE OF SHOULDER LIGAMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23420	REPAIR OF SHOULDER		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23430	REPAIR BICEPS TENDON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23440	REMOVE/TRANSPLANT TENDON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23450	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23455	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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23460	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23462	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23465	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23466	REPAIR SHOULDER CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23470	RECONSTRUCT SHOULDER JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23472	RECONSTRUCT SHOULDER JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23473	REVIS RECONST SHOULDER JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
23474	REVIS RECONST SHOULDER JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27096	INJECT SACROILIAC JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27125	PARTIAL HIP REPLACEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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27130	TOTAL HIP ARTHROPLASTY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27132	TOTAL HIP ARTHROPLASTY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27134	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27137	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27138	REVISE HIP JOINT REPLACEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27279	ARTHRODESIS SACROILIAC JOINT	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	
27332	EXC THIGH/KNEE TUM DEEP <5CM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27333	EXC THIGH/KNEE LES SC < 3 CM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27334	REMOVE KNEE JOINT LINING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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27335	EXC THIGH/KNEE LES SC < 3 CM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27403	REPAIR OF KNEE CARTILAGE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27412	AUTOCHONDROCYTE IMPLANT KNEE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27418	REPAIR DEGENERATED KNEECAP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27420	REVISION OF UNSTABLE KNEECAP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27422	REVISION OF UNSTABLE KNEECAP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27424	REVISION/REMOVAL OF KNEECAP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27425	LAT RETINACULAR RELEASE OPEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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27427	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27428	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27429	RECONSTRUCTION KNEE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27430	REVISION OF THIGH MUSCLES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27438	REVISE KNEECAP WITH IMPLANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27440	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27441	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27442	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27443	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27446	REVISION OF KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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27447	TOTAL KNEE ARTHROPLASTY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27486	REVISE/REPLACE KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27487	REVISE/REPLACE KNEE JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
27557	TREAT KNEE DISLOCATION	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
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.	



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27692	REVISE ADDITIONAL LEG TENDON	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
28890	HI ENRGY ESWT PLANTAR FASCIA	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
29805	SHOULDER ARTHROSCOPY DX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29806	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29807	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29819	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29820	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29821	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29822	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
29823	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29824	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29825	SHOULDER ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29827	ARTHROSCOP ROTATOR CUFF REPR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29828	ARTHROSCOPY BICEPS TENODESIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29860	HIP ARTHROSCOPY DX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29861	HIP ARTHRO W/FB REMOVAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29862	HIP ARTHRO W/DEBRIDEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29863	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29866	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
29867	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29868	MENISCAL TRNSPL KNEE W/SCPE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29870	KNEE ARTHROSCOPY DX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29871	KNEE ARTHROSCOPY/DRAINAGE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29873	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29874	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29875	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29876	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29877	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29879	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
29880	HIP ARTHRO W/SYNOVECTOMY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29881	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29882	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29883	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29884	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29885	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29886	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29887	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29888	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29889	KNEE ARTHROSCOPY/SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
29914	SUBTALAR ARTHRO W/FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29915	SUBTALAR ARTHRO W/FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
29916	SUBTALAR ARTHRO W/FUSION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
30120	REVISION OF NOSE	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	LARYNGOPLASTY LARYNGEAL STEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
31579	LARYNGOSCOPY TELESCOPIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
31643	DIAG BRONCHOSCOPE/CATHETER		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
32553	INS MARK THOR FOR RT PERQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
32850	DONOR PNEUMONECTOMY	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
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.	



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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.	
33208	INSRT HEART PM ATRIAL & VENT	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
33225	L VENTRIC PACING LEAD ADD-ON	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	



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33274	TCAT INSJ/RPL PERM LDLS PM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
33275	TCAT RMVL PERM LDLS PM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
33282	ABLATE ATRIA X10SV ENDO	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33289	TCAT IMPL WRLS P-ART PRS SNR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
33404	PREPARE HEART-AORTA CONDUIT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33405	REPLACEMENT AORTIC VALVE OPN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33406	REPLACEMENT AORTIC VALVE OPN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33407	REPLACEMENT AORTIC VALVE OPN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33410	REPLACEMENT AORTIC VALVE OPN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33411	REPLACEMENT OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	



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33412	REPLACEMENT OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33413	REPLACEMENT OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33414	REPLACEMENT OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33415	REVISION SUBVALVULAR TISSUE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33420	REVISION OF MITRAL VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33422	REPLACEMENT OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33425	REPAIR OF MITRAL VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33426	REPAIR OF MITRAL VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33427	REPAIR OF MITRAL VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33430	REPLACEMENT OF MITRAL VALVE	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	Notes
33460	REVISION OF TRICUSPID VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33463	VALVULOPLASTY TRICUSPID	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33464	VALVULOPLASTY TRICUSPID	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33465	REPLACE TRICUSPID VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33468	REVISION OF TRICUSPID VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33470	REVISION OF PULMONARY VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33471	VALVOTOMY PULMONARY VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33474	REVISION OF PULMONARY VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33475	REPLACEMENT PULMONARY VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33476	REVISION OF HEART CHAMBER	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	Notes
33477	IMPLANT TCAT PULM VLV PERQ	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33478	REVISION OF HEART CHAMBER	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33600	CLOSURE OF VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33602	CLOSURE OF VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33606	ANASTOMOSIS/ARTERY-AORTA	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33608	REPAIR ANOMALY W/CONDUIT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33610	REPAIR BY ENLARGEMENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33611	REPAIR DOUBLE VENTRICLE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33612	REPAIR DOUBLE VENTRICLE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33615	REPAIR MODIFIED FONTAN	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	



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33617	REPAIR SINGLE VENTRICLE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33619	REPAIR SINGLE VENTRICLE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33620	APPLY R&L PULM ART BANDS	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33621	TRANSTHOR CATH FOR STENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33622	REDO COMPL CARDIAC ANOMALY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
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.	
33940	REMOVAL OF 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	Notes
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.	
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.	
34806	OPN AX/SUBCLA ART EXPOS CNDT	Medical Necessity	Pre Operative Evaluation, History and Physical including results of Doppler studies, and Operative report	
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.	
36468	NXJ SCLRSNT SPIDER VEINS	Cosmetic - Potential Contract Exclusion	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
36469	NXJ SCLRSNT SPIDER VEINS	Cosmetic - Potential Contract Exclusion	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	Notes
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.	
36514	APHERESIS PLASMA	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	Notes
37225	FEM/POPL REVAS W/ATHER	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
37241	OPEN/PERQ PLACE STENT EA ADD	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.	
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
38204	BL DONOR SEARCH MANAGEMENT	Transplant	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	
38205	HARVEST ALLOGENEIC STEM CELL	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	Notes
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.	
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.	
38308	INCISION OF LYMPH CHANNELS	Medical Necessity	History and Physical, Operative report	
40700	REPAIR CLEFT LIP/NASAL	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	Notes
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 https://www.evicore.com/healthplan/bcbs	
41512	TONGUE SUSPENSION	Investigative	History and physical and operative report.	
41530	TONGUE BASE VOL REDUCTION	Investigative	History and physical, including sleep study results, results of CPAP trial.	
41899	DENTAL SURGERY PROCEDURE	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.	
43112	ESPHG TOT W/THRCM	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	Notes
43122	PARTIAL REMOVAL OF ESOPHAGUS	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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
44132	ENTERECTOMY CADAVER DONOR	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	
44133	ENTERECTOMY LIVE DONOR	Transplant	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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
47140	PARTIAL REMOVAL DONOR LIVER	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	
47141	PARTIAL REMOVAL DONOR LIVER	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	Notes
47142	PARTIAL REMOVAL DONOR 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.	



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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.	
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.	
48550	DONOR PANCREATECTOMY	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.	



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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.	
48556	REMOVAL 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 https://www.evicore.com/healthplan/bcbs	
49412	INS DEVICE FOR RT GUIDE OPEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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.	



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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.	
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.	



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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.	



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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.	
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.	
52601	PROSTATECTOMY (TURP)	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
52648	LASER SURGERY OF PROSTATE	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 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	Notes
53430	RECONSTRUCTION OF URETHRA	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
53860	TRANSURETHRAL RF TREATMENT	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.	
54240	PENIS STUDY	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.	
54400	INSERT SEMI-RIGID PROSTHESIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
54401	INSERT SELF-CONTD PROSTHESIS	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
54405	INSERT MULTI-COMP 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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
55875	TRANSPERI NEEDLE PLACE PROS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
55876	PLACE RT DEVICE/MARKER PROS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
55920	PLACE NEEDLES PELVIC FOR RT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
55970	SEX TRANSFORMATION M TO F	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
55980	SEX TRANSFORMATION F TO M	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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 https://www.evicore.com/healthplan/bcbs	
57156	INS VAG BRACHYTX DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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	Notes
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.	
58285	EXTENSIVE HYSTERECTOMY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
58346	INSERT HEYMAN UTERI CAPSULE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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58672	LAPAROSCOPY FIMBRIOPLASTY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
58760	FIMBRIOPLASTY	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
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.	



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60512	AUTOTRANSPLANT PARATHYROID	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
61796	SRS CRANIAL LESION SIMPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	required PA with HCSC, now eviCore 1/1/2019
61797	SRS CRAN LES SIMPLE ADDL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
61798	SRS CRANIAL LESION COMPLEX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	required PA with HCSC, now eviCore 1/1/2019
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 https://www.evicore.com/healthplan/bcbs	
62281	TREAT SPINAL CORD LESION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62282	TREAT SPINAL CANAL LESION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62320	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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62321	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62322	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62323	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62324	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62325	NJX INTERLAMINAR CRV/THRC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62326	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62327	NJX INTERLAMINAR LMBR/SAC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62350	IMPLANT SPINAL CANAL CATH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62351	IMPLANT SPINAL CANAL CATH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62360	INSERT SPINE INFUSION DEVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
62361	IMPLANT SPINE INFUSION PUMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62362	IMPLANT SPINE INFUSION PUMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62380	NDSC DCMPRN 1 NTRSPC LUMBAR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
62630	NDSC DCMPRN 1 NTRSPC LUMBAR	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
63001	REMOVE SPINE LAMINA 1/2 CRVL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63005	REMOVE SPINE LAMINA 1/2 LMBR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63012	REMOVE LAMINA/FACETS LUMBAR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63015	REMOVE SPINE LAMINA >2 CRVCL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63017	REMOVE SPINE LAMINA >2 LMBR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63020	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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63030	LOW BACK DISK SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63035	SPINAL DISK SURGERY ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63040	LAMINOTOMY SINGLE CERVICAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63042	LAMINOTOMY SINGLE LUMBAR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63043	LAMINOTOMY ADDL CERVICAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63044	LAMINOTOMY ADDL LUMBAR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63045	REMOVE SPINE LAMINA 1 CRVL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63047	REMOVE SPINE LAMINA 1 LMBR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63048	REMOVE SPINAL LAMINA ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63050	CERVICAL LAMINOPLSTY 2/> SEG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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63051	C-LAMINOPLASTY W/GRAFT/PLATE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63056	DECOMPRESS SPINAL CORD LMBR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63057	DECOMPRESS SPINE CORD ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63075	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63076	NECK SPINE DISK SURGERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63081	REMOVE VERT BODY DCMPRN CRVL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63082	REMOVE VERTEBRAL BODY ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63620	SRS SPINAL LESION	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
63650	IMPLANT NEUROELECTRODES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
63655	IMPLANT NEUROELECTRODES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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63685	INSRT/REDO SPINE N GENERATOR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64479	INJ FORAMEN EPIDURAL C/T		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64480	INJ FORAMEN EPIDURAL ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64483	INJ FORAMEN EPIDURAL L/S		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64484	INJ FORAMEN EPIDURAL ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64490	INJ PARAVERT F JNT C/T 1 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64491	INJ PARAVERT F JNT C/T 2 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64492	INJ PARAVERT F JNT C/T 3 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64493	INJ PARAVERT F JNT L/S 1 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64494	INJ PARAVERT F JNT L/S 2 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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64495	INJ PARAVERT F JNT L/S 3 LEV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64510	N BLOCK STELLATE GANGLION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64520	N BLOCK LUMBAR/THORACIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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	N BLOCK INJ COMMON DIGIT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64634	N BLOCK INJ COMMON DIGIT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64635	DESTROY LUMB/SAC FACET JNT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
64636	N BLOCK INJ COMMON DIGIT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
64999	NERVOUS SYSTEM SURGERY	Medical Necessity	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.	
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.	
67904	REPAIR EYELID DEFECT	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	



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MAPD Benefit Preauthorization
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
67914	REPAIR EYELID DEFECT	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67915	REPAIR EYELID DEFECT	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67921	REPAIR EYELID DEFECT	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67922	REPAIR EYELID DEFECT	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 report, previous use of hearing aids, level of hearing Impairment.	
69717	TEMPLE BONE IMPLANT REVISION	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
69718	REVISE TEMPLE BONE IMPLANT	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	
69930	IMPLANT COCHLEAR DEVICE	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	
69949	INNER EAR SURGERY PROCEDURE	Medical Necessity	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	
70336	MAGNETIC IMAGE JAW JOINT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70450	CT HEAD/BRAIN W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70460	CT HEAD/BRAIN W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70470	CT HEAD/BRAIN W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70480	CT ORBIT/EAR/FOSSA W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
70481	CT ORBIT/EAR/FOSSA W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70486	CT MAXILLOFACIAL W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70487	CT MAXILLOFACIAL W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70488	CT MAXILLOFACIAL W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70490	CT SOFT TISSUE NECK W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70491	CT SOFT TISSUE NECK W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70492	CT SFT TSUE NCK W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70496	CT ANGIOGRAPHY HEAD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70498	CT ANGIOGRAPHY NECK		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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70540	MRI ORBIT/FACE/NECK W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70542	MRI ORBIT/FACE/NECK W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70543	MRI ORBT/FAC/NCK W/O &W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70544	MR ANGIOGRAPHY HEAD W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70545	MR ANGIOGRAPHY HEAD W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70546	MR ANGIOGRAPH HEAD W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70547	MR ANGIOGRAPHY NECK W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70548	MR ANGIOGRAPHY NECK W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70549	MR ANGIOGRAPH NECK W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70551	MRI BRAIN STEM W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
70552	MRI BRAIN STEM W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70553	MRI BRAIN STEM W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70554	FMRI BRAIN BY TECH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
70555	FMRI BRAIN BY PHYS/PSYCH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71250	CT THORAX W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71260	CT THORAX W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71270	CT THORAX W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71275	CT ANGIOGRAPHY CHEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71550	MRI CHEST W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71551	MRI CHEST W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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71552	MRI CHEST W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
71555	MRI ANGIO CHEST W OR W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72125	CT NECK SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72126	CT NECK SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72127	CT NECK SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72128	CT CHEST SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72129	CT CHEST SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72130	CT CHEST SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72131	CT LUMBAR SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72132	CT LUMBAR SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
72133	CT LUMBAR SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72141	MRI NECK SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72142	MRI NECK SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72146	MRI CHEST SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72147	MRI CHEST SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72148	MRI LUMBAR SPINE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72149	MRI LUMBAR SPINE W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72156	MRI NECK SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72157	MRI CHEST SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72158	MRI LUMBAR SPINE W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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72159	MR ANGIO SPINE W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72191	CT ANGIOGRAPH PELV W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72192	CT PELVIS W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72193	CT PELVIS W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72194	CT PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72195	MRI PELVIS W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72196	MRI PELVIS W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72197	MRI PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72198	MR ANGIO PELVIS W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
72291	DISCOGRAPHY CERV/THOR SPINE	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
72292	DISCOGRAPHY CERV/THOR SPINE	Advanced Imaging	For Prior Authorization: history and physical, results of previous diagnostics procedure report.	
73200	CT UPPER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73201	CT UPPER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73202	CT UPPR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73206	CT ANGIO UPR EXTRM W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73218	MRI UPPER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73219	MRI UPPER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73220	MRI UPPR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73221	MRI JOINT UPR EXTREM W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73222	MRI JOINT UPR EXTREM W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
73223	MRI JOINT UPR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73225	MR ANGIO UPR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73700	CT LOWER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73701	CT LOWER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73702	CT LWR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73706	CT ANGIO LWR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73718	MRI LOWER EXTREMITY W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73719	MRI LOWER EXTREMITY W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73720	MRI LWR EXTREMITY W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73721	MRI JNT OF LWR EXTRE W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
73722	MRI JOINT OF LWR EXTR W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73723	MRI JOINT LWR EXTR W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
73725	MR ANG LWR EXT W OR W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74150	CT ABDOMEN W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74160	CT ABDOMEN W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74170	CT ABDOMEN W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74174	CT ANGIO ABD&PELV W/O&W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74175	CT ANGIO ABDOM W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74176	CT ABD & PELVIS W/O CONTRAST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74177	CT ABD & PELV W/CONTRAST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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74178	CT ABD & PELV 1/> REGNS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74181	MRI ABDOMEN W/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74182	MRI ABDOMEN W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74183	MRI ABDOMEN W/O & W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74185	MRI ANGIO ABDOM W ORW/O DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74261	CT COLONOGRAPHY DX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74262	CT COLONOGRAPHY DX W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74263	CT COLONOGRAPHY SCREENING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
74712	MRI FETAL SNGL/1ST GESTATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
74713	MRI FETAL EA ADDL GESTATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
75557	CARDIAC MRI FOR MORPH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75559	CARDIAC MRI W/STRESS IMG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75561	CARDIAC MRI FOR MORPH W/DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75563	CARD MRI W/STRESS IMG & DYE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75571	CT HRT W/O DYE W/CA TEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75572	CT HRT W/3D IMAGE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75573	CT HRT W/3D IMAGE CONGEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75574	CT ANGIO HRT W/3D IMAGE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
75635	CT ANGIO ABDOMINAL ARTERIES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76376	3D RENDER W/INTRP POSTPROCES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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76377	3D RENDER W/INTRP POSTPROCES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76380	CAT SCAN FOLLOW-UP STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76390	MR SPECTROSCOPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
76391	MR ELASTOGRAPHY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
76497	CT PROCEDURE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76498	MRI PROCEDURE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76506	ECHO EXAM OF HEAD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76536	US EXAM OF HEAD AND NECK		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76604	US EXAM CHEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76641	ULTRASOUND BREAST COMPLETE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
76642	ULTRASOUND BREAST LIMITED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76700	US EXAM ABDOM COMPLETE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76705	ECHO EXAM OF ABDOMEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76706	US ABDL AORTA SCREEN AAA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76770	US EXAM ABDO BACK WALL COMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76775	US EXAM ABDO BACK WALL LIM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76776	US EXAM K TRANSPL W/DOPPLER		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76800	US EXAM SPINAL CANAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76801	OB US < 14 WKS SINGLE FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76802	OB US < 14 WKS ADDL FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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76805	OB US >= 14 WKS SNGL FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76810	OB US >= 14 WKS ADDL FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76811	OB US DETAILED SNGL FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76812	OB US DETAILED ADDL FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76813	OB US NUCHAL MEAS 1 GEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76814	OB US NUCHAL MEAS ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76815	OB US LIMITED FETUS(S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76816	OB US FOLLOW-UP PER FETUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76817	TRANSVAGINAL US OBSTETRIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76818	FETAL BIOPHYS PROFILE W/NST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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76819	FETAL BIOPHYS PROFIL W/O NST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76820	UMBILICAL ARTERY ECHO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76821	MIDDLE CEREBRAL ARTERY ECHO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76825	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76826	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76827	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76828	ECHO EXAM OF FETAL HEART		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76830	TRANSVAGINAL US NON-OB		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76831	ECHO EXAM UTERUS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76856	US EXAM PELVIC COMPLETE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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76857	US EXAM PELVIC LIMITED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76870	US EXAM SCROTUM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76872	US TRANSRECTAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76873	ECHOGRAP TRANS R PROS STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76881	US COMPL JOINT R-T W/IMG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76882	US LMTD JT/NONVASC XTR STRUX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76885	US EXAM INFANT HIPS DYNAMIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76886	US EXAM INFANT HIPS STATIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76965	ECHO GUIDANCE RADIOTHERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76970	ULTRASOUND EXAM FOLLOW-UP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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76975	GI ENDOSCOPIC ULTRASOUND		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
76978	US TRGT DYN MBUBB 1ST LES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
76979	US TRGT DYN MBUBB EA ADDL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
76999	ECHO EXAMINATION PROCEDURE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77014	CT SCAN FOR THERAPY GUIDE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77021	MRI GUIDANCE NDL PLMT RS&I		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77022	MRI GDN PARNCHYMA TISS ABLTJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77046	MRI BREAST C- UNILATERAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
77047	MRI BREAST C- BILATERAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
77048	MRI BREAST C-+ W/CAD UNI		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019



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77049	MRI BREAST C+ W/CAD BI		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
77078	CT BONE DENSITY AXIAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77084	DXA BONE DENSITY/PERIPHERAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77261	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77262	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77263	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77280	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77285	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77290	SET RADIATION THERAPY FIELD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77293	RESPIRATOR MOTION MGMT SIMUL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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77295	3-D RADIOTHERAPY PLAN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77299	RADIATION THERAPY PLANNING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77300	RADIATION THERAPY DOSE PLAN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77301	RADIOTHERAPY DOSE PLAN IMRT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77306	TELETHX ISODOSE PLAN SIMPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77307	TELETHX ISODOSE PLAN CPLX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77316	BRACHYTX ISODOSE PLAN SIMPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77317	BRACHYTX ISODOSE INTERMED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77318	BRACHYTX ISODOSE COMPLEX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77321	SPECIAL TELETX PORT PLAN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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77331	SPECIAL RADIATION DOSIMETRY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77332	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77333	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77334	RADIATION TREATMENT AID(S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77336	RADIATION PHYSICS CONSULT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77338	DESIGN MLC DEVICE FOR IMRT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77370	RADIATION PHYSICS CONSULT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77371	SRS MULTISOURCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77372	SRS LINEAR BASED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77373	SBRT DELIVERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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77385	NTSTY MODUL RAD TX DLVR SMPL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
77386	NTSTY MODUL RAD TX DLVR CPLX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
77387	GUIDANCE FOR RADJ TX DLVR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
77399	GUIDANCE FOR RADJ TX DLVR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77401	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77402	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77407	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77412	RADIATION TREATMENT DELIVERY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77417	RADIOLOGY PORT IMAGES(S)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77423	NEUTRON BEAM TX COMPLEX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
77424	NEUTRON BEAM TX COMPLEX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77425	IO RAD TX DELIVER BY ELCTRNS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77427	RADIATION TX MANAGEMENT X5		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77431	RADIATION THERAPY MANAGEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77432	STEREOTACTIC RADIATION TRMT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77435	SBRT MANAGEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77469	IO RADIATION TX MANAGEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77470	SPECIAL RADIATION TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77499	RADIATION THERAPY MANAGEMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77520	PROTON TRMT SIMPLE W/O COMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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77522	PROTON TRMT SIMPLE W/COMP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77523	PROTON TRMT INTERMEDIATE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77525	PROTON TREATMENT COMPLEX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77600	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77605	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77610	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77615	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77620	HYPERTHERMIA TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77750	INFUSE RADIOACTIVE MATERIALS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77761	APPLY INTRCAV RADIAT SIMPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
77762	APPLY INTRCAV RADIAT INTERM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77763	APPLY INTRCAV RADIAT COMPL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77767	HDR RDNCL SKN SURF BRACHYTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77768	HDR RDNCL SKN SURF BRACHYTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77770	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77771	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77772	HDR RDNCL NTRSTL/ICAV BRCHTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77778	APPLY INTERSTIT RADIAT COMPL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77789	APPLY SURF LDR RADIONUCLIDE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
77790	RADIATION HANDLING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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77799	RADIUM/RADIOISOTOPE THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78012	THYROID UPTAKE MEASUREMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78013	THYROID IMAGING W/BLOOD FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78014	THYROID IMAGING W/BLOOD FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78015	THYROID MET IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78016	THYROID MET IMAGING/STUDIES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78018	THYROID MET IMAGING BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78020	THYROID MET UPTAKE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78070	PARATHYROID PLANAR IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78071	PARATHYRD PLANAR W/WO SUBTRJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78072	PARATHYRD PLANAR W/SPECT&CT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78075	ADRENAL CORTEX & MEDULLA IMG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78102	BONE MARROW IMAGING LTD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78103	BONE MARROW IMAGING MULT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78104	BONE MARROW IMAGING BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78140	RED CELL SEQUESTRATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78185	SPLEEN IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78195	LYMPH SYSTEM IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78201	LIVER IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78202	LIVER IMAGING WITH FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
78205	LIVER IMAGING (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78206	LIVER IMAGE (3D) WITH FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78215	LIVER AND SPLEEN IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78216	LIVER & SPLEEN IMAGE/FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78226	HEPATOBIILIARY SYSTEM IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78227	HEPATOBI SYST IMAGE W/DRUG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78230	SALIVARY GLAND IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78231	SERIAL SALIVARY IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78232	SALIVARY GLAND FUNCTION EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78258	ESOPHAGEAL MOTILITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78261	GASTRIC MUCOSA IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78262	GASTROESOPHAGEAL REFLUX EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78264	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78265	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78266	GASTRIC EMPTYING IMAG STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78278	ACUTE GI BLOOD LOSS IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78290	MECKELS DIVERT EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78291	LEVEEN/SHUNT PATENCY EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78300	BONE IMAGING LIMITED AREA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78305	BONE IMAGING MULTIPLE AREAS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78306	BONE IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78315	BONE IMAGING 3 PHASE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78320	BONE IMAGING (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78414	NON-IMAGING HEART FUNCTION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78428	CARDIAC SHUNT IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78445	VASCULAR FLOW IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78451	HT MUSCLE IMAGE SPECT SING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78452	HT MUSCLE IMAGE SPECT MULT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78453	HT MUSCLE IMAGE PLANAR SING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78454	HT MUSC IMAGE PLANAR MULT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78457	VENOUS THROMBOSIS IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78458	VEN THROMBOSIS IMAGES BILAT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78459	HEART MUSCLE IMAGING (PET)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78466	HEART INFARCT IMAGE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78468	HEART INFARCT IMAGE (EF)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78469	HEART INFARCT IMAGE (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78472	GATED HEART PLANAR SINGLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78473	GATED HEART MULTIPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78481	HEART FIRST PASS SINGLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78483	HEART FIRST PASS MULTIPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78491	HEART IMAGE (PET) SINGLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78492	HEART IMAGE (PET) MULTIPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78494	HEART IMAGE SPECT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78496	HEART FIRST PASS ADD-ON		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78499	CARDIOVASCULAR NUCLEAR EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78579	LUNG VENTILATION IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78580	LUNG PERFUSION IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78582	LUNG VENTILAT&PERFUS IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78597	LUNG PERFUSION DIFFERENTIAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78598	LUNG PERF&VENTILAT DIFERENTL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78600	BRAIN IMAGE < 4 VIEWS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78601	BRAIN IMAGE W/FLOW < 4 VIEWS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78605	BRAIN IMAGE 4+ VIEWS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78606	BRAIN IMAGE W/FLOW 4 + VIEWS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78607	BRAIN IMAGING (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78608	BRAIN IMAGING (PET)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78609	BRAIN IMAGING (PET)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
78610	BRAIN FLOW IMAGING ONLY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78630	CEREBROSPINAL FLUID SCAN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78635	CSF VENTRICULOGRAPHY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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78645	CSF SHUNT EVALUATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78647	CEREBROSPINAL FLUID SCAN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78650	CSF LEAKAGE IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78660	NUCLEAR EXAM OF TEAR FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78699	NERVOUS SYSTEM NUCLEAR EXAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78700	KIDNEY IMAGING MORPHOL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78701	KIDNEY IMAGING WITH FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78707	K FLOW/FUNCT IMAGE W/O DRUG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78708	K FLOW/FUNCT IMAGE W/DRUG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78709	K FLOW/FUNCT IMAGE MULTIPLE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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 Procedure Code List, Effective 1/1/2019
 (Updated 06/17/2019)

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. **Green highlighted codes are managed by eviCore[®] healthcare (eviCore).**

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
78710	KIDNEY IMAGING (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78725	KIDNEY FUNCTION STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78730	URINARY BLADDER RETENTION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78740	URETERAL REFLUX STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78761	TESTICULAR IMAGING W/FLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78800	TUMOR IMAGING LIMITED AREA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78801	TUMOR IMAGING MULT AREAS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78802	TUMOR IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78803	TUMOR IMAGING (3D)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78804	TUMOR IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
78805	ABSCCESS IMAGING LTD AREA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78806	ABSCCESS IMAGING WHOLE BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78807	NUCLEAR LOCALIZATION/ABSCCESS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78811	PET IMAGE LTD AREA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78812	PET IMAGE SKULL-THIGH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78813	PET IMAGE FULL BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78814	PET IMAGE W/CT LMTD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78815	PET IMAGE W/CT SKULL-THIGH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
78816	PET IMAGE W/CT FULL BODY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
79005	NUCLEAR RX ORAL ADMIN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 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	Notes
79403	HEMATOPOIETIC NUCLEAR TX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
81162	BRCA1&2 GEN FULL SEQ DUP/DEL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81201	APC GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81202	APC GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81203	APC GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81212	BRAF GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81215	BRCA1 GENE KNOWN FAMIL VRNT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81216	BRCA2 GENE FULL SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81217	BRAF GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81221	CFTR GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81222	CFTR GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81223	CFTR GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81225	CYP2C19 GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81226	CYP2D6 GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81227	CYP2C9 GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81228	CYTOGEN MICRARRAY COPY NMBR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81229	CYTOGEN M ARRAY COPY NO&SNP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81230	CYP3A4 GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81231	CYP3A5 GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81232	DPYD GENE COMMON VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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81238	F9 FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81248	G6PD KNOWN FAMILIAL VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81249	G6PD FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81252	GJB2 GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81253	GJB2 GENE KNOWN FAM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81257	HBA1/HBA2 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81258	HBA1/HBA2 GENE FAM VRNT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81259	HBA1/HBA2 FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81269	CHIMERISM ANAL W/CELL SELECT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81283	IFNL3 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81291	MLH1 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81292	MLH1 GENE FULL SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81293	MTHFR GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81294	MTHFR GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81295	MSH2 GENE FULL SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81296	MSH2 GENE KNOWN VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81297	MSH2 GENE DUP/DELETE VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81298	MSH6 GENE FULL SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81299	MSH6 GENE KNOWN VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81300	MSH6 GENE DUP/DELETE VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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81302	MECP2 GENE FULL SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81303	MECP2 GENE KNOWN VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81304	MECP2 GENE DUP/DELET VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81313	PCA3/KLK3 ANTIGEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81317	PMS2 GENE FULL SEQ ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81318	PMS2 KNOWN FAMILIAL VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81319	PMS2 GENE DUP/DELET VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81321	PTEN GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81322	PTEN GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81323	PTEN GENE DUP/DELET VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81325	PMP22 GENE FULL SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81326	PMP22 GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81327	SEPT9 GEN PRMTR MTHYLTN ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81328	SLCO1B1 GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81335	TPMT GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81346	TYMS GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81350	UGT1A1 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81355	VKORC1 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81361	HBB GENE COM VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81362	HBB GENE KNOWN FAM VARIANT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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81363	HBB GENE DUP/DEL VARIANTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81364	HBB FULL GENE SEQUENCE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81400	MOPATH PROCEDURE LEVEL 1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81401	MOPATH PROCEDURE LEVEL 2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81402	MOPATH PROCEDURE LEVEL 3		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81403	MOPATH PROCEDURE LEVEL 4		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81404	MOPATH PROCEDURE LEVEL 5		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81405	MOPATH PROCEDURE LEVEL 6		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81406	MOPATH PROCEDURE LEVEL 7		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81407	MOPATH PROCEDURE LEVEL 8		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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81408	MOPATH PROCEDURE LEVEL 9		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81410	AORTIC DYSFUNCTION/DILATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81411	AORTIC DYSFUNCTION/DILATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81412	ASHKENAZI JEWISH ASSOC DIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81413	CAR ION CHNNLPATH INC 10 GNS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81414	MOPATH PROCEDURE LEVEL 9		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81415	EXOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81416	EXOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81417	EXOME RE-EVALUATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81422	FETAL CHRMOML MICRODEL TJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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81425	GENOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81426	GENOME SEQUENCE ANALYSIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81427	GENOME RE-EVALUATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81430	HEARING LOSS SEQUENCE ANALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81431	MOPATH PROCEDURE LEVEL 9		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81432	HRDTRY BRST CA-RLATD DSORDRS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81433	HRDTRY BRST CA-RLATD DSORDRS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81434	DRUG/SUBSTANCE NOS 7/MORE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81435	HEREDITARY COLON CA DSORDRS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81436	HEREDITARY COLON CA DSORDRS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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81437	HEREDTRY NURONDCRN TUM DSRDR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81438	HEREDTRY NURONDCRN TUM DSRDR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81439	HRDTRY CARDMPYPY GENE PANEL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81440	MITOCHONDRIAL GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81442	NOONAN SPECTRUM DISORDERS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81445	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81448	HRDTRY PERPH NEURPHY PANEL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81450	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81455	TARGETED GENOMIC SEQ ANALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81460	WHOLE MITOCHONDRIAL GENOME		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81465	WHOLE MITOCHONDRIAL GENOME		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81470	X-LINKED INTELLECTUAL DBLT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81471	X-LINKED INTELLECTUAL DBLT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81479	X-LINKED INTELLECTUAL DBLT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81490	AUTOIMMUNE RHEUMATOID ARTHR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81493	COR ARTERY DISEASE MRNA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81500	ONCO (OVAR) TWO PROTEINS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81503	ONCO (OVAR) FIVE PROTEINS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81504	ONCOLOGY TISSUE OF ORIGIN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81519	ONCOLOGY BREAST MRNA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81520	ONC BREAST MRNA 58 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81521	ONC BREAST MRNA 70 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81525	ONCOLOGY COLON MRNA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81528	ONCOLOGY COLON MRNA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
81535	ONCOLOGY GYNECOLOGIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81536	ONCOLOGY GYNECOLOGIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81538	ONCOLOGY LUNG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81539	ONCOLOGY PROSTATE PROB SCORE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81540	ONCOLOGY TUM UNKNOWN ORIGIN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81541	ONC PROSTATE MRNA 46 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
81545	ONCOLOGY THYROID		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81551	ONC PROSTATE 3 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81595	CARDIOLOGY HRT TRNSPL MRNA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
81599	UNLISTED MAAA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
84999	CLINICAL CHEMISTRY TEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
90281	HUMAN IG IM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
90283	HUMAN IG IV		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
90284	HUMAN IG SC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
90378	RSV MAB IM 50MG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
90867	TCRANIAL MAGN STIM TX PLAN	Medical Necessity	For Service Request, please contact customer service representative	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
90867	TCRANIAL MAGN STIM TX PLAN	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.	
90868	TCRANIAL MAGN STIM TX DELI	Medical Necessity	For Service Request, please contact customer service representative	
90868	TCRANIAL MAGN STIM TX DELI	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.	
90870	ELECTROCONVULSIVE THERAPY	Medical Necessity	For Service Request, please contact customer service representative	
90870	ELECTROCONVULSIVE THERAPY	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan.	
90911	BIOFEEDBACK PERI/URO/RECTAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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.	
91112	GI WIRELESS CAPSULE MEASURE	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
91132	ELECTROGASTROGRAPHY	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	



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91133	ELECTROGASTROGRAPHY W/TEST	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
92145	CORNEAL HYSTERESIS DETER	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
92507	SPEECH/HEARING THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92508	SPEECH/HEARING THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92511	NASOPHARYNGOSCOPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92520	LARYNGEAL FUNCTION STUDIES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92521	EVALUATION OF SPEECH FLUENCY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92522	EVALUATE SPEECH PRODUCTION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92523	SPEECH SOUND LANG COMPREHEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92524	BEHAVRAL QUALIT ANALYS VOICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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92526	ORAL FUNCTION THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92597	ORAL SPEECH DEVICE EVAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92605	EX FOR NONSPEECH DEVICE RX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92606	EX FOR NONSPEECH DEVICE RX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92607	EX FOR SPEECH DEVICE RX 1HR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92608	EX FOR NONSPEECH DEVICE RX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92609	USE OF SPEECH DEVICE SERVICE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92610	EVALUATE SWALLOWING FUNCTION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92611	MOTION FLUOROSCOPY/SWALLOW		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92612	ENDOSCOPY SWALLOW (FEES) VID		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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92613	EX FOR NONSPEECH DEVICE RX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92614	LARYNGOSCOPIC SENSORY VID		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92615	LARYNGOSCOPIC SENSORY I&R		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92616	FEES W/LARYNGEAL SENSE TEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92617	FEES W/LARYNGEAL SENSE I&R		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92618	FEES W/LARYNGEAL SENSE I&R		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
92986	REVISION OF AORTIC VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
92987	REVISION OF MITRAL VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
92990	REVISION OF PULMONARY VALVE	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
92992	REVISION OF HEART CHAMBER	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	Notes
92993	REVISION OF HEART CHAMBER	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
93303	ECHO TRANSTHORACIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93304	ECHO TRANSTHORACIC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93306	TTE W/DOPPLER COMPLETE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93307	TTE W/O DOPPLER COMPLETE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93308	TTE F-UP OR LMTD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93312	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93313	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93314	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93315	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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93316	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93317	ECHO TRANSESOPHAGEAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93318	ECHO TRANSESOPHAGEAL INTRAOP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93350	STRESS TTE ONLY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93451	RIGHT HEART CATH		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93452	LEFT HRT CATH W/VENTRCLGRPHY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93453	R&L HRT CATH W/VENTRCLGRPHY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93454	CORONARY ARTERY ANGIO S&I		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93455	CORONARY ART/GRFT ANGIO S&I		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93456	R HRT CORONARY ARTERY ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
93457	R HRT ART/GRFT ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93458	L HRT ARTERY/VENTRICLE ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93459	L HRT ART/GRFT ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93460	R&L HRT ART/VENTRICLE ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93461	R&L HRT ART/VENTRICLE ANGIO		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93530	RT HEART CATH CONGENITAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93531	R & L HEART CATH CONGENITAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93532	R & L HEART CATH CONGENITAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93533	R & L HEART CATH CONGENITAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93797	CARDIAC REHAB	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	



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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 https://www.evicore.com/healthplan/bcbs	
93882	EXTRACRANIAL UNI/LTD STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93886	INTRACRANIAL COMPLETE STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93888	INTRACRANIAL LIMITED STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93890	TCD VASOREACTIVITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93892	TCD EMBOLI DETECT W/O INJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93893	TCD EMBOLI DETECT W/INJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93922	UPR/L XTREMITY ART 2 LEVELS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93923	UPR/LXTR ART STDY 3+ LVLS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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93924	LWR XTR VASC STDY BILAT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93925	LOWER EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93926	LOWER EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93930	UPPER EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93931	UPPER EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93970	EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93971	EXTREMITY STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93975	VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93976	VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93978	VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
93979	VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93980	PENILE VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93981	PENILE VASCULAR STUDY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93990	DOPPLER FLOW TESTING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
93998	NONINVAS VASC DX STUDY PROC		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95782	POLYSOM <6 YRS 4/> PARAMTRS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95783	POLYSOM <6 YRS CPAP/BILVL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95800	POLYSOM <6 YRS CPAP/BILVL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95801	SLP STDY UNATND W/ANAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95805	MULTIPLE SLEEP LATENCY TEST		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
95806	SLEEP STUDY UNATT&RESP EFFT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95807	SLEEP STUDY ATTENDED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95808	SLEEP STUDY ATTENDED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95810	SLEEP STUDY ATTENDED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95811	SLEEP STUDY ATTENDED		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95831	SURGERY ELECTROCORTICOGRAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95832	SURGERY ELECTROCORTICOGRAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95833	BODY MUSCLE TESTING MANUAL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95834	SURGERY ELECTROCORTICOGRAM		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
95851	RANGE OF MOTION MEASUREMENTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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95852	RANGE OF MOTION MEASUREMENTS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
96105	ASSESSMENT OF APHASIA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
96110	DEVELOPMENTAL SCREEN W/SCORE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
96112	DEVEL TST PHYS/QHP 1ST HR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
96113	DEVEL TST PHYS/QHP EA ADDL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
96125	NUBHVL XM PHY/QHP EA ADDL HR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97010	HOT OR COLD PACKS THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97012	MECHANICAL TRACTION THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97014	ELECTRIC STIMULATION THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
97016	VASOPNEUMATIC DEVICE THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
97018	PARAFFIN BATH THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97022	WHIRLPOOL THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97024	DIATHERMY EG MICROWAVE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97026	INFRARED THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97028	ULTRAVIOLET THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97032	ELECTRICAL STIMULATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97033	ELECTRIC CURRENT THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97034	CONTRAST BATH THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97035	ULTRASOUND THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97036	HYDROTHERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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97039	PHYSICAL THERAPY TREATMENT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97110	THERAPEUTIC EXERCISES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97112	NEUROMUSCULAR REEDUCATION		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97113	AQUATIC THERAPY/EXERCISES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97116	GAIT TRAINING THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97124	MASSAGE THERAPY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97127	THER IVNTJ W/FOCUS COG FUNCJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97139	PHYSICAL MEDICINE PROCEDURE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97140	MANUAL THERAPY 1/> REGIONS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97150	GROUP THERAPEUTIC PROCEDURES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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97164	GROUP THERAPEUTIC PROCEDURES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97168	GROUP THERAPEUTIC PROCEDURES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97530	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97532	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
97533	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97535	ATHLETIC TRN RE-EVAL PLAN CR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97537	ATHLETIC TRN RE-EVAL PLAN CR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97542	ATHLETIC TRN RE-EVAL PLAN CR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97545	ATHLETIC TRN RE-EVAL PLAN CR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97546	ATHLETIC TRN RE-EVAL PLAN CR		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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97602	Wound (s) care, non-selective		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
97750	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97755	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97760	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97761	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
97762	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
97799	GRP ADAPT BHV TX BY PHY/QHP		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
98940	CHIROPRACT MANJ 1-2 REGIONS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
98941	CHIROPRACT MANJ 3-4 REGIONS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
98942	CHIROPRACTIC MANJ 5 REGIONS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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98943	CHIROPRACT MANJ XTRSPINL 1/>		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
99183	HYPERBARIC OXYGEN THERAPY	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99324	DOMICIL/R-HOME VISIT NEW PAT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99325	DOMICIL/R-HOME VISIT NEW PAT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99327	DOMICIL/R-HOME VISIT NEW PAT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99328	DOMICIL/R-HOME VISIT NEW PAT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99337	DOMICIL/R-HOME VISIT EST PAT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99341	HOME VISIT NEW PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99342	HOME VISIT NEW PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99343	HOME VISIT NEW PATIENT	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	Notes
99344	HOME VISIT NEW PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99345	HOME VISIT NEW PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99347	HOME VISIT EST PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99348	HOME VISIT EST PATIENT	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
99349	HOME VISIT EST PATIENT	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 https://www.evicore.com/healthplan/bcbs	
0004M	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0005U	ONCO PRST8 3 GENE UR ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0006M	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0007M	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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0011M	ONC PRST8 CA MRNA 12 GEN ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 5/1/2019
0012M	ONC MRNA 5 GEN RSK URTHL CA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 5/1/2019
0012U	GERMLN DO GENE REARGMT DETCJ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0013M	ONC MRNA 5 GEN RECR URTHL CA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 5/1/2019
0013U	ONC SLD ORG NEO GENE REARGMT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0014U	HEM HMTLMF NEO GENE REARGMT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0018U	ONC THYR 10 MICRORNA SEQ ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0019U	ONC RNA TISS PREDICT ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0022U	TRGT GEN SEQ DNA&RNA 23 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0026U	ONC THYR DNA&MRNA 112 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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0029U	RX METAB ADVRS TRGT SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0030U	RX METAB WARF TRGT SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0031U	CYP1A2 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0032U	COMT GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0033U	HTR2A HTR2C GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0034U	TPMT NUDT15 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0036U	XOME TUM & NML SPEC SEQ ALYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0037U	TRGT GEN SEQ DNA 324 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0042T	B BRGDRFERI ANTB 12 PRTN IGG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0045U	ONC BRST DUX CARC IS 12 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
0047U	ONC PRST8 MRNA 17 GENE ALG		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0048U	ONC SLD ORG NEO DNA 468 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0050U	TRGT GEN SEQ DNA 324 GENES		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0053U	ONC PRST8 CA FISH ALYS 4 GEN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0055U	CARD HRT TRANSPL 96 DNA SEQ		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0056U	HEM AML DNA GENE REARGMT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0057U	ONC SLD ORG NEO MRNA 51 GENE		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0060U	TWN ZYG GEN SEQ ALYS CHRMS2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
0081U	* AMA Short descriptor unavailable		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	



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0098T	REV ARTIFIC DISC ADDL	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
0163T	LUMB ARTIF DISKECTOMY ADDL	Investigative	Recent history and physical, plan of care, and documentation of medical necessity.	
0164T	REMOVE LUMB ARTIF DISC ADDL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0165T	REVISE LUMB ARTIF DISC ADDL	Investigative	Recent history and physical, plan of care, and documentation of medical necessity.	
0174T	CAD CXR WITH INTERP	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0175T	CAD CXR REMOTE	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0178T	64 LEAD ECG W I&R	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0179T	64 LEAD ECG W TRACING	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0180T	64 LEAD ECG W I&R ONLY	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0195T	ARTHROD PRESAC INTERBODY	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	



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0196T	ARTHROD PRESAC INTERBODY EAC	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0198T	OCULAR BLOOD FLOW MEASURE	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0200T	PERQ SACRAL AUGMT UNILAT INJ	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
0394T	HDR ELCTRNC SKN SURF BRCHYTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0395T	HDR ELCTR NTRST/NTRCV BRCHTX		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0399T	MYOCARDIAL STRAIN IMAGING		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0482T	ABSL QUAN MYOCRD BLD FLO PET		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0501T	COR FFR DERIVED COR CTA DATA		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0502T	COR FFR DATA PREP & TRANSMIS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0503T	COR FFR ALYS GNRJ FFR MDL		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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0504T	COR FFR DATA REVIEW I&R		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
0515T	INSJ WCS LV COMPL SYS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
0516T	INSJ WCS LV ELTRD ONLY		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
0517T	INSJ WCS LV PG COMPNT		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
0519T	RMVL & RPLCMT PG COMPNT WCS		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
0520T	RMVL&RPLCMT PG WCS NEW ELTRD		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
11970	REPLACE TISSUE EXPANDER	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.	
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Cosmetic - Potential Contract Exclusion	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	Notes
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Cosmetic - Potential Contract Exclusion	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	
21270	PT TALK EVAL HLTHWKR RE MDD	Medical Necessity	Submit history and physical, documentation of medical necessity including operative report.	
27445	PT TALK EVAL HLTHWKR RE MDD	Medical Necessity	Pre-operative evaluation, history and physical including functional impairment, and operative report.	
28446	PT TALK EVAL HLTHWKR RE MDD	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	
33224	AJCC CNCR 0/IA MELAN DOCD	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33418	MAMMO ASSESS INC XRAY DOCD	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33419	MAMMO ASSESS INC XRAY DOCD	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
33548	MILD-MOD DEP SYMP BY DEPTOOL	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	Notes
33930	MYOCARDIAL IMAGING MCG I&R	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	
46707	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	History and physical, procedure report.	
47381	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	History and physical, procedure report.	
47383	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	History and physical, procedure report.	
47399	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	History and physical, procedure report.	
47420	MYOCARDIAL IMAGING MCG I&R	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	
50547	MYOCARDIAL IMAGING MCG I&R	Transplant	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	
59897	MYOCARDIAL IMAGING MCG I&R	Potential Contract limits	Submit History and Physical, documentation of medical necessity including operative report.	
61630	MYOCARDIAL IMAGING MCG I&R	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	Notes
62263	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
62264	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
62287	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
64555	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
64565	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.	
65781	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
65782	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67900	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67906	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67908	MYOCARDIAL IMAGING MCG I&R	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	Notes
67909	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67911	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67912	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67916	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67917	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67923	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
67924	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
69300	MYOCARDIAL IMAGING MCG I&R	Medical Necessity	Pre Operative Evaluation, History and Physical and Operative report	
69320	MYOCARDIAL IMAGING MCG I&R	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	Notes
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.	
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	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.	
A4604	Tubing with integrated heating element for use with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7030	Full face mask used with positive airway pressure device, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7031	Face mask interface, replacement for full face mask, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7032	Cushion for use on nasal mask interface, replacement only, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7035	Headgear used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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A7036	Chinstrap used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7037	Tubing used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7038	Filter, disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7039	Filter, non disposable, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7044	Oral interface used with positive airway pressure device, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
A9270	Noncovered item or service		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019



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A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
A9606	Radium ra-223 dichloride, therapeutic, per microcurie		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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 an enteral feeding tube, 100 calories = 1 unit	Medical Necessity	History and Physical or clinical notes, including anticipated length of use	



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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	History and Physical or clinical notes, including anticipated length of use	
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	History and Physical or clinical notes, including anticipated length of use	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019



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C2616	Brachytherapy source, nonstranded, yttrium-90, per source		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
C8900	Magnetic resonance angiography with contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8901	Magnetic resonance angiography without contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8903	Magnetic resonance imaging with contrast, breast; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8906	Magnetic resonance imaging with contrast, breast; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8912	Magnetic resonance angiography with contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8913	Magnetic resonance angiography without contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8918	Magnetic resonance angiography with contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C8919	Magnetic resonance angiography without contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8934	Magnetic resonance angiography with contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8935	Magnetic resonance angiography without contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C9032	VIAL C9032 Injection, voretigene neparvovec-rzyl, 1 billion vector genome		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
C9257	Injection, bevacizumab, 0.25 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
C9399	200 MG/1.33ML SOLN		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
C9465	Durolane 60 MG/3ML PRSY C9465 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
C9466	30 MG/ML SOSY C9466 Injection, benralizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
C9493	30 MG/100ML SOLN C9493 Injection, edaravone, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 1/1/2019
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 https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Medical Necessity	Recent History and Physical, 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	Notes
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report	Medical Necessity	Recent History and Physical, and documentation of medical necessity	
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	Medical Necessity	History and Physical or clinical notes, including anticipated length of use	
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Medical Necessity	History and Physical or clinical notes, including anticipated length of use	
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	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 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	Notes
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 https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
E0561	Humidifier, non-heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0562	Humidifier, heated, used with positive airway pressure device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0601	Continuous positive airway pressure (cpap) device		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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.	



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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 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.	
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.	
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	Notes
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.	



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E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	Medical Necessity	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	



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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.	
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.	



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E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0749	Osteogenesis stimulator, electrical, surgically implanted		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	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.	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Medical Necessity	History and Physical or clinical notes, including anticipated length of use	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, 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	
E0769	Electrical stimulation or electromagnetic wound treatment device, 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 including mobility status	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E0830	Ambulatory traction device, all types, 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	
E0840	Traction frame, attached to headboard, cervical traction	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	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	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	
E0850	Traction stand, free standing, cervical traction	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	
E0855	Cervical traction equipment not requiring additional stand or frame	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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E0856	Cervical traction device, with inflatable air bladder(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	
E0860	Traction equipment, overdoor, cervical	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	
E0890	Traction frame, attached to footboard, pelvic traction	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	
E0900	Traction stand, free standing, pelvic traction, (e.g., buck'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	



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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.	
E0942	Cervical head harness/halter	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	
E0944	Pelvic belt/harness/boot	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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E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
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.	



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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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
E1037	Transport chair, pediatric size	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	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	Notes
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	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	Letter of medical Necessity supporting need for the wheelchair.	
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1239	Power wheelchair, pediatric size, not otherwise specified	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E1310	Whirlpool, nonportable (built-in type)	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair.	
E1399	Durable medical equipment, miscellaneous		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
E1700	Jaw motion rehabilitation system	Medical Necessity	Letter of medical necessity, including condition being treated.	
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	Medical Necessity	Letter of medical necessity, including condition being treated.	
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	Medical Necessity	Letter of medical necessity, including condition being treated.	
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Medical Necessity	Letter of medical necessity, including condition being treated.	



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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.	
E2301	Wheelchair accessory, power standing 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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Letter of medical Necessity supporting need for the wheelchair accessory.	
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and 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	Notes
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	Letter of medical Necessity supporting need for the wheelchair accessory.	
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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	
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.	



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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	Letter of medical Necessity supporting need for the wheelchair accessory.	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	



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E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory.	



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E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0155	Services of clinical social worker 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.	



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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.	
G0157	Services performed by a qualified physical therapist assistant 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.	
G0158	Services performed by a qualified occupational therapist assistant 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.	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	



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MAPD Benefit Preauthorization
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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0166	External counterpulsation, per treatment session	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 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	Notes
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0219	Pet imaging whole body; melanoma for non-covered indications		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
G0235	Pet imaging, any site, not otherwise specified		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with 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	Notes
G0249	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in g0329 or for other uses	Medical Necessity	History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0297	Low dose ct scan (ldct) for lung cancer screening		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	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 https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	



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G0451	Development testing, with interpretation and report, per standardized instrument form	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Medical Necessity	History and Physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	AMA change 1/1/2019
G6001	Ultrasonic guidance for placement of radiation therapy fields		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0178	Injection, aflibercept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0180	Injection, agalsidase beta, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0202	Injection, alemtuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0207	Injection, amifostine, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J0364	Injection, apomorphine hydrochloride, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0490	Injection, belimumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J0585	Injection, onabotulinumtoXina, 1 unit		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0586	Injection, abobotulinumtoXina, 5 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0587	Injection, rimabotulinumtoXinb, 100 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0588	Injection, incobotulinumtoXin a, 1 unit		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J0606	Parsabiv 5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and Parsabiv 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and Parsabiv 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J0638	Injection, canakinumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0640	Injection, leucovorin calcium, per 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0641	Injection, levoleucovorin calcium, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0800	Injection, corticotropin, up to 40 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0894	Injection, decitabine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J0897	Injection, denosumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1290	Injection, ecallantide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1300	Injection, eculizumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1322	Injection, elosulfase alfa, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1325	Injection, epoprostenol, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1428	Exondys 51 500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J1442	Injection, filgrastim (g-csf), eXcludes biosimilars, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J1447	Injection, tbo-filgrastim, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1453	Injection, fosaprepitant, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1458	Injection, galsulfase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1460	GamaSTAN S/D INJ J1460 Injection, gamma globulin, intramuscular, 1 cc		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J1555	Injection, immune globulin (Cuvitru), 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1559	Injection, immune globulin (hizentra), 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J1560	Injection, gamma globulin, intramuscular, over 10 cc		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1561	Injection, immune globulin, (gamuneX-c/gammaked), non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1562	Injection, immune globulin (Vivaglobin), 100 mg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1602	Injection, golimumab, 1 mg, for intravenous use		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1743	Injection, idursulfase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1744	Injection, icatibant, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1745	Injection infliximab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1786	Injection, imiglucerase, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J1930	Injection, lanreotide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J1931	Injection, laronidase, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2170	Injection, mecaseimerin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2182	Nucala 100 MG SOLR J2182 Injection, mepolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J2315	Injection, naltrexone, depot form, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2323	Injection, natalizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2326	Injection, nusinersen, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2350	Ocrevus 300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J2357	Injection, omalizumab, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2430	Injection, pamidronate disodium, per 30 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2469	Injection, palonosetron hcl, 25 mcg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2502	Injection, pasireotide long acting, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2503	Injection, pegaptanib sodium, 0.3 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2504	Injection, pegademase bovine, 25 iu		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2505	Injection, pegfilgrastim, 6 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2507	Injection, pegloticase, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2562	Injection, pleriXafor, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2778	Injection, ranibizumab, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J2783	Injection, rasburicase, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2786	Cinqair 100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J2793	Injection, rilonacept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2796	Injection, romiplostim, 10 micrograms		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2820	Injection, sargramostim (gm-csf), 50 mcg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J2860	Injection, siltuximab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3060	Injection, taliglucerase alfa, 10 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3262	Injection, tocilizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3285	Injection, treprostinil, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J3315	Injection, triptorelin pamoate, 3.75 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J3380	Injection, vedolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3385	Injection, velaglucerase alfa, 100 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3396	Injection, verteporfin, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3489	Injection, zoledronic acid, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J3490	Unclassified drugs		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J3590	Unclassified biologics		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7190	Factor VIII (antihemophilic factor, human) per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7194	Factor IX complex, per IU	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	



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J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	
J7311	Fluocinolone acetonide, intravitreal implant		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7312	Injection, deXamethasone, intravitreal implant, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7316	Injection, ocriplasmin, 0.125 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7322	Hymovis 24 MG/3ML SOSY J7322 Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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J7323	Hyaluronan or derivative, eufleXXa, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9000	Injection, doxorubicin hydrochloride, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9015	Injection, aldesleukin, per single use vial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9017	Injection, arsenic trioXide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9019	Injection, asparaginase (erwinaze), 1,000 iu		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9025	Injection, azacitidine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9027	Injection, clofarabine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9031	BCG (intravesical) per instillation		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J9032	Injection, belinostat, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9033	Injection, bendamustine hcl, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9034	Injection, bendamustine HCl (bendeka), 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9035	Injection, bevacizumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9039	Injection, blinatumomab, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9040	Injection, bleomycin sulfate, 15 units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9041	Injection, bortezomib, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9042	Injection, brentuximab vedotin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9043	Injection, cabazitaxel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9045	Injection, carboplatin, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J9047	Injection, carfilzomib, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9050	Injection, carmustine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9055	Injection, cetuximab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9060	Injection, cisplatin, powder or solution, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9098	Injection, cytarabine liposome, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9100	Injection, cytarabine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9120	Injection, dactinomycin, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9130	Dacarbazine, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9145	Injection, daratumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9150	Injection, daunorubicin, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J9155	Injection, degareliX, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9171	Injection, docetaXel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9175	Injection, elliotts' b solution, 1 ml		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9176	Injection, elotuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9178	Injection, epirubicin hcl, 2 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9179	Injection, eribulin mesylate, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9181	Injection, etoposide, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9185	Injection, fludarabine phosphate, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9190	Injection, fluorouracil, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9200	Injection, floXuridine, 500 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J9201	Injection, gemcitabine hydrochloride, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9202	Goserelin acetate implant, per 3.6 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9205	Injection, irinotecan liposome, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9206	Injection, irinotecan, 20 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9207	Injection, ixabepilone, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9208	Injection, ifosfamide, 1 gram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9209	Injection, mesna, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9211	Injection, idarubicin hydrochloride, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9216	Injection, interferon, gamma 1-b, 3 million units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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J9217	Leuprolide acetate (for depot suspension), 7.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9225	Histrelin implant (vantas), 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9226	Histrelin implant (supprelin la), 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9228	Injection, ipilimumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9245	Injection, melphalan hydrochloride, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9261	Injection, nelarabine, 50 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9262	Injection, omacetaXine mepesuccinate, 0.01 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9263	Injection, oXaliplatin, 0.5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J9264	Injection, paclitaXel protein-bound particles, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9266	Injection, pegaspargase, per single dose vial		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9267	Injection, paclitaXel, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9268	Injection, pentostatin, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9271	Injection, pembrolizumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9280	Injection, mitomycin, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9293	Injection, mitoXantrone hydrochloride, per 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9295	Injection, necitumumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
J9299	Injection, nivolumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9301	Injection, obinutuzumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J9302	Injection, ofatumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9303	Injection, panitumumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9305	Injection, pemetreXed, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9306	Injection, pertuzumab, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9307	Injection, pralatreXate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9308	Injection, ramucirumab, 5 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9310	Injection, rituXimab, 100 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9315	Injection, romidepsin, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9320	Injection, streptozocin, 1 gram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
J9328	Injection, temozolomide, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9330	Injection, temsirolimus, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9340	Injection, thiotepa, 15 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9351	Injection, topotecan, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9352	Injection, trabectedin, 0.1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9354	Injection, ado-trastuzumab emtansine, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9355	Injection, trastuzumab, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9357	Injection, valrubicin, intravesical, 200 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9360	Injection, vinblastine sulfate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9370	Vincristine sulfate, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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J9371	Injection, vincristine sulfate liposome, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9390	Injection, vinorelbine tartrate, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9395	Injection, fulvestrant, 25 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9400	Injection, ziv-aflibercept, 1 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9600	Injection, porfimer sodium, 75 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
J9999	Unclassified neoplastic		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
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.	



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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.	
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.	



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K0014	Other 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 or clinical notes, including anticipated length of use.	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Medical Necessity	History and physical or clinical notes, including anticipated length of use.	
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Medical necessity	Recent history and physical, plan of care, and documentation of medical necessity.	Addition to grid 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	Notes
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	History and physical or clinical notes, including anticipated length of use.	
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	Recent History and Physical, plan of care, and documentation of medical necessity	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
K0812	Power operated vehicle, not otherwise classified	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	Notes
K0813	Power wheelchair, group 1 standard, portable, 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	
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	
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	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Recent History and Physical, plan of care, and documentation of medical necessity	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 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	Notes
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0830	Power wheelchair, group 2 standard, seat elevator, 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	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
K0831	Power wheelchair, group 2 standard, seat elevator, 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	
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	Recent History and Physical, plan of care, and documentation of medical necessity	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 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	Notes
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0841	Power wheelchair, group 2 standard, multiple power option, 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	
K0842	Power wheelchair, group 2 standard, multiple power option, 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	Notes
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0848	Power wheelchair, group 3 standard, 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	
K0849	Power wheelchair, group 3 standard, 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	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 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	Notes
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0856	Power wheelchair, group 3 standard, single power option, 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	



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K0857	Power wheelchair, group 3 standard, single power option, 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	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	



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K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, 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	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	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	Notes
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, 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	
K0869	Power wheelchair, group 4 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	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0877	Power wheelchair, group 4 standard, single power option, 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	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
K0878	Power wheelchair, group 4 standard, single power option, 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	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, 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	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
K0885	Power wheelchair, group 4 standard, multiple power option, 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	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
K0898	Power wheelchair, not otherwise classified	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	



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K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSSO), 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.	
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSSO) (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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	
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.	



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



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSSO) 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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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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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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.	



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L5321	Above knee, molded socket, open end, each 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, each 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, each 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.	
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.	



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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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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, hydracadence 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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
L5880	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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, 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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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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.	
L6029	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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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.	
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.	
L6550	Shoulder 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	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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	Notes
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.	



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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	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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.	

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



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
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	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	Notes
L8040	Nasal prosthesis, provided by a nonphysician	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	
L8041	Midfacial prosthesis, provided by a nonphysician	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	
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 length of time equipment needed, functional status if applicable and description of medical condition.	
L8047	Nasal septal prosthesis, provided by a nonphysician	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	Notes
L8609	Artificial cornea	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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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 length of time equipment needed, functional status if applicable and description of medical condition.	
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 length of time equipment needed, functional status if applicable and description of medical condition.	
L8679	Implantable neurostimulator, pulse generator, any type	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
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.	

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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
L8682	Implantable neurostimulator radiofrequency receiver	Medical Necessity	Recent history and physical, plan of care, and documentation of medical necessity.	
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.	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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.	
Q0479	Power 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.	
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.	



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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.	
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.	



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
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 https://www.evicore.com/healthplan/bcbs	
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pagm-csf, including leukapheresis and all other preparatory procedures, per infusion		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
Q2049	Injection, doXorubicin hydrochloride, liposomal, imported lipodoX, 10 mg		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. 4/1/18 previously coded Q5102 which was deleted 3/31/18 Went live 11/1/17		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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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 https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3800	Genetic testing for amyotrophic lateral sclerosis (als)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3841	Genetic testing for retinoblastoma		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3842	Genetic testing for von hippel-lindau disease		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	



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CPT [®] and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3845	Genetic testing for alpha-thalassemia		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3846	Genetic testing for hemoglobin e beta-thalassemia		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3850	Genetic testing for sickle cell anemia		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Addition to grid 2/1/2019



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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Review Category	Medical Records Request information required	Notes
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S4680	Transplantation of testis(es) to thigh (because of scrotal destruction)	Medical Necessity	Submit history and physical, documentation of medical necessity, operative report.	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S8037	Magnetic resonance cholangiopancreatography (mrpc)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	

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S8042	Magnetic resonance imaging (mri), low-field		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)		eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Medical Necessity	Chart notes for each home visit and therapy notes for each discipline providing treatment.	